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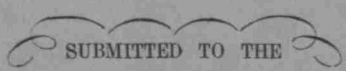


AN

INAUGURAL DISSERTATION,

ON

Colorectitis.



SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



OF THE

University of Nashville,



FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

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OF

Mississippi

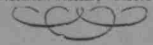


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We come now to treat of a disease which is well known to almost all parts of the inhabitable globe. There is no sex or age that is entirely free from its pernicious influence, we are liable to be attacked by it during some period of our existence. Though it is true that there are modifying circumstances attending it. It is doubtless more aggravated in some localities, and, in some places than in others. It is our opinion, that the season, with all the habits of the patient control it more than other things. We believe it not to be confined by causes to any special locality, only when associated with malarious diseases. But to be an atmospheric epidemic, and not a contagious as some would have it be, but possessing a nature like that of Cholera, with which

We consider it closely allied, And which
is now not generally believed to be a contagious
ColoRectitis or Dysentery, is inflammation
of the Mucous membrane of the Colon
and Rectum, Characterized by small bloody
and Mucous evacuations; A Continual in-
clination to go to stool, Tenesmus, Tormentum and
gripping pain in the bowels. Inflammation of the
Colon, extending up the Small intestines.

This disease may be either Acute or Chronic,
The Acute form of this disease we may be attacked
by it suddenly without scarcely a premonitory
symptom, Commencing with a violent Diar-
rhea terminating suddenly in bloody discharges, giving
great pain and uneasiness shortly after the attack.

Or it may be attended with premonitory symptoms
several days before the attack proper, as lassitu-
de general uneasiness, impaired appetite, Costiveness
or a moderate diarrhoea.

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Fever is a frequent attendant of this disease, But a single attack may run its whole course without any fever whatever, Fever may either precede the local affection or appear afterwards, as the result of the irritation caused by the incipient inflammation of the bowels, Sometimes the local and febrile phenomena commence at the same time, probably ushered in by a chill. At the moment the patient begins to complain, of the tenesmus followed by a small painful evacuation.

In such cases the dysentery is a concomitant of some other disease generally.

We know dysentery assuming various grades from a slight inflammation of the colon and rectum attended with but little, if any fever, up to one of the most violent and unmanageable diseases to which the human frame is subject, Much depends upon the exciting cause and the susceptibility of

the patient. Individuals, who have been subje-
ct to Chronic Diarrhoea, or Chronic inflammation of
the bowels, caused probably by some pernicious
attack or as the sequel of other disease, may
have a recurrence of it in its most aggravated for-
m, destroying frequently the life of the pa-
tient in a very short time, over which remit-
-ive agents seem to exert very little influence.
In the first place we will give a brief descrip-
-tion of Simple Dysentery and then refer to
it in its more violent combinations. In the Co-
-mencement of a case of Simple Dysentery,
There are almost always severe pains in the
bowel, lancinating or twisting as it were,
called *Colica*, sometimes attended with
small bloody, mucous evacuations, giving no re-
-lief to the already highly inflamed bowels, but con-
-tinuance of the pain associated with violent Ten-
-esmus, and a bearing down burning sensation

Such cases are sometimes very difficult to treat. The liver shows some disposition to act in some cases, then we have passed a little vitiated bile with shreds of mucous membrane and little hard lumps of fecal matter. When the liver acts and there is a discharge of feculent matter, it has a tendency to alleviate the pain for the time being, but unless remedies act well will return again with its accustomed violence.

The bladder and urethra frequently sympathize with the rectum in this painful malady, which causes difficult micturition either from a spasmodic contraction of the urethra or nervous debility. We are rather inclined to attribute it to the latter on account of the close proximity of the bladder to the diseased part. The nerves being called into action so frequently, lose their power to act.

The functions of the bladder being thereby
much impaired, which adds much to the ma-
lignancy of the disease. There is generally
great tenderness over the abdomen, extending
up the side, and along the transverse colon,
reaching the small intestine and not unfre-
quently extending along the whole alimentary
canal producing very high fever.

In very severe cases there is always more
or less fever. The pulse is usually full and
frequent, the skin hot and dry, the tongue
moist and covered with a whitish fur
but most commonly the tongue is dry and
fired particularly the tip and edges and con-
tracted like unto that of Typhoid fever.

In most cases the patient takes a turn for
the better between the seventh and tenth days
and recovers without an other bad symptom.

In some cases however, the nervous syst.

em is so desprea, from the violence of the
attack and the extent of the inflammation
that the patient never rallies, or recovers from
the shock. But sinks into a state of delirium
Most generally though they retain their se-
nses to the last with little or no cerebral sy-
mptoms. There are rare Cases, in this form
of the disease and happily for us, that
they do not occur often. The patient has
a very small frequent pulse, a cold and
clamy skin, Hunter and Contracted fe-
atures evincing great anxiety. The counte-
-ance of a livid or dusky hue. Then it is
that we find aggravation of the local sympt-
-oms, with tenderness and distension of the
bowels. Such Cases generally prove fatal in
a very short time. There are some who
have good Constitutions, that recover, But the
disease may become Chronic in its nature,

Bilious Dysentery. In many cases of Dysentery, we have considerable derangement of the Biliary secretions it being rather secondary symptomatic in its nature, as the result of the great inflammation of the bowels, extending a good way up the alimentary tract. Occasionally there is from the beginning of the attack derangement of the Stomach and Liver, producing a yellowness of the skin and conjunctiva, oppression about the epigastrium and bilious vomiting. The tongue is then covered over with a thick yellow coating. The urine is scanty and highly coloured. The fever in this form of the disease is of a high grade a morbid or deperded condition of the Biliary secretions. In the epidemic which visited our country a few summers since, we think there was very little bilious derangement. The disease seemed almost entirely confined to the

Lower Bowel, with few exceptions the liver
seems disposed to act steeply, when the tension
is relieved by the prompt and proper
application of suitable Remedies to the rectum
without the application of any mercurial
whatever in most cases I believe Mercurials
do harm, by acting as an irritant on the already
highly inflamed bowel or intestine. Very few
cases admit the use of Mercury since the liver
is disposed to act when the bowel is kept clear
of its vitiated accumulation.

Adynamic Dysentery. Many cases of acute
Dysentery, unless relieved in eight or ten days
are disposed to take on a low typhoid nature
The patient having been so debilitated by the
violence of the unyielding disposition of the
acute attack as to sink into a perfect state
of exhaustion and debility, with a weak
feble pulse. Copious evacuations from the

bowel, either of uncoagulable blood or ~~and~~
the blood being now deprived of its watery
portion. Persons who have been exposed to pro-
longed depressing Causes, As Camps, Prisons
Ships and Marching Armies, Exposure to in-
temperant weather, Unwholesome food, And
wretchedness of every kind, are very apt
to take this form of the disease And from the
very beginning require Medicine to support the Sisting
System. They exhibit various evidences of nervous
disease as depression of the Spirits, Anxiety, Head-
ache low delirium and Stupor. In such forms
of the disease, Most of these symptoms will be
found. And death is almost, the inevitable
consequence.

We frequently have Dysentery associated with
remittent and intermittent fevers in Miasmatic
Regions. In fact, in almost all of our diseases in
the South we have more or less disturbance of

The bowels, Complicating the primary disease
With Pneumonia Typhoid Pneumonia and
Measles, we find at Sometimes a Very tri-
vulsome Symptom, giving Rise frequently to
Ulceration of the bowels. In treating all of our
diseases we should be very Careful about the ad-
ministration of any Remedial Agents which have
an irritating effect on the bowels. As Tartar emetic
in the treatment of Pneumonia for Instance,
It is very essential that we make a correct
diagnosis in this disease, being very essential
to its proper treatment

It may be proper to say something as
to the prognosis in this disease. When the pain
subsides and the discharges become more abun-
dant and less frequent, of a bilious character
the pulse softens down and fills up in vol-
ume, the tongue moist and less fiery the
skin moist and pleasant covered over with

with a gentle perspiration. The patient recovers
well and enjoys a pleasant refreshing sleep
The diarrhoea if any, soon ceases. When we have
generally a rapid and happy recovery. Unless the
patient should be imprudent and bring on
about a relapse, which in all diseases is tenfold more
dangerous than the first attack,

On the other hand when the skin is cold and
clammy, pulse weak and irregular. The tongue
thick and grey, being tremulous when protruded
and from the mouth evincing signs of nervous
exhaustion and prostration. tenderness along the track of the
Colon. anxiety, Cold extremities involuntary Stools
Subsultus tentinum and Stupor, we may in
a very short period expect a dissolution. After
labouring ten fifteen or twenty days under one of
the most torturing diseases to which a mortality
is high,

Death may result in Dysentery from a failure

in the powers of life. Owing to the extent
and intensity of the inflammation

The vital energies, seems to have been so crippled
at almost from the beginning of the attack
as never to be able entirely to recuperate,

Anatomical Characters. In post mortem
examinations, the Mucous membrane of the
Colon and Rectum always presents a state
of inflammation. The Bowel in many cases
being entirely denuded of the mucous mem-
brane having been sloughed off, leaving
the other coats of the vessel broken & denuded
not infrequently ulcerated. In fact we have
Ulceration more frequently, than in any other
disease except perhaps, Typhoid fever or
acute or Chronic enteritis. And I suppose
from the best authority, we sometimes have
the whole parietes of the bowel involved though
the Peritoneal Coat is scarcely ever involved;

Sometimes there is some severe lesion
of the liver in this disease
Causes. Of the Causes. Much has been
written. I deem it therefore unnecessary
for me to give here a long dissertation on
the Subject. and will only mention a
few of the most important. In climates
where there is sudden changes from hot
to cold and from cold to hot. we may
expect to see much of this disease. One of the
most common exciting causes is cold and
dampness exposure to the dampness of nights
together with indigestible food. Particular
unripe fruits &c. In Children some of
the more common causes, ~~is~~ worms in
the alimentary canal, and Teething
is not unfrequently ranked among the
alleged Causes.

Treatment.

When Submitted to early Treatment Dysentery is not so intractable as some would have it be. A practice proposed by Dr. Sumner and recommended by Dr. Watson in his works on the practice of Medicine is a course which we think worthy of Trial 1st Bleed freely, if the patient can bear it afterwards Cup and leech over the tender part of the abdomen. There is much discrepancy of Opinion among practitioners in regard to the administration of Mercury in Dysentery. Sir James Mcgregor has given the distinction which we think should guide us in the administration of this remedy. He says when Mercury proves so highly useful in Dysentery it is when the disease is complicated with disease or derangement of the liver when

There is dull pain over the region of the liver
yellow Skin and Conjunctiva. Also a
heavy dragging pain in the right Shoulder
When the patients lies on any than on the
right Side, with such symptoms as these
we would not hesitate to give Calomel
Dr Mcgregor, further adds that Mercury
when given in the unmissed Stage of the
disease before depletion, that it will actually
do much harm and furthermore in the
advanced Stages particularly, when there
are signs of hectic fever with ulceration
of the intestine it will invariably hasten
the disease to a fatal termination. In some
Cases particularly in in Miasmatic regions
bleeding may be inadmissible, that is general
bleeding. It is of course very necessary that
the practitioner should pay strict attention
to the Pulse and Constitution of the Patient

There is scarcely any case where local depletion is contra indicated in the beginning of the attack. In the treatment of this disease when there is great tenesmus burning pain in the lower bowels, with constant inclination to go to stool. The Physician moved by the distressing cry of the patient and his continued efforts to get relief, may be driven to the indiscriminate use of opium. the use of which in Dysentery requires the utmost caution until the violence of the inflammation is subdued. It will allay pain and quiet the sufferer. But in so doing it will mask the more prominent symptoms. And lead the Physician into error flattering himself that he is mastering the disease. While the disease is working death in secret, and fatal disorganization is the result. However after depletion

shows. Untill it operates, when the result is generally good, we have known this treatment to prove successful in some of the very worst forms of the disease. In fact we have never known it fail given in almost any form of the disease. After the bowels have been cleared by the Cathartic then we would use injections of Starch and Laudanum.

Local Remedies are highly important in the treatment of Dysentery. Leeching and Cupping when there is abdominal tenderness. After this we would use warm Cataplasms. The warm Must poultice sprinkled over with Capsicum we think would answer a very good purpose. However if much or any fever I would leave out the Capsicum. If there was extensive inflammation I would not hesitate to blister especially

if there be much gastric symptoms. In fact if there is violent vomiting, we think it very essential, we have before spoken of emetics but think it will not be out of place to mention it here. We think that injections of lead and mucilage contribute largely to the arrest of the distressing tenesmus. Or one or two grains of Opium with eight or ten grains of Acetate of Lead dissolved in water a good emetic.

In Adynamic Dysentery we would not think it philosophic to bleed provided the patient could bear it. Also giving Purgatives of these we would prefer Castor Oil and Turpentine. Leeching and Cupping may also be resorted to.

In Chronic Dysentery it becomes necessary to give tonics and Stimulants. Such as Wine Wine, Whisky, wine. and water, Carb. Ammonia

Quinine and Opium may be used with great advantage, Eggs, Beef tea, Animal Broths any of these may be given to support the System Diet in the early Stage of Dysentery nothing but the most bland Articles should be used, Mucilage Rice water and Arrow Root are the best. Confining the patient entirely to farinaceous diet until Convalescence then we may allow more nourishing food, such as Animal gelatin Egg half cooked, Oatmeal Soup, And boiled milt. Taking care never to eat to Satety.

We think it unnecessary to add more having probably already exhausted the patience of our readers we conclude therefore by presenting our respects to each member of the Society respectively.