AN INAUGURAL DISSERTATION
ON
Acute Dysentery
SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES,
AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
Doctor of Medicine.
BY
William Addison
OF
Tennessee
1858

W. T. BERRY AND CO.
BOOKSELLERS AND STATIONERS, NASHVILLE.
Dysentery.

As it is the custom for all medical students offering for graduation, to write a thesis or dissertation upon some subject pertaining to medicine, an account of which I have selected the one above mentioned; not that I expect to advance anything new as regards the disease, but simply to state what I think and know to be true. Dysentery is variously classified and divided by different authors, such as simple, bilious, remittent, intermittent, typhoid, etc. This variety of forms under which it makes its appearance is influenced by the condition of the system at the time of its invasion. If the system is saturated with
Malaria, it assumes either the vomiting or intermittent form; if there is an anaemic state of the system, a vitiated state of the liquids, during the prevalence of a typhoid epidemic, it will very likely run into the typhoid type; if any of the vessels is damaged, this becomes a participant and the danger is proportionately increased. As I have before said, this disease presents itself under various forms and grades, varying from a slight affliction of the bowels, which fails off in a few days leaving the patient with a slight exception in the enjoyment of health; to one of the most dangerous and painful to which man is subject.

In diagnosing a case of Simple...
boilsinting, there is but little fact required. The symptoms are both local and general. The local symptoms sometimes make their appearance first; though generally precede a few days by the primary symptom, such as a chill, frequently only occasionally slight yet quite distinct; this is followed by slight fever which subsides off in a few hours; loss of appetite, uneasiness especially in the lower extremities. These are followed in a few days if not accompanied with gripping pains in the lower part of the abdomen; recurring at greater or less intervals according to its severity. A sense of heat and weight, with a frequent inclination to stool, and an
inability to discharge nothing more than a small quantity of mucus, as blood and mucus; frequently not more than a tea spoon full is discharged, yet the patient will remain up 20 to 30 minutes, continuing his efforts to relieve himself of the imaginary weight that exists within him. This inclination to some extent under the control of the will; as I have known patients to lie perfectly quiet for hours, after having been convinced that this was only an imaginary weight and that one evacuation only gave place to another, whereas they might have been up 10, 15, or 20 times.

This is the Simplest form of the disease, and the are mast commonly met with, yet by no means invariably.
The Remittent and Intermitent are the next variety most commonly met with, and prevails to a considerable extent especially in malarial districts. The patient is attacked with a decided chill, followed by considerable fever; this may subside in 8 or 16 hours, or it may continue until the same time the next day, ending with a recurrence of the second chill. In this as in the preceding variety the local symptoms may make their appearance with as a few days after the primanitary symptoms have set in, which is generally the case. In the more malignant variety, all the preceding symptoms are aggravated. From the first of the attack, there is high fever, nausea and vomiting, tongue dry with a
Known as blackish coating, severe pain in the head, general uneasiness. The stools are more copious and of a dark coffee ground appearance, as having the appearance of soapy, sudsy, coagulable blood and epithelial scales floating within. The bowels became tympanitic, and very tender to the touch. The patient became very restless, tossing himself about in bed; would not admit of the lightest covering. An insatiable desire for water; constantly calling for fresh air; great pain and heat, frequently asking some one to extinguish the fire that is consuming his vitals; cold extremities, clammy perspiration; and, in a short time, death puts an end to the agonizing scene. I do not mean to say but...
what a patient may have an as man as the last mentioned symptoms, and
then recover, but when recovery takes place it is slow and tedious.

The causes are both predisposing and exoiting, a predisposition to hypo
sirying is produced by the influence of heat, which alters the hepatic function,
also the capillary, relaxing the general surface, which renders it more resisting
consequently more susceptible.
The exciting causes are various; exposure to a current of cold damp
air, undue an indigestible substance taken into the stomach, drastic
ers and warm in the alimentary canal, hardness fees, all produce an
aggravate the disease.

Cleaning and ventilation is the
Best prevention we have, and often have I seen the disease entirely arrested in its progress; where due regard had been paid to this and particular, all decayed vegetable matter should be carefully removed from near the dwelling; frequently you find the houses built flat upon the ground, the sills and floors of which soon decay; this is especially the case about negro houses, kitchens, etc. where there is an abundance of filth and moisture; my advice here would be to get rid of such let the expense be what it may.

As regards the treatment of hypsometry, he who relies solely upon authors, will soon find himself erro
sailed in fog and dismay, as there is but few who agree in this report. Consequently I say my practitioners has his own treatment, which is influenced by his success. 

Hearing had a small share in the treatment of some 120 cases of flux during the last 9 months; I have witnessed the success attending the various forms of treatment; and amongst them all, I have found none that is so efficacious in arresting the disease as what may be styled the Salts and Laudanum treatment. 

I do not mean to say that this is relied upon exclusive of all other remedies; but with the assistance of a few auxiliaries, I have seen it fail in but few instances when
Called early in the disease. Having been called to a case of dysentery I would administer 10 grs of Blue mezzo 4 drachms powder, to be followed in 6 or 8 hours by 3 fl. Oph. sauls and 12 or 15 drachms of Laudanum. The patient should have a preparation consisting of 32 salts and 3 fl. Laudanum to a pint of water; a tablespoon full of this to be taken at intervals of 2 or 3 hours, according to the urgency of the symptoms, throughout the disease.

At night the patient may take 10 grs. of daturas powder and chalk mixture if there is considerable general fever with pain in the head; great relief and a reduction of the fever will result from bathing the head and chest with cold water; at the same
time immersing the feet and legs in warm water. If the fever assumes either the remittent or intermittent type, quinine may be given during the remission with the happiest effect. Quinine is also applicable where typhoid symptoms become and may be given to a greater or lesser extent every day in conjunction with mustard and onion powder. This variety of the disease requires tonics and stimulants, as the patient is generally found with cold extremities, especially morning and evening; skin relaxed and not infrequently bled with a clammy perspiration. Quinine, taken with part wine will be of service, yet in the mean time we should not lose sight of the Salts & Laudanum.
As we must now have to take an internal as local view of the parts upon which they have been at work; keeping every thing as cool, clean & quiet as circumstances will admit of; and this is the very thing we desire, for this offending matter is continually being secreted by the mucous membrane of the lower bowel; and if allowed to remain it will set up an amount of irritation, with an aggravation of all the existing symptoms. Then in my opinion nothing will counteract this contraindication better than our mixture.

As regards the local treatment; the remedies should be in accordance with the symptoms. If the bowels are scalding, with tenderness, an emollient poultice made from the decoction of
Oak bark, as what is preferable, the camman preach the bares, where the inflammation is more extensive a blister should be applied to the lower part of the abdomen, and cups are over the sacrum. An unction of starch and laudanum affords great relief; a solution of bateate of lead or nitrate of silver assists greatly in combating inflammation. I might add other remedies to this list, yet a few well directed shots is better than many discharges at random.

As convalescence advances so death the affix. And I think we'll see it many far when the disease disappears in search of other prey; it never quietly leaves its victim a more skeleton and he thanks his God.
the doctor) that he came off so luckily; yet I say he should be cautious, as a slight indulgence of his appetite might produce very injurious consequences.

Would that this was more worthy of the reading of the honorable to whom it is dedicated,