AN INAUGURAL DISSERTATION

ON

Dysentery

of

Warren & Simpson Counties, Ky. (1857)

SUBMITTED TO THE

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BY

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OF

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Within the last few years, Dysentery has prevailed extensively in our large districts of country, in the Middle and Southern States, and has very properly engaged a large share of Medical attention.

Although other pens than mine have written largely about it, I feel justified in continuing the examination of the subject, from the fact, that there yet exists the greatest variety of opinions as to its origin, nature, and treatment. During the months of June, July, August, and September, (1854) my preceptors have been actively engaged in combating this formidable disease, and I have had daily opportunities of examining it in relation to its origin, nature, and treatment. And though my opinion may not differ
from those of the Core of the possess
view. They will from many of the
Journal Contributors of the present
day. And, if, I give reliable facts.
That may strengthen a proper Confi-
dence as I conceive in the one,
and, lessen that too fatally reposed.
Sometimes in the other. I shall be
Compensated for my trouble—
I shall only speak of what I
believe, to be the Cause, and treatment
of that Character of Dysentery, that
I have examined in this, and the
adjoining County, where it has most
extensively prevailed— In order
more readily to appreciate the argu-
ments. I shall offer, in support of
the view I shall give. of its,
Origins and Cause.— It will be—
necessary to premise a few remarks upon the topography of the Country
Season Climate to—Warren & Simpson
Counties. Constitute a part of that large
Tract of Country in the Green River
known, once, by the general name of
Barrens, but, now covered with a low
growth of Blackjack, Hickory and Post
Bark. The surface of the Country gen-
erally level, interspersed with districts
of Considerable extent denominated Flats,
which receive during the wet seasons,
the surplus Water which falls and retain
it during many weeks of dry weather,
but dry up gradually until, finally
The surface of the Most Water districts
are entirely dry, as, during last
Summer and Fall. The Soil of these
Barrens, is a rich regulated loam.
underlaid with an almost impermeable red clay, into which the Oxide of Iron enters largely. The result of which is, that large and small pools are formed in almost every sink or low place, requiring to be drained to prevent their spread. These numerous Ponds which are of such convenience to the farmer for watering his stock, dry up generally during a dry season and expose their filthy beds to the sun, and become a source of Malignant Type, of which every intelligent observer is aware, and so much dreaded, are they, of late years, that, the Farmers submit to the greatest inconvenience rather than have them near his Home. When he can avoid it. During the Spring and the first half of June the country was drenched
With rain, every surface reservoir was full to overflowing, and the most luxuriant Crop of vegetation known for many years existed in an almost mature state by the middle of July.

The warm season set in early beginning with May, and continuing without intermission to the middle of September. From the 15th of June to the last of September there was but one rain that wet the ground over an inch deep. With a temperature during the entire time, such as not even the oldest inhabitant ever experienced, ranging from 90 to 103 the greater part of the time.

From these facts I think the intelligent Medical mind cannot resist the conclusion that Malarial disease in some shape or other must have prevailed over
This district of country, this summer, and the facts in the premises will, I think, vindicate the correctness of the conclusion.

On the 18th of June, after the rains, the weather being very wet and warm, the Cholera made its appearance in Brunswick, and prevailed during some ten or fifteen days, affecting a considerable portion of the population lightly, and a small portion fatally.

As the Cholera subsided, Dysentery and other lighter and less dangerous affections followed, and continued with considerable force until the waters were thoroughly dried from the Earth, in, and about Town. When the Town, gradually became as healthy as usual, it required no great length of time for the Malarial
Causes to subside within and about Town, much pains having been taken for many years to remove all cause of disease by incadamising, Paving &c.

The result was as the Malarial theorist might expect, within twenty-five days thirty days after the drought set in, the Town and vicinity were thoroughly dry, and disease altogether subsided.

The disease made its appearance in those parts of the country and neighbouring counties, heretofore described as either low and marshy or staided over with ponds, and prevailed with great violence during the latter part of June, July and August and the first half of September. When the country having become almost perfectly dry, the disease gradually subsided until
The country was comparatively healthy. The decline of the disease began, the first of September during the most intense heat of the season, and had almost entirely subsided by the 20th. The weather still being warm and dry, showing clearly that it was a disease of Malarial Origin, subject to the laws that Control that class of affections.

If I am asked why, Dysentery, and not some other form of Malarial affection, was the result; in this case, I could answer it by reference to the fact, that diseases, universally admitted to be Miasmatic, are very various under different circumstances, probably owing to some not very well understood cause, or to some difference
In the force, or strength, of the Malarial poison. The various forms of Bilious fevers are not more alike than Dysentery and any one of them; for besides the discharge of blood, there is a close family likeness between them all, showing the identity of their Cause. It is not more at variance with the general characteristics of Malarial disease, that the Bowels should be the seat of its effect, as in Dysentery. Than that, the nervous and vascular systems should be in the production of acute and Fever.

A great variety of theories, or opinions, exist in relation to the Cause and Nature of Dysentery, which have very naturally led to a great variety of modes of treatment. One author ascribes it to
Animalcules, which, being inhaled into the lungs, find their way to the rectum and colon. This is a theory upon a mere supposition, without any reasonable or demonstrable facts to sustain it, and would be unworthy of notice but for the fact that, a practice has been adopted to suit it in some sections of the country, which, if not positively injurious, must be utterly inefficient in grave cases. Which, indeed, has been proved during the present epidemic.

It is to be suspected, that a disease that prevails over so great a portion of the Earth and destroys so many. Thousands of our race annually should not be well enough understood. By the Profession, generally to have a settled theory.
and mode of treatment. Thousands are annually sacrificed to false theories and false practice in part too, by Physicians, who understand and treat other diseases well. The apparent topical nature of the disease and the success now and then, in mild cases, of simple domestic remedies, as astringents, and anodynes, have led, at times, the regular Physician to the use of empirical means. The present Epidemic has been the death of the reputation of many Quack remedies by failing to be relieved by their agency; while a proper treatment regulated by those principles deducible from the nature of the Cause and Pathology have been eminently successful. I have said that the
cause of Dysentery is identical, or similar in its essential properties and effects, with that to which we ascribe the Bilious fevers of this, and other warm Latitudes, and the inference I derive from this Theory, is, that, Dysentery should be treated in the main, upon the principles of other Malarial fevers. In a critical comparison of the pathological phenomena of Dysentery, and other forms of Malarial fevers, we see such a general resemblance, as to leave but little doubt as to their identity in nature and cause. In the present fatal epidemic, the first indication of disease in the graver cases, were general lassitude, indisposition to active exercise, heavy, dull, aching of head, back and
limbs, slightly coated tongue, and quick pulse, with the temperature of the skin more or less increased, these symptoms existed in greater or less force, sometimes for twelve, at other times twenty four hours before the flux discharges commenced, generally but not always there was soreness or tenderness, rather acute pains in the bowels. In the beginning of the attack there was more or less, hepatic congestion, and arrangement, with a slight yellowing of the conjunctiva. As the mucus and bloody discharges increased, the pains in the bowels increased, with all the other general febrile symptoms. The pulse full quick and strong, skin hot, whether moist or dry, perspiration easily induced and generally
Occurring, sometimes during each twenty-four hours at this, the second period of the disease, the inflammation of the bowels became the leading or prominent symptom—discharges that had been mostly mucous now changed almost entirely to blood, often of a dark and grumous appearance. With constant inclination to go to stool, attended with the most excruciating pains—As the disease extended upon the bowels the pulse often having been very full and strong began gradually to give way to become weak and quick, the skin that had been hot, whether dry or moist, now became cooler especially at the extremities with cold—perspiration, with a little increase of these, death closed the scene—
no stimulation could long postpone the event
for, the reason that gangrene of the
bowels had taken place or that extent
of inflammation and congestion which
was inconsistent with any living
function. In many cases the phe-no-
mena of congestive bilious fever were
prominent for some days without
any indication of dysentery, but in
nearly every case of the kind, in the
five districts, dysenteric symptoms were
seen to make their appearance, sometimes
after the violence of the febrile symptoms
had so much abated that further Measure
was thought unnecessary, even, after the
patient was convalescent with good
appetite. The dysenteric symptoms would
set in with considerable violence confining
the patient often many days longer.
It was remarked, in nearly every instance that in these cases of Dysentery, ushered in by a violent Congestive chill, that there was no return of any distinct chill, whether Quinine was given or not. The force of the disease seeming to be expended upon the bowels.

The tendency this season has been to disease of the bowels the reason why, I leave others to determine. Here is a disease described as it appeared in this section and the points of resemblance to Malarial fevers are so numerous and striking as to establish in my mind at least, these common origin and the propriety of a common treatment. With such modifications as will adapt it to the one, single peculiarity, the inflammation of the
The success of the practice of my Preceptors in this disease, during four months. Which, I had daily opportunities of witnessing gives me the greatest confidence in its superiority over the mixed practices of so many of the profession. Their treatment consisted in the first stage or first manifestations of disease, in freely opening the bowels with a hyscurring and jalap cathartic which was repeated until free bilious secretions were established. After this, castor oil or rochelle salt were used to regulate the actions upon the bowels, just as soon as the pulse would bear it, which was generally in twenty four or thirty six hours. The lancet was freely used and repeated as often as the fever
returned, it was their rule to keep the fever down without fail, as the safety of the bowel depended upon subduing the inflammation that progresses so rapidly in the disease—before free bleeding to avoid congestion. From it, the liver was gotten in action. Then, depression could be carried to the proper extent by the lancet; safely, as it can be in congestive fevers, after the system is under the influence of urine. I think I know of some fatal cases from the free use of the lancet, in the hands of some practitioners. When the liver was in a Topic Condition, Congestion was increased, and fatal results followed as a consequence. This will not happen in those where the liver is under
The influence of Calomel. - If there is a doubt about the condition of the liver, the bleedings should be left at a time, and be repeated at intervals to suit this view of the case. The bowels were not haraessed by purgatives, but were kept freely open and never suffered to be locked up for any great length of time by anodopes. It being essential that proper actions from the bowels should be kept up to counteract the inflammatory action that was going on there. - After the free use of the lancet purgatives cease to give pain by their actions, operations from the upper bowels, as the phrase was, always gave relief and were generally easy. Cold Elm or Starch
injections were freely given, both with the view to assist the action of medicine and to cool and allay inflammation of the lower bowel. Cups or leeches were applied over the abdomen in the direction of the Colon. Sometimes anodynes were added to ease and procure sleep, but never when they could be avoided, if there existed fever or inflammatory symptoms. When these had subsided they came in to answer a good purpose. The temptation to give anodynes is very great from the urgent demands of the patient for ease, and my own opinion is that, many lives have been lost by the use of this seductive remedy. Which often proves to destroy. I know that
There is a great deal of importance attached to Atriplex as a remedy in high inflammatory diseases. And undoubtedly is, a valuable remedy in many diseases of that character.

But in the present epidemic, I am satisfied that I have seen fatal results follow a big dose of Atriplex. So rapid was the progress the disease made. That, the patient would be past all hope of recovery before the influence of the anodyne was off. We would not object to it in the more mild cases, but, believe it to be a valuable auxiliary. But I repeat, that when the disease assumes so malignant a character, as the one I have been endeavouring to describe. The administration of it requires the utmost caution.
until the violence of the inflammation has been reduced, ten hours of ease procured by a prompt anodyne, as the term was, has proved fatal by allowing the inflammation to make progress. While under the delusion that ease was safety.

The diverse opinions among men of eminence in regard to the efficacy of Mercurials. The lancet & Apirinum, make it a matter of difficulty, often for the young Physician to adopt a particular practice in Dysentery. With any great degree of confidence that it is the best. In advocating the Mercurial mode of treating this disease, I know that I differ from some of the most distinguished Medical men in the profession. They say
The Calomel practice is mischievous and often destructive and that, and that Calomel Combined with Opium, gives the Mineral an additional power for mischief, “But Mercury Combined With Cathartics Often Cut The Disease Short.” There is such a paradox in this recommending and Condemning of Calomel that it is difficult to decide whether they are in earnest either way. Calomel alone or with a little Opium will not do but Combined with Aloe, Scammony and the like it is admirably suited to an inflamed bowel, especially if followed with Opium enough to stupify the brain. How long they permit the bowels to be locked up with this anaodyne they do not tell us, but there is one thing we do know
That 5 or 6 grs of Opium will do
constipate the bowels that a large amount
of cathartic medicine is necessary to
overcome it within the next twenty-
years after such an anodyne.

That this contradictoy practice should
be attended with good results is
what we are not authorized to expect
and does not, or ought not to astonish
any one that good medicines have
reputation in such bad associations.

When dysenteric prevails without
any symptoms of hepatic arrangement.
I am satisfied that the non-Mercurial
practice is better adapted to the treat-
ment of the disease. But on the
Contrary when it is complicated with
unmistakable evidence of derangement
of the liver, Calomel I think is
decidedly indicated. May it be indispensable to the proper treatment, in such complications. — While the disease has assumed a low, typhoid, character, we would not think of dosing a patient with calomel, or of curing him with the lancet and purgatives. But would treat it as typhoid fever, for it can only be distinguished from genuine, typhoid fever, before death, by the history of the case, as to dysentery, or any of the forms of intermittent fever, running into typhoid. I do not believe, and the post-mortem examinations bear me out in this assertion — we should be able to make these distinctions, not confine ourselves to any one class of remedies.