AN INaugural Dissertation
On
Eso-Rectitis

SUBMITTED TO THE
PREsident, BOARD OF TRUSTEES,
AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
Doctor of Medicine.

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OF
Georgia

1858

W. T. BERRY AND CO.
BOOKSELLERS AND STATIONERS, NASHVILLE.
Colo-Rectitis.

This disease has perhaps troubled the "Physician" of our southern climate more than any other disease with which we are visited. When occurring in its "Epidemic" form it is the great life destroyer of southern latitudes.

It was this "disease" that claimed its thousands in 1852-3 in many of the fertile valleys of "Georgia," also in many of the other Southern States, bidding defiance to the Physician, and going on to its fatal termination.

It greatly surpasses all other "Epidemics" of the South in fatality, when occurring in a malignant form. At the present day the nature and seat of this disease is well understood, though there has been much dispute among Pathological writers of former times.
concerning its proper classification. While some regarded it as a systemic affection of the intestines, Tydenham viewed it as a fever. Cullen, agreeing with him, but adding contagiousness as an essential characteristic. Caldwell and Chapman of our own country regard it as primarily a gastric affection; others attribute it to cutaneous and hepatic disorders and derangement. As its name indicates, the disease consists in inflammation of the mucous membrane of the colon, and rectum, characterized by small mucous or bloody evacuations, griping pains in the abdomen, straining at stool, and tenesmus. We should be careful not to confound dysentery, on the one hand, with diarrhea, or on the other with enteritis.
It is true, that diarrhoea is the
initiating state of many dysenteries;
though some attacks come on without
any previous diarrhoea, diarrhoea exist
without inflammation, in fact it ceases
to be diarrhoea proper when this has
supervened. It is therefore true that inflam-
mation of the mucous coat of the bowels
is an essential element in dysentery.
The physician will seldom find any
difficulty in making out his diagnosis
between diarrhoea and dysentery.
Diarrhoea consists in morbid secretion
and violent peristaltic action, the result
of "irritation" of the mucous digestive
surface. Dysentery implies "inflammation"
with all of its consequences, morbid
secretion, ulceration, and hemorrhage with
vascular action; an interruption of
peristaltic movement being a frequent attendant. Symptoms: Rectitis is a painful affection of the bowels, with fever; soreness in the abdomen is a uniform attendant with occasional grieving, and tenesmus; there is strong propensity to go to stool, occurring at short intervals, feculent matter is but seldom discharged & in small quantities, the dejections being made up of mucous and blood. The attacks commence frequently with a chill; in other cases, the pains in the abdomen are the predominant symptoms. In some cases there is no rigor, but after an indefinite period, the skin becomes hot and dry; the pulse is full, hard and frequent. We generally find the tongue coated with a thick, whitish or yellowish fur; there is great thirst.
with anxiety and restlessness. We usually find the patient in low spirits, with his strength much reduced, great distress about the epigastrium. As the disease advances, the alvine evacuations become more frequent and offensive, tenesmus and tenesmus, is unrelieved by the evacuations, which consist of a thick mucous, resembling jelly colored with blood, in the latter stage. The evacuations consist of a watery serous fluid with a disagreeable smell, resembling the washings of putrid flesh; pure blood is occasionally passed in large quantities. Small round lumps, consisting of hardened fecal matter, and sometimes of fatty or fibrinous substances, are occasionally voided, and lead to the relief of the patient in
a great degree, those evacuations have obtained the technical name of "Sezall." The present of these "Sezalla" is by no means however very common.
The intestinal pains are in some cases very severe, causing great debility of body, and slight delirium. The stomach frequently becomes very irritable.
The pain ceases suddenly upon the occurrence of mortification, offensive stools now flow, almost without interval, unnoticed, by the almost unconscious sufferer. Death soon relieves the patient of his sufferings and torments and his attendance of an object that is now almost disgusting to human sight. Such is the usual course of symptoms, but various cases present many irregularities.
Thus in some fatal cases of "Dysentery" little
there is but very abdominal pain, the
patient seeming to sink merely under
the debilitating effects of the large and
frequent discharges of mucus and
blood. Post-mortal examinations reveal
to us uniformly, all the appearances of
high inflammation of the mucous mem-
brane of the intestines; portions of this
tissue are deeply injected, infiltrated
with blood and softened; and if
the case has been one of long duration,
ulcers are found of various size and
shape, extensively diffused. It is to the
erosion of these ulcers that we attribute
the free hemorrhages, generally venous,
but in some instances arterial
hemorrhages occur also, though rarely.
The canal is occasionally found constricted
generally in some portion of the colon.
Gangrene and abscission are known to
have taken place sometimes separating
considerable portions of the canal.

Causes—A predisposition to Dysentery
is generated by the continued influence
of heat, relaxing the surface of the body
so as to render it more susceptible to
the influence of cold, increasing the
excitability of the alimentary mucous
membrane, disordering the hepatic
function, under these circumstances,
causes will often produce an attack of
Dysentery, which under others, would
produce no effect.

Dysentery occurs both sporadically and
as an epidemic, its occurrence in the
latter form is always to be dreaded.
its ravages has perhaps exceeded.
of any other disease of our latitude. Within the last few years, its occurrence has been more frequent than all other epidemics of this country, extending summer after summer throughout nearly the entire extent of the U.S. It has been asserted by some to be a contagious disease uniformly, and indeed the doctrine has received very extensive and able support. And even among those who refuse to consider it essentially contagious, there are but few who doubt that it may assume this character under certain circumstances—us in camps, jails, and when the fever is of a typhoid character. In our climate, Dysentery belongs to the list of autumnal maladies and is produced by all the agents that give rise to bilious attacks—remittent and
intermittent fevers. Malaria may be mentioned as a frequent source of this disease. Exposure to sudden, and unexpected alternation of temperature, cold and moisture, wet clothing, sleeping on wet ground &c., Dysentery occasionally accompanies our malarial fevers, both remittent and intermittent, adds very much to their malignancy, increasing both the danger and suffering of the patient. Malaria is now universally regarded as one of the causes of Dysentery. In all hot climates, the fact is so evident that it originates from the same cause that produces the epidemic fevers, which are connected with derangement of the liver, as to have received from writers on the subject titles expressive of their connection; as hepatic flux.
"bilious fever" with flux, etc.

The evacuations in "Dysentery" are exceedingly diversified in character. Montificiation has often been too rashly inferred from the peculiar fever and offensiveness of the discharges; and the membranous films thrown off, are supposed to consist of sloughing portions of the villous coat of the intestine. But recoveries frequently occur after all these phenomena have been noticed, and so readily too as to preclude the idea of gangrene of the intestine.

Prognosis:—The prognosis in dysentery, when uncomplicated with any other disease is generally favorable. In sporadic cases arising from transient causes such as exposure to moisture, or cold,
The use of inviolate articles of food the prognosis is nearly always favorable when occurring in a good constitution. When occurring in its epidemic form, it is always to be dreaded, and regarded as a dangerous malady, and in low damp situations is fatal in a very large proportion of cases. The autumnal epidemics of southern climates are always to be dreaded, for their ravages have been truly great at different periods.

Among the symptoms, which point most directly to the danger of the patient, most physicians are disposed to regard the degree of tenesmus present, and the frequency of the stools; to stool, hiccup, a low delirium, and a relaxed state of the sphincter.
These symptoms for the most part point directly to the fatal issue. On the contrary, we infer a favorable change, when we observe a diminution in the degree of tenesmus, and the urgency of the calls to stool. The intervals being attended with more notable relief. The bowels becoming less tender on pressure, the lining membrane of the mouth less read and more moist. The temperature of the surface becoming more uniform, with general perspiration, and refreshing sleep.

Treatment—The indications which are to guide us in the treatment of ordinary Dysentery, are clear and marked. Our object is first to effect
the removal of spasm, and the reduction of inflammation. Two parts which are considered uniformly, and essentially characteristic of the disease. Blood letting was formerly much relied upon in dysentery, but the southern physician knows at the present day that, on account of the predisposition of the system to sink under active antiphlogistic measures, it is best in a vast majority of cases to omit this remedy, whatever may be its effects in other climates.

Some modern writers lay a great deal of stress upon the employment of topical blood letting, and it is a remedy attended with very little risk, and is no doubt frequently
attended with great benefit.

A large number of leeches may be placed over the surface of the abdomen, or in their absence cups may be applied extensively over the abdomen. The flow of blood may be promoted by the application of warm fomentations. These fomentations tend also very much to soothe and comfort the patient. They should therefore be employed throughout the disease, rendering them more stimulating in the advanced stage, by the addition of mustard. Emetics may be employed occasionally where there is undue or indigestible food present we regard them as entirely useless under any other circumstance.
Purgatives, either alone or in combination, are employed by nearly all without any hesitation, the object being to accomplish the free and complete evacuation of all encrusting injurious and foul secretions of the alimentary tube, by means that shall not add to but diminish as far as possible the inflammation and spasmodic irritation present. To accomplish these purposes every physician has his favorite formula. I was disposed to regard the formula as recommended by Prof. Bowdoin of this institution as probably the best that has been given viz, 1 gr. blue wort, 1 scr. muriatic acid, 2 gr. doses 2 gr. sometimes adding gamboge. This would seem to increase...
The existing inflammation, from the tendency of some of these articles to act on the lower bowel, but says "Bouldin" there are products there that cannot be moved by milder agents. "Dickson" of Charleston, S. C. recommends colomel in large quantities so as to move the bowels freely, which I have no doubt is a good practice. Opium is a remedy that cannot well be dispensed with in this disease, we will find it always to subtruct from the intensity of the pain, which is universally present, if not subdue it entirely. It also relaves the harsh, dry surface into a soft, warm perspiration.
When the disease is obviously of malarial origin, Sulphate of Quinine will be of great service administered at the proper time. I have no doubt but it is called for in all autumnal dysentery of the South. It will generally be best to give it in combination with Opium. With these remedies we can control most of the cases with which we will meet. It must be recollected that we are speaking only of the acute form.