INAUGURAL DISSERTATION

ON

Acute Dysentery

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BY

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To Prof. Bowling.

The learned and accomplished lecturer and teacher, the devoted disciple of science, and the students' friend. This article, is respectfully

Inscribed, by

The Author.
Acute Dysentery

The recent extensive prevalence of Dysentery in our country and the universal fatality with which it has been attended, has invested it with a new interest to the American practitioners of Medicine. How deplorable, if only, have within the last two or three years committed more fearful and widespread havoc in our country than the one we are now considering.

The sturdy farmer of New England, the hard and adventurous pioneers of the Far West, and the earl talking master with his sturdy slave in the "Slavery South," have all alike fallen under its bane, have been ill-treat by it and have died. Not that all die of it who are attacked by it; by any means; for this is far from being the case, yet great numbers of every age and sex have them destroyed by it.
The number of its cases has been but little if at all inferior to that of its illustrious predecessor Acute Cholera, the prevalence that literally "walked in darkness, and that was light all noonday." It will become as then as guardians of the public health to inquire: What is Dysentery? What is its Pathology? What is its Treatment?

Upon this inquiry we now propose to enter, not with the view, however, of promulgating any new or startling theory with regard to its pathology, or treatment, but simply to give a succinct history of its nature, symptoms, and the therapeutical means adapted to its cure.

We shall not enter into a disquisition of its various Complications; but treat of it as a disease proper.

We will resume the fashionable order of treating on diseases and speak of its pathology,
first, by which we may perhaps be the better able to comprehend and understand the symptoms. We premise then that the essential character of the disease consists in inflammation of the mucous coat of the colon, often involving that of the ilium and rectum. Now we inclined to quarrel about names we would insist that the disease should be called Colitis after Dr. Ballingall, or Colite (Colite) after some of the French writers; although these terms do not convey an adequate idea of the disease. We all understand what is meant when authors speak of Dysentery, and there is now no danger of being misled by a misapprehension of the term; and for this reason we shall not hesitate to use it in this unpretending little treatise.

The anatomical lesions found post mortem in persons dying of uncomplicated acute...
Dysentery, are those of simple inflammation of the mucous membranes of the colon, sometimes extending down the rectum and along the ileum. The membranes will be found, when examined after death, to be red and congested and sometimes deep-seated ulcerations, according to Dr. Brown of London, may be met with. The part inflamed will be found densely elevated above the healthy surface surrounding it, but not so much so as those who have died of the chronic form of the disease. The inflamed points will also often be found coated with a purulent, stinking, or serous secretion, which by a careless observer might very easily be mistaken for ulcerations, but if the parts be separated and washed, no solution of continuity will usually be found. According to Dr. O'Brien, a pseudo
Membranes sometimes forms on the inflamed surface, more often, in the colon than in the ileum or rectum. He found it sometimes in distinct patches, then again the mucous membrane was found covered with a uniform layer of white lymph. If gangrene has preceded death, it will be denoted by lividity and post-mortem softness, involving the muscular tissue of the bowel, and perhaps vesicles containing a fetid fluid will be found studding the membrane.

Symptoms. Dr. Elliston has well remarked that the symptoms of Dysentery are a mixture of those of Calcic and enteritis, and we will offer a superaddition of some others. Diarrhoea is often a forerunner of the disease, but it may be preceded by
Constipation accompanied with griping, flatulency and other symptoms of calic. The patient will often have a distinct rigor and afterwards a reactionary fever. Upon the intervention of a longer or shorter period after these symptoms, the patient will begin to discharge blood or mucus, or both, per annua. These discharges occasionally come on in the very beginning of the disease as it were. They will be attended with tenesmus, and the patient will have tenesmus, a twisting sort of pain, in the region of the colon, caused by spasm of that bowel from irritation of acid matter passing along over its inflamed mucous surface. This symptom is often very severe, giving the patient great pain. Tenesmus, as we have already remarked, will always be present.
in Dysentery. The patient will have frequent and irresistible desire to go to stool, and will usually discharge nothing but a little blood or mucus, or perhaps a mixture of both, and as sometimes happens a few hardened feces along with it. Occasionally threads of fibrin are present at other times again lumps of matter resembling dewet are discharged. Sometimes there will be a copious discharge of blood, again the mucus will only be streaked with it; or it may come away in clots. This is a sense of that or burning felt about the anus and extending up the rectum, aggravated by the effort at defecation. If fever be not present from the beginning, it usually comes on as soon as the disease is fully established. The skin is hot and
dry; the pulse is hard, somewhat full, and increased in frequency. The tongue presents a white, furred appearance; or else it is dark and dry and frequently presents a smooth and glazed appearance, and looks as if the stomach were contracted and the peritoneum that-\n\nknotted. The patient is often greatly prostrated, and sometimes experiences difficulty of voiding his urine, which is usually scanty and highly colored. There is usually some or less pain on pressure upon the abdomen, and if this be severe and accompanied with tym-panities, it may be safely inferred that the peritoneal tunics of the bowel is involved in the inflammation, and is therefore an un-\nfavorable symptom. If the serous coat become involved, the patient will show dyspnea and increased prostration. The patient
will also have anorexia, which will in some instances amount to absolute loathing of all solid food, while at the same time he will be troubled with urgent thirst, the gratification of which produces torpor and tenesmus. These symptoms if not arrested go on increasing in intensity, whilst still others are superadded, such as great prostration, feebleness of pulse, coldness of the extremities, depending of mind, dark and offensive discharges, the tongue becomes aphthous, the cough sets in and death supervenes within two or three weeks after the attack.

More frequently perhaps there is a mitigation of all the symptoms, and the disease passes into the chronic form, a condition but little preferable to death itself, a result which almost inevitably follows sooner or later.
A return of health may be anticipated from a general subsidence of the symptoms, particularly a return of consistent and healthy genital discharges. An abatement of the febrile reaction, of the pain in the bowels, tenesmus, tetanus, a return of appetite, disappearance of thirst, and gradually returning strength, these all indicate, though not infallibly, the recovery of the patient. But instead of getting well, as this improvement in all the symptoms would lead us to expect, the patient will sometimes decline, as it were, into the chronic form of the disease, and then "for help him," for he is beyond the reach of physic.

Caution: Dysentery is often epidemic, dependent on some peculiar condition of the atmosphere. No one who has watched the history of the disease for the past two or three
years in our own country can doubt this assertion for a moment. It has occurred
nearly all seasons, though principally in the summer, during dry and wet weather and
in every sort of situation. It is often caused by sudden alternations of heat and cold,
particularly when accompanied by excessive moisture; and the predisposition to
it is greatly enhanced by long and con-
tinued fatigue. It frequently happens that
whole armies will be attacked by it after
marching or otherwise laboring through a
hot day and then being exposed to a cold,
damp chilly night.

Whatever is capable of producing per-
tal congestion will produce Dysentery,
and amongst this class of Causes, and per-
haps the Chief one, is Malaria.
It is a well-known fact that malaria produces congestion of the spleen, and this is often demonstrated by considerable enlargement of the organ. A slight acquaintance with the anatomy of the abdominal viscera will enable any one to understand how congestion of the spleen might dam up the blood in the inferior mesenteric, and through it the hemorrhoidal veins, and thus give rise to inflammation of the parts which it is then affian to drain. I fully agree with our learned and polite Professor of Theng and Practice, that this is the only mode of action of malaria in producing the disease; general congestion of the portal system I believe to be a more potent if not a more frequent cause of the disease than mere splenic congestion, because the obstruction to the return
of the blood is then much more complete and direct; the spleen being situated outside the path, so to speak, of the blood, as it seeks the liver, being sent from the colon and rectum. But I cannot agree that such congestion in the bile, proximate cause of the disease, be the sole effective cause of the disease. We see how it might produce such a result, and I can as readily conceive how such an effect might be produced by other causes. Can it not begin in the mucous membrane itself, just as bronchitis begins in the mucous lining of the bronchial? I confess I am unable to see why such should not often be the case. Whatever is capable of giving a contribut-
the large intestines being a weak point may yield more readily to the impression of the mortifying agent, whatever that may happen to be. Or it may be produced by causes acting within the bowel and directly upon the membrane; such for instance as bad food, bad wine, irritating feces &c. What it is that gives this part so decided a propensity to take on inflammation under certain epidemic atmospheric conditions, would be a fruitless inquiry. It has eluded the search of men better able to investigate the matter than I could possibly be. Dispersion was once almost universally regarded by the Medical World as being contagious, and Cullen to claded it in his nosology; but no intelligent physician to regard it at present. These notions
perhaps arise from its occasional association with Syphilis, a disease acknowledged to be contagious, a practical example of the ill effects of keeping bad company.

Treatment. As in all the acute phlegmasia, the first remedy is bloodletting, both in point of time and importance. In every case where there is abdominal tenderness, where the patient is discharging bloody and mucous stools, and particularly where there is high reactionary fever, we begin the treatment by a copious bleeding from the arm, and this may or may not be repeated according to the circumstances of the case. One decided bleeding however generally suffices. But we must not be satisfied with taking blood from the arm, but we must abstract blood locally with
leeches, or with cups, if the leeches are not to be had. And we are not to be scrupulous in the use of these means, but endeavour to make a decided impression on the disease in the beginning. As Prof. Bowling says, the leeches should be scattered by handfuls over the abdomen. Having leeched or cupped the patient well we should apply warm fomentations to the abdomen, by means of flannel wet and wrung out of warm water.

And this should be kept up as long as theconnec continues. If there be not a considerable subsidence of the symptoms, the leeching may be repeated the next day or the day after that. The next remedy mentioned in the books after blood-letting is mercury. "Mercury says Dr. Joseph Brown, "is so powerful a subsiding of
general and local bleeding in the cure of inflammation that we should expect benefit from it in this disease, and experienced proves its prudent employment to be of great service. It might be objected to, says the same author, on the same ground as purgatives, the dread of an irritating effect from it on the inflamed intestine; but the result of its employment, our only safe guide, shows the apprehension to be erroneous, provided the medicine be properly administered.” We do not quote these words from Dr. Brown in order to condemn them, for we believe every word of it to be true. But the question will arise what is the proper use of mercury in dysentery? On this subject there is a discrepancy of opinion, and we may well call in question...
The propriety of administering mercury in this disease in the manner directed in the various works on practice, Dr. Brown to whom we have already alluded, and who has contributed a very good article on this subject to the *Encyclopedia of Practical Medicine*, directs that "a gram, or a grain and a half of Calomel combined with from five to ten grains of half a grain of opium, or eight or ten grains of hydrargyrum cum creta, likewise combined with the opiate, may in this country (England) be administered at intervals of four hours, the period being lengthened when the symptoms begin to abate."

Now we assert, and feel confident that the experience of the Profession in this country for a few years past
will amply sustain us in the assertion, that if the symptoms ever did "begin to abate," it would not be in consequence of such a course of treatment, but in spite of it; or else the Dyssentery of England is of a very different Character from ours.

What is the ordinary effect of Colonel, or at mercy, in any form, on the liver? Every body knows that one of its most constant and prominent effects, is to increase the organ to increased action, and cause it to pour out a copious secretion of bile, which I believe is always more acrid and irritating, than that which is secreted in a healthy and unexcited condition of the organ. And what is the effect of all this? Why this acrid bile as a matter of course passes along down
The alimentary tract and over the inflamed mucus surface, and adds to the mischief already existing there. I have often seen the effect produced by the use of mercury, and in fact have never known it to fail of this effect when given as directed by most of authors whom I have consulted.

The question will occur then, must mercury be entirely excluded from the catalogue of remedies in the treatment of dysentery? We answer that it may often be used with benefit, but that it had much better be withheld entirely, than given injudiciously; and such I am compelled to regard the usual mode of administering this drug. Dr. Brown's plan to which I have already alluded, I cannot regard in any light than, as highly pernicious.
How then is it to be given? this question may be more conveniently answered in connection with another mooted point, (viz.) should purgatives be administered at all in Dysentery?

It is a fact generally recognized I believe, that in this disease the cells of the Colon are always more or less filled with Scybala, and it is proper that these should be removed, for it is impossible for them to remain there, without creating more or less irritation, or adding to that already existing. According to Prof. Bowling's authority, whenever these Scybala begin to come away from the patient, he invariably begins to get better. These hardened lumps of fecal matter must be got rid of then. How is this to be done?
It happens very fortunately that we have a medicine that has a peculiar tendency to act on the large intestines, and this medicine is aloe; an article therefore all others, that directed to the treatment of this disease. Aloe, says Prof. Bowing, should enter into and form the base of every physic employed in acute dysentery. Having, as already remarked, a peculiar tendency to the large bowels, it dislodges and carries off any dry bile that may have accumulated in the cells of the colon; and as these often become a secondary source of irritation, their dislodgment and removal becomes an important indication in the treatment of the disease. The following is the recipe for Prof. Bowing's dysentery pill, which in
Our opinion is a peculiarly happy combination of medicines calculated to fulfill all the indications of a Cathartic in this disease.

1/4 Mars pulp,

1/4 Common pulp,

1/4 Blue Mars 3 88 M

Make into twenty pills.

Of these he administers from three to six, according to circumstances. They should, if the first dose does not produce the desired effect, be repeated on the next day or the day following that. This Cathartic will sweep out the whole alimentary canal bile, degesta, and all. This in a large majority of instances will be purification sufficient; but after thus cleaning the bowels, I should be inclined to let the
patient first, and to promote this object.
I would administer opium in consider-
able doses. If on the decline of the disease
it should be necessary to open the bowels
again, it may be done with a dose of
Castor oil, and fifteen or twenty drops of
the oil of turpentine.

Turpentine is used by some practitioners
throughout the disease, and with asserted
success. It may perhaps act very kindly
and beneficially on the inflamed mucous
membranes if judiciously employed,
and in a few cases in which I have tried
it, I was pleased with the effects of
the medicine. Diaphorhies are prescribed
in most of the books, and by promoting
the action of the skin, and thereby giving
a centrifugal tendency to the fluids they
may do good. The preparations of antimony, particularly the tartar, are usually employed for this purpose; but its tendency to purge I think is an objection to its use, and when used should be carefully watched, and withdrawn as soon as it begins to manifest such a tendency. I think it would be better to combine opiates with it to control its action in this respect. To make a brief summary of the remedies in the treatment of this disease, we need only to mention general and local bloodletting, warm fomentations, an aloetic purge and opium. These if properly used will be sufficient for the management of most cases.

We have not deemed proper to
speak of the Diagnosis of the disease, or any other modes of treatment, than the one so briefly sketched above. We omitted to speak of the first because we believed it to be unnecessary to an easy recognition of the disease; and the latter because we believe the plan of treatment we have indicated, to be the best, and therefore the only proper one to be employed.

We take leave of the subject with the single remark, that, although the sketch we have given of the disease is sufficient in many respects, and possibly erroneous in some, yet sufficiently clear and full, both as regards the disease and its treatment, to enable the reader, should he be guided by it, to detect the disease and cure it.