AN INaugural dissertation

ON

Dysentery

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 Tennessee

1851.

W. T. Berry & Co.,

Booksellers and Stationers,

Nashville, Tenn.
Dysentery.

Dysentery, Colitis, and Enteritis are different names for the same disease, as described by various authors, and it commonly known by the name flux or bloody flux.

Definition. — Dysentery is an inflammation of the mucous membrane of the colon, or of the colon and rectum, and nothing more unless there be an extension of the inflammation, or some complication.

Symptoms. — The symptoms that are most characteristic and always present in this disease, are griping pains in the abdomen, the frequent and painful desire to go to stool; with tenesmus, and the scanty discharge of a mucous-sanguineous matter.

These symptoms are not so strongly marked or distressing in the milder, or sporadic Dysentery, as in the epidemic form, when fever makes its appearance, with the appearance of the attack, or shortly afterwards. There is more or less pain, over
The course of the bowels in nearly all attacks of this disease. Still at times the pain upon pressure is very slight, and in sporadic cases may be entirely absent.

When the disease is epidemic, the pain and tenderness over the bowels is often very distressing, frequently extending over the whole abdomen, and causing great pain and uneasiness to the patient.

In common Dysentery, there is seldom much gastric derangement, and the patient may go through an attack without having any great desire for cold drinks, or experience the least difficulty from a want of the secretion of urine, which symptoms are nearly always present in severe of epidemic attacks.

Pathological appearance. The alterations that present themselves when death has taken place from Dysentery, are very numerous indeed, and the most frequent are simply those of inflammation.

If death takes place at an early period in Dysentery, we find the appearance simply of
inflammation and thickening of the mucous membrane of the bowel, or of inflammation and gangrene of that membrane. If still later, when the other coats of the intestine, and the neighbouring visera are implicated, we then find inflammation and ulceration of the mucous membrane and frequently ulceration of the other coats of the bowel.

Diagnosis. When the leading and important symptoms of dysentery present themselves, it is an easy matter to make out a correct diagnosis. Still there are three diseases for which it is likely to mistake dysentery, namely: cholera, diarrhoea, and hemorrhoids.

The may distinguish dysentery from cholera by the rapid course which the latter runs, and the nature and character of the discharges. In cholera, the discharges are very copious, bilious or serous and never accompanied with the severe termina and tenesmus that are always so distressing in dysentery.

The spasmotic contraction of the muscles
of the extremities, and the severe vomiting which are always present in cholera, are never present in dysentery, unless in the most severe forms, when there may be vomiting but no contraction of the muscles of the extremities.

Diarrhea and dysentery, more frequently resemble each other, but still differ from each other in a great many particulars. The most striking, are the Torrid character of the discharge, the entire absence of formed feces, and the abdominal tenderness in diarrhea, which are the most characteristic in dysentery. There are frequent attacks of dysentery, that in the beginning resemble diarrhea so much, that it is difficult to say whether it is dysentery or diarrhea; but after the disease becomes firmly established, there is no difficulty in saying to which the attack belongs. Dysentery differs from diarrhea, in another and very important particular, that is in there being no inflammation.
in the former but merely a relaxed and irritated condition of the bowels, with the discharge of a watery fluid, mixed occasionally with fecal matter and the vitiated secretions of the alimentary canal. The presence of the hemorrhoidal tumors at the margin of the anus, the continued discharge of feculent matter, or of nearly consistent feces, with the flow of blood after each evacuation, unmixed with fecal matter, will enable the examiner to form a correct diagnosis between hemorrhoids and Dysentery.

Prognosis. In making a prognosis we should take into consideration the age and constitution of the patient; and also, the nature of the cause, and the severity of the attack. As the disease sporadically appears it is not as fatal as it is in the epidemic form; the symptoms are not so distressing, and the inflammation does not rise so high. We may say that the disease is going
To terminate favorably when the termine, tenismus and mucus-sanguine discharges becomes less frequent, and are replaced by bilious and febrel evacuations, with rest and refreshing sleep to the patient. And unfavorably when the symptoms are increased in severity, and there are superadded a cold and clammy skin, with delirium and subcutaneous tendinums.

Causes—It is often difficult to determine what the cause is so insidious and unsuspected may be the attack. The exposure of the system to cold and dampness, as from lying upon the ground, after the fatigue, and heat of the day, seems to one among the most common causes, in producing this affection.

Unripe and acrid fruits, and too great an amount of ripe fruit, and also acrid accumulations in the digestive canal have frequently been the cause of producing this disease.
How obvious the cause may appear in Dysentry as it sporadically appears, we are often at a loss to know what is the cause, when it appears in its most aggravated and epidemic form, and are then necessarily compelled to attribute it to some unknown and unseen agent as malaria. And as the most fearful and ravaging epidemics make their appearance in low and marshy districts, where bilious and intermittent fevers rage extensively, malaria would appear to be the chief agent in producing this disease.

Bad water, unwholesome food, and indifferent clothing, with a multiplied host of other alleged causes might be enumerated.

Treatment. Various plans have been instituted, and numerous remedies recommended in the treatment of this disease, but the plan is best that is most successful, and the remedies best that will most promptly fill the indications. In detailing our course of treatment?
we intend to specify, some of the most important, and useful, in the treatment of this disease; and conclude by making a short summary of treatment. Bloodletting (the general and local is a means, by which we can subdue the inflammation; and a powerful remedy it is, when judiciously employed. It is not necessary that general bleeding should be practiced in every attack of this disease, for in some forms of the disease it may be highly injurious. But when the disease rages epidemically, and the attack is very severe, and accompanied with fever, a full and strong pulse, it would be best to bleed; and if after the first bleeding, should the pulse not become less full and frequent, the torments and tenetious less distressing, we should bleed again and again, until the general and local symptoms should some what abate. As the disease frequently appears, one good bleeding will often suffice to cut
short the attack, and it will presum-
ably happen that the attack is so slight
that general bleeding can be dispensed
with altogether.
local bleeding should be practised when
there are much Ternina, Tenesmus, and
tenderness upon pressure over the
inflamed bowels; it will be very apt
to relieve the patient’s suffering,
and act promptly in subduing the
inflammation.
General bleeding should not be practised
in the latter stage of Dysentery, but
local bleeding may be practised in
any stage, if there are much tenderness
over the course of the large intestines.
Emetics are the next class of remedies
that we shall consider. They have been
highly recommended by various authors,
and are unquestionably excellent remedies
in the early stage of this disease: but how
to be used with caution, when the
tenderness has extended over the greater
portion of the abdomen, and not at all
if there is gastric derangement. When given it should be at the very outbreak of the disease and then there should be no signs of a disordered or irritated stomach. They will free the stomach of its acid secretions and accumulation, will determine to the surface of the body, and have a happy effect in lessening the degree of excitement and in subduing the disease.

Cathartics are the more extensively used in the treatment of this disease, than any other class of remedies, and they appear to be the best remedies when judiciously employed. They are applicable in all stages of the disease; they may be used with advantage from the very commencement of the attack, until its final termination. They not only free the bowels of their acid secretions and accumulations, but relieve the liver and other viscera of the congestion which is always present to a greater or less extent.
In choosing our remedy, we should prefer the milder cathartics or laxatives in preference to the drastic purgatives. For the drastic purgatives do would do more harm by exacerbating the irritation and inflammation than good by their cathartic effect. Diaphoretic medicines are an excellent class of remedies used in connexion with cathartics in the treatment of Dysentery, and when used care should be taken not to expose the patient to cold, for if exposed, the remedy would certainly do more harm than good.

In Dysentery and especially in those severe attacks that are frequently met with, the kidneys perform their function very imperfectly, so imperfect that they frequently fail to secrete any urine; then diuretics have to be employed, and that with a lucky result. Aperient is a remedy that is, almost be impossible to do without in the treatment of this affection: it not only quiet the nervous system, but relieves the termine and tenesmus which is often very distressing.
Summary of Treatment. If in the commencement of the attack, should there be any fever, and general excitement, blood should be drawn from the arm, to a greater or lesser extent, in proportion to the malignancy of the attack, and the fulness of the pulse. After general bleeding has been practiced, should the excitement still continue but not sufficient to call for the lancet again; and there is considerable pain and tenderness over the bowels, leeches and cups should then be employed, followed by a warm potion, in order to increase the flow of blood and drive to the surface. After the excitement has been reduced, a moderate dose of Calomel and if necessary may be advantageously given. Calomel, if necessary, and opium may be given at bedtime, in combination; followed in the morning by a dose of castor oil, or the sulphate of magnesia, if there be any excitement.

In the beginning of the attack, should...
There being appearance of a loose stomach we may add an emetic dose of ipecac to the colonel, and that with a very happy effect. It is not necessary to bleed in a great many cases of dysentery, and all that may be requisite is a dose of colonol with or without a dose of opium, followed in a few hours by a dose of some mild laxative. The warm bath with some diuretic drink will be found of great service in the treatment of this affection. To relieve the great pain and distressing termination and tenesmus, opium by the mouth, and the injection of a solution of gum arabic, opium, and the sugar of lead will be found to answer the very purpose.

If the disease does not appear to abate by the eighth or ninth day, the application of a blister to the abdomen will be of good benefit in most cases of this disease. When the disease appears to be obstinate, after the general excitement has been
induced by the forced, leeches, cups, and warm poultices, should be more freely applied to the abdomen. In such cases the warm bath should be more frequently used, and if necessary the mercurial medicines should be carried to a greater extent. In dysentery as it generally appears, this plan, if properly carried out, will in a great majority of cases, we think, suffice to produce an immediate cure.