AN INAUGURAL DISSERTATION
ON
Dysentery

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OF
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Dysentery

Inflammation of the colon and rectum. Dysentery is characterized by small mucous or bloody discharges, griping pains, tenesmus and straining at stool. The disease may be acute or chronic.

Acute dysentery is preceded by latitude general unease, impaired appetite, constipation or diarrhea and other evidences of intestinal irritation. A simple case of dysentery may run its course without fever. The local and febrile phenomena commence sometimes simultaneously; the patient is attacked with a chill
The moment that he feels pain
and tenesmus. At other times
fever precedes for a considerable
length of time any evidence of
disorder of the bowels.
In such cases the dysentery is
usually an attendant on other
affections. Different cases of dys-
entery are characterized by va-
dious grades of severity; from
a very slight affection of the
rectum and colon unattended
by fever running its course in
four or five days into one of the most violent and
dangerous diseases to which
man is liable. This diversity
may depend on the activity of
the cause, the susceptibility of the
patient or upon the degree in which it is simple or com-
plicated. In the beginning of a case of simple dysentery, there are usually griping pains in the abdomen irregular in their position and periods of recurrence, and accompanied by discharges from the bowels by which they are partially relieved. After a short time a sense of weight or other un-
casting is felt in the rectum with a painful and frequent desire to go to stool, without the ability to evacuate more than a little bloody mucus. This feeling of tenesmus increases and at length becomes the most
prominent feature of the case; the pains of the abdomen appearing to concentrate themselves in the rectum. The calls to stool are very frequent, and in some cases almost inconstant attended with much straining so much as to cause prolapse and has been known to be produced and followed by only partial relief. The discharges often occasion a pain in the anus which causes the patient to dread their return. The passages are seldom left than a dozen in twenty-four hours and according to professor Wood of Philadelphia have
been known to amount to one
and even two hundred.
After the first few evacuations
which are more or less fecal
the discharges are very small,
and consist of muco-sero-
ous mixed with blood
and sometimes almost pure
blood. As the complaint
advances with these some-
times a little vitiated bile
and shreds of false membrane
or small mems of coagulated
hardened matter are occasion-
ally intermingled and in
some instances small maps
hardened feces are discharged.
Frequent evacuations are almost
always followed by considerab
relief. At the commencement of the disease the discharges havebut little odor but after a time they acquire a disagreeable one quite distinct from the sculent and almost-peculiar dependengy.

The bladder and urethra sometimes sympathize with the rectum and along with the tenderness there is difficult micturation. In females the vagina also participates in the same irritation. The abdomen is more or less tender and the extent of the inflammation may be traced by ascertaining in what parts pain is produced on pressure. If there is pain in the right side and
across the epigastrium there is reason to believe that the inflammation has reached the transverse and ascending colon and that the whole of the intestines are inflamed. There is always fever except in very mild cases. The pulse is accelerated and usually full and forceful, the skin warm and sometimes hot and dry, the urine scanty, the tongue moist and covered with a white fur. The liver is generally inactive. In rare cases the patient feels an indescribable feeling of hollowing or sinking of the abdomen attended by a damp and cold
Skin a feeble pulse and sometimes nausea and vomiting. This condition soon passes as acid secretions descend. In the form of the disease above described vomiting is extremely rare. In a majority of cases the disease takes a favourable turn between the death and tenth day and the patient recovers. Sometimes from the extent and severity of the inflammation symptoms of depression appear in the beginning of the disease and the system never reacts. The nervous system yields to the violence of the first shock and cannot react under the constant
violence of the disease. The patient throughout has a very small and feeble pulse, cold and clammy skin, inconstant discharges and tense and tumid abdomen with great pain on pressure. Such cases prove fatal in a few days. According to proper Wood danger accrues from the continuance of the disease beyond a week or two days. If the symptoms do not give way by that time, they are all apt to become aggravated. The temperature and torments increase, the abdomen becomes swollen and more tender, the pulse weak and more rapid, the tongue
assumes a brownish appearance or throws off its fur and becomes red, smooth and sometimes gashed, the patient is weak and very restless, the stools are more copious and offensive and consist of purulent matter and are sometimes nothing more than bloody serum. After the worst of these symptoms the patient may recover, though convalescence usually tedious and the case frequently revert into the chronic form. Should the result prove unfavourable the extremities become cold with a cool clammy state of the skin a livid or purplish hue about the nails a very irregular frequent
and feeble pulse, hiccup, involuntary stools, delirium, and death closes the scene.

**Bilious Dysentery.**

In most cases the bilious secretion is diminished, but in the simple form of the disease, this may be considered as the result of the colitis, in like manner as the dry skin and scanty urine. The disorder of the liver and stomach occasionally attend the disease from the beginning. The complaint under these circumstances is called bilious dysentery. It is characterized by frequent vomiting yellow sputum of the skin, conjunctiva and urine, a higher degree of fever.
and either entire absence or a morbid increase of the bilious secretion. This form of the disease is frequent in tropical climates and adds very much to the dangerous visions of dysentery.

Adynamic Dysentery.

This form of the disease occurs in persons exposed to various depressing causes as in ships and marching armies in which exposure to wet and cold wholesome or insufficient food combine with contaminated atmosphere to prostrate the vital powers and vitiate the blood. The same influence is exerted by epidemic conditions of the air. Under these circumstances
ces along with the symptoms form simpler in an aggravated degree are those of malignant typhoid disease, such as nausea and vomiting, great thirst a foul brown or black tongue, blood about the teeth, dusky skin sometimes hot sometimes cold and occasionally marked with dark livid spots, an irregular feverble and very frequent pulse. The discharges are of a brown or black colour, more copious than in the simple form of the disease, and exceptionally fetid or large hemorrhagic evacuations, consisting of altered uncoagulable blood, great prostration of
Strength even from the beginning, evidences of nervous disorder are present as anxiety, headache, low delirium and stupor. In all cases the danger arising from the colitis is very much increased by complication. In the worst cases of this form of the disease it proves fatal in few days.

Intermittent and Remittent Dysentery

Dysentery is occasionally associated with other diseases. During the epidemic intermittent and remittent fevers the disease occurs as a distinct one more or less modified by the prevailing atmospheric influence or in combination with the proper
miasmatic fever. The colitis may come on as a mere accompaniment of the fever, after it has continued a greater or less length of time; or it may at first occur and the miasmatic fever set in afterwards. Great is presented when the fever and the dysentery occur simultaneously or the fever is the last to make its appearance in determining the nature of the case. Usually such cases may be distinguished by the fever becoming aggravated at a certain time every day or every other day and in the intervals either relaxes or entirely intermits. During the paroxysm,
there is more flushing of the face, headache, general arterial excitement and nervous disorder, a tendency to delirium as usually attend an attack of simple dysentery and the occurrence of perspiration during the subsidence of each paroxism is an almost certain symptom of miasmatic fever.

Typhoid Dysentery

Dysentery is sometimes associated with typhoid fever. The symptoms in typhoid dysentery are essentially the same as in a bacillary dysentery. Dysentery may coexist with gastritis, arthritis and various affections local or general in which cases
The symptoms will be modified by combination with those of the associated affection.

**Prognosis.**

Dysentery is about to terminate favourably when the pains become less frequent and severe, the tenesmus diminishes, the stools assume a fecal or bilious and are more copious and less frequent and at length nothing remains but a slight diarrhea which soon ceases. A sudden cessation of tenesmus, coldness of the extremities a livid hue about the nails, a feeble pulse a
clammy skin, hicough, delirium, involuntary stools, and stupor are symptoms of the most unfavourable kind and together portend a speedy and fatal termination.

Anatomical Characters.

The mucous membrane of the rectum and lower portion of the colon always exhibit evidences of inflammation in cases of death from dysenteric. It is reddened, thickened and sometimes ulcerated. The inflammation occasionally extends from the rectum to the small intestines and even...
to the stomach. In some cases the ulceration extends beyond the mucous membrane and involves the whole of the parietes of the bowels except the peritoneal coat. The liver is frequently diseased in dysentery, tropical climates. The mucous membrane in some instances is in a state of mortification and in others when not mortified is of a dark purple appearance.

Causes.

Substances directly irritant in their action on the mucous membrane of the bowels as unripe fruit in large quantities vegetables difficult of solution in the stomach;
indeed indigestible food of all kinds, acid and imperfectly fermented alcoholic drinks such as weak wines and malt liquors, putrid water, drastic purges, worms and other accumulations in the large intestines. Hardened feces have been supposed to be a cause of dysentery. Exhalations from putrid animal substances and vegetable miasmata are causes that produce the disease. The continued influence of heat did—_ordering the liver; also Cold Combined with moisture are powerful causes of dysentery._ It sometimes prevails epidemically.
and is believed not to be contagious. In miasmatic countries I have known whole sections afflicted by its ravages. The typhoid cases dysentery are the most fatal.

TREATMENT.

In a simple case of dysentery nothing more will be required than to evacuate the bowels by cathartics, cleanse the stomach of all acid accumulations of any kind as shown by epigastric oppression, nausea, elevation of bile and frequent and ineffectual efforts to vomit, by enemis the best for the purpose is the speculum. The nervous disorder should be
quieted by anaesthetics. The patient
should abstain from all kinds
of food for at least four days.
The best cathartics in this
case will be the sulphate of
magnesia, secundine, or calomel.
The best mode of admin-
istering the medicines in
the beginning of the disease
will be to give a large dose
of the sulphate of magnesia
and after it has evacuated the bowels
to administer one or two grains of
calomel to stimulate the liver
and produce a healthy secre-
tion of bile. If the case
is attended with febrile
excitement a hard pull/pulse
a hot skin there will be very
much benefited by clothes dipped in cold water and applied to the forehead. I have known patients to be very much improved by partaking of large quantities of ice. The ice cools the stomach and intestines and has by its coldness a tendency to prevent or retard inflammation.

An enema of March and balsam made cool by ice should occasionally be administered. Bleeding is frequently indicated. One bleeding will generally be sufficient. If the symptoms remain unabated, the bleeding should be repeated until a decided impression is made.

Under this treatment in an
uncomplicated case of dysentery the patient will usually recover in a week or ten days. During recovery he should be allowed food in very small quantities until a week or two has elapsed or he has recovered a good deal of his former strength. When the inflammation extends as far as the caecum it has been recommended by one of the professors of the Nashville College to give a pill composed of blue mass aloes and scammony each half a dram gamboge ten grains to be made into twenty pills, two pills to given at a dose.

According to Professor Wood of the university of
Pennsylvania drastic cathartics should never be given in this affection, he says that they produce more harm by irritating the inflamed mucous membrane than good by evacuating the bowels. At the beginning of the disease it is generally proper to obtain a brisk cathartic effect and then be satisfied with sustaining a gentle peristaltic movement so as to keep the bowels free from irritating accumulations. The bilious variety requires a more energetic employment of mercurial remedies. Calomel has been given in doses of fifteen or twenty grains daily or five grains three or four times a day.
until some impression is made on the disease or the mouth, in the severer cases of this kind.

On the remittent or intermittent form of the disease the same kind of treatment should be pursued as in the common form together with remedies to prevent the return of the paroxysm the best for this purpose will be the sulphate of quinia.

Geo R. Sain