AN INAUGURAL DISSERTATION, ON

Colorectitis.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
University of Nashville,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
W. Floyd Ferguson
OF
Mississippi

'18
CHARLES W. SMITH,
BOOKSELLER AND STATIONER,
NASHVILLE, TENN.
We come now to treat of a disease which is very common to almost all parts of
the inhabitable globe. There is no sex
or age that is entirely free from its
pernicious influence. We are liable to be
attacked by it during some period of our
existence. Though it is true that there are
modifying circumstances attending it,
it is doubtless more aggravated in some
localities, and, in some places than in
others. It is our opinion, that the
season, with all the habits of the
infectious agent, controls it more than any
other thing. We believe it has not to be
confined by causes to any special locality. Only when associated
in the countries of the
infectious agent, Do we find
the atmospheric epidemic. And not a contagious
as some would have it be, but a spreading
dearth like that of Cholera, or to which,
We consider it closely allied. Ams which is now not generally believed to be a Contagious \nColitis or Dysentery, is inflammation \nof the Mucous Membrane of the Colon \nand Rectum. Characterized by small blood \nand Mucous evacuations; a continued in- \néclination to go to stool. Tense, red, \nswelling, and gripping pain in the bowels. Inflammation of the \nColon, extending up the Small intestines. 

This disease may be either acute or chronic. 
The acute form of this disease we may attain \nby Dr. Denny without scarcely a premonitory \nsymptom, commencing with a violent diar- \nhea terminating suddenly in bloody discharges, giving \ngreat pain and Weissing shortly after the attack. 
Or it may be attended with, premonitory symptoms \nseveral days before the attack. Sprossen, as Caecum \nde general Weissing, impatient appetite, Costiveness 
or a moderate diarrhea.
There is a frequent attendant of this disease. But a single attack may run its whole course without any fever whatsoever. Fever may either come in the course of the irritation caused by the infection of the bowel. Sometimes the local and petechial phenomena commence at the same time, probably ushered in by a chill at the moment the patient begins to complain of the tenesmus followed by a small, painful evacuation. In such cases the dysentery is a concomitant of some other disease generally.

We term dysentery assuming various grades from a slight inflammation of the colon and rectum attended with but little, if any, fever, up to one of the most violent and unmanageable diseases to which the human frame is subject. Much depends upon the exciting cause and the susceptibility of
The patient. Individuals, who have been subject-
to chronic diarrhoea, or chronic inflammation of
the bowels, caused probably by some seminal
affections or as the sequel of other disease, may
have a weakness of it in its most aggravated for-
m, destroying frequently the life of the pa-
tient in a very short time, over which drench-
ing agents seem to exert very little influence.
In the first place we will give a brief descrip-
tion of simple dysentery, and then refer to
it in its more violent combinations. In the Co-
commencement of a case of simple dysentery,
there are almost always seven stains in the
bowel, lanceating or twisting as worms,
called comma, sometimes at meal with
some bloody mucous evacuations, giving noti-
@e to the old, highly inflamed bowel, but Con-
sinence of the stain associated with violent-Gun-
running, and a burning down burning irritation
Such cases are sometimes very difficult to treat. The liver shows some disposition to act in some cases, then we have rather a little vitiated bile with shreds of mucous membrane and little hard lumps of fecal mucus. Where the liver acts and there is a discharge of feculent matter, it has a tendency to alleviate the pain for the time being. But unless remedies act well will return again with its accustomed violence.

The bladder and urethra frequently sympathize with the rectum in this painful malady, which causes difficult evacuation either from a spasmatic contraction of the urethra or nervous debility. We are thus in a position to attribute it to the latter on account of the close proximity of the bladder to the disease part. The nerves being called into action so frequently, lose their power to act.
The functions of the bladder being thirty
much impaired, which adds much to the mal-
ignancy of the disease. There is generally
a great tenderness over the abdomen, tend-
ing up the side, and along the transverse line,
causing the small intestine and not unfre-
cently extending along the whole alimentary
canal producing very high fever.
In very severe cases there is always more
or less fever. The pulse is usually full and
frequent, the skin hot and dry. The tongue
is moist and covered with a whitish fur,
but most commonly the tongue is dry and
friable, particularly the tip and edges and con-
tact with that of Syphoid fever.
In most cases the patient takes a turn for
the better between the seventh and tenth day,
and recovers without any other bad symptom.
In some cases however, the course is
em is the disease. From the violence of the attack and the extent of the inflammation that the patient never recovers, or recovers from the shock, but sinks into a state of delirium. Most generally, though they retain their senses to the last with little or no external symptoms. These are rare cases, in this form of the disease and the lack of care for us, that they do not occur often. The patient has a very small frequent pulse, a cold and clammy skin, vomiting and contraction of the bowels. Such cases generally from fatal in a very short time. These are those who have good constitutions, that recover. But the disease may become chronic in its nature,
Billious Septicemia. In many cases of septicemia, we have considerable arrangement of the sanguinary locutions, it being rather secondary, symptomatic in its nature. As the result of the gross inflammation of the bowel, extending a good way up the alimentary track, occasionally there is from the beginning of the attack arrangement out of the Stomach and liver, producing a yellowing of the skin and conjunctives, oppression about the epigastrum, and bilious vomiting. The tongue is then covered over with a thick yellow coating. The urine is yellow and highly colored. The fever in this form of the disease is of a high grade, a morbid or proved condition of the sanguinary lesion. As the epidemic which visited our country a few summer since, we think there was very little bilious arrangement. The disease seemed almost entirely Campbell to the
lower bowel, with few exceptions the liver seemed disposed to act freely, when the tumour was relieved by the local and specific application of suitable remedies to the seat without the application of any mercurial whatever in most cases I believe mercurials do harm by acting as an irritant on the already highly inflamed bowel or intestine. Very few cases admit the use of mercurial since the liver is disposed to act when the bowel is kept clear of the vitiated accumulation.

Adynamie Dysentery. Many cases of acute dysentery, unless relieved in eight or ten days are disposed to take on a more typhoid nature. The patient having been so dejected by the violence of the unceasing discharge of the acute attacks as to sink into a feeble state of exhaustion and debility, with a dexter feeble pulse, colicky evacuations from the
tissues, either of incoagulable blood or serum. The blood being now deprived of its watery portion, persons who have been exposed to previously depressing causes, as Camps, Prison
sheds and Marching Armies, Exposure to inclement weather, Unwholesome food, and wretchedness of every kind, are very apt to take this form of the disease. And from the very beginning require Medicine to support the Invalid System. They exhibit various evidences of nervous disease, as depression of the spirits, Anxiety, head
ache, low spirits, and Dyspnea. In such form of the disease, most of these symptoms will be found. And death is almost, the inevitable
Consequence.
We frequently have Tympany associated with
unmitigated and intermittent fevers in Miasmatic
regions. In fact, in almost all of our diseases in
the South we have more or less the Turberm of
The bowel, complicating the primary disease with Pneumonia, Typhoid Pneumonia and Measles, we find at times to be very subacute symptoms, placing rice frequently to ulceration of the bowel. In treating all four diseases we should be very careful about the administration of any remedial agents which have an irritating effect on the bowel. As far as in the treatment of Pneumonia for instance, it is very essential that we make a correct diagnosis in this disease, being very cautious as to its proper treatment.

It may be proper to say something as to the prognosis in this disease. When the pain subsides and the discharge becomes more abundant and less frequent, of a bilious character, the pulse quickens down and gets up in volume, the tongue moist and left joining the skin moist and light. Fever over with
With a gentle perspiration. The patient is
well and enjoys a pleasant refreshing sleep.
The disease, by any sure causes, then we have
usually a rapid and happy recovery. Unless the
patient should be imprudent, and bring a
lost-a relapse, which in all diseases is ten times
more dangerous than the first attack.

On the other hand, when the skin is cold,
clamy, pulse weak and irregular. The tongue
slicy and gery, being tumiduous when introdu-
ced from the mouth, showing signs of nervous
up and fustration, lacerated along the track of the
Colon, urinary, colic excitant in voluntary knots
Subcutus teninum and Stomach, the man is
in a very short period at such a conclusion. After
labouring ten fifteen or twenty days under one of
the most torturing diseases to which mortality
is due.

Death may result in dependency from a failure
in the powers of life, owing to the extent and intensity of the inflammation.

The vital energies, seem to have been so crippled all along from the beginning of the attack as never to be able entirely to recuperate.

Anatomical Character. At post mortem examination, the mucous membrane of the colon and rectum always presents a state of inflammation. The bowel in many cases being entirely denuded of its mucous membrane having been sloughed off, leaving the other coats of the viscus exposed. In fact we have ulceration more frequently than in any other disease except possibly Hypochlorous fever or acute or chronic articular. And so suffice to quote the best authority, we sometimes have the whole varieties of the bowel involved though the peritoneal coat is scarcely ever involved.
Sometimes there is some severe lesion of the liver in this disease. Of the causes, much has been written. I deem it therefore unnecessary for me to give here a long dissertation on the subject and will only mention a few of the most important. In climates where there is sudden changes from hot to cold and from cold to hot, the may affect to be cause of this disease. One of the most common taking causes is cold and dampness exposure to the surroundings of night together with indigestible food. Partaking unwholesome. In children some of the more common causes are worms in the alimentary canal, and teething is not unfrequently ranked among the alligia causes.
Treatment.

When I submitted to early treat
ment, dyspepsy is not so intractable
as some would have it be. A prac
tice proposed by Dr. Sumner and recom
mended by Dr. Watson in his work on the prac
ticing of Medicine is a course which we think low
term of Priap 1st bleed freely, if the patient
can bear it afterwards Cup and box on
the tender part of the abdomen. There is so
much discrepancy of opinion among prac
titioners in regard to the administration of
mercury in Dyspepsia. Sir James
Mcgregor, has given the distinction which
we think should guide us in the admi
nistration of this remedy. The case when m
cury proves so highly useful in Dyspepsia
is when the disease is complicated with
disease of the liver, when

T      N
There is dull pain over the region of the liver, yellow skin and Conjunctiva, also a heavy dragging pain in the right shoulder when the patient lies on the right side, with such symptoms as that we would not hesitate to give Colome Dr. McGregor. Further adds that mercury when given in theournipped stage of the disease, before depletion, that it will act do much harm and furthermore in the advanced stages particularly, when these are signs of the too fever with liberation of the intestine, it will invariably hasten the disease to a fatal termination. In some cases particularly in the Miasmatic region, bleeding may be inadmissible that is general bleeding. It is of course very necessary that the practitioner should pay strict attention to the Nerves and Constitution of the Patient.
There is scarcely any case where local depres- 
sion is contra-indicated in the beginning 
of the attack. In the treatment of this dis-
tease when there is great tension with 
pain in the lower bowel, with constant 
inclination to go to stool. The physician may 
by the distending urgo of the patient and 
this continued effort to get relief, may 
be arisen to the indiscriminate use of of 
heat, the use of which in Debentor raging 
the utmost caution untile the violence of 
the inflammation is subdued. It will allay 
the pain and quiet the sufferer. But in doing 
it will mask the more pernicious 
symptoms and lead the physician into 
error flattering himself that he is mastering 
the disease, while the disease is working 
death in secret, and fatal disorganise 
ing is the result. However after depres-
When the result is generally good, we have reason, this treatment to prove successful in some of the more severe forms of the disease. In fact, we have never known it fail given in almost any form of the disease. After the bowels have been cleared by the cathartic, then we would use injections of Starch and Cardamom.

Local remedies are highly important in the treatment of Dysentery, leaching and lathering when there is abdominal tenderness. After this we would use warm Cathartics, the warm Mustard Poultie, Sea-buckthorn or Cascarilla. We think would answer a very good purpose. However, if nausea or vomiting were present, I would lean more to the Cascarilla. If there was extensive inflammation I would not hesitate to blister the cecum.
if there be much gastric symptoms. In fact, if there is violent vomiting, we think Dr. B. very essential, we have before spoken of enemata. Our advice is it will not be out of place to mention it here. We think that injection of lead and mucilage contribute largely to the arrest of the disturbing symptoms, or one or two grains of antimony with eight or ten grains of sulphate of lead dissolved in a good enemata.

In Acromic Dysentery, we would not think it philosophic to bleed provided the patient could bear it. After giving antigases of these, we would prefer balsam oil and turpentine. Leeching and coughing may also be resorted to.

In Acromic Dysentery, it becomes necessary to give tonics and stimulants, such as wine, wine, spirits, wine, and water, carb. ammon.
Guinness and Ophir may be used with great advantage. Eggs, beef tea, animal broths, any of these may be given to support the system. In the earlier stages of dysentery nothing but the most bland articles should be used. Muellage. Rice, water and arrow root are the best. Compressing the intestines ending to faeces, the bowel convulsions then we may allow more nourishing food. Such as animal jelly, eggs, beef, cooler, ocher, soup, and boiled meal taking our dinner to eat to satiety.

We think it unnecessary to add more, being probably already exhausted the supply of our readers. We conclude therefore by forwarding our respects to each member of the faculty respectively.