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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Dysentery

In surveying the vast field of the Medical Science in search of a subject for my thesis, I have seen proper to select that of Dysentery, being one of much practical importance.

Dysentery is inflammation of the mucous membrane of the Colon and Rectum. Acute Dysentery. The disease may occur with or without premonitory symptoms. In the former case, it is preceded by general uneasiness in the abdomen, costiveness or diarrhea, occasionally the local symptoms make their appearance before those of a general character. In mild cases, men its course without pain, we are presented in...
regular gradation in severity from a very slight affection occupying but a small portion of the colon and rectum, without fever and passing in a few days up to the most dangerous form of disease to which the human frame is liable.

On the beginning of Simplex Dysentery there are generally griping pains in the abdomen irregular in their position and attended with discharges from the bowels by which they are partially relieved. After a while a sense of weight is felt in the rectum, with painful inclination to go to stool without evacuating anything more than a little bloody mucus. This feeling of tenesmus increases until at last it becomes the worst feature in the case.

The calls to stools are very frequent.
attended with much straining
so much so sometimes to produce
prostatitis. The passages
are seldom less than a dozen in
twenty-four hours often double
That number
After the first few evacuations
The stools are small consist of
a transparent whitish mucus
mixed with blood
as the complaint advances shreds
of fals membrane or small masses
of coagulated matter are occasionally
intermingled and in some instan-
ces eyzalas are discharged though
these are less common than might
be inferred from many published
accounts of Dysentery; The bladder
and uretra sometimes sympathize
with the medium and along with
Tenesmus there is frequent and
and difficult micturition, there is
more or less tenderness in the
abdomen. The extent of this disease
can sometimes be traced by deter-
ing what parts pain is produced
on pressure. There is always
harrow unless in cases of very
small extent. The pulse is full
somewhat accelerated. Skin hot
and dry. Urine scanty. Tongue dry and
covered with a whitish fur. Section
of bile diminished.

The patient experiences a sallow
ness or sinking in the abdomen
attended sometimes with nausea
and vomiting.

In vast majority of cases the disease
takes a favorable turn between
six and ten days. The patient passes
through a very small and thread
like stool, pale and clammy skin.
anxious features and somewhat livid or purplish appearance under the eyes and about the lips and at the roots of the nails with much tenesmus and tenesseous viscid and discharge. Turned abdomen with great tenderness on pressure. Such cases often fatal in a few days though they are very rare. According to some Authors occur only during epidemics. Should the symptoms not give way in a week they are all apt to become aggravated. The abdomen becomes swollen more tender. The discharges more frequent the pulse weaker and more rapid. The tongue assumes a dryish appearance. Throws of its fur become red. The patient is exhausted. The stools are more copious instead of being
Before the conclusion of the war, the

...
The dysentery begins there can be little doubt as to the nature of the case. The fever is aggravated at certain times every day or every other day in the intervals relaxes or entirely interrupts the dysenteries dysenteries undergoing the same change to a certain degree. Dyphoid is another form of the disease which occurs in individuals previously exposed to wet and cold circumstances diet fatigue and sickness of every kind combined with contaminated atmosphere to prostrate the vital powers nausea and vomiting great thirst frequent and feeble stools brown tongue sores about the teeth.
a dusty skin sometimes hot
and sometimes cold dark
lived spots brown black
Stools more copious than
in the simple disease
sometimes hemorrhagic discharges
consisting of coagulable
blood. All of these symptoms
are not found in every case
but sufficient to indicate
the character of the affection.
In the worst cases the patient
appears to be stricken with death
in the beginning and the
disease proves fatal in a few
days.
When dysentery is about to
terminate favorably the pain
becomes less frequent the stools
become more copious and less
frequent and assume
a feval of billious character
at length nothing but a
slight diarrhea remains
which soon ceases. On the contrary
a sudden cessation of the vom-
itus and tenesmus, coldness
of the extremities, a peculiar
hue about the nails a very
frequent and irregular pulse
accompany involuntary stools
tetanus subsesse. tendinum
are symptoms of the unfavorable
kind and together produce a
speedy and fatal termination.

Treatment: In very mild
cases without fever it is very
often sufficient to give a sin-
gle dose of castor oil with
twenty five to thirty drops of
Sulphurum if the case be
of a somewhat higher grade
a dose of Colomesal may be
given followed by castor oil
in a few hours. If there should
be evidences of a loaded stomach
an emetic may be given with
The Colomesal should the
symptoms increase and fever
with a strong pulse. Abdominal
pains. Blood should be taken
moderately from the arm. After
the patient is bledd and
purged he may be allowed
to rest awhile on cooling
drinks refrigerant diaphorotics
if the skin be hot and dry
should the disease not seem
dispose to yield to this treatment
By the sixth or seventh day the mercurial plan should be carried to slight salivation and at the same time if local symptoms are violent a blister should be applied to the abdomen. The Billiones variety requires a more energetic employment of mercurial remedies. Calomel may be given in doses of fifteen or twenty grains daily or five grains three or four times a day until some improvement is noted on the mouth in Dysenbry association with intermitent or remitten fever. The same course of treatment should be pursued as in the common form so far as regards
The bowel affection, but it is highly important also to bear in mind the indications presented by the general disease. The most striking of these is for the use of measures calculated to prevent the return of the paroxysms and no remedy is so effectual for this purpose as Peruvian bark or sulphate of quinine in the typhoid form. The bowels should be kept clear of irritating or depressing matter. This should be effected by medicine calculated rather to support than to weaken such as infusion of rhubarb or castor oil.
with oil of turpentine in small doses.

It is often necessary to support the strength of the patient by stimulants and nutritive drinks such as carbonate ammoniac, wine, milk, wine and water, brandy and water, sulphate of quina, oil of turpentine, egg and wine. To this regimen from the bowels, acetate of lead combined with opium and aperient is perhaps the most effectual remedy.