AN INAUGURAL DISSERTATION,
ON
Dysentery
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On Dysentery.
This is a form of disease which of late years has become very prevalent, and has consequently attracted much of the public attention, as well as that of the medical profession.

Having practised my profession for the last two seasons where the disease prevailed extensively, I propose submitting some thoughts relative to its symptoms and treatment.

The most simple form of the disease is that in which the Rectum and perhaps the Colon are involved. The characteristic symptoms are gripping pains in the abdomen, followed by frequent mucus, sometimes bloody stools, frequently small in quantity, with termina and tenesmus, which latter are often severe and distressing.

This form of the disease is often quite manageable and frequently yields to a dose or two of Al. Picini combined with a teaspoonful of Purgative.
I have also seen it yield under the free use of stimulants like catarrhal teas and drinks, such as the dog-fernel, which in many sections of the country, is by the people regarded as a specific for flux. Others again refuse great confidence in the juice of the peach tree leaf. In a word, this form of disease is so simple generally and I may add so self-curable, if left alone, that a small volume could not contain the long list of specifics in use among the people most to be sure, nugatory, if not pernicious.

But the most or second form of the disease is of the most grave and serious character, defying and opposing at specifics, it will occasionally run on unchecked for days and even weeks, notwithstanding the best direct efforts of the physicians. For several days before this form of the disease assumes its distinctive features, before the patient is rendered unable to pursue his usual...
Locative, he is affected with certain morbid symptoms, which may be considered premonitory; the pre-liminary or initial symptoms result apparently from an altered condition of the nervous system. The poison in the blood distorts the functions of animal life, before it caused any palpable derangement in the mechanism of the circulation. The expression of countenance is altered; he becomes pale, languid, feeble and easily tired; reluctant to make either mental or bodily exertion. He has uneasiness or wandering pain in various parts of the body. There is alteration of the natural feces, or they are expelled from time to time in small, separate lumped termed, dysbala, with straining and tenesmus, excretaions of mucous, tinged with blood: the pyrexia that accompanies this form of the disease sometimes begins before the local symptoms declare themselves; but more frequently it succeeds their development.
Occasionally the fever runs high, the pulse
hard and frequent, the skin hot and face flushed;
but in a majority of cases it puts on a ty-
phoid livery. In these cases we find the pulse
not much above the standard of health. The pains
are of two severe, but subject to remissions and
accelerations, along with the dysenteric symp-
toms there is frequently a dull pain in the right
hypochondrium and in the right shoulder
a yellowish brown color of the skin; the tongue
which before was white, assumes a dark slate
color with a metallic luster. There is frequently
great tenderness in the Epiqaudrium, and over
the course of the Colon. The discharges are a
jelly-like mucus or mixed with films and
membranous shreds and memsels which resemble
flesh. In many of the dejections there is no
saliva matter at all, frequently the ejected
mucus is variegated in color, green, black
as redish, like the washings of meat, and horribly foetid. These discharges usually generally continue from 3 to 6 days, when the patient will either get well, or pass into the chronic state of the disease. Should the latter be the case, the discharges a different character; they change from a bloody mucous to a light yellow or brown color, they are more and more frequent. There is leucemia. The irritation of the Rectum being reflected upon the bladder through the lower portion of the Spinal Cord, sometimes theHomack symphathises and nausea and vomiting ensue, with all of this local suffering there is a continuance of febrile distress. The patient passes sleepless or dreamy and disturbed nights. In the ordinary cases of leucemia the morbid appearances detected after death are inflammation with thickening
of the mucous membrane of the Colon and
Rectum, occasionally mortification and ulcer-
ing of this membrane, but more generally in
protracted cases deep and extensive ulcer-
ations in the course of the transverse bands of the
Colon, or enlargement and ulceration of the
follicles of the large intestines.
There is often marked necrosedness of the mu-
cosal, inflammation and consequent
attachments by adhesive inflammation take
place between them and the neighboring vis-
cera.

As to the cause of dysentery there seems to be
great diversity of opinion. It has been attri-
buted to malaria, exposure to viciousness of
weather and to unwholesome diet. We find the
disease prevailing where we have no evidence
of malaria, at least, originating in local
causes, for instance in the City of Nashville.
where there are but few malarial fever, we find deeply some reasons tending to an alarming extent. For the last few years I have practiced medicine on the waters of Dycamore Creek 12 or 13 miles north of Nashville. That the country for 500 miles square is covered with a thick undergrowth, the ground is generally high and dry, the water cold and pure, near the creeks and lower grounds I found intermittent and remittent fever, where the land was higher, and there appeared to be no cause for sickness of any kind, I found dyspepsia in its most malignant form. The question arises, if malaria be the cause, why is it that we find the disease on the higher grounds where the air appears to be pure, and but few cases on the creeks and lower places. That dyspepsia is a contagious malady, we have no satisfactory
evidence. So we find it making its appearance in different portions of the neighborhood here and there an individual has it. Who had no possible chance of contracting it from another. Soldiers in the field against an enemy are peculiarly obnoxious to the agencies which favour or generate the complaint marching or engaged in actual conflict during the day and bivouacking at night, often in the open air and under every variety of weather ill provided for often with clothes and bedding, their food scanty and precarious or of bad quality, giving the many opportunities which their dreadful trade supplies of licentiousness and intemperance. Under this depressed state of the nervous system it is not wonderful at all that hysteric should be called the scourge of armies, yet this does not prove that intemperance
and exposure are the whole cause of the disease. If only, proves that they are more liable to the malarial; while, if they were placed under more favorable circumstances, nature might throw off the disease entirely. As to the real cause of dysentery, authors have given us no satisfactory information. Our shall I undertake to say— but I am satisfied, that some unknown poison is taken into the circulation which arrests the hepatic secretions, causes congestion of the portal circle and consequently of the mucous membrane of the bowels, and while this thing predisposition to disease exists, any excitant will develop it. Among the exciting causes may be mentioned unripe or acid fruits, vegetables of difficult digestion, imperfectly fermented alcoholic drinks such as cider, wines, malt liquors, putrific natur
drastic purges, worms, feculent and other accumulations in the large intestines. A great variety of remedies has been employed in dysentery and very different places have been found successful under different circumstances. Bleeding has been recommended; but I do not think it necessary in all cases, to bleed, neither do I think a majority of cases would stand venesection, in violent inflammatory cases, threatening immediate danger, if not relieved, and especially persons of vigorous constitutions or plethoric habits of body. It may be necessary to bleed largely at once, but in the little experience I have had in treating the disease, I have generally had to sustain the strength of my patients. One of the most prominent indications in dysentery is to free the Bowels from in-
A second indication is to diminish congestion in the portal circulation. For this purpose I would give 3 or 4 grains Calomel combined with 3 grains Pulver. Leonii every 3 or 4 hours until 3 powders are given in 4 hours after the last powder has taken. I would carry it off with a small dose of Castor Oil. This is one of the most useful Cathartics having the advantage of mildness in its action on the mucous membrane while at the same time it excites the liver to action, as soon as the above dose has operated sufficiently, I give one grain of Opium every 4 hours until the second or 3rd day, then repeat the Cal. and Pulver. Leonii.

In addition to the above prescription, I would administer an injection of mucilage that of the Slippery Elm I have found to be the best.
say 4 oz of the mucilage with 30 grs Sand- 
assium added, 3 or 4 times a day. This 
tends to soothe the Bowels, and to remove 
any irritating influence that the fecal 
material might have in passing through 
the Bowels. I have also found warm fomenta-
tations or poultices applied to the abdomen 
very beneficial, that I believe that opio-
ium has generally been considered an as-
tingent, but in this case it acts differently 
besides relieving the sufferings of the 
patient and procuring sleep which is ne-
cessarily much interrupted in this disease, 
it does good in diminishing the morbid 
Sensibility of the Bowels, to the irritating 
matter which they contain, by relieving 
the spasmotic constriction, and thereby fa-
cilitating the action of the Cathartics.
Since the patient failed to get well, and
progressed into the chronic stage of the disease,
I could continue the opium, but withheld
the calomel, and substituted in its place
nitrate of silver. I would give 4 dr. every
four hours until I had the desired effect.
An injection of the nit. arg. I have also found
beneficially administered once a day. In
this stage of the disease there is always
more or less dysuria: to obviate this dif-
ficulty, I give an emulsion composed
of the spirits of turpentine, 6 d. quassia and
gum arabic, prepared in such a manner
as to give slightly turpentine and one dr. quassia
at each dose. I give it, say 3 times a day. I have
found leeching beneficial applied in the
course of the colon, and on those parts which
I found tender on pressure.