AN INAGURAL DISSERTATION
ON
Epidemic Dysentery

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by
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In pursuance of the present Dissertations to give an account of
Epidemic as it prevailed Epidemic
in Tompkin County, New York, in 1833
and 1834.
A Short History of
This Disease as it approached. The
section above alluded to may not
be uninteresting. In 1832 we first
hear of its ravages in the Red
River Valley. It prevailed there to
a fearful extent during the hot
months of summer and gave way
as the cool days of autumn
approached. The boundaries of its
more severe character was small and well
defined but those limits there increased
cases occurring of a more mild and
different type. Such cases occurred
principally East of the section most
The Disease again prevailed with great violence, not leaving the neighborhood first attacked and fastening itself upon the section already spoken of as being subject to the Disease in a modified form. The affection took its usual course as that of the preceding season in every particular. Being fearfully fatal where the poison appeared to be concentrated and also affecting slightly the neighborhood east and north, warning as it were the inhabitants of the dreadful scourge with which they were afflicted the following year. I will in the first place consider the Disease as we saw it in 1863, and then in 1864 for all the same affliction and mo-
doubt depending upon the same cause yet there was such a contrast in the symptoms and type also such difference in the indications of treatment that such require a separate consideration. For the purpose of comparison it will be necessary to enter more into detail than would otherwise be necessary in describing the first variety.

In 1842 we had quite an open well developed inflammatory form of this complaint. There was in some cases at the commencement of a distinct chill or rigor followed in a short time by a high reactionary fever and the peculiar symptoms of the disease that characterized the disease in others there was no distinct rigor.
but merely chilly sensations alternating with flushes of heat, after which the fever would soon be established. In the great majority of instances however the local and constitutional symptoms would manifest themselves at the same time. Whether the fevers came on before or after the local symptoms it was generally of a very high grade though proportionate to the inflammation of the bowels. The pulse generally ranged from 100 to 120 full tense and bounding. The face hot and dry. The tongue coated with a whitish fur. Red at the tip and edges with numerous red points over its surface. There was pain in the head, back and limbs but not so severe as might have
been anticipated from the amount of fibril dissemination in the system.
There was an entire absence of Asperigo even a coating of these also constant and invariable. Thereat always intense pain in the Bowels most usually confined to the back of the Rectum and Ascending colon sometimes extending to the Transverse and even in the most severe cases extending to the Ascending portion of the Bowel. Burning and tenesmus was never absent. The Discharges from the Bowels were very frequent amounting to 40-50 or even 35 in the course of twenty-four hours. In ordinary cases however the Patient would be much troubled with the frequency of the Discharges for it
conditions when he would become quiet.

The result of sedative medicines or the more free discharge of the gastric secretion of the intestinal canal that served by their presence to keep up a constant irritation in the lower Bowels. The evacuations consisted of bloody mucus, sometimes of considerable quantity of blood being discharged at othersaneous stone and with blood. At all times the blood was of a peculiarly Red Florid appearance. After the first few discharges, fevers were never avoided except from the action of purgative medicines. The presence of fecula is a symptom in which much stress has been laid by some writers as frequently having great
influence in the production of this disease. We observed it on but few cases and when we did more died before the scyphula was formed. After the affection was established, never having observed it until the disease had been in progress for some days. In this form of dysentery we never saw purulent matter in the discharges or had reason to believe delirium had occurred. We may readily conceive this would have resulted of the high degree of inflammation existing in the bowels had not been early subdued. The secretion of the liver and kidneys was generally deficient. The bladder often participated in the irritation more especially in females so we had strangury.
The foregoing applies to rather the more severe form of Dysentery as it occurred in 1842. But we had very conceivably grade of severe and dangerous affection to one so slight as not to interfere with ordinary convalescence of the person affected.

An occasional complication deserves passing notice. It sometimes occurred with Intermittent and Remittent FEVERS which would readily yield to Quinia. If such cases were not relieved and in other cases without the least Remonition a case would take on what is denominated a congestive chill. If such cases salivated from the first Paroxism the patient could be relieved by enormous doses of
Quinine, but from the fact the physician was not prepared for the complication at least half so attacked died.

It is unnecessary to say any thing in regard to diagnosis or prognosis as there was no danger of mistaking this disease for any other. The prognosis was always favorable except in the complication before alluded to.

In reference to the cause of dysentery, the epidemic form of the disease may no doubt be thought on in persons predisposed to the complaint by many things—almost all the ordinary causes enumerated as the causes of the ordinary phlegmatisia may under some circumstances produce.
it, which is the state of congested congestion of the spleen leading as a necessary result to congestion of the large blood vessels supplying the lower bowel, will have great tendency to cause inflammation of that portion of the intestinal canal. But our more immediate inquiry is: what is the cause of epidemic dysentery? what do we know as regard to the poison which produces disease of an epidemic character absolutely nothing. Although we are not informed as to the essential elements of this poison yet we are convinced by observation of some particulars in diseases arising from this, secure differing from all others one, of the most prominent of these is the dissimilarity of all attacks.
Our conclusions as thus placed in some prominent symptom and also the very great modification required for the successful treatment of Diseases of this class. The question as to whether it is contagious or not was formerly much discussed but now the great mass of Medical Men oppose the view of its being contagious. We are certain we never saw any evidence whatever that would lead us to believe the disease contagious at least in the Epidemics of which we are speaking. This appears to be in the Atmosphere. It seems as though or as anything we may please to call it which was both predisposing and exciting Cause. It seemed to have at this origin.
To this addition let it be remarked preceded by the fact that the need for calling off excitement from the effect to other portions of the Bowels after sufficient depletion by vomiting and purging of tenderness remained in the Bowels. Chelates were resorted to and always effectually delivering the remaining tenderness of the area was given at some extent to relieve pain but indicated but the other measures just referred to was generally sufficient for that purpose. The Bowels throughout the course of the attack were moved by purgatives one or or twice a day. The Kealasa complications as already stated were treated by large doses of Cinin. The above is the plan which we followed successfully in combating...
In 1843, I was present to the epidemic during as it occurred in 1844.

Symptoms: The symptoms of this epidemic differed considerably from those presented by the disease the preceding year. The pulse (which was the only symptom that indicated danger to one accustomed to observe the affection) was generally found even at the commencement 130 or 140, much quicker and with a quicker and stronger action before the close, as frequent as 150 or so fast that it could not be counted. The tongue rotated with a deep fissure of a fiery redness at the tip and edges - dark sessiles collected on the teeth and gums. The patient did not complain of
Much pain as nothing else.
The disease is to be entirely attributed to his staphy and entirely causy as to the result. The discharges from the Bowels were not frequent amounting in the most cases, often to not more than 4 or 5 in twenty four hours. There was but little Fermina or tenesmus complained of. The discharges consisted of viscous and dark blood or serum, these were more commonly evacuative than in the other variety. Indeed they often appeared to be a tendency to diarrhoea in conjunction with the colitis. There was but little pain or tenderness on pressure along the track of the rectum or colon. Although there was but little
desire for food, yet there was not 

presentation that a resulting of articles 
of diet presented to the patient. That 

was absorbed in all cases of any 

severity previously on the person could 

readily be induced to take food 

when required. But a little thirst 

was complained of. The skin and 

skin and 

shadows were most usually deficient 
in their functions. Though towards 

the close of an unfavorable case 

the body was always bothered in 

cold, clammy perspiration which was 

very copious. On the other hand, in 

more favorable cases the shadows 

very frequently acted excessively, 

producing what is called a critical 

discharge. The intestine remained 

unenlarged until the stage of abdomen.
all cases were not as severe as here represented. Here as in the first variety we had all grades. It is a remarkable fact that the danger was in an inverse ratio to the pain complained of. In less dangerous cases there was considerable pain complained of the discharge was more frequent greater thirst, less appetite in fact all the symptoms but the pulse indicated more danger than in the most severe attacks. The most intractable cases generally proved fatal in from three to five days if proper measures were not early resorted to. When we placed the time of this unfavorable termination at from three to five days we have reference to the time the
Patient would take his bed for it was not infrequently the case the would be up until within a few hours of collapse having as he would think but slight symptoms of the disease our prognosis was influenced more by the stage in which we saw the patient than the severity of the attack for the most severe could be relieved generally if subjected to early treatment while on the other hand the mildest apparently was liable if neglected to take on a most malignant type.

This was great mistrust of medical skill and consequently the physician was often called to a consultation in a stage of collapse this in
part accounts for its Fatality.

The Treatment differed greatly from that of the Epidemic of 1833. In fact an entirely opposite course had to be pursued. Bleeding not admissible in a single instance even active Cathartics as a general rule were not well borne producing great prostration. A symptom we had always to guard against. Always we gave a Milder saline or Aperient in the beginning. For this purpose we most usually used Castor oil and Turpentine regulating the dose to the age of the Patient and the amount of purgation we wished to produce. If there was much irritability of
the small Intestines with a Tendency to Diarrhea we were in the habit of giving a few drops of Sandanum with the oil with advantage. After clearing out the Bowels the oil as spirits of Peruftentine was given regularly every three hours. This was given on account of its Stimulating properties and also because of its known efficacy in affections of the Mucous Membrane of the Bowels. It was generally administered in Mixture - at the same time the Patient took food as regularly as the Peruftentine every three hours - in the intervals. If it could be procured Mutton Soup was given if not Boiled Milk was recommended in its stead. Blisters
Could not be applied in the lowest forms of this complaint. But poulties were of benefit. It was unnecessary to give opiates here. The patient did not complain of pain. The discharge from the bowels were not very frequent and there was no indication for it in any symptoms existing here. In the stage of collapse, the usual methods were resorted to, but only often without success.

The above was our treatment for the worst forms of this fatal form of the first form of cholera. Quinine and a supporting diet. In other cases not so dangerous but apparently more severe, some modification in the treatment was demanded. If there was much force of pulse, much
Farming and Benommen complaints of with more frequent Valve Discharges. We were in the habit of prescribing Ladanunum Frizee and Beta preparatae in combination with good results. At the same time we blistered the Abdomen. These were many remedies used in domestic practice and empirically but with had success. It is therefore unnecessary to say anything in regard to them. The plan we have here detailed we know would relieve in almost all cases if resorted to early in the attack.