AN
INAUGURAL DISSERTATION
ON
Resinol

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BY
Jno. P. McConnell

OF
Tennessee

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Syphilis.

This disease has perhaps never received that amount of attention from the medical profession in the North and West, which its importance seems to demand. I deem it bound to increase when we consider the frequency and extent of its epidemic influence, and the amount of its fatality. Where in the annals of disease in the South and West, any malady shown itself so often, and in such diversified locality, and at the same time so fatal.

I know right here epidemic Cholera will be thought of, and many will think it, with extreme experience, a morbidism to compare any disease with Cholera. I am fully prepared to admit that Cholera is an awful scourge, yea, a pestilence that "walketh in darkness," but at the same time must contend that Syphilis, taken all the while, and in all of its behavior, has been a greater scourge to this country than even Cholera. Cholera has visited our country but twice since the steady step of civilization drove the
Red Man from these forest. While the practitioner of Medicine can easily call to his recollection a single year in that time, when fever did not prevail somewhere in the bounds of his knowledge. Sometimes it is true, the disease is confined to small sections, but very often spreading over large districts, falling alike upon the inhabitants of the Mountainous and healthy portions of our County, and upon the low and Marshy districts. At one time raging upon the Rivers, at another upon the plain and the Mountain Top. Again it may be said that small pox is a contagious disease, and that it also has an epidemic tendency, and is certainly a more terrific disease than dysentery, more to be dreaded, and consequently demands more of our attention. I admit also that small pox is a very loathsome affection, and that in bygone days it was much to be dreaded. But it has received very liberal attention, in fact since the investigation of Dr. Jenner in 1798 which resulted in the discovery of the vaccinum.
and vaccination, the terrors of smallpox
have been receding, and if vaccination
be rightly practiced that smallpox
will soon be entirely banished from the
walks of Man.

I might bring up in review many
other diseases which have occupied a
competing position, and elicit more
attention from Physicians in the South
and West, than the one under considera-
tion, and yet of less importance.

It has been my fortune (whether good
or bad) to deal with this disease several
times as an epidemic, since I have been giving
pills, and I confess that I was worse baffled
with it in the first part of my experience
than any other affection, and my
practice attended with less success; and
this may be one reason why I consider it
so important, and so dangerous

While I am penning this article, the
weeks of mourning are being worn by
hundreds who have buried friends and
relatives, the victims of this disease in the
last summer, and that too in the healthiest portion of our state, ordinarily—I mean to the mountain district. Even the healthy Counties of Warren and White, which have been considered hitherto as a safe retreat from disease, have been visited with epidemic dysentery. Yes hundreds have been taken from time to time to eternity during the last year, from Middle Tennessee, by this pernicious affection.

In 1844 this disease prevailed in the spring and summer to an alarming extent in the County of DeKalb, which is a portion of the Mountain district. That part of the Country in which the disease was most malignant, is high and dry, with pure water and air, and no source of malaria apparent. In 1849 this maleagu spread itself all over Middle Tennessee, and I have but little doubt that that it killed as many even that fatal year as Cholera. Again in 1851 it has spread to a very considerable extent in this state, and especially in the Mountainous part,
as before alluded to: perhaps showing its
issues more conspicuously at and about
McMinnville than any other part.
But perhaps I have already spent
too much time trying to show the
relative importance of this affection, and
will consequently dismiss that part of the
subject and proceed to the more impor-
tant part, that of its pathology, sympotms,
and treatment.

Before entering into the pathology
however, it may be best to give the outlines
of the anatomy of the parts involved.
The intestinal canal is a long membranous
tube beginning at the pyriform, and ending
at the cecum, which is divided into the small
and large intestines. The small being sub-
divided into the jejunum, duodenum,
ileum, and the large into the cecum,
colon and rectum. The duodenum
is that part of the small intestines which is
immediately attached to the stomach, into
which the biliary and pancreatic ducts enter.
The small intestines are connected with the
mums.
entry, of course, the duodenum tube, or radix, as open into the intestinal canal. Thin the
cecum. At the junction between the ilium and cecum, is the ilio-cecal
value, which constitutes a partial septum between the great and small intestines.
Or, agreeable to some anatomists, the ilio-cecal value constitutes the superior bound-
dary of the colon. Stomach—this brings us down to the main seat of the disease under
consideration, viz. Colon and rectum.

The intestinal canal is composed of
four coats, viz. mucous, cellular, muscular,
and serous. This imperfect anatomical
antique will at once show that the
small intestines are much more intimately
connected with the liver and circulation
than the large, as is shown by the direct con-
motion which the bile ducts establish between
the liver and duodenum, and the chyle
ducts and mesenteric glands between the
iliac and caecal circulation. This fact will
be worthy of something in the treatment of
disease, and detracts nothing from the
Importance of the lower stomach—its office being entirely different from that of the small intestines or upper stomach, but not less important.

Deposition is situated, or rather, eroded most usually to the mucous membrane of the colon and rectum, and the true pathological condition is inflammation of the mucous membrane of the large intestines—Colo rectality—this is evidenced by redness, thickening, and ulceration.

The characteristic symptoms of this disease, are mucous and bloody evacuation, severe griping pains at stool, straining, and tenesmus. It sometimes occurs with, and sometimes without mucous symptoms—the mucous symptoms are general uneasiness, flatulence, impalpable appetite, and so differing but little if any, from the many symptoms which usher in other diseases, and consequently of but little value in the investigation of a specific disease.
No better evidence is wanting to prove that phren is not of Miasmatic origin, than the fact that it occurs so often in non-Miasmatic regions. The question of its contagion has been decided negatively. So its prime cause must be atmospheric vicissitudes. Sudden transitions from heat to cold.

I now come to the most important part of the subject, the treatment; for all the rest has, or should have, for its object good practice results.

For the treatment of this affection, I shall principally discourse on one remedy which has been used by a majority of practitioners and recommended by all authors who I have read, in some form or other. I allude to Mercury. This remedy has been whipped into the service against many diseases unnecessarily, and the liver has been goaded or rather goaded at by physicians in many cases which do not call for it, but in some cases has the remedy been more abused than in dispensing, agreeable to my very humble opinion.
Now I wish to be understood fairly. I am speaking of the use of mercury for the peculiar symptoms, that is for the local manifestations, as the bloody and serous discharges, griping and tympany, which are but the legitimate offspring of the local disease in action which depending is dependent upon for its existence. After supposing these same symptoms a condition of the system may exist, in which calomel would not only be admissible, but perhaps highly necessary. I do wish it to be understood that I am not treating of depending as it occurs in Philadelphia, nor in London, nor in the Armies, but as it occurs under my own observation in the hills and hollows of Middle Tennessee.

In my first practice in this disease, I pursued the plan as laid down by the author I read, with the prominent idea in my head, that I must cure it by disgorgeing the liver and portal circle—that when thecretion of the liver was thoroughly established the local symptoms would subside. This plan of treatment did succeed.
To my satisfaction, my cases would grow worse and still worse on my hands; the inflammation would extend itself up the intestinal canal, involving the small intestines and Meissner's glands. Some would linger a long time before they would get well, while others would die. I saw some change was necessary, accordingly I changed my battery from the hepatic divisa and the portal circulation, to the rest of the disease, the general circulation, and the skin—The treatment which I think best (and one reason I think it best is because it has an exceeded bust) is briefly as follows:

If the Patient is of full habit, with
high fever, heat, and resisting pulse, bleed
ing will be advisable in the beginning. If the
characteristic symptoms have been followed by a general diarrhoea sufficient to evacuate
the bowels, no purgative, for the sake of its purgative effect will be necessary.
But if diarrhoea has not previously been
noticed, and you suspect it from the pl...
lowing prescription will be in order—
Castor Oil one tablespoonful, Landauum to drachms. As quick as this commences the
bowels, if the characteristic symptoms
be very severe, I would commence the
simultaneous use of starch and Landauum
injections for rectum, and salt and co.
Powders per Stomach. Starch prepared
very thick half a cup full, Landauum
go drops— Sulphate Magnesia Br. per
Powder gr. 10. the two remedies to be given
simultaneously every two hours until the
severity of the symptoms subside, which
they will be very apt to do by the first dose
then leave off the enema and continue
the salt and co. Powders every two hour
until the local symptoms entirely sub-
side. The importance of refrigerant anodyne,
and diaphoretic, in this disease is very perceptible;
and for this, the Sulphate of Magnesia and
co. Powder first fills the bill. It allays
the distressing local pain, cools the inter-
nal fever, and produces a genial and
efficient perspiration.
The prescription of salts and purgative may be varied a little to meet certain indications.

If the bow powder does not prove sufficient and give powers to speedily allay the pain and tenesmus, the following may be given advantageously. Sulp. Magnesia 2 or 3 bow powders 2 or 3 Sulphate Morphia 1/2, or if the bow powder in 10 grain doses nauseates the stomach too much, and this is not much fever, you may give Sulp. Magnesia 1/2 bow powder go 3 Sulph. Morphia 1/4 go.

Sometimes the characteristic symptoms are so severe as to produce prolapsus of the rectum. In cases of that character the enema should consist of starch,碘, and the gas of lead. The starch and iod is made as above directed, with enough lead added to give it considerable astringent properties. As an internal Application for prolapsus of the rectum, a solution of Poppies stands prominent, and should be used all the while, when the patient is not under the immediate use of
the astringent and astringent astringents should be used in this disease very cautiously, and in most part only as injecting.

By a prompt and persevering prosecution of this plan of treatment, in connection with proper dietary regulation, the disease will most generally be very manageable, and yield kindly.

I have given what I return the best system of medication, and will now proceed to give the system of dieting which must accompany it.

If there be much fever, the diet should consist in the beginning always of nourishing, such as gum arabic in solution and slippery elm tea. If the fever be not very high, or after it has abated to some extent, I would recommend animal broth and among these would very particularly advise mutton soup. This is most an excellent article of diet in this affection, nourishing the system well, and exercising a very kind influence on the alimentary canal. Would not the cheese essence
of any be a good article of diet in dysentery. After convalescence commences bridge milk and farinaceous articles may be given. There is no disease which demands a more rigid system of dieting than dysentery, in fact it is half the battle in treating the disease.

Many other remedies might be spoken of in connection with the treatment of dysentery, for there is no end to them, but I am satisfied with introducing the one which are best. I will now introduce one more remedy upon the authority of Dr. Regzin Thompson of this State, a gentleman of long experience.

Peach tree leaves is the remedy. He says—For about 20 years I have used the leaves of the peach tree as a remedy for dysentery and have never had it to fail to relieve the distruing symptoms in less than 3 hours. My manner of using it is as follows: If the case is a recent one and the
Complaint appears to be confined to the lower part of the bowels. I make an infusion of a handful of peach tree leaves in a pint of boiling water, to which I add tea soon full of linderman and about 10 grains of alum, and use one third at a time as an injection—repeating it after each discharge. If the disease has progressed much toward the stomach, I apply a poultice of the boiled leaves thickened a little with wheat bran to the bowels, and give as a drink half a teacup of weak infusion of the leaves every hour or two. If the bowels should become locked up, I open them with broken doses of Salts and Soda.

I do not need of having to pay a third visit to any case of flat since the adoption of this treatment—only one case has been followed with consecutive fever.”

I shall not enter into an investigation of the various diseases with which flat is sometimes associated, rather than to say they should be treated upon rational principles.
In all cases where dysenteric symptoms exist in connection with other diseases, the physician should ascertain which is primary and which secondary, and then treat both with discretion.

In cases of dysentery combined with intermittent fever, quinine should always be given in connection with the other remedies.

What I have said, I have said.