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.

BY
Joseph T. Reid

OF
Tennessee.

1855
W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.
To

The Faculty of the Medical Department of
The University of Nashville.

This dissertation is respectfully inscribed, in due appreciation of their high moral and intellectual endowments and also as an humble tribute of my affection for their uniform kindness to me as a Student.

Joseph S. Reid
Majors. Professors in the Medical Department of the University of Nashville.
From a high appreciation of Your Medical Knowledge and Your character as gentlemen in every way worthy the stations which you so ably and honorably fill, I have been called from my private home and practice amidst their pleasures and labors to your seat of learning, and I confidently feel that I have been amply paid in the richest treasures of Medical science for my visit, my time, and money. Since custom and your laws require a test, a Thesis at my hands to constitute me a candidate for the high and honorable degree of Doctor of Medicine, I cheerfully comply.
though I do it with great timidity. In thinking over the vast number of topics on which something might be written, my mind appears to dwell most on Dysentery, as it has been spread so widely, in so many states of our beloved Union, and our own beautiful Seminole, white hills, valleys, rocks, and rivulets are endeared to me by many tender ties, and fresh recollection. On her with a heavy hand, lies this fell demon prepared for the last two years.

"To Astrology, blasp Hyrecia, Order Profloria" Cullen—We will more particularly and distinctly arrange it, as one of the local Phlegmatics, as this last classification is comprehensive,
Simple and inclusive, we must prefer the term Colitis, as it is expressive and precise. It is true that the disease may exist only in the Colon, then the term Colitis would be preferable, but this is so seldom the case, that I am inclined to use the last term. Indeed, the return is always effected when the Colon has been for any length of time, because the aera, or altered secretion from the Colon are obliged to travel through the Rectum to make their exit from the body, irritating, constricting, and
inflaming in their descent. The bowels of the Colon may be more or less affected, for inflammation when not checked in due time, has a disposition to spread, and may especially in like tissues; thus when a spot of skin is inflamed, the surrounding skin is most likely to take an inflammation, than the subcutaneous tissues. In like manner is a serous or mucous membran. But we can not always make a term include every circumstance attending a disease. I think this is the least objectionable one that has been used by authors.

The Etiology, the causes of disease are divided into predisposing and exciting. The predisposing are tropical climates or the continued hot weather of temperate
Climate, producing debility of the system; disturbances of the digestive organs or their felle actions; derangement of the portal circulation, and the functions of the liver; and further a relaxation of the whole system. The system thus predisposed is easily acted on by exciting causes, the most common of which is cold, and this is rendered still more potent when combined with a humid atmosphere, wet feet or clothes, etc. It is easily understood how cold acting as an exciting cause can produce this disease, when the system is predisposed by relaxation. The cold aided by moisture contracts the capillaries of the skin and extremities, causing an influx of the fluids to the internal viscera. The congestion thus
produced, sets up an irritation, and then sets in the inflammation. Occasionally we have one of the states of the writers. It appears to me that something else is auxiliary in locating this state in the particular part of bowel affected in Col. rectitis. I am convinced when the viscera are thus congested, that food may pass in partial cramps through the upper portion of the alimentary canal, and enter this part, which is, with all probability, more highly congested than the other parts of the tube, from the fact that the lienic vein and its tributaries are congested, which has an influence on this part of the canal. The food may pass this portion more slowly, and when these, or the
bowel is not in the normal state. The irritation may be increased until inflammation is developed. This view may be a little speculative, as I have not seen it in any of the authors. Among other exciting causes are unripe fruits or fruit of an acid quality taken in immoderate quantities, unwholesome food, bad air; congested spleen from miasmatic origin; bilious fever; too great a variety of food used; variety indulged in immoderately; food of bad quality, and badly prepared, such as is frequently used in Campi; unfermented drinks, such as new cider, malt liquors; fermented water; drastic purges; nostrums. It is not necessary to enumerate everything that might tend to produce this malady.
There are some cases produced by causes which are obscure and may be unknown to the physician.

Its varieties and signs.

Acute. There is frequently at the outset of this disease, as its causes might suggest, indigestion, general uneasiness, bad appetite, dull and transient pains in the abdomen. There may be diarrhoea or constipation. There may be signs of intestinal irritation or not. Premonitory symptoms may be present, or it may set in with a slight chill, followed by a reactionary fever, and simultaneously, terna and tenesmus.

When it is produced by other diseases, fever usually precedes it. This disease may exist in quite a variety of degrees, dependent on the cause which produced it.
the constitution of the patient; its complication with other diseases; and the extent and degree of the irritation and inflammation of the mucous membrane. In the mildest form, it affects only a limited portion of the rectum or colon unattended with fever, and after two or three days it passes off. I have observed some few cases in which there was an accumulation of hardened feces and a number of the purulent discharges were feculent, which passed off in this mild way without much treatment. This has induced me to believe, that the accumulated feces was the cause in these cases; yet it is not a constant one.

I will consider the disease in its simple form, and delineate the treatment in said forms; for I see that this dissertation...
might be protracted much beyond my intended limits. I designed brevity. Its
begun, treatment, even in the simplest form.
are a type of the hand when in combination
with other diseases.
Signe. Tormenta: which is pain in different
parts of the abdomen, and an almost
continual desire to go to stool, and poni
there, the patient passes a small discharge
which is composed of mucus, blood,
small balls of feces covered with mucus,
and called tybala, sometimes a portion
of a teesedy membrane; etc. This is
followed by an interval of relief, then
tenesmus returns and produces the
same phenomena. As the advancing
disease, the tenesmus and tormenta
are increased, the former becoming
a prominent figure. She calls to stock in some cases are quite frequent, generally dependant on the degree and extent of the inflammation. She patient may have from a dozen to one hundred and even two hundred discharges during twenty four hours. In a continued and aggravated form there may be prolapsus ani. There is generally a peculiar odor from the discharges. The bladder and urethra may sympathise in the affection, and render micturation difficult or painful. The disease may some times be traced along the Colon by pressure over the course of this portion of the bowels. The tenderness thus discovered is a sign of some importance, as it might in some degree assist in
diagnosis between this disease and colic.
The fever which is of the reactionary, or
symptomatic grade, is not unimportant.
When the disease is of light character, and
may pass off without treatment, the
fever is insignificant and is not
generally recognized. In its more
severe forms the fever may rise to a
considerable height, and in potbellied
persons there will be a full bounding
pulse, but this is apt to give place
in a short time to a frequent and
corded or very slow pulse. The skin,
especially during the height of the febrile
symptoms, is dry and hot, but when
this stage is passed, and the patient
biting under the disease, the skin
becomes moist, with a clammy sweat,
which is not a favorable sign. The tongue is coated with a whitish fur. Generally there is a diminished secretion of bile.

The gastric symptoms are usually slight, except in what is termed Bileous Dysentery, about which something might be said under that forms of the disease, or rather complication. There may be an indiscribable sensation of pain, and hollowness or sinking in the abdomen, combined with a cold damp skin, the pulses being feeble and threadly, and also at times attended with nausea and vomiting, which however, is not a general sign in the principle forms of this disease. These are apt to occur in cases of severity, from the violent impression made on the nervous system.
There may be a temporary sinking of the vital forces, followed by a descent of the acid deceptions giving relief.

It is necessary to say something about the duration of the disease. It is apt to change about the eighth day; the symptoms gradually subside and the patient becomes convalescent. In other cases, however, from the extent, and violence of the inflammation begin of depression are manifest from the beginning, and the system never fairly reacts. The hand conditions are present continuously in these, as in those milder cases, the difference being in the degree, and not in the quality of the affection. The nervous system does not appear to fully react during the whole disease.
having received a violent shock at the onset. There is generally a very small
and feble pulse though frequent, with a pale, cool, and clammy skin, the
features, anxious and sunken with a purplish appearance under the
eyes and about the roots of the nails; accompanying this is an extraordinary
violence in the local symptoms, incessant discharges, some times tense and tumid
abdomen, and tender pulse on pressure, combined with tenesmus and tenurina.
Fatality generally attends these cases in a few days; cases of such violence
and severity are rare, and seldom or never exist; except epidemically.
The danger that may be most
apprehended arises from the continuanc
of the disease beyond the eighth day. When there is no abatement of the disease by the above mentioned time, or some time there about, the symptoms are very apt to become aggravated. The abdomen more swollen and tender, tumours and tenesmus increases; pulse weaker and more frequent; the tongue may have a dry and brownish appearance; it may throw this fur off and become red, smooth, and sometimes gashed; then discharges more frequent; under these symptoms the patient soon becomes emaciated, weak and restless; and as the disease advances the alvine discharges become more offensive and offensive, and with the blood and mucus are mixed purulent matter, mucus, and
also the vitiated secretions from the upper portion of the bowels. In some cases there may be nothing more than a bloody serum. This serous discharge is denominated "lotura Carunicum." Should the patient become convalescent, it will be tedious, the case, however, is apt to go into the chronic forms. Under the head of prognosis, may be delineated those symptoms which prove unfavorable. It will be incompatible with the length of this dissertation, to go into a description of the different forms of the disease, such as Pilois Dysentery; Adynamie etc. for they generally depend, as their appellation signifies, on a combination of diseases. Chronic. This form of the disease is often associated with chronic enteritis.
In this combination it is not easy to determine how far the two portions of the bowels may be severally involved in the inflammation. This decision, however, is not of much practical advantage, as the treatment is essentially the same. Uncombined: it is easily known by the frequency, and scantiness in quantity of the stools, the character of said stools, and the tenderness. The greater number of the discharges are composed of mucus principally. Some times with a purplish like secretion or blood, and also they are some times feculent, and may also be bilious, and if the inflammation be conjunct to the lowest part of the colon and rectum the discharges may be composed of
tolerably, consistant fevers, which may be enveloped by the mucus, or the mucus may be streaked through it. The disease in this form may go on months, and some authors say for years. If the inflammation be slight and confined to the rectum and lower part of the Colon; but in the majority of cases that we are called on to treat, the affection is of a wasting character. Causing the patient to become emaciated, countenance pale and pallid, thorakian appearance, strength and appetite give way, and there is a tendency to hectic fever; Anasarca and death.

Differential Diagnosis.

It is important to understand the difference between this disease and
diarrhoea, this being the only disease with which it is likely to be confounded. In both there may be gripping pains, frequent and loose discharges, but in the disease under consideration, the natural feces appears to be retained, while in diarrhoea they flow away in what are denominated piecemeal discharges. In one, pyælæcæ, in the other more, in the former straining, tenesmus and a discharge of a small quantity of mucus often streaked with blood, or a steady membrane, while in the latter, this is no sign. Dysentery may commence in diarrhoea. The simple Colo-rectitis is generally well marked by tenesmus and tenorrhooa.
Progress.

If this disease is going to terminate favorably, all the symptoms begin to subside and the patient gives evidence of improvement. But should there be a sudden cessation of the vomiting and tenesmus, and tympanites, coldness of the extremities, pulse and frequent pulse, some times cool and clammy skin, hiccup, involuntary stools, delirium and stupor, it is very apt to terminate fatally. Death may be caused by the continued excitement, from general debility, gangrene, or exhaustion from the disease. Great solicitude may be entertained, when the symptoms continue unabated beyond the fourteenth day; the longer the disease continues the more danger.
The prognosis is unfavorable when the inflammation is extensive, which may be determined as a general thing, by tenderness along the course of the organ involved. Sporadic cases in temperate climates are not generally fatal, but when the disease is epidemic, or in crowded armies, with bad food, and in miasmatic districts of tropical climates, the disease is hard to subdued, and has a great tendency to chronicity or fatality, and it may produce ravages boundless only by the extent of its causes, and the materials on which it is wont to feed.

Anatomical Lesion.

The best of this disease, in its simple form, on which I only design writing, is the mucous membrane of the Bowel.
or parts thereof. In its complications, the tissues in conjunction are generally involved, when the disease goes so far as to destroy life, the muscular coat is almost always involved, more or less, when ulceration is present, it most generally attacks the glands in this portion of the canal, and they ulcerate. At first they become enlarged, hardened and slightly elevated, then they flough off as it were and come away, leaving the surface denuded of this membrane. In other cases these ulcers appear conglomerated or run into each other and the edges roughened or irregular. In others, again, the whole surface appears denuded of the membrane, which is frequently done by the conjoined action of the ulcerated sloughing and gangrene.
In cases where there is no ulceration but death having been caused from the excessive irritation and exhaustion, the membrane is thickened, highly congested, and inflamed. The mesenteric glands are some times enlarged and inflamed but seldom or never suppurated. The peritoneal coat is very seldom, or probably, never perforated by the ulceration. In some cases the surface is covered with lymph, and the membrane beneath may be entire. From a disposition of inflammation to extend along like tissues, this membrane may be inflamed far up toward the stomach.

Treatment...

The treatment of colosceleitis, like that of other local phlegmasia, should
Consist of remedies addressed to the affected parts. The Seat of this disease being internal, the remedies must be given, of course, through the alimentary canal. It is incompatible with my design to give the Therapeutical action of every medicine separately, I shall, therefore, give merely some of the more general remedies and state the plan of action, and the positions of the enemy to be contended.

In very slight cases where there is little or no fever, it will suffice to give a dose of Castor Oil for the purpose of emptying the bowels of the fever, and following this may be given some Laudanum. Light diet, rest, and avoidance of the exciting cause will do in this case. If the patient be plethoric and fever
be present, with a full and bounding pulse, bleed from the arm, to the approach of syncope, or in other words to effect. This will generally precede in arresting the inflammatory condition of the system, though it should be followed by other suitable remedies. There should generally be administered a dose of Calomel and this cooked off by some Calomel Magnesia and efflorescent salts. The mercurial will stimulate the liver, and cause that organ to perform its duty. The repetition of bleeding will very seldom be necessary as the spurring and frequent stools will depilate sufficiently. The Calomel should not be repeated, for this very important reason, viz. The bilious discharges would have to travel over
The inflamed surface of the mucous membrane to gain their exit from the body, thus irritating and greatly aggravating the disease. There should be given some opiates after the foregoing treatment, for the patient will generally be restless, and complain much of the torments and tenesmus. He will need some rest. His drink should be mucilaginous and bland, as gum Arabic or slippery elm. If the pain in the abdomen be severe, relaxing, utering, warm fomentations, and sinapisms. When these are properly combined with opiates, relief may be expected. Should the tenesmus and torments remain unabated, a blister over the hypogastric region will generally do much good.
A diaphoretic may be given with good effect, and it appears to be indicated by the state of the skin, a common, and good one is Dover Powders. Injections may be employed and frequently with encouraging benefit. I have used to good effect an Enema, composed of Murex, gum Arabic, and Laudanum, to remove the Seybala, and relieve congestion of the portal circle. I would give Doctor Bowling's pill, composed of Blue Mop, Scarciny, and aloes equal parts in sufficient quantity to thoroughly evacuate the bowels and immediately afterwards administer a prompt and decided dose of Opium. For this object, Doctor Bowling instrumental.
in an adult, that less than three grains of Opium is worth less, and that from four to six grains are frequently indicated. He teaches furthermore, that when the patient is robust, and the reactionary fever high, a good general bleeding, followed by three or four pills of equal parts of Pil. Hyd., Searmony, and aloes, the free operation of which to be in turn followed by a decided dose of Opium, causes the disease to abort, and that convalescence immediately commences, so that the practitioner will be deprived of that theatre for the further exhibition of his skill, and the patient the horrors of additional ingurgitation of nauseous drugs, and the suffering
for which they are necessarily intended. I cannot go into a lengthy article on the treatment of this disease. My plan is to give the main points. To treat this disease in its chronic form is not so easy as in the acute, for the enemy has generally taken a stronger hold. There are almost always ulcerations in the bowels and the fever assumes a character very similar, and almost analogous, to Syphroid fever. There is an anatomical lesion in the bowel precisely analogous to that of Syphoid, differing only in its locality. From the inflammatory and ulceration the treatment should much resemble that of Syphroid fever.
Nature has to do the most of the work, and we only can assist or direct her. The most important part of the treatment is hygiene. Diet! Diet! This should be of the mildest character, such as mucilaginous and farinaceous. Rice is a most excellent article when properly prepared. The bowels should be kept open and in a laxative state so as to prevent fecal or irritating accumulations in them. I am not a warm advocate for the mercurial treatment, nevertheless, when the liver needed it, I would give the Blue Pill. Some have recommended it to be pressed to slight salivation, but in my hands this practice has not proved successful.
Oil of Sarpentino has been used with decided advantage. Also the following recipe: Solution of Gum Arabic five drachms, Compound Spirits of Lavender two drachms, Oil of Sarpentino One drachm
Mix and give one teaspoonful every two or three hours. “Dr. Bolslins.”

When this fails try the following, which is also from Dr. fr. Bowley, viz.

Sub nitrate of Bismuth One drachm
Nitrate of Silver four grains, Opium five grains, mix and make twelve pills, give one every three hours, or often if the frequency of the discharges demands it.