AN
INAUGURAL DISSERTATION
ON
Syphilis as it appears in its three pathological aspects,

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Of
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this dissertation is
very respectfully dedicated
by
The Author
Aphsenteury as it appears in its three pathological aspects, from the mixed character of this disease it has always been a question among pathologists, how to classify it. Some considered it as an inflammatory affection, and that it was essentially and at all times contagious; while other writers appear to establish it as a genus under the division not of fevers but of fluxes, without any notice of fever, or contagion. Dr. Good arranges it under two distinct heads: simple aphsenteury and aphsenteuric fever. I deem it altogether unnecessary for me to consider the disease in all of...
its species given by the older writers, but I shall pass them by to take the disease up as it appears in its three great aspects. The first variety that I shall mention, is the simplest form of the disease, and on that account has been called dysentery, precisely this form of the disease is generally very easy to manage if taken in time; a person may feel a sense of lassitude, want of appetite, nausea, depressed pulse, a slight chill; and after the chill passes off, he will have heat of the body, great thirst and dry skin, pain in the bowels, constiveness & often
Diarrhoea. In this division of the disease the patient does not seem to have any malarial or typhoidemia, it is phlogistic in its character and seems to be dependent on inflammation of the lower bowels and especially the sigmoid flexure of the colon. The patient has a great inclination to go to stool, the faeces are small mucous and bloody, sometimes there is no blood voided at all they are often of a clay-like appearance, or washings of mead. When they are of the last kind mentioned, we may consider it as a favourable omen that the disease is
not of such a plegistic grade as there would be if they were bloody or streaked with blood. 
Hemorrhage seems to be almost a constant attendant with this disease, and the violence of this symptom, affords us a very accurate measure of the degree of change which may accompany the disease in whatever type it may appear, the terminal are very great and distressing and the patient will complain continually of soreness in the abdomen. The prognosis of this form of the disease is generally a favourable one, when the inflammation is not very great and the
To errine, tenesmus, and tenderness of the abdomen abate, and at the same time the skin becomes moist, we may come to the conclusion that the disease is rapidly tending to convalescence; and if the stools at the same time turn to a more natural consistence we may be almost certain of the fact.

I shall now notice the second variety of the disease: A person has dysentery and is at the same time, under the influence of malaria; the great characteristic symptom of this variety, and which will enable us to distinguish it from all other forms of the disease, is the distinct parasorrhine which appears
at different times in the course of the affection. And although a great many of the symptoms are identically the same as in the variety I have just mentioned, still we can distinguish them with great certainty: exactness. A person is taken with a high fever, has a distinct chill, there is more or less congestion, the spleen is enlarged, it frequently begins with a diarrhea, and afterwards the faces become bloody with mucous, and sometimes pieces of flesh-like substance come off with them; frequent going to stool; the stools are generally very small in quantity, and in the advanced stage of the
disease the feces assume a very disagreeable smell, the patient may have an intermission or remission, every day or every other day; and as soon as the fever goes off, the dysenteric symptoms somewhat subside and then his whole body become moist with perspiration, and with the exception of his having dysenteric symptoms, he will seem to be laboring under ordinary malarial fever in some of its forms. I shall now take up the third variety of this affection. A person who has great debility of the system, with a loss of vital power, is taken with nausea and vomiting, feeble and irregular pulse
with rather a dark looking tongue, the skin may be very hot at one time, and perhaps the next hour, he will be as cold as ice. We may say almost for certain that he will have spots of some kind about the body; and they are generally of a dark color. His stools will be dark and often have a reddish appearance; they will be much larger and will have a fetid odor and for the most part are very offensive. He has diarrhoea in the beginning and it will continue throughout the whole course of the disease; when this is the case, it is a dangerous symptom; the fever is generally slow and continued
All of these symptoms make out a disease that is more malignant and fatal in its character than any other known to the profession. There is a loss of strength, depression of spirits, and the patient will look dejected; this is attended with violent pains and sickness, if not skilfully treated, with great peril. For when the spirits are much exhausted, the heat of the system diminished, by such copious and frequent stools a coldness of the body may ensue and there is a danger of death even in the acute period of the disease. Causes among the various causes which produce this affection may be enumerated, obstructed
perspiration by cold, a sudden change in the atmospheric tempera-
ture, is a frequent cause of mucous inflammation of the intes-
tinal canal; a cold and moist autumn succeeding a warm and dry summer is peculiarly favourable to the production of the disease. Some writers assert that malaria has an agency in the production of the disease to some extent I believe it has; but I don’t believe that malaria of itself is capable of producing the disease, still I believe that it acts as an agent from the fact that in hot and marshy countries a person may have malarial disease and
At the same time have pure dysentery. The hot spot of the hepatic and cutaneous functions in this disease, is proof enough that the cause is dependent upon the united influence of changes in the atmosphere of Malaya.

"Dr. Johnson says most emphatically that in every case of dysentery that has ever come under his observation, these functions were invariably disordered, from the very onset. There were the skin and the liver; further he says I defy any one who has experienced this disease at the bedside to produce a single instance in which these functions were carried on in a natural manner at any period of the disease."
He is very correct in his conclusions, but I think he carries it too far, for most of the late writers in treating of this disease seem to pay but little attention to the liver, as if it underwent but little or no change at all, let that be as it may, I know that this organ is often disordered in this disease, but whether it follows as a natural consequence or not I am not able to say. Among the causes may be mentioned, the immoderate use of unripe fruit and indigestible articles of all kinds that have a tendency to irritate the bowels, post-mortem appearances. There is more of least inflammation of the large intestines, but in most instances inflammation.
its consequences are found nowhere but in the mucous membrane of the colon & rectum. There is sometimes inflammation of the mucous membrane of the stomach & it has been found of a deep red or purplish color, soft & pulpy, and often granulated; there is often structural disarrangement of the liver, and its whole structure is sometimes apparently destroyed. 

TREATMENT

In the treatment of this disease it must vary according to the violence of the symptoms & its complications with other diseases. If it is simple dysentery, it should be treated like all other simple inflammatory affections. And if there is existing in the system-
At the same time a malarial or typhoid diathesis, co-laboring with it, our remedies should be directed accordingly. We should therefore first see which of the three great aspects it may assume. And if after we have made all necessary examinations, we should come to the conclusion that it was a case of simple dysentery, we should give our patient a purge (Epsom salts is one of the best) and then give him an anodyne, if does not prove to be sufficient. To reduce the local inflammation, we would give a large anodyne. With this treatment, the disease will rapidly tend to convalesce, in a very short time. By some of the old
we may use straight
sticks for this purpose, and
Infusion of the broughs of
Chinis, a good plant to give Chinis
and enable us to make an
excellence of the broughs of
Chinis. We do not think

the only remedy in this disease, though
The treatment should
never in this disease. The

This is our only child.
great deal from anodyne clysters for this purpose we may use laud-

#dinum or some of the salts of

morphine in gum astrich or starch

In the second form of the
disease the patient has a distinct chill: and it looks reasonable that we should employ quinine which is undoubtedly one of the

best remedies we have, in this

form of the disease, the best

plan we can pursue is by giving a dose of epsom salts & then
give, sulphate of quinine and if the patient complains of pain

and great tenderness of the ab-

domen, we should give him a

large anodyne; or we can use as a purge castor oil & turpentine
three parts of the former to one of the latter, we can give calomel or blue mass to advantage. When the glandular system fails to perform its natural function, but as a general thing it is not admissible in this disease. In the advanced stage of the disease, when the system is very much reduced, we can gain a great deal by the application of blisters. The counter-irritation produced by the blister, seems to overbalance the irritation within, and we have a happy result, but we should be particularly not use them injudiciously, for they may prove a source of evil, instead of good, to the patient.
The third form of Typhoid Fever is, you see, all writers when they come to the treatment of this form of the disease touch upon it as lightly as possible. And of course I am at a loss to know what is to be done in such a loathsome and fatal disease as the one under consideration. Sometimes I think that physicians are in the habit of doing too much in this affection; they kill their patients by giving them active medicines when they really do not need them. Would Calomel be admissible here? Not by any means. Give Calomel to a patient that is sinking lower and lower every minute, when the vital powers and energies of the
system are depressed it looks like pale death itself. To give calomel at such a time as this in my humble opinion is but to aggravate the symptoms of the disease & to hasten the death of our patient. In this form of the disease the plasticity of the blood is diminished & to give calomel is but to diminish it. Still more we reduce our patient to such a low state that it would be a matter of impossibility to bring about a restoration. I believe one of the best plans we can pursue is, when the bowels are too freely (which is rarely always the case) we should give large doses of opium if-
we wish to give something to please the bowels of alleviating articles, we should give turpentine, with a small portion of castor oil. Having in view at the same time, that he has a downward tendency, that we should give him something, rather to sustain than to weaken his bodily strength, for this purpose we have no better article than turpentine; and it would be a good plan to give it throughout the whole course of the disease, where the hemor-rhage is very great, we may give sugar of lead to advantage combined with opium. In the
latter stage of the disease we may sustain our patient with beancy, or a very good article is the syrup of clerical peaches in advanced cases, there is often a predominance of alkali in the secretions, at such a time, some of the vegetable acids are invaluable, 

Vale vale

Hoc non multi multi omnis aliquid nemo satis.