AN
INAUGURAL DISSERTATION
ON
Acute Dysentery.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
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FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
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OF
Dentro.

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To Mr. R. M. Dowling, M. D.,
So those masterly communications of the Theory and Practice of Medicine,
I am indebted for whatever knowledge I may profess on most subjeets
Those noble endowments of heart
As well as his transcendent end
Gives entitle him to the highest consideration
Of the Medical Profession
These pages are most respectfully dedicated
By
The Author
Acute Dysentery.

The disease of which we propose to write is chiefly interesting to us as medical men, on account of its extensive prevalence, the frightful mortality with which its epidemic invasions are sometimes attended, and the contrariety of opinions entertained by different authors in regard to the treatment best adapted to its cure. It has prevailed in all ages and ravaged almost every clime. No age, sex or condition can claim immunity from its impartial grasp.
The sturdy New-England farmer and the wealthy Southern planter, the "hardy tar" whose home is amid the rigging of his own gaudy ship, and the brave pioneer, the echo of whose axe, as he opened the paths of civilization, startles the silent genie of the western woods, the mistress of the gilded parlors and the bare-armed rustic strengths, the princely dealer in the "silks of Shirdas" and spices of Arabia, the "Blest," and the dirty scavenger that clears away the filth from his door, the "slave of the dark and dirty mine" who will beneath his master's lash to rifle the earth of "full many a gem of precious ray, serine," and the richly attired lady on whose vain bosom, or in
whose costly tiara it glitters, the old man trembling on his staff, and
he of the burly frame and stalwart arm; the young another when

"For the first time she feels her first
born's breath" and the infant falling in its nurse's arms; all, all
our edifi因为 scenes of the attacks
of this ruthless destroyer of human
life.

In every land where the ent-
ospirits of man has reared the
monuments of his glory, or his
folly, or built temple to his idols,
and wreathed there shrines with
the flowers of his genius, or
written upon their columns the
incoherent records of his madness,
from the "Catus borne in Nile" to the
lazzy and turbid Schuwa; from the bleak hills of Wimaz to the palm groves of Alexandria; from the granite crags of Maine to the orange orchards of Metcalf; from the “ribbed” sand of the Atlantic coast to where the God of day dipt – ping his broad rim in the Pacific wave sheets his harp ing glory on the foliage of Oregon’s western woods. Has this “Angel of Death” spread his wings on the blast.

And breathed in the face of Man – kind as he passed? Granting the reader pardon for this perhaps unnecessary rhetorical digression, we descend to particular facts.
Orientery is defined by Dr. Wood to be "inflammation of the mesentery coat of the colon and rectum, characterized by small mucus, or bloody evacuations, griping pain in the abdomen, straining at stool and tenesmus." Notwithstanding the seat and nature of this affection is well understood at the present day, much controversy has been had in past times among writers on pathology with regard to its proper classification. Coelitus, Coelemis and other ancient writers held it to be a phrenmatic affection of the bowels; and this view has obtained among a few modern men of an mean celebrity of whom
may be mentioned Atlenside, Scott and Ritcher. Dydenham thought it was "a fever turned in" upon the bowels. Cullen makes contagion one of its essential elements, and clasps it with the fever. Linnæus and his followers attributed it to the presence of a peculiar animal exudate which he named creams dysentéria. Chapman and Caldwell of this country regarded it as primarily a jaundice affection, and James Johnston believed it to be dependent upon hepatic and cutaneous disorder and derangement, while others took up on it as merely simple colitis.
Symptoms.

The disease is generally preceded by pains in the bowels of a griping character, which are shortly followed by a diarrhoea or discharges of mucus, or mucus mixed with blood, and these are accompanied with straining, vomiting and tenesmus. Fever cases are generally ushered in with a chill, sometimes distinct, at others amounting to a more than slight rigor, to which a febrile reaction succeeds. The tongue may be covered with a white or yellowish fur. Occasions its appearance is nearly natural. The pulse in the beginning of the disease usually presages all the
characteristics that indicate active inflammatory action. The skin is dry, and the patient emits a peculiar acid odor, so characteristic that it has been called the dysenteric odor. The stools are frequent and urgent, sometimes amounting to twenty, thirty, and even fifty a day; but the evacuations are small and consist of yellow mucus resembling the white of an egg, but a little more opaque and somewhat tinged or streaked with blood. Occasionally, bumps resembling pieces of lint are passed. Sometimes, almost pure blood is discharged. Not infrequently, small rounded faces, called bezetules, are discharged along with the mucus.
soreness of the bowels. The tendering down, or tenesmus, is often excruciating, severe and annoying, sometimes so great as to prostrate the patient considerably below the verge of the anns, constituting prolapsus ani. But little of any feculent matter is passed after the initial diar-ehyla has ceased, and absolute emaciation supervenes, the bowels perhaps being obstructed by spasm of the colon. There is usually some tenderness over the seat of inflammation, which becomes greater if the muscular or peritoneal coat become involved in the disease.

As the disease advances the tongue often becomes dry, red and slick, the lips not infrequently numb.
and the body narrowed and thicker than natural. Sometimes, and especially where there is a typhoid tenency, the secretions of the mouth dry and harden upon the teeth and lips, and we have what are called furdes. When the tongue and mouth present the appearances mentioned, the pulse, for the most part will be found feeble and frequent. The skin dry and harsh, or bathed in a clammy sweat, while the patient shows a look of anxiety and distress, or perhaps mutters broken sentences of groan and lament. In malarial districts the disease generally manifests a tendency to periodicity, and not infrequently there will be a
Complete intermission of the fever and considerable subsidence of the other symptoms. These cases are apt to be attended with more or less biliary derangement, indicated by dark, bilious albuminous evacuation.

Towards the decline of the disease, a yellow tinge of the abdomen, and yellow coating on the tongue.

The disease presents any degree of severity, from the mild sporadic case — that is so tractable, and attended with so little danger as scarcely to demand the interposition of therapeutic means, to its frightful epidemic form, in which it sometimes spreads terror through whole districts of country, and becomes more distinctive to armies than the sword of the enemy.
It is especially the fact of hot climates, but temperate regions have been visited by its fearful ravages. As it appears in the warmer latitudes, it is a much greater disease than are generally met with in temperate climates; so much so indeed that many writers regard it as a distinct form. We apprehend however that its greater severity is the principal characteristic that entitles it to that distinction.

Post mortem examination always reveal the evidence of high inflammation of the intestinal mucous surface. Sometimes the inflammation is diffuse and equal, or nearly so, over the whole of that portion of the bowel which is involved.
As oftentimes we meet with patches of inflamed membrane, more or less elevated and softened, with sound and healthy spaces intervening. In other instances, the glands and follicles scattered over the involved surfaces of the colon and rectum, are the chief seat of the disease, and exhibited the evidence of their suffering by their prominence, and occasional ulceration. Ulceration however is not peculiar to the glands and follicles, for the membrane itself, in protracted cases, is often the seat of ulceration and sometimes of gangrene, by which considerable length of it are occasionally defaced in the form of sloughs. It is from these abrasions also
that at sometimes have copious hemm
age, generally of Alburn, though some
and then of Arterial Blood. It is not
uncommon to meet with constrictions
of the bowels, especially of the colon,
obstructing the passage of the faeces.
Sometimes, the whole of the inflamed
portion of the membrana is covered
with a whitish opalescence, which
when removed exposes the surface
beneath in fact.

The colon and rectum are not the
exclusive seat of the inflammation,
for it frequently extends into the
illium, and occasionally travels
up the intestinal tract until the
whole length of illium, ileum
and duodenum are successively
involved.
But this condition of the small intestines
is not a necessary element of the disease, and
when not so, a constipative condition, and
inflammation of the large bowels,
constitute what is called enteritis.
Nor is the inflammation
always confined to the mesentery,
bUt sometimes extends to the muscular
and serous tunics of the bowel, which is a very grave com-
plication, especially when the latter
is involved. Where the disease is pro-
tracted, the mesenteric glands are
often found enlarged and softened,
but seldom in a state of suppuration.
In hot latitudes the liver is often found
greatly engorged and diseased; and
hepatic abscesses in those regions are
by no means rare.
Gangrene is more frequently observed in dyspepsic or typhoid cases than in other types of the disease; and in such cases the mucous membrane, if not found in a gangrenous condition, generally presents a dark purplish, or livid appearance bordering upon it.

**Addendum**

A great disposition to dysentery is engendered by the prolonged influence of heat, whereby the irritability of the mucous membrane of the bowels is augmented, the skin relaxed and the functions of the liver disorder, rendering the system much more susceptible to the effect of cold. Where such a state of the functions and organs exists, remedies which render a different condition of the body
would be innocent, and often sufficient to bring on a dysentery. For
instance, the disease is common among soldiers who are exposed to the
heat of the sun during the day, peradventure in a fierce struggle,
or a forced march, and then divines in the open air at night.
The reason of this is simple. The
action of the skin is suddenly ar-
rested, the fluids of the body receive
a centrifugal tendency. The liver,
spleen, and other visera are congested,
the arterial circle becomes engorged,
and as a consequence the blood is
largely retained in all those parts
that send their venous blood through
their route to the heart. The same re-
mark is applicable to malarial
The production of dysentery, for the pathology is essentially the same, notwithstanding the causes in the two cases are different.

Where a predisposition has been built up in the system by the agency already mentioned, anything capable of an irritant action on the mucous membrane of the bowel, may excite and induce the disease. Among these exciting causes may be mentioned unripe fruits, bad wines, the use of bad and injurious fluids, diet, bile and effusions of decaying organic matter, whether vegetable or animal.

When it occurs as an epidemic its etiology is inexplicable, except upon the hypothesis of some unknown
but peculiar condition of the atmosphere, and all that we can say is, that it is dependent upon the epidemic constitution of the air. Contagion is considered by some as a Cane.

That it is occasionally associated with contagious diseases, must be admitted, especially with some of the low forms of fever, as they occur in the crowded cities of Europe, but otherwise we apprehend it is never contagious.

Malarias in this country is a very frequent agent in the production of the disease, probably more so than any other agent whatever.

When an epidemic tendency exists, it is by no means rare to meet with it as a complication of malarial fever.
Often this malarial element is lost in the gravity of the acute urinary symptoms; but the physician should not overlook it, as it requires a modification of treatment.

**Prognosis.**

Our prognosis must chiefly be drawn from the urgency of the symptoms and the prevailing character of the disease. The degree of tenesmus, and the frequency of the calls to stool, are perhaps as constant an index to the chances of recovery as any other symptoms to which we can look. If the tenesmus be very painful, and continue, we can have no doubt of offensive mischief going on in the bowels. And when along with these symptoms, there are of that of the mouth, and a dry, glazed condition of the tongue, and nasal membrane, we have good
governed for an unfavorable progress. Whenever the disease is associated with a
tight or stiff condition of the chest, or when it is epidemic, our prognosis should
be very guarded, as it is always a grave
disease under these circumstances. If
his cough, a low delirium, and a relapsed
state of the extrinsic airs are on, we
know that the patient is about to
shuffle off this mortal coil. If, on the
other hand, the calls to stool become less
frequent and urgent, the tendons are less painful,
the tongue moist and clean, the skin soft
moist on the pulse, the convolutions
of the eye and the nostrils, and the patient
becomes cheerful, we may consider him on
his way of recovery.
Treatment. Our remarks shall be brief and as much to the point on this part of the subject as we can make them. Let us then take a case of uncomplicated dysentery, and what shall be done for it? Is the bowels to be averted in such a case? This question must be determined by circumstances. If the prevailing type of disease be of an open and high grade, and especially if it be found that patients bear the loss of blood well, and the particular case be one not be violent, with high fever and a full and rapid pulse, we say unhesitatingly, bleed and bleed freely, but that under an opposite state of things the greatest caution must be exercised in the use of the lancet. It may be necessary in some cases to bleed the second time, but not many require it.
We will be governed in our decision upon the propriety of a repetition of the same, by the effect of the first bleeding; if after that the pulse continues hard and full, the skin dry and hot, it may be repeated two or three times. In other acute inflammatory conditions, we must bleed for effect, the pain must in some degree be relieved, since the fullness of the pulse is reduced.

But whatever may be our decision in regard to the repetition, we have nothing to fear from topical bleeding. Blood may be abstracted from over the seat of tenderness, either with cups or leeches; (the latter being preferable when they can be obtained) whether we do or do not use the lancet. From a dozen to thirty leeches, according to the urgency of the symptoms and the kind of leech employed, may
be scattered along the course of the color and section. The Swedish leech draws twice as much blood as our American leech, and of course when the former are employed it close and require so many. The bleeding may be encouraged after the leeches have detached off, by flannel or wine out of hot water and applied as hot as the patient can conveniently bear them. The leeches may be repeated every one, two or three days, according to circumstances, and the wormgum on the veins may be kept up constantly, until convalescence is fairly established. A few leeches applied around the angles of the arms, are said to have a delicious good effect. Having bled the patient locally, or from the arm, or both the
question will occur, shall we purge him? As a general rule purgatives, if judiciously selected and properly used, are of much service. Most authors advise that mercury should enter into the composition of the purgative medicine, many that it be given with opium and administered to fit the case is on. If mercury be used at all, it only should be done in the commencement of the treatment and are know of no better form than that recommended by the learned and ingenious Professor of Theory and Practice in the University of Nashville. It is as follows.  

Del Noydroz.

Seammon frinab.

Alors on Tafi.

M. de Paris.
Three of these pills may be given at once, and after the bowels have been well purged, and the patient properly restrained by bleeding, we would give him a delirium dose of opium, and keep him under its influence for twenty-four, thirty-six, or even forty-eight hours. This gives prompt action to the system. Science aid his bowels and give them rest. Should his fever rise during the time specified, not want to administer the following mixture:

\begin{itemize}
\item Cassia Oli. \textit{3 jjs}
\item Cinnamomum \textit{7 jjs}
\item Oil Tarantine \textit{2 jjs}
\end{itemize}

If the dose failed to move the bowels, we would repeat it every eight hours, until its action was obtained.
So soon as the bowels were properly con-
tracted by this means, we would re-
tort to the opium again, thereby
giving the patient a ease, and set-
to the bowels, which we apprehend
is as necessary in this affection as
it is to give the eye rest in inflammation
of any of its coats, or to give the joint
rest in acute rheumatism. Sometimes
it may be well to administer analgesic
injections, but they should be small
or the patient will reject them.
When properly administered, they are
attended with capital results in
releasing the tenesmus, and giving
the patient comfort.
Perhaps no better medicine than
spirit of turpentine can be given to restore the
functions of the skin; and for thia
syrup or may be given either in the form of liquorice powder, or combined with a large amount of opium, in half grain doses. When the inflammation has been so appeased, if necessary, astringents may be given to restrain the action of the bowels.

Hino, or Gates, answers an excellent purpose when the bowels are overactive and the discharges thin and frequent, as in some cases the case after the more violent symptoms have subsided.

We have simply indicated the general course we should adopt in the treatment of this troublesome affection. — Modifications of this general plan will be required in certain departures from the plan
Type of the disease. Where there is a periodic character given to it by the operation of malaria or the production, the administration of quinine will be required when the more violent of the symptoms have been subdued. Again in epidemic, and typhoid cases extreme caution should be exercised in the use of the lanceet; and in such cases it not infrequently becomes necessary in the progress of the disease to support the patient with stimulants, such as quinine, or even wine, syrups, or weak brandy tincture. The diet of the patient at first should consist of the very blandest materials, and much restricted in quantity. A little beef tea, or mutton soup may be allowed, and as the disease
subside a small quantity of gruel or rice water can be borne. A little later 
in the course of the disease, rice thoroughly 
boiled may be given. The return to the 
usual diet must be very gradual 
and cautious.

We think the treatment 
we have so imperfectly sketched 
is about the diet that can be adopted, 
provided, the proper modifications 
to on all in particular cases.

For this reason we 
have refrained from giving 
the various plans of treatment 
in Vogue, and recommendaly 
different authors.

We close 
this Sketch, with the hope that its 
many imperfections will meet
with the leniency due to a maiden effort at authorship.

January 31st, 1851.

D. B. Keyes.
Harrisburg.
Miss.