AN
INAUGURAL DISSERTATION
ON
Colo - Pectitis.

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This disease, better known as dysentery, is an inflammation of the colon and rectum, characterized by frequent mucous or bloody discharges, and prevails more extensively in the summer season.

Its acute stage is manifested by a variety of symptoms, the patient being sometimes attacked with diarrhea which terminates in dysentery, attended by severe tenesmus and colic, a frequent pulse, dry skin, and an anxious countenance; or his bowels may have been constipated, he being unable to pass anything from them, besides a small quantity of feculent matter, mingled with blood and mucous. These cases, after a short time, are accompanied by the same symptoms, as the first described. In all, the discharges are very frequent, numbering from ten to one hundred within twenty-four hours.
Fever is a general attendant upon cases of considerable extent. The pulse is accelerated, and usually somewhat full and forcible; the skin warm and dry; the urine scanty; the tongue moist and covered with whitish fur. The secretion of bile is generally diminished.

If the disease does not take a favorable turn about the eighth or tenth day, typhoid symptoms begin to supervene. The patient is listless, takes no notice of what is passing around him; the termina and teneius increase; the abdomen becomes swollen, and more tender; the discharges more frequent; the pulse weaker, and more rapid; the tongue assumes a dryish, or brownish appearance, or throws off its fur and becomes red, smooth, and sometimes gashed; the stools are more offensive, and instead of consisting exclusively of mucous or blood, are mixed with putrid matter, or vitiated secretions from the upper
towels. Even after the worst of these symptoms, however, the patient may recover, though the convalescence is usually tedious, and the case not unfrequently runs on into the chronic form.
Clo-acetites is often associated with other diseases, and among them we may place remittent, and intermittent fevers, as common complications. These cases may be distinguished by their paroxysmal tendency—the fever aggravated every day, or every day other day, relaxes or intermits in the interval; the dysenteric symptoms undergoing to a certain extent the same change. The appearance of perspiration at the subsidence of each paroxysm is another reliable diagnostic symptom. The diagnosis of these cases is important and should be correct, because essential to the proper course of treatment.

Without many other divisions in discussing this disease, but as the treatment is not
materially aided, we omit them, and proceed to the prognosis which, after a persistence of more than twelve or fourteen days, is exceedingly unfavorable—particularly, if there is no abatement of the symptoms. But when seen early, and of the Scrofulous variety, it will generally yield to further treatment. In these cases the discharges become less frequent, more normal in color and consistence, and are unattended with so much pain; the tongue cleans off, and becomes moist; the pulse sinks to its natural standard or nearly so, the breath is less fetid, the appetite returns and is occasionally too exacting, and the skin is again moist and pliant.

The causes of Colo-rectitis appear to be various. By many it is regarded as a contagious affection, and from the number of cases we sometimes see in the same
family, it does really appear to be the case; but I think the contagion depends upon an association of typhoons, which is acknowledged to be contagious, with the inflammation of the bowels. Exposure to cold when the surface is in a hot and perspiring condition has been known to produce it, and it has also been attributed to exhalations from putrid animal substances, and to vegetable miasma. I think however that its attacks are most generally owing to a peculiar predisposition on the part of those attacked, which renders them more susceptible of this particular inflammation when exposed to agents capable of engendering it. For how else can we account for its attacking one or two members of the same household, and leaving the rest unmolested when all
were originally exposed alike. Some might wish
to attribute the discrepancy to an asthenic
condition on the part of those attacked, but
this cannot be true, as we do not find
victims among the weak alone. On the
other hand, the robust and athletic man
is often prostrated by the side of the
delicate female, or the helpless babe. Substan-
ces directly irritant in their action on the
bowels are often exciting cases. Among
these may be mentioned unripe and
acid fruits, ripe fruits in large quan-
tities, vegetables of difficult digestion in
the stomach, and unwholesome and indi-
gestible food of all kinds: acid, and
imperfectly fermented alcoholic drinks
such as cider, weak wines, malt liquors,
&c; drastic purges, worms, and feculent ac-
cumulations in the large intestines.
In cases of death from colo-rectitis, a post-mortem examination will always reveal signs of inflammation of the mucous membrane of the stoma rectum and lower portion of the colon. The membrane is much reddened and thickened, and not unfrequently ulcerated. Ulcers, in fact, exist in this disease much more frequently than in any acute inflammation of the alimentary canal, unless in the interior affection of typhoid fever. They are either small and roundish, or large and irregular from the confluence of the smaller, having usually an abrupt edge, and are often covered with a concrete exudation having the appearance of a slough. In some instances the redness, thickening, and ulceration extend beyond the mucous membrane, and sometimes involve the whole of the sacculations of the bowels alike, it may be, the peritoneal coat.
In other cases, evidences of inflammation have been found extending throughout the colon into the small intestines, and it is said, even to the stomach.

The treatment for colo-rectitis is now to be considered, and here we find such an array of remedies that the student is almost astonished when he finds that anyone should ever have a patient with dysentery. Bleeding, they say, is very necessary if the patient be seen early—imperatively so, when there is fever conjoined with much tenderness and inflammation of the affected parts. Now I admit that when employed in such cases as call for it, under the last proposition, the practice is a good one; but in general, I think it a dangerous expedient. For we seldom find the inflammation so high in the
early stages that we can not combat it ef-
fectually by more mild means, and such
as will not so much reduce the patient's
strength—of which we will find him
sadly in need, if he should have a protra-
ted illness. In many cases too, the latter
stages of this disease, seem to prelude to
rather of a typhoid nature, and then
the patient will greatly want the sustenance
of which the lanceet has deprived him.

Aperitifs are highly beneficial when the
stomach is loaded, and the patient is seen
early, but in the majority of cases, the phy-
sician is called too late to derive much
advantage from them. Of the various
articles employed for this purpose, ipecacuanha
is now generally preferred, and from its
mildness as well as efficiency, deserves
the preference.
P cathartics come next, and in them lie our main reliance. We have seen that it is a disease of the bowels we are with, and to them we should direct our remedies, in such a manner, as will most effectually relieve that pathological condition, upon which the derangement depends. To free the bowels from irritating secretions, and diminish portal congestion, are two prominent indications, and both are met by this class of medicines. Therefore, if the inflammation is not too high, as manifested by fever, and tenderness in the inflamed region, we would deem it necessary to give nothing more than an ordinary dose of castor oil, or subphosphate of magnesia, with or without twenty drops of laudanum according to the particular case.
If there is a high degree of inflammation, a dose of calomel or the same may be given and followed in a few hours with a brisk purgative. Here the lancet might be used if there is nothing to contraindicate it, and should this be the case, that is, should the constitutional condition of the patient forbid the general abstraction of blood, we may apply leeches or cups locally, and follow them with warm fomentations or emollient cataplasms. Blistering over the abdomen have a very happy revulsive effect, but they should never be employed after sufficient depletion, either general, or local.

In addition to the above, we would give four grains of calomel, and six of dextrin powders every three hours until the
discharges ceased to be of a bloody character, and were unattended with such severe
Tormenta and tenesmus; or, if these latter were unusually distressing, we might
alternate the dove powders with a grain
of opium, giving calomel as before.
If the disease continued longer than three
or four days, the bloody evacuations &c., persisting, we would resort to injections of citrate
of silver, or sulphate of zine. For this purp-
pose, we would use from six to ten grains
of either of the above named articles, to the
ounce of water, and throw up into the
bowels five or six ounces at a time
through a gum elastic catheter, introduc-
ited as high as the sigmoid flexure of
the colon.

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