AN INAUGURAL DISSERTATION
ON
Polypechitis
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Coelitis
Division of the Disease.

Coelitis consists of inflammation of the mucous membrane of the colon and rectum. When the inflammation has extended to all the coats of the bowel ulceration is very apt to follow, producing an extensive and ungovernable disorganization of the intestines, which gives rise to a host of symptoms that seem to differ from the early stage by being acute, but having some resemblance to them. It therefore appears that there should be a division of the disease into acute and chronic dysentery. The acute form is inflammation, whilst the chronic is the effect of it, following the acute attack, which has been unsatisfactorily treated or the art of medicine.
proved to fail to subdue.

The following definition of Colonic colitis we deem sufficiently accurate.

very frequent mucous or mucoid inanition evacuations, straining at stool, tenesmus, and tenesmin, usually attended with pyrexia.

**Acute Colitis.**

Admitting that various degrees of severity exist in this disease, from very slight cases, which seem to affect the health but little and pass off in a few days without any bad consequences, up to one of the most severe forms of disease to which our race is susceptible. This severe form of the disease usually occurs epidemically, and committed great ravages in fleets and armies. We will describe as mild...
a form as the disease ever assumes and the treat of its more intense form. This simple form of the disease is usually ushered in by liquid and opulent evacuations or they may assume at once a mucous or muco-sanguineous character. There is very little if any permanent pain in the abdomen previous to the patient going to stool. There is considerable gurgling with familiar sensation and motion of the bowels usually referred to the sigmoid flexure of the colon. There is heat about the anus inducing considerable straining at stool, the evacuations scarcely ever exceed six or seven. Through the day, but may increase considerably in twenty-four hours, feces are occasionally observed mixed with the mucous or muco-sanguineous discharges. The tongue is slightly purity, tho
much it frequently assumes a natural appearance, the appetite usually remains undisturbed and the organs that are affected in the severer forms of the disease, are scarcely ever disordered. The disease usually runs its course in seven or eight days and is scarcely ever fatal, but frequently leaves the intestines in a tendis condition and more susceptible to after attacks of the disease. Sometimes lap the formation of an acute form of the disease, inflammation so slight as this would perhaps only occupy the rectum and a small portion of the colon.

A more severe form of the disease than that which has been described above, is usually observed to precede in our epidemics. This disease is generally preceded by diarrhea, though the discharges may assume at the beginning
a mucous or muco-gangrenous ulcer characteristic of dysentery. Sometimes the disea
is ushered in with a chill, soon followed by subile heat, at other times the local phenomenon
begins simultaneously with the appearance of the general symptoms. In many attacks there is no proeminent
symptoms except a pain in the abdomen soon followed by mucous or bloody
evacuations. A disorder of the stomach
and bowels, characterized by constip
ation, anorexia, flatulence, nausea
and sometimes vomiting may be the
premonitory symptoms. Uncom
plicated dysentery when fully
formed commences with griping
pains in the abdomen, followed by its
characteristic discharge of mucus or
mucous mixed with blood, which
Considerably relieves the distressing consequences by removing the irritating matter. These discharges are passed very frequently, almost incessantly, with considerable pain, which at this stage of the disease, is referred to the rectum, producing an uncomfortable feeling of fullness and weight about the anus, extending Thence up the rectum, which induces an intense and vain desire to go to stool, which may be denominated tenesmus. It usually increases in severity and frequency, producing much straining and consequently a relaxation of the sphincters and muscle ensues, which gives rise to prolapse, especially in children. The discharges are seldom less than a dozen per day, often exceeds that number, and it is said in very bad cases the
The evacuations have been shown to amount to one increaseduary. After the disease has continued for several days there is not unfreq
unity voided along with the mucus, substances resembling sput, mallow and shred of false membrane, also syls is sometimes passed along with the characteristic discharge. At the advance stages of the disease this discharge is a distorting odor said to the peculiar to dysuria. As there is great sympathy existing between the bladder and rectum, it pastic and defects considerable in the irritation and dysuria occurs along with the ten
sion. There is always fever attending the severer form of the disease. The pulse is usually frequent, full and forcible; the skin is warm and dry,
The tongue is covered with a white mucous coat, sometimes moist at others dry and chalky, and the secretion from the liver and kidneys is diminished. The disease runs its course in from eight to twelve days, and the patient recovers. Occasionally, owing to the severity of the inflammation, the absorption of the tissues is so great that reaction is very difficult. This depression is a consequence of the violence of the shock made on the nervous system. When the symptoms of depression are great, the patient has an anxious look with sunken features, the pulse is frequent and small, whilst the local phenomena is extremely violent. The abdomen is very tender and tense with great tenseness, are palid and the discharge...
are very frequent. Whereas with much
swelling and tenesmus. Sickness
are often seen in our epidemics.

Should the therapeutical mucus
proves of no avail the patient be
comes weak and very restless. The toma-
tina and tenesmus increases. The ab-
dominal is much swollen, the tongue
is either purplish, dry and brown or
becomes yellow, red and sometimes
gashed; discharge become more fre-
guent and copious. They now assume
a different appearance, instead of
consisting of mucus and blood
alone they are mixed with a fluent
substance and the morbid secretion
from the upper bowels, which has
the appearance of bloody serum.

While the mind is low and
responding this malignant
forms of the disease the patient may assume, and the disease merge or pass into the chronic form.

Diagnosis

Dolo-rectitis may be confounded with cholera, hemorrhoidal flux and diarrhea. The rapidity with which cholera runs its course and the long continuance of dysentery is an important distinction. Tenesmus is scarcely ever found in cholera, but in dysentery it becomes one of the most striking symptoms. The discharge in cholera are very copious and passed with violence in dysentery they are small, vomiting is considerable in cholera, in dysentery scarcely ever. The distinction between this disease and hemorrhoidal flux is easy. In hemorrhoids blood flows.
from the beginning of the affection with
short mucus; the appearance of and
vomitions. The feculent discharges are solid,
an absence of abdominal pains and ten
esmus is sufficient distinction. The
diagnosis is between colitis and dis-
sew is easy in the advanced form
of colitis, but at the beginning it is
a little difficult, as there is great sim-
ilarity in all intestinal diseases at-
aced with increased alvine discharges.
If a distinction can be drawn we shoul
look for it in the prevailing epidemic,
but the pathological condition seems to be
the same in dysentery as in the advanced
stages of diarrhea.

Prognosis

An unfavorable termination of colitis is
indicated by the discharges assuming a
feculent character, more copious and lep
frequently the Reservoirs becomes greatly reduced, an abatement of the pains in the abdomen, an abatement of the febrile symptoms and return of appetite, with a restoration of health in a short time. But when the disease is about to prove fatal, the abdomen is tympanitic, the toriisma and tenesmus disappear suddenly, a livid appearance under the eyes, about the lips and at the roots of the mili; with a cola and clammy skin, cola excreta, involuntary discharge, a very feeble and frequent pulse, now muttering delirium, subsultus tænæsum, and sometimes hiccough. Such symptoms prognosticate a speedy and fatal termination. Should the disease continue, without any abatement of the symptoms beyond a fortnight, the prognosis is would be unfavorable. If the patient evidences much pain on pressure along the course of the colon, giving evidence that the inflammation.
has involved the peritoneal coat of the bowels which portends a fatal result. Sporadic cases usually terminate favorably but it is in our experience of the disease that progress malignant.

Complications of Colorectic

This disease may be associated with fevers, that is, instead of the fever symptomatic of dysentery there supervenes a biphasic fever. As there is a great diminution in fevers of alimentary canal, it is not surprising that this disease should be complicated with such affections. The complication of this disease with typhus or typhoid affections seems to be owing to an exposure to some debilitating cause, such as unwholesome and insufficient food, to wet and cold nights, as in marching armies and where a number of persons are confined in places comparatively...
small with inattention to proper ventilation, relation and cleanliness, such as in shifted, deserted towns. In these situations and some such cases, the disease has proved very malignant. When this complication exists, there is great prostration of strength from the beginning, nausea and vomiting, vomiting the pulse is small and frequent. The tongue is foul, dry, and dark, with cords on the back. The skin is sometimes hot, at others cold, and from the fourth to the sixth day a milky or fetid exudation appears from the nose and chest. The discharges are very frequent, more copious than in the uncomplicated form and composed of mucous mixed with a dark colored blood. The nervous system also participates in the disorder, producing delirium, stupor, and other characteristic nervous symptoms. All these symptoms are not perceptible in every case.
Colorectal may be complicated with some form of material flux. Should this disease occur having been preceded by a chill and fever for several days there would be reasons for suspecting the complication. The disease is paroxysmal in its character having regular paroxysms every day or every other day with periods of relaxation or intermission. During the paroxysms the symptoms are more intense than in the uncomplicated disease. On a medical point of view it is of great importance that a correct diagnosis should be made. In a warm climate where diseases of the liver prevail most there is considerable complication of these diseases and colitis. The disease begins with diarrhea, the evacuations are variously colored, being of a deep
swallowed, green or black color, and
sweated at great thoroughness. This was
accompanied by a yellow fur on the tongue. Throughout
the disease there is great oppression
about the epigastric region, nausea
anosmia, frequent pulse and intense
thirst. This complication of the disease
proves very malignant in tropical regions.

Chronic Dento-radiculitis
Where the fever which attended the
agitation attack has subsided and
the patient gains some strength the
occasionally experiences sharp pain in the bowels with frequent
 evacuation of mucous occasionally
mixed with a purulent matter or blood. The abdomen is and hard,
without much pain on pressure. The
pulse is full, and slow. The tongue
is surred, but sometimes it is of a bright and glossy character, and the skin is dry and rough. If the portion and lower portion of the colon is the seat of the disease, the discharge usually enlarged in the morbid secretion of the parts. Should the remedies employed be unbeneficial, the patient gradually emaciated, the skin becomes of a paler yellow color. The vital powers give way very fast, the feet and legs become edematous, after a short time jaundice and acute fever and the patient sinks from emaciation and exhaustion. When this disease is complicated with tuberculous disease, the malignancy is much augmented.

Anatomical Characters

These are found to differ according to the period at which the patient dies.
Stage. The mucous membrane of the stomach and colon always evince signs of inflammation, while the external appearances are healthy. The mucous membrane presents a bright red or brownish color. Sometimes there is sensible elevation of the solitary glands, with intervening blotchy structure, at other times the whole membrane is affected equally. Sometimes it is covered with a purulent or sanguineous secretion, giving evidence of extensive ulceration on removal it presents an unbroken rupture. When the disease has proved fatal in a more chronic form, there is much thickening of the coats of the bowels; they seem contracted in diameter and ulcerated. They are situated in the mucous follicles and solid lymph glands. Perforation has been observed otherwise the cæra has been found involved as the
mucous membrane of the small intestine and the stomach, sometimes the mesentery glands are enlarged and inflamed and theomentum dry and shrivelled. Abscesses are not unfrequently in the liver.

In cases of death from chronic colitis the mucous membrane presents an ulcerated appearance and the ordinary signs of chronic inflammation. Some of the ulcers are found in a state of cicatrisation and others entirely cicatrised, proving that after the bowel have been extensively ulcerated patients may recover.

Causes

Colitis is more prevalent in summer and autumn than in winter owing perhaps to the alternation of heat and cold, whilst the days are warm the nights are cool and the earth is bespread with heavy dew. This discrepancy is more manifest in warm
Where in temperate climates and consequently the disease is more prevalent in the former locality. Therefore the combined influence of heat, cold and moisture are exciting causes of the disease. Where persons are much exposed to these influences, as in armies the disease is very prevalent. Substances directly relating to the alimentary canal are exciting causes. Malaria is certainly a cause of this disease and these reasons for supposing it to be as it is known to prevail in malarial districts, whilst the subsistence of it are constantly influenced by a malarial diathesis. This disease was formerly believed to be contagious, but at the present day it is universally believed to be non-contagous. Where a number of patients are exposed together the disease seems to be communicable, but this is perhaps owing to the infection of the putrefactive humors more admitted to be a cause of the disease.
Treatment of Accute Pilo-rectitis.

The treatment of this disease must vary according to whether it is simple or complicated. When the disease is uncomplicated it should be of an anti-pyloritic character. To fulfill this indication, depletion presents itself as a great subducer of inflammation. When the patient has a frequent and quick pulse, pain in the abdomen and indications of high inflammatory excitement which induce general fever, general bleeding should be resorted to, unless peculiarly forbid it. Bleeding would be useful in the advanced stage of the disease. Purgatives are usually given in this disease. They are sufficient if the disease has commenced abruptly, while there is considerable feculent matter in the bowels and another to deplete the portal veins and diminish congestion.
disease begins with diarrhea, which is a more frequent premonitory symptom. They should not be given very early as the disease has sufficiently cleared the bowels, and to give purgatives under these circumstances would be to augment the irritation of the inflamed mucous membrane. Should considerable time have elapsed without ascendant discharge a mild cathartic may be given as the morbid secretions should be a source of irritation. Drastic purgatives should not be given on account of the irritation they produce (therefore mild laxatives should be employed, castor oil is the most efficient). Some prefer the neutral salts but they are too irritating for so delicate a membrane. Cod-liver oil in conjunction with the portal vein colonel in five to ten grains does best fulfills this indication, whilst it acts mildly on the mucous membrane.
and expect a flow of bile from the liver. It should be followed in five or six hours by a dose of castor oil. The blue pill or hydroxyphosphorus cum creta may be used in lieu of the colonel. The secretion from the liver should be maintained by giving colonel in small doses combined with opium and strychnine given at night until rest is procured. After five or six days should the symptoms not abate.

The mercurial impression may be approximated by Diaphoreticia medicinae as well as in this disease. Should the patient have hot and dry skin, with nausea and vomiting, the expectorating draught is perhaps the best. Strychnine combined with opium has been employed with advantage. Benefit may be derived from the warm bath with care not to expose the surface to cold after bathing. Opium is much employed in this
disease and its value is inestimable. It not only relieves the distressing pain from which the patient is suffering, thereby producing sleep which is very much interrupted, but it eases the irritating effect of the morbid secretion from the bowels, with considerable relief of their spasmodic contraction which facilitates the action of cathartics. It may be given with jalap or spigacuancha which has a tendency to deepen the stimulating effect and accent its action to the thin. Some express a belief that cure of dysentery, even in an epidemic form, may often be effected by the use of opom- oine, beginning with its use early and administering it boldly. Various alternative remedies are found beneficial. Spigacuancha in very large doses has been found beneficial by some practitioners.
Acetate of lead in doses from one to three grains in combination with opium has been recommended especially in hemorrhagic cases. Opium and turpentine given in small doses with an emulsion of gum arabic is useful in all stages of the disease and more especially in those that are advanced and attended with ulceration. Turpentine is believed by some to be very essential in the treatment of this disease.

Local Remedies

Bleeding

General would not be the only mode of depletion, but should be followed by local bleeding with leeches or cups along the course of the colon where there is much pain or tenderness. In cases which are not very urgent local bleeding may be sufficient. Leeches around the anus afford great relief if there is much tenesmus. A digital enema is very beneficial especially in the relief of tenesmus.
For the relief of tenesmus it should be small, as this disease is much aggravated by distending the intestines. Perhaps the best enema is made of terebinth amarae, turpentine or slippery elm, medicated with an acidiq. injection of acetate of lead and sulphate of zinc has been used, and a preference is given to the former in the acute, whilst the latter is preferred in the advanced form.

Summary of the Course of Treatment Where the case is very mild and unattended with fever a dose of castor oil with fifteen or twenty drops of mandrake is all that is required. But if, given at the beginning, blood may be taken from the arm, after which a dose of colonel may be given or should there not be much fever the colonel may be given prior to the bleeding.
After these measures have been employed the patient may be permitted to remain quiet for a short time, during which he may be allowed refrigerant drinks and some aperient medicine. If he continues to complain of much pain and tenderness.

The combination of calomel, opium, and ipecacuanha may be given at night followed in the morning by a泻剂 and repeated every night.

During this time senna may be repeated if there is much pain in the abdomen, warm fomentations to the abdomen, and an analgesic enema for the relief of Tenesmus. If the symptoms do not yield to this treatment styloid may be approximated or the use of some alterative, especially the oil of turpentine.
When this disease is complicated with disease of the liver, the treatment is the same except for more energetic employment of calomel. In the complication with typhoid or typhus fever we find a debilitated condition of the system. Therefore we should attempt to husband the strength of the patient by giving cordials and nourishing diet. The patient should change his linens frequently and the room should be kept clean and well ventilated. Most of the remedies employed in the simple forms are admirable, except bleeding and the use of calomel. In this form I would especially recommend the use of oil of turpentine from the beginning in small doses every two or three hours. When this disease is complicated with malarial fever,
The same course of treatment should be followed as in the uncomplicated forms except the use of sulphate of quinine, which should be given.

Treatment of Chronic Polycystitis.

In those cases that affect the small intestines, purgatives are scarcely ever necessary, but without this complication in mild cases dilatations should be given if there is not a motion from the bowels of a flatus character once a day. Then if there is much pain and tenderness in the abdomen a combination of calomel, ipecacuanha and opium may be given at night. Great efficacy is placed in the alternative use of the blue pill given once a day in doses of three or four grains. Numerous alternative remedies have been employed, such as sulphate of lime, sulphate of copper, copava and turpentine.
Small doses of these medicines may be given three or four times a day. Perforation is a very valuable remedy of this class and should be used in every case as it seems to have a specific action when there is ulceration of the bowels. If the disease is confined to the rectum and lower portion of the colon, injections of sulphate of zine is very useful. Should the patient receive no benefit from these remedies a change of climate may be recommended. Much depends upon the regulation of the diet in the treatment of this disease. The patient should not use animal food but bland farinaceous food and such as would admit of easy dejection.