AN INAUGURAL DISSERTATION

ON

Colitis.

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BY

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Colitis, or bloody flux, is inflammation of the mucous membrane of the Colon, or Rectum, characterized by small mucous, or bloody evacuations—griping pains in the abdomen—straining at stool. It terminates, in some cases, may occur with, or without, premonitory symptoms. In the former case it is preceded by general uneasiness—loss of appetite, impaired appetite, and, or transient pain in the abdomen—consticn, or diarrhoea, and other evidence of moderate intestinal irritation. Sometimes the local
Symptoms make their appearance before those of a general character, and in very mild cases, of moderate extent, the disease may run its course without fever. Sometimes the local, debilitating phenomena commence simultaneously. The patient being attacked with a chill almost at the moment that he begins to complain of pain, tends immediately, again and again, often persevering, and occasionally for a considerable period, any evidence of disorder in the bowels. We are presented in different cases of flux, with a regular gradation in severity, from a very slight affection, the enjoying a very small extent of the rectum, to one
unattended with fever, passing off in two or three days, up to one of the most violent and dangerous forms of disease to which the human frame is liable. In a case of simple, uncomplicated flux, there are usually in the commencement, griping pains in the abdomen, technically called vomiting, irregular in their position and points of reception, and attended with discharges from the bowels by which they are partially relieved. After a very short time, a bulk of weight, burning or other amendment is experienced in the stool, with a painful and frequently returning indication to go to stool without the ability.
To evacuate any thing more than a little I bloody unstead. The calls to God are very frequent, in some cases almost in a constant. I am attended with much taining, so much so as to subside to produce prostration.

The passages are seldom less than a 10 per cent. in twenty-four hours, and sometimes in very bad cases have been known to amount to fifty or One Hundred. After the first few evacuations, which are often more or less fluid, the stools are very small, and consist of transparent or white, mucous, or of mucus mixed with blood, at some times of all most pure blood. At first they discharged had but little smell, but after a time.
They require a disagreeable odor which is very offensive both to nurse & physician

the bladder & urethra sometimes sympathize with the rectum & along with the transverse there is frequent & difficult micturition.

There is generally more or less tenderness in the abdomen & the extent of the inflammation suppurates along the colon. Can sometimes be traced by ascertaining in what part the pain is produced on pressure. When the tenderness is observed across the epigastrium and along the right side there is reason to believe that the inflammation has reached the transverse and of
adverse color, and that the whole of the large intestines are involved. There is always fever, except in cases of very small extent. The pulse is accelerated, and usually somewhat full and forcible. The skin warm and dry, the urine slightly. The tongue moist and covered with a whitish fur.

In the majority of cases, the disease takes a favourable turn between the sixth and tenth day. The patient recovers. Sometimes, however, from the severity of the inflammation, symptoms of depression appear at the end of the fifth day, and the patient never fairly recovers.

Changr is much more commonly severe from a continuance of the disease, in ordinary cases, beyond a week or ten
days, should the symptoms not give way by that time. They are all apt to become aggravated. The coming on of this illness increases the abdomen becomes fuller and more tender. The discharges more frequent. The pulse, more weak and rapid. The tongue becomes more dry and brown, or throws off the fur, and becomes red, smooth, and sometimes gashed.

Colestis is not a contagious disease, but it is supposed to be infectious, the same cause producing it in different individuals, but not imparted from one to another. It attacks persons of both sexes and all ages, who are exposed to its causes.
Treatment of Colds or Flu.

A great variety of remedies have been employed in this disease of very different kinds and have been found successful under different circumstances. To be rational, the treatment must vary with the degree of violence in the disease, the existing state of the system, and the diversities arising from associated affections. In ordinary, uncomplicated colds, the indications are sympotm those presented by inflammation in general. The term are more than usually prominent, as those of pain and distress. The removal of causes of irritation whether applied directly to the affected part or consisting in a congested
State of the portal circulation. Bleeding is a valuable remedy if judiciously employed, but great precaution should be adopted in its employment. In violent inflammatory cases, threatening immediate danger, if not relieved especially in persons of vigorous constitution or sedentary habit of body, where there is much pain and tenderness of the abdomen, it may be necessary to bleed largely at once. It is seldom necessary to bleed in the advanced stages of fever, what ever may have been its previous character. Emetics are often serviceable at the commencement of the disease.
and when given at its outset, will sometimes effect an immediate cure. They are specially indicated when the stomach is loaded with acid accumulations of any kind, as shown by epigastric oppression, nausea, indigestion of bile, or other irritating matters, frequent but ineffectual efforts to vomit, without the pain and tenderness of gastric inflammation.

Spearmint, either alone, or in combination with Carbonated Antimony is beyond all doubt the very best article to be used. Castor Oil are among the most efficient Remedies. One of the most prominent indications in this is to free the bowels
from irritating secretions & accumulations; a second is to diminish congestion in the portal circulation of both are best answered by this class of medicines. But it is necessary to use discretion both in the selection of the articles & in the circumstances of their application. Practive purges do more harm, by irritating the inflamed membranes than they can do good by their evacuating effect. Practises therefore or the milder purgatives should always be preferred. Not is it advisable in all cases to persevere with them until persistent discharges, especially consistent fetidulent discharges are obtained.
An other important object in the use of purgatives is to unload the portal veins. The capillary circulation in the liver is often sluggish, and in many instances the secretion of bile seems to be suspended. Blood therefore accumulates in the veins proceeding from the abdominal viscera and must press injuriously upon the capillaries of the bowels.

For this reason Calomel, or Bleomass is the very best article to be used. It is allowable that one or two evacuations should be obtained daily or every other day of such a character as to circinate that they have come from the upper bowels. After the first evacuations our purpose may be served by the use of castor oil. Continuing a small
account of Spirits of Nux vomica - or -

important & laudanum. It is very
desirable that the patient should
rest & sleep during the night
for the accomplishment of which,
it is best to give opiates - and
acting casts during the day night
& work them off every morning
with oil. An excellent plan is
to give Blue Mass - Opium and
give camphor in pill - every
1, or 6 hours. Through the day
if no operation from the bowels
by the next morning, work off with
oil.

In some cases, great relief
is obtained from large enemata
made - or injections of acetate of lead
or opiate suppositories.
warm or cold hip baths. When there is much pain or swelling in the abdomen, suppositories or lotions are very appropriate. They should be applied along the colon, also. Derolent powders. Formations Rubefacients and antiscyphoma, embrocations, & ointments.

Diet - In very slight cases, without of ever-solid farinaceous substances, such as boiled rice, stale bread, & crackers may be allowed, but in severe cases, at least in the early stage, the diet should consist exclusively of mucilaginous or farinaceous limited, which may be rendered more palatable by sugar.
and I reasonigious of the patient alway st.
In conclusion the patient should, as a general rule, be confined to an invalid bed. Alteratives and tonics are until Recovery is confirmed.

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