AN INAUGURAL DISSERTATION
ON
Dysentery or Coloreetitis
SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES,
AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
Doctor of Medicine.
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Dysentery or colo rectis

Gentlemen. In accordance to the rules of the institution I place before you for your inspection my opinion of Dysentery. Dysentery may be either acute or chronic. The acute of the disease is that which I propose to treat of on this occasion. Acute Dysentery is found to exist with different degrees of intensity from the slight typhoid case in which the general health is but little deranged and but little danger to be apprehended from to the wide wasting epidemic which has proved to be the scourge of fleets and armies. I shall present a sketch of as mild a form as the disease is almost ever observed to wear. A case of this description is usually
characterized by small mucus or bloody evacuations; gripping pains in the abdomen and tenesmus. But the pain is irregular in its position and period of recurrence and attended with discharge from the bowels by which they are partially relieved. And after a very short time there is a burning sensation or weight which sometimes amounts to severe pain in the region of the rectum with a frequent desire to stools without the ability to evacuate anything more than blood and mucus. The feeling of tenesmus increasing to such an extent that it becomes the most striking feature of the disease. The abdominal pains and sweats appearing to concentrate themselves in the region of the colon and rectum.
and the call to stool is almost incessant and attended with much training, and is followed with only partial relief. The discharges are very offensive and cause a burning sensation in the lower part of the rectum. After three or four evacuations which are generally fecal the discharges are small either mucous or mixed with blood which sometimes amounts to hemorrage. The bladder and urethra frequently sympathize with the rectum. In addition to tenesmus there is difficult micturition. There is a swelling in the abdomen which may be ascertained together with the extent of the inflammation in many cases by pressing on the bowels in the curve of the colon. There is always fever except
in very slight cases. The pulse accelerated and usually somewhat full and endorseable. The skin hot and dry, urine scanty. The tongue moist and coated with a white mucusous coat or it is dark and dry and sometimes firesed. The secretion of bile in some cases is diminished and in severe cases the vital forces sink temporarily under the influence made of the nervous system and the patient experiences an indescribable sensation of sinking in the abdomen with a cold clammy skin a tingle and almost threadlike pulse and sometimes nausea and vomiting. This condition brings gases over as the acid discharges descend. In
The simple form of the disease above described vomiting is not frequent and the symptoms of cerebral derangement are still less. So in a vast majority of cases, prognosis is generally favorable. The disease takes a favorable turn between the sixth and tenth day, and the patient gradually recovers from the violence of the attack, though much emaciated. Then the nervous system gives way to the violence of the disease and the patient has throughout a very small feeble and frequent pulse and is somewhat livid or purplish under the eyes, about the lips and the root of the nails, and at the same time there is
an extraordinary violence of all the local symptoms with much Ternania and Tenismus and an almost incessant discharge with a tense and timid abdomen and great Tenderness on pressure. Such cases generally prove fatal in a few days and are likewise very rare and usually accompany an epidemic Dysentery Typhoid and Typhus Fever.

Pathology. Dysentery is inflammation of the mucous membrane. And at times the cellular and muscular coats are involved causing a violent contraction of the intestine which was at one time attributed to the accumulation of Heybala in the convolutions of
The large intestines. But the presence of scybala is most generally found to exist after the cellular and muscular coats are involved in inflammation hence scybala is the consequence and not the cause of inflammation in a majority of cases. But when the muscular coat is once involved the contraction of the muscular fibers forms ringe in the mucus coat and the acid matter is retained and keeps up the existing inflammation, causes of acute dysentery.

The chief causes of acute dysentery are exposure to cold damp air, acid indigestible food, the presence of spirituous liquors and malarious
Exhalations...Dr. Donald Monroe whose experience was very extensive attributed its production to obstructed perspiration and exposure to putrid effluvia. It prevails most in autumn and makes its appearance as an epidemic in some localities.

Treatment...As dysentery originates from different causes as a matter of course the treatment must be modified according to the cause the stage and peculiar constitution of the patient. If the disease originates from irritating particles being left in the mucus folds it follows as a matter of course some mild cathartics should be used. Such as Magnesia Sulphate from the fact of its action being...
principally on the small intestines as a revulser and causes a large quantity of mucous matter to be thrown off and forms a coating for the inflamed surface of the large intestines. But the great difficulty in using cathartics is that they cause violent contraction of the intestines and the suffering of the patient is greatly increased by the action of the medicine. Medical aid however is frequently not sought until this stage is reached consequently the physician has only to contend with simple colic rectities. Great advantage will be derived from leaching to the anus and along the course of the colon with dinapism to the spinal column. Opium should
Then be administered in very large doses so as to relieve the violent contraction of the muscular fibers of the intestine and allay the irritability of the mucus membrane. I believe that opium is the sheet anchor of the practitioner in dysentery at all events. I have found it to be such in an efficiency which prevailed in the region of country in which I have lived for the last two years. I believe Dr. Bell is correct in his remarks on opium in the Annals of Medical Science in which he says opium may be used in very large doses in inflammation of the mucus membranes without the poisonous effects being developed.
and I think with the best effect.
I do not recommend opium to
the exclusion of every other remedy.
For mercury is a valuable remedy.
In some cases where there is a derangement
of the Secretions. In certain stages
of the disease where the skin is
hot and dry with considerable
febrile excitement, the use of an
odyne in combination with mild
sedatives should be used. Kith
of Silver is also a valuable remedy.
I saw it used in one case by
my Preceptor with apparent great
advantage which had resisted every
other remedy. It was used in 8ps
of 3% of Phos. water used as injections
it acted like a charm in relieving
Tormania and Tineasium. The recovery.
was slow but steady. Various other astringents may be used with decided benefit such as tannin, pine, and cataplasms. Anthracine emulsions and subelements to the spinal column together with large emollient enemas may be used with great advantage and they add greatly to the comfort of the patient where the inflammatory symptoms have been completely subdued and there are no lodger any tenesmus and tenesmus. And if the patient remains full gentle tonics such as homoeop or blumba with the addition of the vital may be used with decided benefit to the patient and the state of the bowels should be carefully regulated during convulsions.