

AN  
INAUGURAL DISSERTATION

ON

*Dysentery*

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An essay on Dysentery,  
respectfully inscribed to  
Mr. H. Bowling M.D. as  
an humble mark of  
the respect and admiration,  
in which he is held  
by the writer



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Dysentery may be divided for considerations into three different parts. First its causes, Secondly its modus operandi, and lastly the remedial agents that may be brought to bear in effecting its cure.

Like every other disease, to which the human system is heir, Dysentery depends on a variety of causes.

The different influences which may be considered, either directly, or indirectly, to bring about this disease are so intimately connected that it is sometimes hard <sup>to tell</sup> what the real cause is, hence in order to arrive at a better understanding of this part of the subject it may be subdivided into predisposing and exciting cause. A predisposing cause may be defined



That which subjects the system to a certain diathesis or condition in which it is peculiarly adapted to disease. It is well known, that, in the performance of the different functions there is considerable diversity; while they may yet be in a state of health and that in this diversity there may exist a morbid tendency which within itself does not constitute disease. In other words the vital powers seem to be in a state of lethargy. When the recuperative principle is thus made dormant, the exciting cause is only required in order to set up a diseased condition. We observed then that any cause to which a disease can be directly traced may be considered



an exciting cause. It is an acknowledged fact that heat exercises a great influence over the functions of the human system.

The whole secretory apparatus is very susceptible to its power, and in regard to its immediate connexion with Dysentery I shall remark in the first place that it increases the excitability of the alimentary mucous membrane, thereby rendering it more liable to inflammation. It relaxes the surface of the body and deranges the hepatic functions. In this condition the system may be said to be predisposed to Dysentery. Under these circumstances cold very often proves an exciting cause. When persons are very warm they are apt to rush



into the coldest air they can find  
 drink an enormous amount of  
 cold water, or while in a profuse  
 perspiration, to take a cold bath.  
 This drives in the perspiration  
 checks the bilious secretion, and the  
 result is congestion of the portal  
 circulation and of the mucous  
 membrane of the bowels.

Any substance directly irritant in  
 its character may prove an  
 exciting cause. An accumulation  
 of hardened feces very often  
 results in Dysentery from the  
 fact that under the influence  
 of heat the excitability of the  
 mucous membrane is increased,  
 the excitability ~~of~~ being increased  
 the irritability must be increased



also, hence it is more susceptible  
 to the influence of this hardened  
 accumulation. Miasmatic effluvia  
 has been thought to be productive  
 of Dysentery from the fact that it  
 has often been observed to both  
 precede and follow, intermittent and  
 remittent fever. Simple Dysentery  
 is only inflammation of the mucous  
 membrane of the large intestine.  
 it is, however, the experience of most  
 practitioners that it is generally comp-  
 licated with some other disease.  
 It is my intention to treat the  
 disease in its simple form.  
 The symptoms are very striking  
 when the disease is fully developed,  
 It sometimes presents its most violent  
 symptoms at the commencement.



It sometimes begins with a chill which is followed by diarrhoea. The diarrhoea consists either of simple watery discharges mixed <sup>with</sup> mucous at the commencement, or it may be and often is mingled with blood.

It is this symptom which gives it the very common name of bloody flux. In connection with the diarrhoea there is always a griping sensation in the bowels. This sensation is irregular in its position and is generally somewhat relieved when the patient goes to stool.

These symptoms will increase as long as the disease continues.

The number of discharges increases the tenesmus is greater and is followed by a feeling of heaviness



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in the region of the rectum,  
giving the patient frequent desires  
to go to stool without any discharge.  
There are generally fifteen or twenty  
discharges per day, though they  
have been known to amount to  
as many as fifty or seventy five.  
Fever is always present except in  
cases of the most simple form.  
The skin is found to be hot  
and dry, while the pulse is full  
and rapid. In very violent cases  
where the nervous system has  
received a considerable shock the  
skin may be expected to be cold  
and moist, and the pulse slow,  
threadlike and irregular.  
The bilious secretion will be  
found to be diminished to a



greater or less extent as the Liver is complicated.

When the Liver is involved the fever is higher, and there is a greater tendency to delirium. Sometimes the disease presents itself in a slow typhoid form. The whole system seems depressed while the general dysenteric phenomena are much aggravated. Dysentery as intimated above is often found in miasmatic localities. Sometimes the inflamed condition of the mucous membrane may result from the regular miasmatic fevers. When this is the case it will be found or cannot be considered pure dysentery but simply a consequence



of the fever. But when it presents itself with a chill, which is immediately followed by all the phenomena of Dysentery it cannot be disputed that it is pure Dysentery dependent upon or caused by malarial poison. Under these circumstances these circumstances the fever will be found periodical in its nature, and the local symptoms will also be found to intermit to some extent

It will be seen that the leading phenomena in this may be summed up in a short manner they are diarrhoea, gnawing pains in the abdomen, a feeling of oppression in the epigastric region



and sometimes delirium and vomiting  
 Dysentery differs in grades from the most simple to the most dangerous disease.

The symptoms will depend on the violence of the attack. The cause producing it, and the peculiar constitution of the patient

The complications are so various in this disease, and the remedial agents so numerous that in giving its treatment I hardly know where to commence,

Being inflammatory in its character it is evident that the regular antiphlogistic treatment is indicated  
 Any irritating substance or secretion



in the bowels would have a tenden-  
 -cy to keep up the inflammation  
 already set up. It is necessary  
 then that the alimentary canal  
 should be thoroughly cleansed in  
 the outset. Cathartics are best calculated  
 to do this, for while they remove  
 any irritating substance within  
 the bowels such as scybala  
 acid secretions &c. They will unload  
 the capillaries of the Liver and  
 at once remove the congestion  
 existing in the portal circulation  
 It should be remembered in making  
 a selection <sup>that</sup> a <sup>drastic</sup> purgative would prove  
 irritating to the mucous membrane  
 within itself. A mild and  
 active cathartic should be chosen  
 in order to obviate this difficulty



Calomel is one of the mildest  
 Cathartics we have and has  
 been recommended very highly  
 in this disease. While it aids  
 in the peristaltic <sup>action</sup> it arouses  
 the biliary secretion which  
 is generally found diminished.  
 Calomel is not active enough  
 by itself and should be  
 associated with some other article.  
 Rhubarb ~~is~~ ~~very~~ ~~satisfactorily~~ ~~given~~ ~~in~~  
 very satisfactorily given in  
 connexion with it. When the  
 bowels have been cleansed, it is  
 not expedient to continue  
 the purgative, yet if the congestion  
 and torpid condition of the  
 Liver has not been entirely  
 removed, the Calomel may be



continued in small doses  
untill this object has been  
effected,

The use and extent of purgation  
must be governed by the cause  
of the disease and the condition  
the patient is in when first  
seen. When the skin is hot and  
dry diaphoretics are found very useful  
though on account of the necessary  
exposure of the patient, should not be  
carried too far. The warm bath  
is very good when it can be  
taken without much exposure.  
Garlic emetic is recommended when  
there is no tendency to vomiting.  
The stomach is generally very irritable  
hence this remedy is seldom used  
A combination of Spicachuana and



Opium or Dover's powder would be preferable to either. When the bowels have been evacuated and the secretions aroused it is evident that the inflamed condition of the bowels would require a soothing remedy. Opium has always given satisfaction in meeting this demand.

From the nature of the disease the system must be very much exhausted and therefore will need rest, in order that nature may have time to recuperate and set up a healthy action. It procures sleep to the patient, relieves the spasmodic action of the bowels, thereby aiding the natural peristaltic movement. When the discharge still continues some astringent should be given.



Acetate of Lead is very good when  
 there is much blood, It has both  
 an astringent and antiphlogistic effect,  
 In case there is great tenderness  
 recourse may be had to cupping,  
 Bleeding is sometimes very necessary  
 in the commencement, especially when  
 the subject is of full plethoric habit  
 and the pulse is full and strong  
 In miasmatic Dysentery, Sulphate Quina  
 must be exhibited in order to allay  
 the symptoms of malarial poison  
 I have thus hastily and briefly run  
 over the symptoms and treatment of  
 Dysentery in its uncomplicated form,  
 I shall now notice the Treatment  
 in its chronic form.  
 General bloodletting and purgation  
 are not advisable in this form



Mild laxatives should be employed regularly in order to keep any irritating accumulation from remaining within the rectum, Castor Oil is the best mild laxative that can be employed.

Calomel given until it produces slight salivation. Copaiba & Turpentine are recommended by Wood. The Turpentine is given with great success when the tongue is dry and smooth.

The diet should be of some mucilaginous drinks until the symptoms abate to a great extent.

In what is termed Bilious Dysentery the mercurial treatment should be carried to a greater extent than has yet been recommended.

The Calomel should be given in doses of five or seven grains three times



per day. Dysentery has received quite a number of names according as it is complicated with other diseases, or as it involves different organs, It is needless for me to say that the Practitioner must treat the Dysentery's symptoms as above enumerated, while he must at the same time combat any symptom which may arise from other organs being involved,