

AN  
INAUGURAL DISSERTATION

ON

*Epidemic Dysentery*

SUBMITTED TO THE

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BY

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OF

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To

The Medical Faculty of

~~THE~~

~~UNIVERSITY OF NASHVILLE~~

The University of Nashville

This Essay.

Is respectfully inscribed as a  
token of the high esteem  
which I entertain for  
their talents and  
abilities as teachers

By the author

# Epidemic Dysentery

symptoms for several days.

No doubt depending on some other cause as the Malarial diathesis. As has been so ably set forth by Professor Bowling in his Lectures before the Clap while discussing the subject of dysentery and its varieties.

There are three varieties common in this country I mean the Western country well marked cases of which may be seen first the same neighbourhood or even in the same family at the same time or following each other in close succession or in

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The source of the epidemic I shall first attempt to describe Simple Dysentery. And then allude to the more severe and dangerous forms and combinations of it.

Simple Dysentery is usually ushered in with griping pains in the abdomen irregular in their recurrence and severity as well as position but usually in the lower part of the bowels attended with discharge of mucus streaked with blood affording a short respite from pain after which there is a recurrence of a sense of weight and pain



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with ~~more~~<sup>or</sup> less burning and  
a desire to evacuate the  
bowels again without the  
ability to discharge any thing  
more than a small quantity  
of mucus and blood fecu-  
lent matters are seldom dis-  
charged except in very small  
quantities unless influenced  
by cathartics. at other times  
small turps of fecal matter  
coated with mucus as a subst-  
ance resembling an oily coating  
technically called scibila and  
when discharged in considerable  
quantities afford decided relief  
for a time if not permanent.

In the simple form of the  
disease this is seldom much

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febrile reaction early in the disease except in certain plethoric conditions of the system arising out of intemperance and other causes. However we occasionally meet with cases where there is considerable disturbance of the whole economy the inflammatory symptoms running high. In fact we may have regular gradations of the simplicity from the slightest affection requiring but little if any treatment up to cases if neglected or improperly managed might prove fatal in a short time from the intensity of inflammation.

Fortunately such cases are rare. The great majority of them

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require but little else than a mild and efficient cathartic so as to evacuate the bowels completely. Various remedies have been proposed for this purpose every Physician having his favourite formula among which we may name Castor Oil satts Calomel Rhubarb Aloes commonly alone or variously combined. After which an emollient should be administered which will generally relieve the patient without further trouble.

But when engrafted on the malarial diathesis the symptoms assume a far graver aspect. In this form of the disease we frequently have well marked cases of Intermittent fever.

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existing for several days antecedent to the dysenteric symptoms. and at other times they seem to be ushered in simultaneously with well marked symptoms characteristic of each peculiar disease. The intermittent or remittent character will stamped on the febrile and dysenteric phenomena. which is unnecessary to recapitulate in this place further than to illustrate some of the most prominent characteristics of the disease. In this form of Dysentery the gastric and hepatic symptoms are generally prominent such as oppression in the region of the epigastrium



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nausea and vomiting  
of bilious matters tongue  
coated with a whitish  
dirty coat or yellow and  
occasionally the skin conj-  
unctiva assumes various  
tinges of yellow at times  
very strongly resembling  
jaundice the urine scant and  
high coloured. The bladder  
and urethra in males and  
the vagina in females sym-  
pathizes in various degrees  
I have seen it so distressing  
in one or two instances as  
to require local interference be-  
fore the patients could gain  
a moment's repose the diffi-  
cult micturition seldom requires  
any interference except a cath-  
eter morphe

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Tenderness over the abdomen corresponding to the course of the Colon which in many instances may be traced throughout its course. The calls to stool are often and urgent seldom less than fifteen or twenty and not infrequently as many as fifty or even one hundred in the twenty four hours as the writer has experienced in his own person some eighteen or twenty months since. The pains appearing to concentrate themselves in the lower part of the rectum with a sensation of burning almost insupportable and especially when discharges of irritative bile occurred.

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which was not infrequent under the action of mercurials alternating with an occasional <sup>fecal</sup> evacuation offering relief for a time. It is at this point the disease usually abates and on the use of Cathartics anodynes and Opium. But on the contrary if the disease goes on the alvine discharges become more frequent and offensive the ~~the~~ thirst and restlessness increase and the nervous system yields to the severity of the disease. The pulse becomes feeble and the skin cool and clammy the features somewhat livid and without a change pretty soon the patient dies.

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lowest valleys and on the  
tops of the highest moun-  
tains - It is epidemic dys-  
entery engrafted on a typhoid  
diathesis. as I have frequent-  
ly witnessed in the same ne-  
ighbourhood well marked cases  
of Typhoid fever uncompli-  
-cated with dysenteric symp-  
-toms while others presented  
all as a set of phenomena  
so characteristic of each as  
to leave scarcely a doubt of  
the nature of the customer  
with which we had to deal  
In the typhoid type of dysen-  
-tery a slight diarrhoea precedes  
- is all the local manifestations  
and the disease is generally  
more slow in its formation



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or inchoative stage. the diarrhoea  
not infrequently existing for  
several days tongue coated with  
a dirty white coat red around  
the margin and at the tip.  
pulse slightly accelerated and  
somewhat feeble. the skin  
dry in some cases while  
in others there is moisture  
about the face and neck.  
the dysenteric symptoms are  
seldom as urgent as in the  
other forms of the disease but  
unfrequently we witness excre-  
tions of nearly pure serum  
mixed with soft fecal matters  
and in others bloody serum  
resembling the washings of  
flesh while the characteris-  
tic

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Typhoid tongue gradually becomes coated with a thick dry coating brownish or black in appearance or partially cleans of leaving a red dry shining or glistening appearance with deep cracks which occasionally bleed on the slightest movement restlessness increases delirium sets in and we have a set of phenomena that are frequently met with in typhoid fever uncomplicated or influenced by any other aetiology. On the first appearance of the disease in a neighbourhood the symptoms and course of the disease was much more rapid gradually losing

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some of its malignancy in a few weeks or months at furthest. more readily yielding to remedial impressions while occasionally we met with a few cases in the malarial region which proved frightfully malignant and such cases seem from the best reasoning and analogy to have two diatheses at work at one and the same time for in the same family we not unfrequently met with cases of the simplest type the typhoid type and the remittent type the simple variety seemed to slip if neglected in to a continued ~~type~~ remittent type

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and the remittent in to the continued form and in the latter association of circumstances medicine seems of little or no value. The most powerful doses of Opium had but little influence the disease marching steadily on from bad to worse. The discharges more copious and excessively fetid tongue dry and brown sordes on the teeth and lips hecough subsultus tendinum involuntary discharges and death.

In the diagnosis of dysentery in its different forms seems to me to present but little difficulty to any one whose



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has paid that degree of attention to the standard works on this disease or has heard our able Professor of Theory and practice lecture on the subject in his peculiar and forcible manner. As to the pathology of dysentery I have not a word to say as I have not had the chance of investigating it <sup>in</sup> any post mortem examinations.

Treatment — of the typhoid form of this disease I am aware that many and serious errors are committed almost continually and that too by our oldest and most experienced practitioners, for they will persist in the use of Calomel

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right or wrong and urge  
upon the young practitioners  
the necessity of procuring bl-  
ack bile as they call it -  
of the necessity of evacua-  
ting the elementary tube  
no one can have the least  
doubt and should be done  
by small doses of Castor  
Oil and Turpentine repeated  
untill we procure several  
operations after which I  
have been in the habit of  
administering an anodyne  
dose of Dover's Powder at bed  
time and if necessary a  
cluster of starch gum and  
laudanum ~~to~~ as to quiet  
the bowels if possible for

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several hours poultices to  
the abdomen followed by  
blisters if the poultice seems  
inefficient the tendency  
toward diarrhoea and swim-  
-king should always be born  
-in mind and guard-  
ed against as far as  
practicable by the use  
of stimulents and in  
the advanced stage of  
a protracted case we must  
attend to his diet so as  
not to let him die for the  
want of a little nourish-  
-ment never hurry a case  
of typhoid dysentery ever  
bearing in mind the an-  
alogy and kinaria relations

of simple typhoid fever  
and typhoid dysentery and  
as to the indications of  
treatment in the two I  
can see but little differ-  
ence and should I think  
be conducted on the same  
principles generally. for  
which we have the highest  
authority All of which  
is most respectfully sub-  
mitted.