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Dissertation on dysentery

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XIV.

Dissertation
on
Dysentery

By
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Dysentery

This disease is one of the most important to which mankind are subject, it often appears in so violent a form as to defy the powers of the most judicious medication; particularly in tropical regions. The character of this disease is inflammatory, having its seat in the mucous membrane of the large intestine. Its usual time of occurrence is during the latter part of summer or the fore part of autumn.

The symptoms of this ^{disease} are, in the first place a sense of lassitude, want of appetite, nausea, bad taste in the mouth, depressed pulse, slight chill, alternating with flush of head, thirst, dry skin, transient pains in the bowels, restlessness and occasionally diarrhoea. Sometimes this disease comes on suddenly with griping, mucous and bloody stools and tenesmus, without any premonitory symptoms; and this is most apt to be the case when it arises from causes that ^{act} immediately on the mucous membrane of the intestines. The violence of the tenesmus a pretty correct criterion of the violence of the disease; termina

most severe just before the eulls to stools; constant soreness of the abdomen; evacuations sometimes wholly mucous; more commonly mixed with blood sometimes altogether blood. The smell of the stools, at first disagreeable, but not fetid - towards the last, of a cadaverous penetrating fetor. In violent cases, colliquative diarrhea sometimes comes on a few days before death. At first the tongue is coated with a white fur becoming brown rough and dry along the middle in the progress of the disease with red and moist edges. In cases of a protracted or subacute character the edges and tip of the tongue become clean smooth and florid; and in the chronic form of the disease the whole surface is often smooth clean and red; or red and granulated like raw flesh. The urine is always scanty and high ~~coloured~~ coloured and sometimes of a pungent odor. The hepatic and cutaneous functions are always inactive in this affection the urine discharges being always free from bile and the skin obstinately dry during the active period of this disease.

Causes. Obstructed perspiration from cold, or vicissitudes of atmospheric temperature, is a frequent

cause of mucous inflammations of the intestinal canal. A cold and moist autumn following a hot and dry summer is peculiarly favourable to the production of dysentery. It appears often to be the production of the combined influence of atmospheric vicissitudes and marsh miasmata. Sporadic causes are such as an immoderate use of unripe fruit; indigestible and unwholesome foods; and a variety of other irritating substances received into the bowels. This disease is considered non contagious.

Prognosis. Where the discharges in the commencement consist entirely of blood it is much more easily cured, than where the stools consist chiefly of mucous, or mucous streaked with blood.

Copious discharges of blood in the commencement of the disease is said to be beneficial; perhaps by lessening the congestion in the portal vessels.

Colligative and fetid stools in the advanced periods of the disease is indicative of much danger. A tympanitic state of the bowels when attended with a discharge of mucous sanious fluid is an unfavourable sign. The appearance of bile and rectified feces in the stools indicate

a favourable change. When the tormina, tenesmus, and tenderness of the abdomen abate and at the same time the skin becomes moist we may regard the disease as tending towards convalescence and more certainly if the stools are of their natural appearance.

Treatment

There are four morbid conditions present in this disease which point out the general indications to be pursued in its remediate management: viz Inflammation of a greater or less extent of the mucous membrane of the intestinal canal; general irritated sensibility excitement; torpor of the cutaneous exhalents; and disordered functions of the liver. According to these pathological conditions, the indications are first to moderate the febrile reactions of the heart and arteries, secondly to restore the regular action of the liver and skin; and thirdly to subdue the local inflammation of the bowels. As high arterial excitement is incompatible with the regular performance of these functions and tends

especially to augment and sustain the local intestinal inflammation the first indication in the treatment of this disease is to obviate the febrile excitement where it is excessive by blood letting: which is a very important and often indispensable auxiliary remedy, though rarely sufficient by itself to cure the disease.

Purgatives - active purgation in this disease is considered very injurious, mild laxatives however should be repeated almost daily; Calomel succeeded by castor oil or castor oil alone are excellent laxatives in this disease. The blue pill and other purgatives in conjunction with opium may be given with advantage; and to render their operations more certain and less painful spirits of turpentine with castor oil has been recommended.

Emetics have been recommended in this disease of which Ipecacuanha is perhaps the most efficacious though the tartaric of antimony is recommended by most writers on this subject. Their beneficial effects are confined wholly to the commencement of this disease; in the latter period they are not only improper but highly injurious.

Diaphoretics are among the most valuable curative means in this disease. After having adequately evacuated the bowels by mild laxatives, and bleeding having been practiced where the febrile excitement demanded diaphoretics in conjunction with calomel is the steady anchor of our hopes. Dover powder is an excellent diaphoretic in ^{this} disease on account of its conjoined anodyne and diaphoretic operations. Six grains of this article with three or four grains of calomel may be given every six hours. A combination of calomel opium and antimonial powder forms an excellent diaphoretic anodyne. *Eupatorium perfoliatum*. *Anthemis nobilis* and many other indigenous diaphoretics have been recommended in this disease. The employment of diaphoretics should be accompanied with the free use of tepid mucilaginous diluents. Calomel with a view to its constitutional influence is a remedy of excellent powers in this disease. It is however seldom necessary to excite stygia: the slightest mercurial action being generally sufficient to obtain its curative effects in this disease as it usually occurs in

temperate latitudes. In hot and insalubrious climates this disease frequently makes its attacks with great violence, and passes rapidly through its course. The liver generally suffers, violently and often becomes disorganized in a few days. In cases of this kind the sooner the system is brought under the full influence of mercury, the greater, in general, will be the chance of the patient's recovery. Opium judiciously employed is strongly recommended by most writers on this disease—particularly in cases attended with intolerance of the slightest pressure on the abdomen, agonizing pain, constant tenesmus, and great pyrexia. In these cases the opium in large doses in conjunction with copious bleeding, and large doses of calomel will often procure relief. It should be observed, however, that though a valuable remedy in this disease it should not be freely given in the beginning of the complaint, more especially when the febrile reaction is of a vigorous grade. In such cases, decisive bloodletting should be premised. But even in cases of this general character, small doses of this narcotic in combination with laxatives

generally afford considerable benefit. After the disease has continued for two or three days, more frequent doses may be given in the diaphoretic combinations mentioned above. As the disease advances, opiates will become more and more necessary; and in the chronic forms, or where the febrile reaction is weak; they are of primary importance.

Dr Ebert states that he used the pyroligneous acid in a case of obstinate subacute dysentery with marked success. The discharges previous to the employment of this article were very offensive but in the course of twenty four hours they were greatly improved both in appearance and smell; and the patient soon began to convalesce under the employment of this remedy, in combination with small doses of some powder calomel, and prepared chalk. Sugar of lead has also been used combined with opium or by itself in this disease. In general however all astringents of whatever kind especially the vegetable are improper in the early stages of this complaint, and very often wholly useless.

if not injurious, even at later periods of the disease. There are however occasionally cases in which this class of remedies may be employed with great advantage. In general astringents appear to be much better adapted to the management of this disease as it appears in tropical climates - especially after the mercurial action has been gone through with and the bowels freely evacuated by laxatives. When in the advanced period the morbid secretions continue after the inflammatory symptoms have been subdued, astringents will sometimes afford considerable advantage. In these cases we may use the decoction of *stillica limonium*, *hencheria americana*, or the root of the *geranium maculatum*. Local bleeding is recommended by some in this disease especially in infants and young children. Blisters applied to the abdomen will often do good in cases attended with much tenderness and pain in that region. Fomentations and large emollient poultices applied over the abdomen in children particularly after bleeding, have been found to be very beneficial. Stimulating remedies may prove

irreducible in the chronic form of this disease. For this purpose, a mixture of the oil of monarda punctata and camphorated spirits, in the proportions of one ounce of the former to two ounces of the latter, forms an excellent article, where there is much abdominal tenderness, a portion of benzoetinum may be advantageously added to this mixture. After frictions with articles of this kind which should be repeated three or four times daily a broad flannel roller should be tightly worn around the body.

Anodyne and emollient enemata are almost always highly useful means in the treatment both of acute and chronic dysentery. They are particularly beneficial in the dysenteric affections of infants and children. Infusion of flax seed of slippery elm - or either - or a liquid preparation of starch with a full dose of laudanum should be thrown into the rectum two or three times daily. Injections of this kind even without the anodyne, rarely fail to relieve for a time the distressing tormina and tenesmus, and predispose the bowels to more free evacuation.

ations from the operations of purgatives. - During the whole course of the disease, mucilaginous drinks - such as solutions of gum arabic, flax seed tea, infusion of slippery elm, of althea, or very thin preparations of arrow root, barley water, &c. should be freely allowed. All kinds of solid food must be avoided. Among the foregoing mucilaginous drinks the infusion of slippery elm bark is, perhaps the best. Along with its abundant mucilage, it possesses slight tonic powers - a combination of virtues which renders it particularly useful in cases of subacute or chronic character.

During convalescence from this disease, great caution should be used to avoid every kind of indigestible and irritating food. In general some of the milder vegetable tonic astringents will contribute considerably to the speedy confirmation of health. A weak infusion of the cornus sericea or of coryphaea with nitric acid, are excellent articles for this purpose. Rice, barley, oat meal gruel, and boiled milk, are among the most suitable articles of diet after the subsidence of the disease.





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