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Dissertation on dysentery

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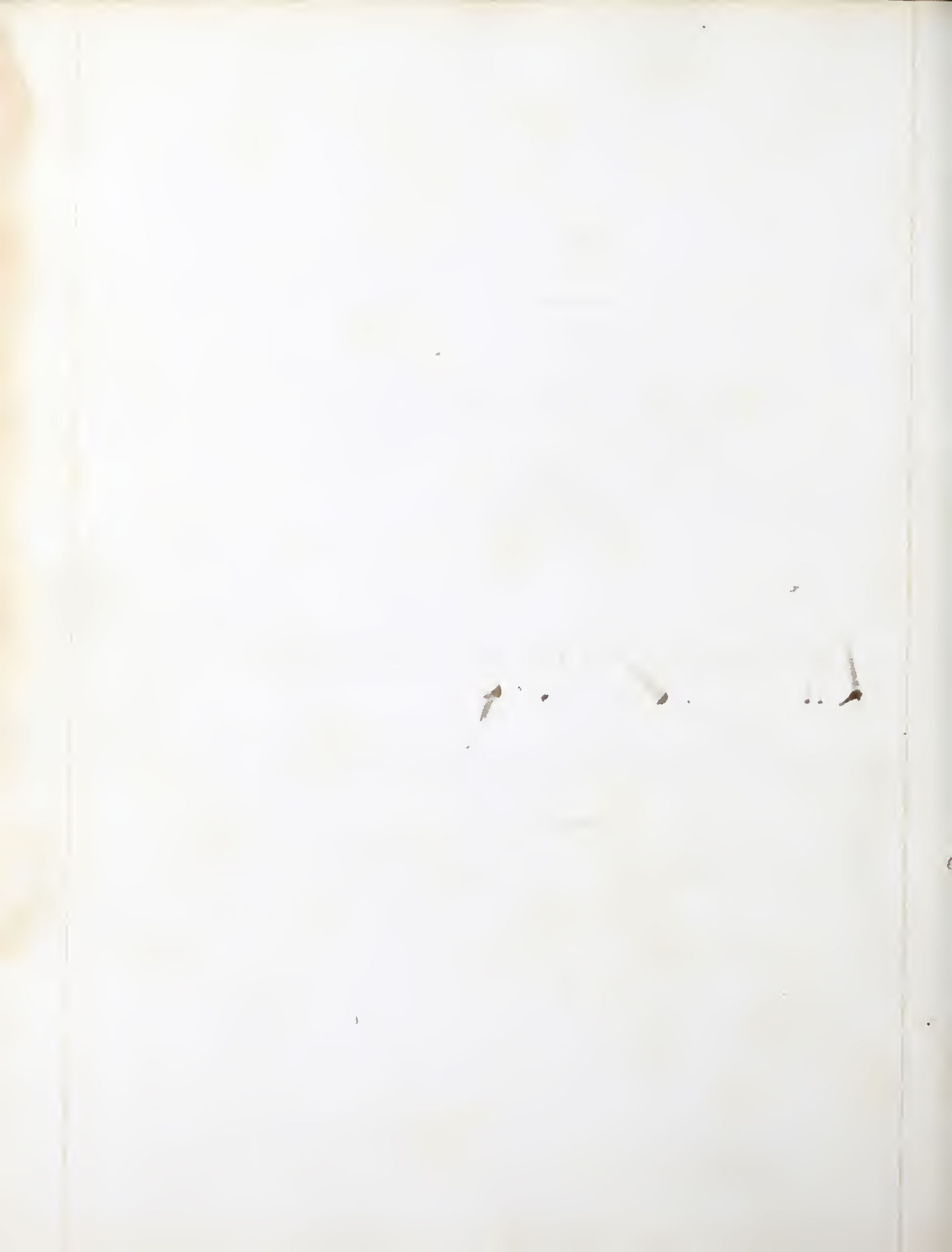
Dissertations
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1849.



II.

A
Dissertation
on
Dysentery.

By
Samuel Hall Catlin,
of Durham,
Candidate for the Degree of Doctor in Medicine.



The subject which I have chosen for a
Dissertation is Dysentery. The prevalence of this
disease the past season, and the opportunity I
had of observing its progress and phenom-
-en. (limited though they were) have led me
to attempt a description, of some of its sympt-
-oms and their treatment. It will not be
expected that, I should bring before this

any new or original ideas in relation
-n. to the symptoms; causes; pathology or
treatment of this disease. As I shall have
to depend upon the ideas receive from our
worthy professors. and from what I have
been able to gather from different authors
which have been consulted.

Dysentery has been defined, by different auth-
-ors. to be an inflammatory affection of
the lining membrane of the large intestine
(More commonly of the ~~large intestine~~ ^{descending colon})

It is often ushered in by symptoms of

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Languor, lassitude. pain in the back and limbs. with loss of appetite. disagreeable taste in the mouth. The Pulse some what depressed, or in other cases it may be accelerated. Chills followed by flushes of heat.

Thirst, with suppression of the cutaneous secretions. Tongue more or less coated.

Pain in the bowels. With constiness, or in other cases preceded by diarrhea. Often there is constipation of the upper part of the intestines while in the lower there is the dysenteric discharges. The symptoms peculiar to Dysentery, are severe griping, and bearing down pain. With a constant desire to go to stool at which time, the tenesmus and griping are severe.

In general the fever is developed before the Dysenteric symptoms show themselves.

Little or no faeces are found in the discharges; they being of a mucous character mixed with more or less blood. In some cases there is not much blood mixed

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with the mucus, in others they consist almost entirely of blood. These discharges usually have a peculiar disagreeable smell, but no foetus in the beginning, in advanced and dangerous cases they have a pungent and cadaverous smell, and a corroding and sanious character.

Tenesmus is a constant attendant on this disease. The violence of this painful symptom affords a pretty accurate measure of the severity and danger of the case. The difficulty in voiding urine is often considerable. There is constant soreness and pain in the abdomen. The intestines distend with flatus: often towards the termination of fatal cases a collymator diarrhoea occurs. In some cases the heart and arteries are but little affected in others, the febrile symptoms are of a high grade. In the protracted and unsubdued cases great prostration ensues. The pulse now becomes frequent small and corded.

The expression of the countenance is changed
skin hot and sunken. breath offensive.

The gums frequently swollen and tender.

The Dysentery which appeared the past
season, is best described under the head of
Tropical Dysentery or Colitis. It commonly
commenced in the form of a common diarr.

The calls to stool were frequent. the griping
and tenesmus increase as the disease advances

The evacuations generally copious of a fluid consist-
-ence. The pulse in this stage not much affected
the heat of skin not perceptibly increased.

Tongue but little changed in its appearance

Usually considerable prostration with depression

of spirits. To these succeed a fixed pain in
hypogastrium, extending to both iliac regions

and frequently extending the whole course of

the colon. with a sense of fulness, tension and
tenderness upon pressure. The ^{evacuation} become more

frequent and less copious, consisting of
mucous mixed more less with blood, or of a

bloody serum, similar to water in which

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meat has been washed. suppression of urine
and distressing tenesmus now become urgent
symptoms. Tongue covered with a white
fur, in other cases it exhibits a red, smooth and
glossed appearance, with a tremulous motion
when thrust out. Skin frequently covered
with a profuse perspiration. The pulse in
some assumes a feeble quickness, in others it
not much increased in frequency, full with
a peculiar thrilling sensation under the
finger. The discharges ^{is} are frequently invol-
untary, have an unpleasant fœtor, being frequ-
ly mixed with purulent matter and pieces of
membrane.

Causes Dysentery prevails more extensively
in the latter months of summer and autumn
a hot and dry summer followed by a wet and cold
autumn. sudden alternations of temperature.
The sudden suppression of the cutaneous secre-
tions is thought to produce the disease

Diagnosis. The only diseases with ^{which} Dysentery can be confounded, are Cholera hemorrhoides and diarrhoea. The rapid march of Cholera is alone a sufficient diagnostic sign. Cholera rarely continues over a week often terminates in 24 hours. While the mean duration of Dysentery is a bout a fortnight. The vomiting which is a constant attendant on Cholera, is rarely observed in dysentery.

The discharges in Dys are mucous mixed with blood of a mucosanguinolent character. in Chol they are of a bilious character. Tenesmus ^{albo} is absent in the alvine discharges are copious passed without pain. The spasm which attend Chol are not present in Dys. The tumour at the margin of the anus, the blood flowing from the commencement ^{ment} of the disease un-mixed with mucous. the natural and solid appearance of feces, with the freedom from the severe griping and tenesmus, are sufficient diagnostic signs. The diagnosis between Dys and Diarrhoea is more difficult. The presence of fecal matter, with the absence of mucous and blood ⁱⁿ the discharges, the freedom from tenesmus and griping pain in diarrhoea, are good diagnostic ^{signs}.

Cost Western appearances. These vary according to the period of Death. and the nature of the case. If it prove fatal in the early stages the appearances are those of inflammation simply; or of inflammation with gangreen of the mucous membrane. If at a more advanced stage, the other coats of the bowels are affected and numerous and extensive ulcerations are discovered. In inflammation the external appearance of the bowell is healthy. but on opening it; portions of the mucous membrane of the colon and rectum are found of a bright red; or of a brownish or dark brown color, and sensibly elevated above the surrounding healthy parts. These elevations are sometimes covered with a sanguineous or sanious secretions. which gives it the appearance of ulceration; if this be carefully washed ^{or scraped} off, the surface of the membrane will be found unbroken. False membrane is also sometimes found covering the mucous membrane. D. O'Brien describes it as occuring in patches, or the whole surface may be covered with a uniform

layer of white lymph. In the more chronic cases the coats of the intestine are thickened, contracted and ulcerated. The appearance of these ulcers are various. An extensive surface of the intestine may be ulcerated, and even gangrenous; or circumscribed patches, varying in size. The follicular ulcers are of small size elevated; and containing purp; these are occasionally found inflamed of a tubercular appearance. These ulcerations occasionally perforate all the coats of the intestine. In ~~the~~ which case the contents of the intestine, may be discharged into the abdomen. This however is of rare occurrence. Other viscera are sometimes affected. The mesenteric glands have been found enlarged and ulcerated.

The Liver was formerly; supposed to have been affected. Recent pathologists consider structural derangement to take place, much less frequently than was formerly supposed;

Prognosis When the discharges in the commencement ^{the} consist almost entirely of blood: it is usually more tractable, than ~~the~~ when they are

composed of mucous or mucous streaked with blood
 The appearance of bile and natural feces in
 the stools are favorable signs. Colligative
 and fetid stools in advanced stages a
 tympanitic state of the bowels attended
 with a discharge of a mucous anious fluid
 are unfavorable. When the Tormina
 tenessmus and tenderness abate we may
 regard the disease as tending towards a favorable
 termination.

Treatment. } The principal indications are
 1st To moderate the febrile reactions of the
 heart and arteries when it is excessive
 2nd To restore the regular action of the
 skin and liver
 3rd To moderate and subdue the local
 inflammation of the bowels

The Torpor of the cutaneous exhalants, and
 the hepatic derangement, occur before the
 local inflammation. Shows itself. As high
 arterial excitement is incompatibly with
 the healthy restoration of these functions

and it tends to sustain, and increase the local
congestion, it should be moderated; especially
if excessive by bleeding; in most cases however
the attending fever is not of this inflammatory
character, but more of an atonic kind, in which
the lancet would be inadvisable.

Purgatives in the beginning of this disease are
strongly indicated, the secretions forced into
the alimentary canal are acrid and irritating
by the administration of irritating cathar-
tics we remove one cause of irritation.

The cathartics most useful are Mercurials
Castor Oil &c. these should be combined with
opium, to allay the spasmodic contraction
which would prevent the passage of the feces.
from 10 to 15 grs of Calomel with $\frac{1}{2}$ gr to 1 gr of
opium, followed with Castor Oil \mathcal{Z} if necessary.
In the dysentery of hot climates has been
given in \mathcal{Z} doses with good effect.
Rhubarb in the more chronic form is
often beneficial from its tonic powers.
Emetics, are recommended by some writers

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especially in the beginning of the disease. When
when the tongue is covered with a brown
fur with nausea of the emetic *Specac*
is the best, emetics prove serviceable by prom-
oting a dermisation to the skin, relieving
the engorgement of the liver. Calomel
with *Specacum* and opium, given with a
view to its alterative action, is in many
epidemics, is salutary. To relieve the local
inflammation and congestion, leeches may
be applied to the region of the abdomen
blisters. Stimulant or emolient policies
to which if the pain is excessive Opium
may be added. Enemas of thin starch
or Mutton broth with ~~half~~ spoonful to
a tea spoonful of *Leadum*. if the pain
and tenesmus are severe, these should be
repeated after each evacuation. When these
are not retained suppositories may be intro-
duced into the rectum. They may be made of
lard. *Serap. simpl.* or unguinum *Gallae*
with a grain of opium. of these 4 or 6 may be used

according to the severity of the case. in the 24 hours
 enemata of Turpentine with milk are benefi-
 cial in the latter stages. Enemata of Nitrate
 of silver ~~grss~~ to ~~ss~~ to Water zij or ziii also
 Sulph Alumine zj Water zviij . These allay the
 irritation and diminish the frequency of the
 stools. The muculages as gum Arabic alone or combined
 with ipeca. Camphor and Chalk. The following
 I have seen often prescribed. Gum Acacia zj
 Gum Camphor zj . Carb Ammonia zj .

Opium is a valuable remedy, combined with
 acetat Plumbi or with Tannic Acid. The vegeta-
 ble astringents are also useful as Spica
 Tomentosa. White Oak and pine bark. Hemat-
 oxylon. &c These may be given in infusion
 or the extract. in the more stonic forms
 the Terebinthines and balsams are useful
 The following I have seen used. Terebinte
 Aegyptii Sulph Cupri grss opium grss given
 from 4 to 6 the 24 hours. the mineral acids
 with loadnum. In the latter stages Stimulants
 and tonics may be indicated, of these Brandy

Vinum Opot. or Cherry Aum. &c. of the Tonic
the vegetable bitter, Cincona. Cornus coccinea
Columba. &c

J. H. L.

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