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Dissertation on dysentery or colitis

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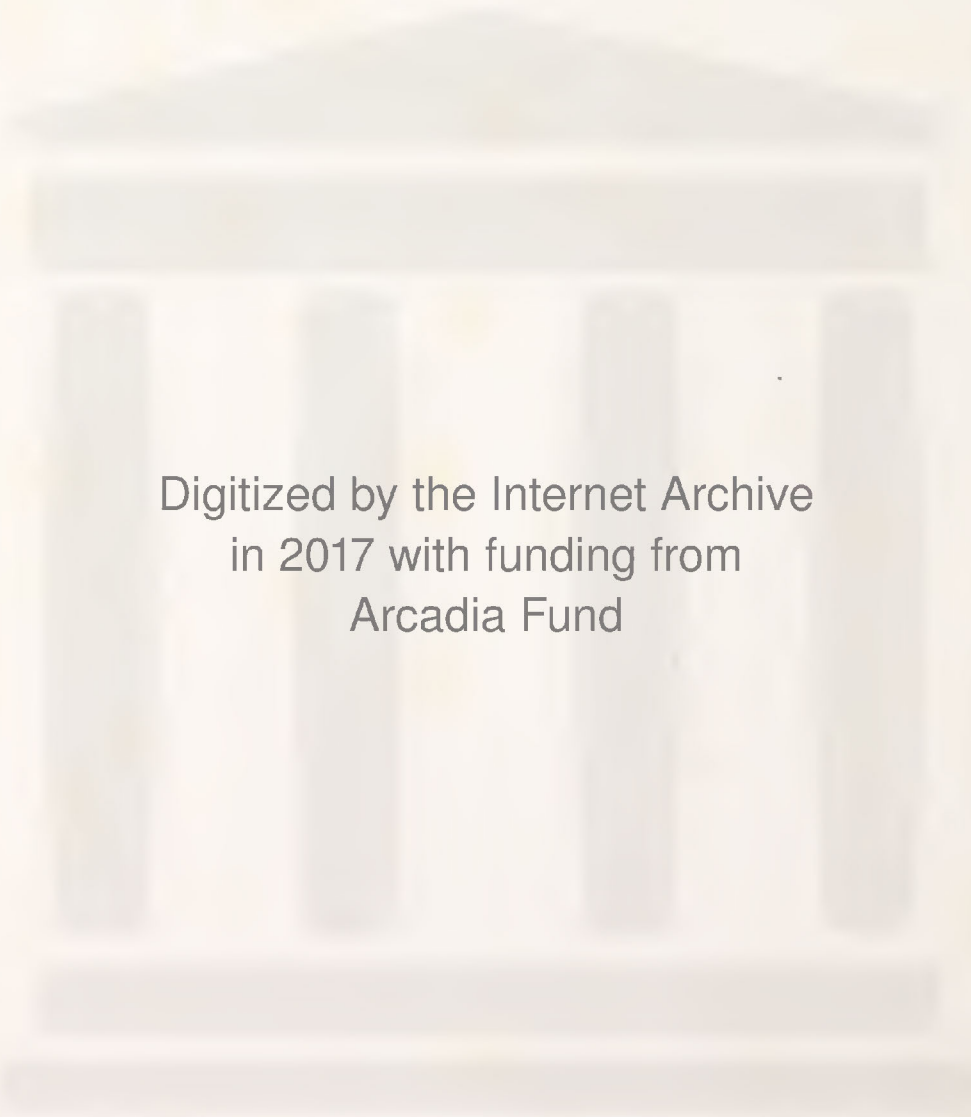
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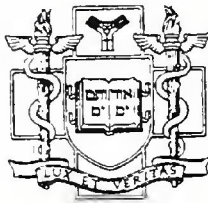


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Dysentery or Colitis.

The essential feature of this disease, is an inflammation of the mucous membrane, of the large intestines; but it does not always extend over the whole length of that long surface, being confined in simple forms of dysentery to the rectum.

For convenience of description, and treatment, I shall divide it into three grades or varieties; the acute, the sub-acute, and chronic. The acute form of dysentery is commonly ushered in with fever, there being more or less lassitude, loss of appetite, accompanied with pain in the abdomen, which is of a dull or transient character. We also have costiveness, and diarrhea, together with other signs of irritation of the intestines. The local symptoms, in mild cases of dysentery may however make their appearance without any

premonitory symptoms of a febrile character, and the disease may thus run its course, the febrile symptoms in such cases being entirely absent. The patient may be attacked with symptoms of fever, at the same time that he experiences pain and tenesmus. The fever often runs for a considerable length of time without any manifestations of disease of the bowels, though this does not often happen I believe, unless it is associated with some other disease of a febrile character.

The symptoms of this form of dysentery are, a severe griping pain, a desire to frequently go to stool, at the same time there is distressing tenesmus; the tenesmus is much greater when the inflammation is confined to the rectum.

These symptoms all occur usually, within a few hours after the first

indications of the disease.

But with all this tormina, and tenesmus, nothing is evacuated but mucous, or mucous mixed with blood; unless the bowels are previously loaded, when there will be feculent matter passed with the first two or three discharges, which will generally afford some temporary relief to the patient.

After this the discharges will be more or less bloody, the blood is sometimes discharged in alarming quantities. The patient during this time is constantly tormented, he is able to get no rest either by night, or by day; he desires to go to stool, cannot feel satisfied that he can there find relief by discharging something that is constantly irritating him, and causing him the most intense

agony, but this he soon finds
gives him no relief, the griping
and tenesmus, still continues
unmitigated. In this acute form
the urine is high colored, and
scanty, the bladder and ureters
sympathize with the rectum,
consequently the patient finds much
difficulty in passing it. In females
the vagina it is said, is sometimes
implicated in the same way.
There is commonly tenderness of
the abdomen on pressure, and
the extent of the inflammation
can usually be determined, by
ascertaining in what locality the
tenderness exists. In this stage of
the disease, except in mild cases
the pulse is accelerated, being full,
and strong, the skin is warm,
and dry, the tongue moist, and
covered with a whitish fur;

the secretion of bile is commonly diminished. Sometimes in very severe cases, the patient sinks from the impression made on the nervous system. The patient in such cases complains of a hollow, sinking feeling in the abdomen, the skin is cold and damp, the pulse feeble, and we have nausea, and vomiting.

Most commonly we see manifest signs of improvement between the sixth and tenth day, and the patient recovers.

Sometimes however, the disease is so severe that the symptoms of depression appear from the beginning, and the nervous system is unable to react, from the great severity of the disease.

In such cases the patient has a feeble, quick pulse, a pale, cool and clammy skin, which comes

on slowly, in the most fatal cases; an anxious countenance, and a purplish tinge under the eyes, about the lips, and at the roots of the nails; at the same time the local symptoms are aggravated.

These cases commonly terminate fatally. This severe form of the disease, seldom appears, excepting as an epidemic. If the case is about to end favorably, we see signs of improvement as soon as the seventh or tenth day; but should the severity of the symptoms not abate by that time, they are soon apt to be aggravated; the febrile symptoms, together with all the peculiar symptoms of dysentery are alarmingly increased, and it becomes evident to the intelligent medical attendant, that death is rapidly approaching.

If this severe form of the disease is not checked, during the early part of its course, there is great danger of disorganization of some of the internal, abdominal organs, from the effects of inflammation.

The liver is liable to suppuration, abscesses may form in it, which can usually be determined by the rigors, cold chills which alternate with the hectic symptoms. When the liver is thus affected, it is probably owing to the influence of heat, which impairs its functions; this of course most commonly occurs in tropical climates. When the patient experiences sudden relief, and the pulse flag, becoming weak and irregular, the countenance sinks, and the extremities and forehead are covered with a cold, clammy

sweat, we may suspect mortification. This disease may result in ulceration of the intestines; when this is the case, the more violent symptoms may subside, but the symptoms of dysentery sometimes continue in a chronic form, which are very difficult to treat.

The sub-acute variety of dysentery differs from the acute, in that the symptoms are not so marked, and severe. The febrile symptoms are sometimes so mild as to pass entirely unnoticed, though there are always found some symptoms of this kind if the patient is closely examined. The circulation will be disturbed, and the functions of the skin will be found to be impaired. Towards evening there will be a feverish state of the system, and the local symptoms

will be aggravated. The stools in this form of dysentery will not be as frequent as in the acute form, nor the discharges of blood as profuse; the griping and tenesmus is not as severe, and there is very little, if any tenderness of the abdomen or profluvium. The natural feces are retained in both of these forms of dysentery, excepting when purgatives are exhibited, when they are brought away mixed with blood and mucus. Chronic dysentery is commonly a sequel of acute, or sub-acute dysentery, but it frequently appears spontaneously, without any of the acute symptoms preceding it, from derangement of the functions of the liver. In this form of the disease the contents of the bowels are more readily passed, than in

the other varieties, it being discharged in a liquid state, or accompanied with mucous; but they do not possess the color of healthy feces; the stools are always preceded by an uneasy sensation, and a rumbling noise in the bowels, they are passed with some griping pain, and followed by tenesmus.

After this the patient is usually at rest for a time, and is not troubled with any of the uneasy sensations until the next evacuation. There is with these symptoms an unhealthy aspect of the countenance, the appetite may be good, but the digestion is very imperfect, which is evinced by all the signs of disordered digestion; undigested food will be passed from the bowels. If the liver is deranged, it can easily be detected by the appearance of the stools, and urine; the bile being absent in the excrement, and present in the urine.

If there is ulceration or organic change in any part of the intestines, or the liver is in any way affected, the griping, pain and tenesmus will be greatly aggravated. We commonly find these very obstinate cases, sometimes defying all means of treatment.

Dysentery is very frequently associated with other diseases, it being prevalent in malarial districts, consequently it often accompanies intermittent, and remittent fever. It is also frequently complicated with typhoid fever, and is then a very bad symptom. We often find it associated with, gastritis, enteritis, and enteric fever.

Prognosis.

When dysentery is about to terminate favorably, the pains do not occur as frequent, and they are less severe, the tenesmus abates, the discharges are more abundant and less frequent;

but they may at this time, be fecal and bilious, and the disease may thus terminate in a mild form of diarrhea. But when the vomiting and tenesmus suddenly subsides, and tympanitis, coldness of the extremities, a cool clammy skin, feeble, frequent, and irregular pulse, involuntary discharges, delirium and stupor supervene, we may expect a fatal termination. Death may take place from exhaustion, gangrene, and from the recurring effect of the inflammation, and the discharges. The longer the disease continues without amendment, of course the greater the danger. If we find much tenderness on pressure along a considerable portion of the track of the intestine, combined with other bad symptoms, our prognosis is unfavorable. Ordinarily, dysentery of a sporadic type occurring in temperate climates, does not prove a fatal disease; but when

prevailing as an epidemic, in unhealthy miasmatic districts, in hot climates, in armies, and in crowded and uncleanly parts of large cities it is a disease much to be feared.

Pathological Anatomy.

In cases of death from dysentery, the rectum and lower portion of the colon always presents signs of inflammation. Sometimes the inflammation is diffused over the whole of the mucous membrane equally; it may be seated in the glands, and mucous follicles. The membrane is often found reddened, thickened, and ulcerated. Coagulable lymph is frequently ^{found} covering the membrane. Sometimes the inflammation extends beyond the mucous membrane of the intestine, involving the whole of the parietes of the bowel but the peritoneal coat; it is said that perforation of that coat is exceedingly rare in dysentery;

The inflammation sometimes extends through the whole length of the colon, and into the small intestines.

Dysentery occurring in tropical climates, is very apt to affect the liver.

Causes.

The predisposing cause of dysentery is heat long continued; it increases the excitability of the mucous membrane, of the alimentary canal, and disorders the functions of the liver, and by relaxing the surface of the body, renders it peculiarly susceptible to the influence of cold; which together with moisture is one of the most common exciting causes; it is probably owing to this cause, that dysentery is so prevalent a disease among armies. Irritating substances in the bowels, often act as exciting causes; such as unripe fruit, or ripe fruit in large quantities, eaten irregularly, unwholesome, and indigestible food, imperfectly

fermented also bad drinks, putrid water,
worms, and feculent accumulations in
the bowels, putrefying animal substan-
ces, and decaying vegetable matter all
act as exciting causes. Dysentery appears
frequently as an epidemic, particularly
in miasmatic districts, accompanying
intermittent, and remittent-fever, also
typhus fever. It is the prevailing opinion
among the profession at the present time
that dysentery is not contagious, that
is, in its ordinary form, but as there
has been much dispute on that point,
I shall not attempt to argue it pro, or con,
but leave it to those whose delight it
is, to speculate and theorize.

Dysentery attacks persons of all ages,
sex, and climes; those who are most
exposed, being the most liable to suf-
fer from it; it is much more pre-
valent in summer and autumn, than
in winter or spring.

Treatment.

We must vary the treatment of dysentery according to the circumstances of the case which we have in hand.

We must regard the previous derangements of the patient, and also the manner in which the disease has made its attack. We should arrive as near as we can at the character of the disease, considering whether it be epidemic or not.

If diarrhea has preceded the attack of dysentery, we should generally at the outset give a cathartic; calomel will usually prove the best cathartic in such cases, particularly if we have symptoms of bilious derangement.

Sporadic dysentery can often be destroyed by administering full doses of calomel in the first stages of the disease. The objects which we should have in view in the exhibition of cathartics are, to remove all irritating substances from

the bowels, and to change the state of the secretions. The character of the cutaneous should here be taken into account. Drastic purges can never be used with impunity, they only add to the disease by irritating the already inflamed surface; laxatives, and the milder purgatives should be used instead. We should commonly evacuate the bowels well at first, then we may follow this with laxatives in small doses, if there are indications that they are needed, such as fecal matter in the intestines. We should however avoid teasing the bowels with repeated small doses of laxatives or purgatives. In ordinary cases, from fifteen to twenty grains of Calomel should be given at first, which should be followed in four or six hours with some laxative, such as Castor oil, or some of the neutral salts, as sulphate of magnesia, or sulphate of soda; there may be

used with much advantage when we have fever, with a hot and dry skin; they increase the secretions, and produce an alterative effect. If the strength fails, and the disease takes on a chronic form rhubarb, in some of its forms may be given, and usually with very good effect. Great benefit may be obtained by combining opium, with our cathartics. Opium is one of our most important remedies in the treatment of dysentery; it relieves the patient from pain, produces sleep, and allays spasmodic action, thereby facilitating the action of other medicines. When opium is combined with ipecac, it directs the action to the surface of the body. The dose of opium must be varied according to the condition of the patient, and the amount of pain present. we should aim to keep the patient under its influence; if the disease is

action, and the pain is severe. Opium may be given with benefit in the form of an enema, in the proportion of one teaspoonful of Laudanum, to two tablespoonfuls of starch. Diaphoretics are very useful remedies, they act - by directing the circulation to the surface, at the same time they have a repletory influence on the blood vessels, thus tending to allay inflammation. Small doses of ʒiiss^{ss} emetic, or half a grain of ipecac, with a grain or half a grain of opium given every two or three hours, will frequently have a very good effect. Spirits of nitre is a most excellent diaphoretic in dysentery. The warm bath may often be resorted to with benefit. Bleeding. The indications for bleeding are a full and strong pulse, pain, and tenderness of the abdomen, accompanied with a general febrile action; These symptoms being present -

in a person of a full plethoric habit, one would commonly bleed; usually one bleeding will be sufficient, but if the strong febrile symptoms continue unabated, one may repeat the bleeding. But if the disease has run on for a considerable length of time, and the patient in consequence is much reduced, one should not bleed.

Counter irritation is often employed with advantage, when we have over-
-crossed the force of the disease. Much relief will often be obtained by the application of warm fomentations to the abdomen. Leeches applied about the anus, are particularly useful in cases where we have severe tenesmus.

Acids are much used; the nitro muri-
-atic acid is often used in the ad-
-vanced stages of dysentery.

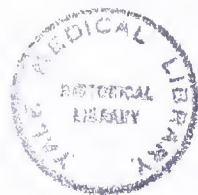
Diet

In cases not attended with much fever,

some solid ~~food~~ farinaceous substance, such as boiled rice, cracker &c. may be given; but if we have much fever present, the diet should consist chiefly of mucilaginous drinks, gruels &c. We should however consult the patients' cravings, and longings, and endeavor to appease them so far as it is expedient with the patients' welfare. In the treatment of sub-acute and chronic dysentery, particular attention should be paid to the diet. Bleeding is seldom made use of. Cathartics are not often required; laxatives however are of much service, to prevent the accumulation of fecal matter in the intestines; for this purpose, castor oil, rhubarb, or some other equally mild laxative may be used. Opium should be given if we have pain; the Dover's powder given at bed time, will often act very favorably. Alterative

medicines are much used. A change
of air will often effect a cure, when all
other means have failed.

Albert Gordon. Brossing.



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