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### Dissertation on chronic dysentery of the United States Army

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Chronic Dysentery of the United States Army.

A Thesis

Written for Graduation,

Yale Medical College.

Jan. 13<sup>th</sup> 1864.

By W. Lockwood Bradley





## Camp Dysentery

Army Surgeons to this differ in regard to the nomenclature of this disease; some denominating it by the above title, while others select the term Chronic Diarrhoea. Dr. J. J. Woodward in a recent work on "Camp Diseases" argues in favor of the latter, that this affection differs from any type of dysentery now known. On the other hand, it may be answered with equal force, that as a diarrhoea it differs from any known type. Besides the term diarrhoea is objectionable, because it is considered as essentially the disease what is the mere attendant or as expressed by Dr. Wood, (Practice Med. Vol. 1. p. 642.) "a consequence of certain pathological conditions"

Again this affection may be

slight Camp Dysentery because it presents features entirely distinctive from the dysentery occurring in civil practice. In the latter, the seat of inflammation is the colon (especially the rectum), giving rise to small mucous or bloody passages, griping pains in the abdomen & tenesmus. On the other hand, Camp Dysentery, is rarely if ever attended by any of these symptoms (as we shall see hereafter) the inflammation is not confined to the colon & rectum, but extends into the ileum.

### Symptoms,

In the large majority of cases the commencement of this disease can be traced to a simple irritative diarrhoea; not infrequently however, the symptoms may indicate the existence of malarial poisoning or a scorbutic taint. Sometimes the

presence of the chronic condition will be indicated only slight attacks of diarrhoea, followed by apparent recovery. When the disease is fairly established, there is gradually increasing emaciation, attended by debility & loss of spirits. The countenance is often of a dirty yellow; the heart irritable, with pulsations from 85.-95. per minute & the capillary circulation exceedingly sluggish. The tongue is pale & swollen, but moist. The appetite is either unaffected or morbidly keen to within a few days prior to death.

The evacuations from the bowels number as a rule from three to six in the twenty four hours. In the early stage, the discharges though liquid are of the normal color, but as the affection progresses, we may have the black color of altered blood or even mucus & pus. In some cases the microscope

has discovered intestinal epithelium.  
Usually there will be tenderness over  
the right iliac region.

If now the disease is allowed to  
proceed unchecked, in from four to  
eight weeks, as the case may be, we  
shall have presented to our gaze the  
second stage, which in the vast majority  
of cases, is the stage of collapse.

The features are pinched; the eyes red,  
congested & sunken; the cornea, commonly  
at its lower margin, becoming ulcerated;  
the skin covered with bran-like scales,  
hangs loosely over the wasted muscles;  
the tongue has assumed a dirty dark  
red appearance, aptly compared to  
raw beef; the pulse is more frequent,  
ranging from one hundred to one hundred  
thirty per minute & even higher. In  
the extremities there is almost complete  
stagnation of the capillary circulation.  
The natural heat is so far diminished

that the patient complains of coldness.  
The voice is feeble & husky, approaching  
the choleric. This condition continues  
for a longer or shorter period, when  
suddenly the diarrhoea ceases, the  
tongue becomes dry & the patient dies  
by asthenia.

### Anatomical Characters

The characteristic lesions of  
Camp Dysentery are to be found in  
the small intestine & colon, particularly  
in the latter. Usually the duodenum  
& jejunum will present simply an  
enlargement of the solitary follicles.  
On the other hand, the mucous membrane  
of the ileum, especially near the ileo-  
caecal valve, is thickened & often softened.  
The color of the membrane shades from a  
dark red above to a dark green below.  
The solitary follicles & the patches of Peyer  
are almost always enlarged & the locality  
of the former is made more palpable

by the presence of pigmentary deposits.

The lesions of the colon are more extensive & more constant, the thickening of the mucous membrane may in extreme cases be even more than a quarter of an inch. The condition of the solitary follicles is similar to that stated above & the ulcers originating at this point vary in size from that of a pin's head, to vast erosions nearly the size of the palm of the hand. There is in the Army Med. Museum a specimen of perforation, nearly half an inch in diameter, but cases of this kind are exceedingly rare.

### Histology

The following is a condensed account of histological observations recently made public by Gen. J. J. Woodward "Camp. Diseases in U.S.A." p. 246.

In the simplest cases where the mucous membrane is more or less

thickened & softened, there is a luxuriant cell multiplication within the normal connective tissue cell, & this is especially marked in that part of the tissue situated between the tubular follicles. The epithelial lining of these follicles, is likewise found crowded with rounded granules. The same is true of the closed follicles & in a large number of cases, ulceration appears to originate in the rupture of one of these follicles & the discharge of its softened contents into the intestinal cavity.

In addition to the intestinal lesion a morbid condition of other organs is not infrequently observed.

Various observers have noted that the kidneys are enlarged, but their color lighter than natural & their specific gravity diminished. A longitudinal section reveals under the microscope more or less disproportion between the secreting & tubular structure — the former encroaching

upon the latter. In some cases the tubules are more or less obstructed with granular epithelium.

### Prognosis

Statistics of comparative mortality reported to the Surgeon General in Apr. 1863. (Am. Med. Times Apr. 4th. 1863.) would seem to indicate that Camp Dysentery though a serious is yet not a very fatal disease. Out of 18,452 cases occurring in the U.S. Army during the year ending June 30<sup>th</sup> 1862, 517 or 3 per cent proved fatal. In a more recent publication the compiler of these statistics expresses the opinion ("Camp Diseases" p. 233.) that the mortality is greatly underrated, for the reason, that patients reduced by this disease, not unfrequently perish from some intercurrent inflammatory attack & when the death is reported under this head. In support



of this view I would cite the following Reports.

The number of deaths from Camp Dysentery occurring at the Mt. Pleasant Hospital was 20. During the month of Dec. 1862 equalled those from all other causes combined, gunshot wounds alone excepted. (Med. & Surg. Rep. Aug. 8<sup>th</sup>. 1863) Again of one hundred & thirty two cases received at Belleme Hospital on the 3d. & 5<sup>th</sup>. of Oct. 1862. 34 per cent proved fatal (Am. Med. Times Feb. 28<sup>th</sup>. 1863)

The probable issue in any given case, may be judged of by the circumstances & progress of the malady. All writers seem to agree that recoveries from what has been described as the 2d. stage are exceedingly rare. Certain it is, that recoveries are slow & accompanied by a tendency to relapse, due no doubt to a continuance

of the thickened state of the mucous membrane. A certain proportion of cases are complicated by the supervision of Bright's disease of the kidneys. Prof. Alonzo Clark commenting on cases occurring at Bellevue Hospital states (Med. Hist. Rep. Jan. 10<sup>th</sup> 1863) "that in all the bad cases, casts were found in (the urine) but no albumen"

### Nature

From the account given above it will be seen that the lesions of Camp Dysentery & Typhoid Fever are almost identical, but the relation which the pathological condition holds to the disease are in the two cases quite distinct. Although we are in the dark with regard to the true nature of Typhoid Fever, just as we are in respect to all fevers; still the great probability is, that the proximate cause resides in the blood

That the glands are affected secondarily, constituting says Dr. Wood (Practice Med. Vol. 1. p. 352) "a sort of internal eruption like that of small pox upon the skin"

Camp. Dysentery on the other hand, consists essentially in a chronic inflammation of the colon ileum, accompanied by disease of the mesenteric glands, & the blood is secondarily depraved, because the nutriment must pass through these structures in order to reach the circulation. The blood is further <sup>degraded</sup> ~~depraved~~ in quality by poor food, poor ventilation & the like; Hence cure

### Treatment

to be successful must be both Hygienic & Therapeutic. The former should comprehend not only proper ventilation & cleanliness, but also food, nourishing in its quality, easily digested & which leaves the smallest amount of residuary matter

Milk, Beef Essence & nourishing broths have been preferred. Cod Liver Oil has been tried with some success, but usually the stomach has rejected it.

The Therapeutical Treatment has the double purpose 1st. of improving the quality of the blood by Tonics & 2d. endeavouring to arrest the progress of the inflammation; with reference to this last indication we have consulted numerous Surgeons & Reports & find that almost every medicine is mentioned either with disrespect or very sparing commendation. Among those enforcing the greatest degree of confidence are the following. Nitrate of Silver, dose from one eighth to one quarter of a grain; Sulphate of Copper one eighth of a grain. Both of these may be given in pill every two hours combined or uncombined with Opium. The treatment finally settled upon at Bellevue Hospital, was the Sol. of

The ferric nitrate of Iron, 10. drops from four to six times a day - with Opium. The subnitrate of Bismuth has been used extensively in Washington Hospitals in doses varying from five to twenty grs 3 or 4 times a day. At Mc. Kim's U.S. Hos. Balt. acid. Muriatic dil. was successfully employed. For the purpose of stimulating the relaxed muscular system, the Ext. Nux. Vomicae has been given in dose of half a grain to a grain 3. times daily. Nearly all the astringents have been applied locally in the form of enemata. Asst-Surgeon Hartsuff U.S.A. injects 3 times daily a Sol. of Argent. Nit. from 5-10 grs to the ℥i.

In conclusion it may be remarked, that as the disease is peculiarly slow & tedious, so nothing but painstaking & patient trial of remedies can be crowned with success.





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