

Epidemic Colonitis.

ing the deranged condition upon which the irregular or deficient menstruation depends.

The hysteric convulsions are alarming to the bystanders, and embarrassing to the attendant unless he be well aware of the nature of the case. A diagnostic symptom in hysteria, is the open state of the glottis; while in epilepsy, it is spasmodically closed. The affection exists sometimes as an epidemic, contagious by sympathy where a predisposition exists. A resolve to resist the attack is the best prophylactic. "*Est leo si fugias; si stas quasi musca recedit.*"

Masculine *hysterics* are not unheard of. The disorder has prevailed in a monastery of celibates. Even

"In those deep solitudes and awful cells
Where heavenly pensive contemplation dwells,"

great Isis finds entrance and claims involuntary homage.

"Omne adeo genus in terris hominumque ferarumque,
Et genus æquoreum, pecudes, pictoreque volucres,
In furias ignemque ruunt, amor omnibus idem."—*Georgic 3d, 252.*

July 21st, 1853.

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EPIDEMIC COLONITIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE very great fatality of what was called dysentery during the summer of 1852, and present indications of its re-appearance, induce me to offer a few remarks which I hope will be acceptable to those who have not had an opportunity to investigate its character. The disease which I denominate as epidemic colonitis, occurring as it does in seasons when the true dysentery is more or less prevalent, has been, I fear, too often mistaken for the latter, and treated as such. As mistakes in the diagnosis may lead to fatal results, I have thought proper to lay before your readers some of the most prominent symptoms which distinguish it from true dysentery.

As the local inflammatory action has been more usually traced in the colon than elsewhere, some physicians, particularly Dr. Ballingall, have substituted the name of colonitis for that of dysentery, but still they all agree that the disease consists of inflammation of the mucous membrane of the large intestine. They all agree, likewise, that there is a deficiency of bile in the dysentery, notwithstanding there appears discrepancy of opinion with regard to the use of mercurials, although by far the great majority depend very much on them. Dr. Good says that in the dysentery chronica, or the bilious hepatic flux of the East, there is often a bilious flow from the rectum, and this he attributes to the extension of inflammation or irritation, during the chronic stage, to the liver, thus exciting that organ to excess of secretion—but, in taking into consideration the discrepancy of opinion among eastern practitioners relative to the effects of mercury in acute dysentery, I am inclined to the opinion that the form of disease which I speak of has been equally mistaken there.

The seat of the dysentery is the mucous coat of the colon, though

the inflammation often extends more or less to that of the small intestines. The disease is not attended by a too great secretion of bile, but rather a deficiency—the discharge being slimy or mucous, bloody, and often semi-purulent. In severe cases there is generally more or less soreness perceived by pressure on the abdomen. It is often controlled or cured by opium, calomel and ipecacuanha, aided by leeching or cupping on the abdomen.

What I call epidemic colitis is in many respects a very different disease, and requiring very different medical treatment, although some remedies may be used which are proper in dysentery. I will describe its characteristics as far as my observation enables me to do so.

The first time I recognized it as differing from dysentery, was about the year 1829. During the summer of that year, there were a great many deaths by what was called dysentery about Lancaster and Guildhall, on the Connecticut river. As a great proportion of cases proved fatal, and the disease not yielding to the ordinary treatment, I understood at the time that Prof. R. D. Mussey was called, and that he made post-mortem examinations, the result of which I never learned; but at a later period I had several cases, which from report were of the same character, and which I now call epidemic colitis. Since that time I have not met the disease till within two years, unless I overlooked its true character, which I might have done. In sporadic cases of acute colitis, there is diarrhœa with slow pulse, unless there is extension of the inflammation to the peritoneum or to the small intestines, in which case the pulse becomes quickened. In epidemic colitis, dysenteric symptoms become blended with the diarrhœa ordinarily attendant on the acute—the alvine discharges partaking of the mixed character, being occasionally more free and copious, and then apparently dysenteric. Generally a copious secretion of bile is manifest in the early stage, as it is often thrown up by vomiting or found mixed in the alvine discharges. As the muscular coat of the colon is highly inflamed in the onset, the blood becomes heated and excites the liver to over action. The soreness and pain in the track of the colon is much greater than in dysentery, and there often appears a degree of hardness in the line of it. The pain from enema is much greater than in dysentery, as the inflamed muscular coat will not admit of distension of the bowel. The pulse, particularly in adults, is slower, and the circulation in the capillary vessels is impeded, the face and extremities often assuming a purple appearance. The paroxysms of pain in the line of the colon are often very severe.

The pathognomonic symptom which most decisively distinguishes this complaint from dysentery, is the early presence of bile either in the stomach or in the alvine discharges. In dysentery the irritation or inflammation being principally confined to the mucous coat of the colon, that membrane receives a great afflux of blood; but the increased heat consequent upon inflammation, is in this case spent in the mucous and bloody excretions, and is not taken so much into the portal circulation; but as there are no excretions from the inflamed muscular and peritoneal coats, the heated blood passes into the vena-portarum and acts directly as a stimulus on the liver, and it is from this cause that bile is present, often

in excess, in the early stages of epidemic colunitis. As a correct diagnosis is essential to the successful treatment of these cases, I must beg the reader's patience while I attempt to illustrate the position by a case which bears particularly on it.

In 1850 I was called to visit Dr. J. F. Skinner, of Brownington, Vt., in consultation with his nephew, Dr. S. H. Skinner. He had been sick a few days with fever. When I saw him he had rather free, but yellow discharges. His mouth was slightly touched with calomel, and there was some fulness, with considerable heat of the abdomen, and some cough. In two or three days after, the lower half of the left lung was impervious to air. On about the eighth day the inflammatory irritation became suddenly extended to the pericardium, his pulse became very rapid, and there was also some delirium. At this time my friend, Dr. Newell, of Lyndon, was also called in consultation. As there was a slight yellow tinge, we directed small doses of calomel, with cicuta and digitalis, and retired about 3 o'clock, A.M. About 9, A.M., we saw him, and a very great change had taken place. The abdomen had become enlarged, as in ascites, but there was no decided fluctuation—the sensation on percussion resembling what we might expect had the abdomen been filled with a dense fluid, like quicksilver. He had frequent mucous discharges, but unmixed with bile. It was evident that the transfer of irritation to the pericardium had wholly suspended the action of the liver, and that this enlargement resulted from engorgement of the capillary vessels from obstruction in the portal circulation. We attempted to arrest the rapid mucous discharges by opiates and astringent injections, but without effect. They were very frequent, perhaps every hour or every thirty minutes. As these discharges resulted from congestion in the mucous membrane, we were unable to arrest them till the action of the liver was restored, by frequently-repeated doses of calomel, with calomel and iodine ointment, aided by galvanism. As we anticipated, as soon as the action of the liver was restored, the fulness and sensation of weight gradually disappeared, even some hours before yellow bile was observed in the discharges.

Now this case illustrates the position which I have taken, that the irritation of the mucous membrane of the colon, attended with mucous or dysenteric discharges, has no tendency to excite the liver to action, but rather the reverse; and it is probably from this excessive secretion that there is always a deficiency of bile in the true dysentery.

As epidemic colunitis occurs sometimes in the season of dysentery, it is necessary to make a careful examination of every case, especially when we find the ordinary treatment of the latter proving injurious. I have met with cases during its prevalence in which the peristaltic action of the colon appeared wholly suppressed, as in inflammation of the small intestines, but distinguished from the latter by a slow pulse and tenderness in the region of the colon. In these cases there has been no discharge; or, if any, purely fresh blood. This condition is only relieved by the most thorough cupping, leeching and blistering, in the region of the colon. In this state I have taken blood from the arm with benefit.

It may be thought by some that this disease is simply a modification

or different form of dysentery ; but it has for its seat a different tissue, that of the *muscular* coat of the colon ; and although the mucous coat becomes more or less involved by contiguity, yet it is an entirely distinct disease, and mistakes in the diagnosis have often proved fatal, and will continue to prove so, unless it has its proper place assigned it in our medical nomenclature. Having been called, last summer, to visit a family sick with it, I pointed out to Drs. Cowles and Meigs, the attending physicians, its distinguishing characteristics ; and as Dr. M. was particularly entrusted with the charge of the case, I will let him speak for himself :—

“DR. COLBY. Sir,—In answer to your inquiries respecting the sickness in the family of David Batchelder, I beg to inform you that there were in all seven sick with the disease; two had died previous to my taking charge of the family. Having read the article which you have prepared for the *Boston Medical and Surgical Journal*, I can cheerfully add my testimony to the correctness of the pathological views therein expressed. There was one of the family, a girl of 18 or 20, who continued to vomit bile at intervals for six or seven days. At the same time there was a plentiful supply in the evacuations from the bowels. There was a good deal of pain and tenderness on pressure in the track of the colon, which was only removed by free leeching, cupping and blistering. Calomel I could not use without aggravating the symptoms. Opium, in the solid form, was most to be relied on. Since treating the above cases, I have attended quite a number of others, say forty or fifty, the symptoms being of the same distinctive character as mentioned in your communication for the *Journal*. I saw six or eight cases last March, the same symptoms being present as characterized the cases in the epidemic last fall. Some of them you may recollect, particularly the case of a little boy, 2 or 3 years old, who died the third or fourth day of the disease, in which you were called in consultation, and in which, also, we made a post-mortem examination, revealing the true nature of the disease. In this case there was no blood in the evacuations, but frequent bilious discharges. Injections of the *mildest* character gave great pain, but did not particularly increase the tenesmus, as they do almost invariably in common dysentery. I have noticed, also, an unusual quantity of mucus, apparently of a healthy character, in the discharges, attended with very little or scarce any tenesmus.

Yours truly,

Stanstead, Canada East, July 6, 1853.

JNO. MEIGS, M.D.”

In the treatment of this disease calomel produces a very aggravated effect, whether given as a cathartic or in small doses, and this I attribute to its action on an over-excited liver or to its stimulating effect on the muscular coat of the colon, or perhaps to both. The means which I have found most effectual have been leeching on the abdomen and cupping on the back, both in the track of the colon. Bleeding from the arm is often very important. After the inflammation is partially relieved, I substitute blisters for the leeches, but over the line of the colon, and still continue the cupping on the back. If there is much heat, several thicknesses of green leaves should be applied over the abdomen ; or for the

want of them, cloths wet in some anodyne cold liquid, such as hop or poppy-leaf tea. After the inflammation is sufficiently reduced, solid opium is the best to allay the pain and tenesmus, and to check the discharges. Physic should be as much as possible avoided; and when necessary to use it, castor oil, alone or beat up with the yolk of egg in a few tablespoonsfull of spearmint tea, I have found the least irritating. If there should appear any danger of ulceration in protracted cases, I think the nitrate of silver, either combined with opium or henbane in dill, is the most effectual remedy.

In the few cases of examination after death, there has been more or less ulceration, with apparently healthy pus in various parts of the mucous membrane; and in one case nearly an ounce was found between the mucous and muscular coats. In another case the pus appeared to have formed between the muscular and peritoneal coats, and to have passed down and terminated in fistula in ano. In all cases the muscular coat showed traces of severe inflammation.

Stunstead, July 8, 1853.

M. F. COLBY, M.D.

DISUSE OF PORK AMONG THE SHAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An article appears in your Journal of the 6th inst., page 463, with the above caption. The said article says that “Shakers’ children, exposed to measles ‘among the world’s folks’ who were sick with the disease, did not imbibe the sickness, having remained perfectly well ever since.” “The reason given by the Shakers themselves why their children did not contract rubeola in this case, and why they are not liable to its invasion, is that they have never eaten pork.” I admire their wisdom in eschewing swine’s flesh as unclean, i. e., unhealthy meat; but I fear their reasoning and conclusion are based upon an imaginary theory only. If their deduction were correct, why do Jewish children and adult Israelites, who for hundreds of generations have not known the taste of pork, imbibe the disease or become affected with measles, like other sects and races who partake most bountifully of this meat? The Shakers’ reasoning partakes in an eminent degree of the physiological ideas of an eminent dentist, late of this city, who starved a rabbit forty-eight hours, then boiled a pound of green tea in a gallon of water down to a half pint—poured the liquid down the unoffending rabbit’s throat, and published this rare-bit of evidence as being a proof that tea was a deadly poison, as exhibited in the case of the unhappy rabbit that “keeled up” and died. This same eminent physiologist was in company with several professional (dental) gentlemen gathered together in the store of Jones, White & Co.’s dental depot, exchanging notes of wonderful dental operations—when the problem was started that mother Nature could be diverted from her usual physical formations by a very simple and cunning process. For example, he said—cut off a little dog’s tail, on the paternal and maternal sides, for several generations, and the canine posterity would be born (pupped) without any caudal extremity whatever. A