

Observations on that form of disease, nosologically called dysentery / by John Hoskins.

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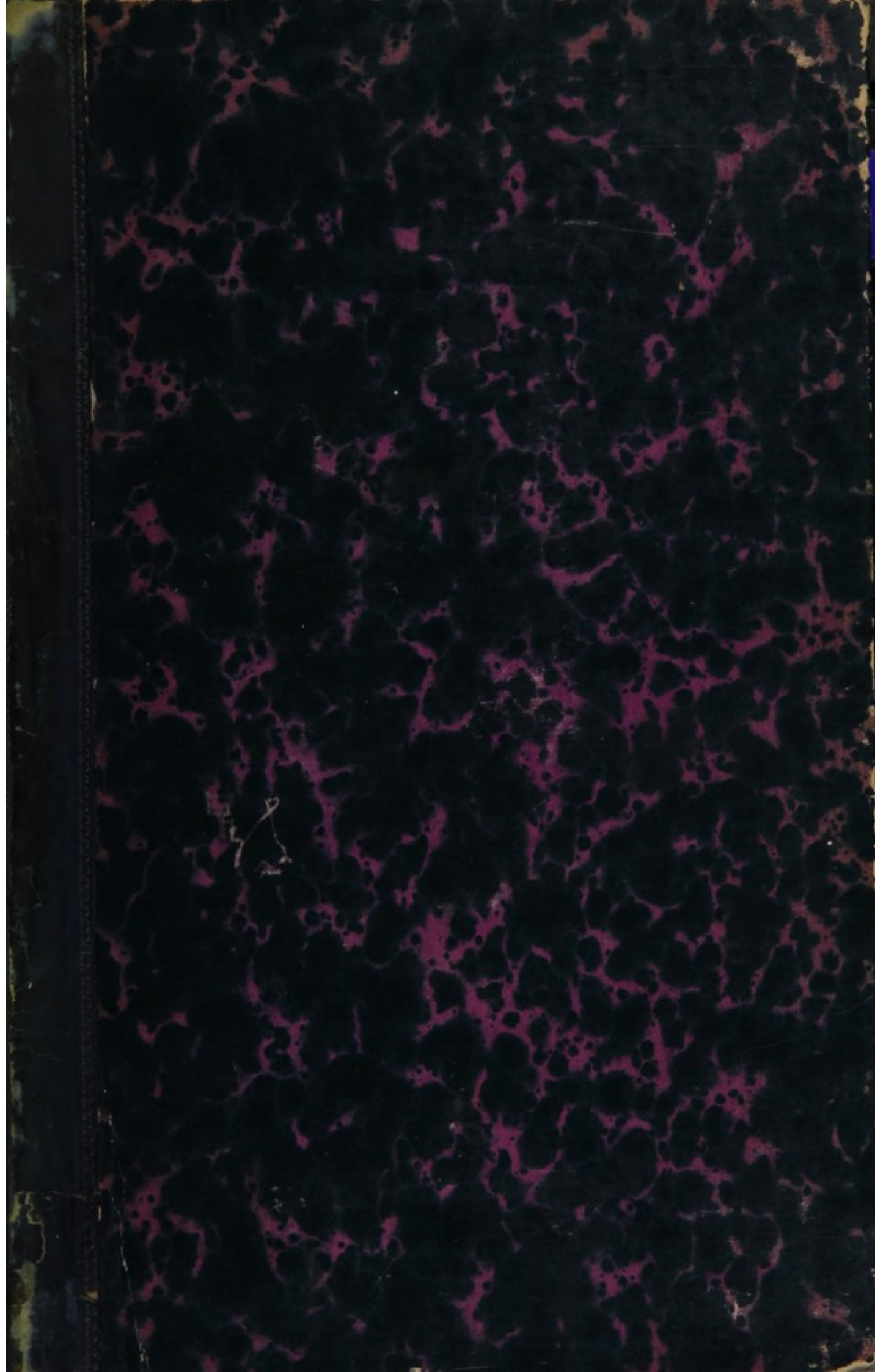
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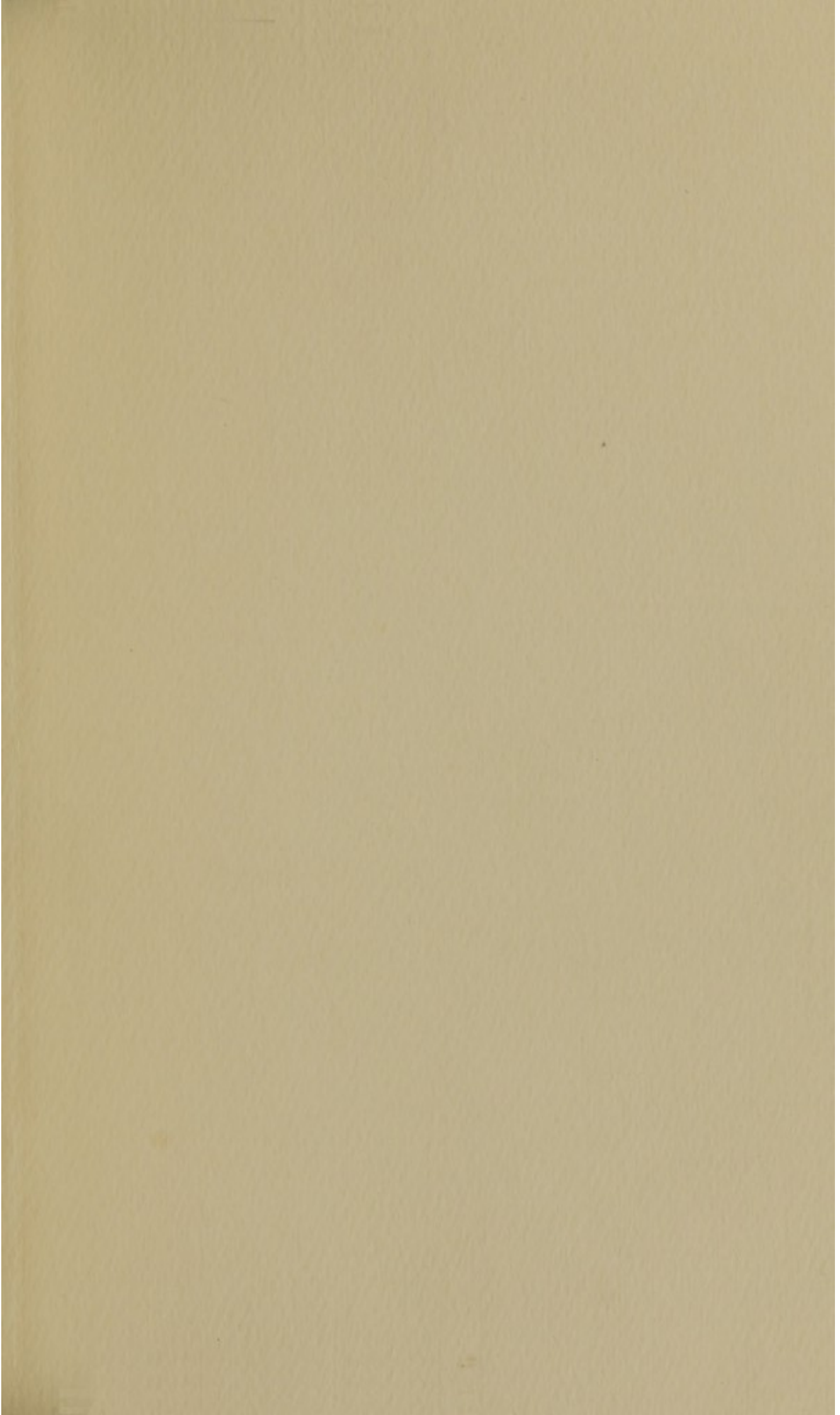
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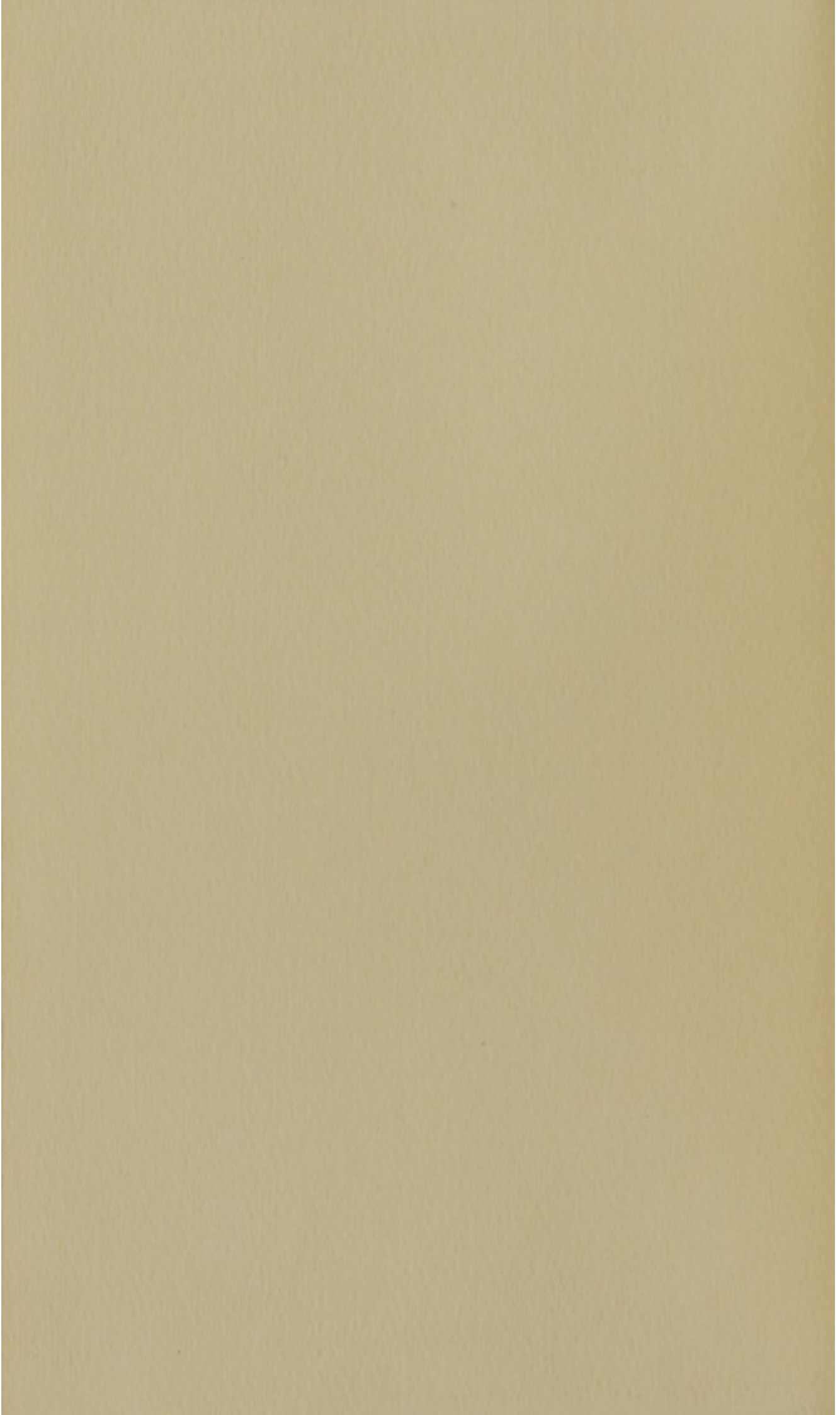
Section,

Dysentery

No.

14741





80

OBSERVATIONS

ON

THAT FORM OF DISEASE,

NOSOLOGICALLY CALLED

on

D Y S E N T E R Y.

BY JOHN HOSKINS, OF VIRGINIA;

HONORARY MEMBER OF THE PHILADELPHIA MEDICAL SOCIETY.

Humanity sitting at the portal of misery, through the medium of science implores relief, while a tear is dropt for the unfortunate children of men.

14741
.....Enough
"If aught these" lines, "the fickle health confirm."

1217211

PHILADELPHIA:

PRINTED FOR THE AUTHOR BY HUGH MAXWELL, NO. 25, NORTH
SECOND-STREET, OPPOSITE CHRIST-CHURCH.

OBSERVATIONS

ON THE

USE OF THE

WATER

IN THE

DYSENTERY

AND

BY

BY JOHN HENRY

OF THE

OF THE

OF THE

OF THE

OF THE

OF THE

AN INAUGURAL DISSERTATION
FOR
THE DEGREE
OF
DOCTOR OF MEDICINE:
SUBMITTED
TO THE EXAMINATION
OF THE
REVEREND JOHN ANDREWS, D.D. Provost,
(PRO TEMPORE),
THE
TRUSTEES, AND MEDICAL PROFESSORS
OF THE
UNIVERSITY OF PENNSYLVANIA,
ON THE SEVENTH DAY OF JUNE, ONE THOUSAND EIGHT
HUNDRED AND FOUR.

or Coke

with compliments

of the author

TO -

THE FRIEND OF HUMANITY,

THE ADVOCATE FOR VIRTUE,

THE FAVORITE VOTARY OF SCIENCE,

AND

THE ACCOMPLISHED GENTLEMAN,

BENJAMIN S. BARTON, M. D.

PROFESSOR OF

MATERIA MEDICA, NATURAL HISTORY, AND BOTANY,

IN THE

UNIVERSITY OF PENNSYLVANIA,

THE FOLLOWING IMPERFECT PAGES ARE GRATEFULLY
DEDICATED BY

THE AUTHOR.

THE JOURNAL OF THE

AMERICAN MEDICAL ASSOCIATION

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

OF THE AMERICAN MEDICAL ASSOCIATION

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

WILLIAM B. BAILEY, M.D.

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INTRODUCTION

TO

OBSERVATIONS ON THE DYSENTERY.

THE Philanthropist, in casting his eyes around him, observes with pain, the melancholy tokens of misery, woefully depicted in the countenances of his fellow creatures. Many are the causes that give birth to these gloomy, and ill-boding signatures. Among the most distressing and prominent of which, is disease, the scourge of human existence in every age, and in every country. To alleviate misery, and enable man to enjoy an extensive portion of happiness, has been the first and most anxious emotion that has touched the bosom of every rational, humane and free enquirer.

Hence, the exertions of man have been great, arduous and incessant, in unfolding the nature of disease; to discover thereby the means of preventing,

or removing, all the illusive and protei-form appearances that it assumes in attacking the human system. Discouraging to be told, the very causes that *probably originate*, and which undoubtedly nourish life, by a few degrees of variance become its common, and too often victorious enemy. Added to this, there is a tendency in the animal system to its own destruction.

The age-worn fibres goaded to contract,
By repetition palsied, cease to act ;
When Time's cold hands the languid senses seize,
Chill the dull nerves, the lingering currents freeze ;
Organic matter, unreclaimed by life,
Reverts to elements by chemic strife.

Darwin's Temple of Nature.

But happily for mankind, the present era in medical science is distinguished for an unity, simplicity, and efficacy in the treatment of the laws of organic matter when deranged, which is truly grand, and highly consolatory both to the physician and patient. Theory, observation, and experience, have each received their respective restrictions from the improving hand of time ; and have now assumed their appropriate stations in relieving diseased nature. It is a remark too often made, that truth in theory leads to error in practice. This opinion, remarkable only for its absurdity, should have long since received protection from the "pallid mantle of oblivion."

Theory implies cause. Certain causes influencing certain states of the animal system, give rise to inevitable and invariable results. We know that effects may be modified, prevented and removed by an accurate knowledge of their causes. It is admitted, that many imaginary causes, that is theories, have been introduced into the science of medicine; each century has been distinguished for its erroneous theories; but because the human mind, in this respect, has, in numerous instances, led to error, are we to infer that such shall eternally be its inglorious doom?

Causes and effects do exist. The operations of nature are connected, and it is by a knowledge of this connection, that every art must be finally matured, its certainty permanently established, and its utility more universally disseminated. Strictly speaking, *spontaneous* operation seems not to exist in nature, whether we view the mind or body. *Necessity governs existence.*

In the following essay, the theory of Dr. Brown, as far as the terms stimulus, excitability, and excitement are implied; and many useful results adduced by him from that most important truth which declares life to be a "forced state," will be embraced.

The writer is conscious that a new theory has been lately brought forward, which, if true, goes far-

ther into the nature of animal life than the one as extended by the immortal Brown, and his ingenious followers. He is induced to think favourably of it, but cannot yet concur in its adoption. He believes a satisfactory establishment of the chemical theory, would be attended with many delightful and useful consequences. It would render the practice of physic more certain; it would rescue the human mind from the dark labyrinth of metaphysical disquisition, and would teach it *to act only within its own comprehension.*

But the sword of scepticism has been drawn, and it is *now* directed by that ardor of prosecution, which will never abate

Till truth's exalted ether well refined,
 From each ingredient of a noxious kind,
 From folly's feculence, and errors leaven,
 Shall mount diffus'd in grateful steam to heav'n.

Sympton.

OBSERVATIONS
ON THAT FORM OF DISEASE
COMMONLY CALLED
DYSENTERY.

WITH the illustrious professor Rush, I shall consider Dysentery as an intestinal form of fever. It occurs at those times, and in those states of the atmosphere that are favourable to the generation of the remittent and intermittent forms of fever, together with diarrhœa, bilious colic, and cholera morbus. It assumes a mild, inflammatory, or malignant aspect, as impressed by the causes preceding, and the circumstances attendant on its evolution. Since the time of Sydenham, this form of disease has been viewed as a “*febris introversa*.” The propriety of such a view I believe to be extremely doubtful, and in contesting this speculative point, the reasons advanced shall not flow merely from supposed establish-

ed principles in the science of medicine, nor shall they be merely analogical ; but actual observation, so far as such observation is derived from appearances, shall be called in to assist the reader in drawing an accurate conclusion.

Every form of disease in attacking the animal frame, invariably fixes on that part, which, under the action of the then exciting causes, will most readily assume irregular or diseased action. If we seek out this part, we shall find it to be that in which stimuli, either from their excessive or deficient action, have induced debility in the greatest degree. Now, the causes inducing the Dysentery, and the mode of its appearance at least afford us strong arguments that the alimentary canal is the part peculiarly acted on by remote and exciting causes ; and further, that this part, in obedience to the laws of nature, too often deleterious, is the first to put on diseased action.

The many instances in which this form of fever has been induced by an over portion of exercise, a full meal, or a glass of wine, and the fact that declares the discharge of blood, and the attendant morbid symptoms to be often proportionate with the degree of derangement in the arterial system, as manifested by the pulse, prove nothing against the doctrine contended for ; but which, when duly considered, seem to be

highly favourable to its establishment. Cold is frequently one of the aiding remote causes of the Dysentery; but unless the alimentary canal be previously debilitated, such will not be its influence.

Cold is also the most frequent remote cause of Pleurisy; but how rarely indeed is this form of fever accompanied with those characteristic symptoms that have given name to the one under consideration. If, in the many instances of Dysentery brought on by the causes mentioned, the alimentary canal had not been peculiarly and eminently disposed to put on irregular action, when an increased natural, or an irregular action had commenced in the general system of blood vessels, it would not so immediately have found such an outlet, and appeared in so painful and loathsome a form.

Let it not be said that the *intestines* have a sudden tendency to put on a dysenteric grade of action, which is subservient to the irritation excited *in them*, by the forcible dilatation and contraction of *their* arteries, while throbbing in unison with others of a larger size, and in other parts of the system. It is true that other forms of disease are attended with many symptoms common to Dysentery, and it is supposed to be true that those forms of disease change into it; but they are usually such as occur at the same time and

in similar states of the atmosphere; and hence it may be safely inferred, that very nearly the same combination of causes is requisite to the production of each. But admitting the pulse apparently to indicate the first approach of this form of fever, we are not necessarily compelled to conclude, that it had not a primary and topical existence in the alimentary canal. Mr. Hunter has evidently proven, that mania may exist, while arterial exertion is not in the least modified or changed, farther than its then immediate and circumscribed sphere of action. If then so exquisitely sensible, and important an organ as the brain, can assume and continue an action so repugnant to health and happiness, without in the smallest degree, influencing the pulse, we are certainly justifiable in believing that a topical morbid affection may exist in the intestines, and not immediately manifest its baneful consequences in other parts of the system.

The foregoing remarks are supported by my own observation. I have seen cases of Dysentery, in the commencement of which, topical disease evidently existed, and when not even the smallest deviation from a healthy action was discoverable in the pulse, whether we view this action as naturally quick or frequent, or as morbidly convulsive or *spasmodic*. In these cases the patients complained

neither of heat, thirst, nor a diminution of appetite; and declared themselves to be entirely free from pain, except that which immediately preceded, and that which accompanied the evacuation of the contents of their bowels.

When an autumnal epidemic prevails, if at this time, in any instance, a fever appears which is not followed by dysenteric symptoms till one or two days after its commencement; even admitting such symptoms to continue, I do not think such a form of disease should be called Dysentery. Violent autumnal remittents are in some instances accompanied with a discharge of blood from the nose, and in others with a similar discharge from the gums; but who would say the individuals thus afflicted laboured under the hæmorrhagic state of fever? Still the epidemic dysenteries described by some authors seem to be of this nature.

SYMPTOMS.

THIS form of disease commences sometimes with costiveness, and at others with a laxity of the bowels, continuing in some instances, two or three days, without being accompanied with any painful

symptoms. "In most cases the disease begins with griping, and a frequent inclination to go to stool." The desire to evacuate the bowels becomes more frequent, while the tormina that precede the discharge of mucus or fæces, and the tenesmus that follows such a discharge, are both greatly encreased. Nausea and vomiting often follow the symptoms just mentioned.

The pulse is either natural, full and strong, tense, small, frequent, and quick, or depressed. The fever sometimes assumes the intermittent type, but oftener the remittent.

This form of disease is said to commence sometimes "with lassitude, slight rigors, disorder at stomach, and bilious vomiting." As the Dysentery advances, the symptoms enumerated encrease in violence, and unless they be subdued by the powers of medicine, the last stage will soon arrive, attended with a small and frequent pulse, black tongue, sometimes a discharge of black matter from the stomach, constant hickup, sometimes a total loss of sensibility, extreme weakness, cold extremities, and finally, death.

DISCHARGE FROM THE INTESTINES.

THIS varies in its appearance, consistence, and nature. Fæces are sometimes discharged in the form of balls of a firm yellow consistence. When the Dysentery commences with costiveness, this is a common result, and the pain in these cases is much more violent than in other cases where this form of disease commences with a laxity of the bowels, and is followed by a more immediate intestinal discharge. Sometimes the fæces are fluid, and intimately mixed with mucus, or streaked with blood; sometimes there is a profuse discharge of mucus, unaccompanied with either fæces or blood; sometimes a discharge of grumous blood devoid of both mucus and fæces, and at others an intimate mixture of the whole of these matters, takes place. An apparently membranous substance is often discharged, which has been taken for a part of the villous coat of the intestines, but which appears to be nothing more than inspissated lymph or mucus.

APPEARANCES OF THE INTESTINES AFTER DEATH.

1. Inflammation.
2. Pustules.
3. Gangrene.
4. Natural.

This last appearance may be readily explained, by supposing the small arteries of the intestines to labour under so violent a grade of excitement, and to be in so powerful a state of contraction as to prohibit entirely the passage of red blood into them. It may be considered as an action transcending the inflammatory grade or point.

REMARKS.

It has been stated that a depressed pulse sometimes accompanies the commencement of this form of fever, and seems to depend on the violence of the remote and exciting causes. As in the treatment of Dysentery, it will be of consequence to understand the nature of this pulse when it occurs, probably time will not be mispent in throwing out

a few hints on this head. It indicates that grade of morbid action denominated by Professor Rush "*suffocated excitement*," and is common to many forms of fever. The phrase "*suffocated excitement*," in itself is by no means sufficiently definite and explanatory. In short it appears to be completely imaginary, and gives us very little, if any, knowledge of the state of the system it is intended to express.

When any stimulus is applied to a muscular fibre, the contraction of the fibre is always proportionate to the force of the acting stimulus, and the quantity of life it may happen to possess. The arterial system is endowed with a strong muscular coat, and it is upon this that the most beautiful theory of fever, now extant, is founded. I mean that theory which declares fever to consist in convulsive action of the sanguiferous system. Now, when stimuli, powerful in degree, act on the arterial system, according to the law of contraction just mentioned, a violent spasmodic action may be the result; and hence may arise the depressed pulse.

Every observer who has paid attention to this pulse occurring in the commencement of fever, cannot hesitate to pronounce it different from that arising from pressure on the brain, or that small

and frequent pulse which depends on general debility, and precedes death in all the variegated appearances of disease.

Convulsive action of the arterial system is spoken of, confidently, by the most learned physicians; the fact is, that both sensation and analogy decidedly warrant such a belief; and when violent spasmodic affection of the same system of vessels is also spoken of, it is merely an application of the same law of the animal economy, and an extension of the same idea. Professor Rush has divided morbid excitement into six forms :

1. Spasms.
2. Convulsions.
3. Preternatural Heat.
4. Preternatural Itching.
5. Shocks.
6. Suffocated Excitement.

If the preceding observations on the nature of the depressed pulse be true, and if simplicity in medical science be a desideratum, would it not be proper to abolish "suffocated excitement," as one of the forms under which morbid excitement makes its appearance ?

This violent spasmodic contraction of the arterial system, I believe to be often the cause of sudden death in the commencement of fever.

DIAGNOSIS.

Believing that no one form of disease can be properly said to monopolize any certain set of pathognomonic signs, exclusively different from every other form, and believing that many injurious consequences have arisen from a blind attachment to supposed discriminating appearances, sought after by nosologists to name their *specific diseases*, before they dared to prescribe; and this too in defiance of the grade of morbid action prevailing in the system as manifested by the pulse, our most accurate informant of the danger attending different forms of fever; it is a duty which I owe to my belief, not to enumerate any imaginary diagnostic signs, but, on the contrary, to loosen as far as lies in my power, the manacles rivetted by time and prejudice; and in the prosecution of science, to pursue truth as a polar star, however widely, in attempting to attain this point, I may happen to deviate from the "*good old beaten track*," and even though I should be exposed to the ridicule of

nosologists who embrace, with a morbid enthusiasm, their adopted child of fallacy.

Did time, and the limits prescribed for this essay, permit, by calling in the unity of action, and also an unity in the action or operation of the remote, predisposing, exciting, and proximate causes of every possible form of disease, it might be proven that the nosological fabric is entirely devoid of intrinsic merit, and that it is remarkable only for a splendour derived from its extensive adoption, and for the length of time that it has foiled truth's too inactive sword.*

It is ever desirable to meet disease in its forming state, the powers of medicine will then be gloriously triumphant, and the patient will be relieved not only from a too frequently inconvenient expenditure of wealth, but, what is of infinitely more importance, he will be happily rescued from the many pangs inflicted by this oppressive tyrant, that delights to prey with so destructive, merciless, and unrivalled an energy on the human system. The laws of nosology peremptorily forbid immediate interposition,

* It will be observed hereafter that the writer denies the existence of a known proximate cause. From the unity in the remote causes in producing predisposition, an unit, and from an unity in the action of exciting causes, whatever the proximate cause may be, he feels himself perfectly safe in declaring it to be also an unit.

unless a particular determination of morbid action, as manifested by pathognomonic signs, commands.

PROGNOSIS.

IN every form of fever the signs indicative of returning health, or approaching death, are so uncertain that it would be next to an impossibility to enumerate any definite set which might be looked upon as invariable in accuracy. It is on prognostication in disease that the most experienced and accurate observers frequently find themselves baffled and deceived.

Such then being the fate of the most acute and scientific, I hope it will be a sufficient apology for my not attempting the establishment of a prognosis in the form of fever under consideration.

REMOTE CAUSES.

These may be divided into such as act on the system, inducing general debility, without acting with peculiar force on the alimentary canal, and such as act immediately on the alimentary canal,

inducing at first topical and then general debility.

Heat and miasmata in conjunction appear to be the chief remote causes of this form of disease. They also frequently act as exciting causes. When the atmosphere is excessively heated, and at the same time charged with noxious particles proceeding chiefly from the putrefaction of vegetable substances, the secretion of bile, as well as its excretion is greatly encreased, and this together with its accumulated acrimony acting on the alimentary canal, induces in that part a morbid state highly favourable to irregular action on the application of exciting powers.

Whether miasmata enters the system by means of the lungs, stomach, or skin, or the whole of these routs, is a difficult question to decide. This much I believe to be certain, that its morbid consequences are pretty generally discernible first in the alimentary canal, as is manifested in the different intestinal, and probably in both the remittent and intermittent forms of fever.

A vegetable diet has a tendency to induce the Dysentery. It is not sufficiently tonic and stimulating to preserve the natural tone of the alimentary canal, and hence gives rise to debility.

Fresh animal, after an individual has been accustomed to live on *salted* animal food, for the reason just mentioned has a similar tendency to induce this form of fever.

Cold should also be enumerated among the remote causes. This acts by accumulating excitability, and checking perspiration ; a mode of depletion essentially necessary for the exact performance of every animal function.

Contagion has been believed to be the most usual remote cause of Dysentery. That the effluvia arising from the excretions, and more especially the fæces, of a dysenteric patient, has often acted as an exciting cause of this form of fever, will not be denied; but it will be denied that in any one instance whatever, it ever acted as a specific remote cause ; that is, a cause unassisted by other causes either remote or exciting.

As the Dysentery is a form of disease depending chiefly on the state of the atmosphere as respects its temperature, and foreign matters it may accidentally contain; it is very natural and rational to conclude, that persons breathing the same air, living on the same food, and swallowing the same kinds of drink, from a similarity in the nature of their constitutions, and from an unity in the reception of

impressions, will all be more or less predisposed to the same form of fever.

Its pervading families and neighborhoods is no proof of its contagious nature. Intermittents pass through whole families, and pervade whole neighbourhoods.

If on the one hand, many individuals have been attacked with this complaint after being exposed to the noxious effluvia of a sick room ; on the other hand, numerous are the cases on record, in which such was not the result. When, therefore, such unfortunate instances as the former have occurred, I should invariably infer a previous predisposition, which, from the action of the exciting causes that they were exposed to, was hurried into disease.

To give birth to an immutable decision on this question would be truly delightful and grand. To fan the bed, overwhelmed in misery and woe, by sacred friendship's gentle though accumulated breezes, is certainly one of the sweetest callings of social man. To do *this*, is surely not unworthy the brightest Angel in the whole host of Heaven!

PREDISPOSING CAUSE.

DEBILITY.

EXCITING CAUSES.

THE exciting causes of this form of disease are the usual exciting causes of other forms. They are such as act on the system and increase the frequency and force of circulation, without acting peculiarly on the alimentary canal; and such as act more immediately on the alimentary canal, thereby extending their morbid influence over the system.

From the numbers afflicted with this form of fever, immediately after being exposed to the noxious effluvia evolved from the excretions of a dysenteric patient; we have some reason to believe that such effluvia is an extremely powerful exciting cause; probably more active and certain in this form of fever, than any other where specific contagion is not involved. This is more especially the case, when the Dysentery assumes a highly malignant grade, from the combined operation of diet, drink, occupation, and the state of the atmosphere. It is this

highly malignant grade, that has caused many learned and respectable physicians to believe in its contagious nature.

PROXIMATE CAUSE.

DoCTOR Cullen believed spasm to be the proximate cause of Dysentery. That spasms of the intestines do accompany this form of disease, cannot be doubted; but they should be considered as one of its symptoms, and not its proximate cause.

Professor Rush has pronounced morbid action to be the proximate cause. He considers the proximate cause and the disease to be the same.

Now, believing that we should not view the operations of matter collectively either as one cause, or one effect, but as results necessarily connected together so as to form one vast continued chain, I am not for uniting any two of the links, and thereby making them one and the same. It does not appear just, that any one operation in nature should be declared both the cause and effect of itself. If the proximate cause of disease and disease itself be the same, it is equally as rational to conclude

that the latter is the cause of the former, as the former of the latter.

That between the application of stimuli, and exertion of the body, some intermediate change takes place, I think may be fully proven by the following observation.

Apply stimuli to the dead animal fibre, it will not contract. The reason is obvious: it wants the something to undergo a change before a connected change can or will commence in the muscular fibre itself. It is *possible* that this intermediate link will be found in what Doctor Brown has very properly called *excitability*, and what the ingenious Darwin has less happily called *sensorial power*.

I do not view excitability either as a property or a capacity, and consequently immaterial; but as a finer species of matter. It cannot be immaterial; if it was, no action or motion could exist in the system; since action or motion evidently implies something to be acted on to induce it: but certainly it implies a contradiction to argue, that the exciting powers could give rise to excitement without having something to act on and excite.

“No two things,” says Doctor Darwin, “can influence or affect each other, which have not some property common to both; for to influence or affect

another body is to give or communicate some property to it, that it had not before ; but how can one body give that to another which it does not possess itself."

Excitement I conceive to be merely a property of matter ; that is, simply action of a part or whole of the system. It bears the same relation to the animated system, that motion does to any other species or organization of matter. That it is simply motion of the system, is fully proven, by the impossibility of drawing the nicest distinction, or pointing out the least possible difference between them ; and by one and the same causes increasing or diminishing both, at one and the same time.

Sensation and thought should be considered as the results of excitement ; since the former do not necessarily succeed the latter. Preternatural heat, partial or general, usually accompanies partial or general excessive excitement ; still it does not fall under our definition of excitement.

These observations on the nature of excitement have been made to counteract an erroneous view which Professor Rush has given of it, in his lectures on pathology ; where he declares that excitement and excitability possess the power of changing into each other.

To proceed with the proximate cause of disease. I object to the proximate cause of Professor Rush, not only for the reasons given, but because it is of no practical utility.

While the proximate causes of Cullen and Rush are thus objected to, the writer is not ashamed to confess himself unable to bring forward one more satisfactory. Others may prosecute the subject, whose active and cultivated minds are happily blessed with the divine prerogative of diving into the hidden recesses of nature, and triumphantly dragging truth into light and existence.

METHOD OF CURE.

IN establishing a method of cure attention will be paid to the state of the system and nature of the disease; as modified by the causes inducing it, and the constitution of the patient.

OF BLOOD LETTING.

IN the mildest grade of this form of disease, when very little, if any deviation from a healthy action is discoverable in the pulse, blood letting will be unnecessary; and the morbid symptoms may be relieved by a gentle laxative, or a few drops of laudanum. When, however, the state of the atmosphere favours violent inflammatory action, and when the Dysentery is followed immediately after its commencement by a morbid pulse, blood letting should be advised. The many painful symptoms attending this form of fever, as the tormina, tenesmus, and discharge of blood, seem

to derive their degree of violence from the grade of irregular action prevailing in the sanguiferous system, and are more instantaneously removed by blood letting than by any other means we can employ. The quantity of blood to be drawn at one time, or the frequency of repetition in such cases, must be entirely at the discretion of the physician, who by attending to the state of the system, the preceding or reigning epidemic, and minutely marking the effects of this mode of depletion, will find it not very difficult to determine.

The Dysentery sometimes appears under so malignant a form as to prohibit not only blood letting, but every other form of depletion; and in which the sedative effect of a simple purge has induced death. Here bark, laudanum, and cordial drinks are essentially necessary to support the system.

EMETICS.

THE use of emetics seems to depend chiefly on the degree and extent of morbid action in the alimentary canal. When the natural functions of the stomach are but little impaired, as is frequently the case in the mildest states of Dysentery, they

appear to be injurious. The stomach is disposed by emetics to put on irregular action, and to sympathise with the rest of the alimentary canal. But when the stomach is highly deranged, as is manifested by a loathing of food, nausea, and bilious vomiting, they are certainly serviceable; and in all probability it would be most advisable to administer them of such a nature, and under such circumstances as to cleanse completely the alimentary canal. To answer this end, tartar emetic and ipecacuanha have been combined, though I believe tartar emetic alone given in broken doses will prove equally efficacious.

When nature seems desirous to throw off morbid excitement by the emunctories of the skin, emetics by gratifying this desire, have been found very useful.

CATHARTICS.

It is very rarely indeed that cathartics may not be advantageously used in Dysentery. They are peculiarly well adapted to its removal, by compelling the intestines to throw off a vast accumulation of sordes, and thereby relieve themselves from

a constant and painful source of irritation. Those cathartics that procure sufficient evacuation, without acting powerfully on the intestines, which are at this time in a highly excitable state, have been employed with the greatest advantage.

Glaubers Salt.....This purge in the mild and simple inflammatory state of Dysentery, is better adapted to its removal than any other with which we are acquainted. When given in broken doses it frequently proves efficacious of itself.

Castor Oil.....This is a valuable purge, but I have not seen it used with as much advantage as *glaubers salt*.

Rheubarb.....This in the commencement of Dysentery, from its astringent quality, and a consequent tendency it possesses of leaving the bowels costive after operation, should not be used when the two former cathartics can be obtained.

Calomel.....When the Dysentery assumes a highly inflammatory grade, and powerful means are requisite to check its rapid progress, this cathartic has been, and still may be administered with infinite

advantage. It has been advantageously given in combination with rheubarb. Sometimes we are necessitated, from an extreme irritability of the stomach, to give a small portion of opium in combination with it.

This composition is peculiarly serviceable in obstinate cases of Dysentery, when it is necessary to excite a salivation. Producing a slight soreness of the gums, or exciting a gentle salivation, is chiefly to be relied on, in what ^{are} generally called Epidemic Dysenteries.

SUDORIFICS.

MEDICAL writers are divided with regard to the general use of sudorifics in this form of fever. The Dysentery sometimes has a tendency to pass off by the skin, and in such cases they may be used with good effect. Ipecacuanha has been recommended in small doses, so as to keep up a gentle diaphoresis. From the cases in which I have seen it used, I do not hesitate to declare, that it appeared to be of infinite service, and assisted wonderfully the intentions of nature. When, however, a Dysenteric patient is compelled to rise frequently

from his bed, sweats should be procured and extended with extreme caution.

DEMULCENT AND MUCILAGINOUS DRINKS.

THESE relieve pain by cleansing the bowels, and blunting the acrimony of the accumulated sordes.

INJECTIONS.

THE mildness or activity of injections should, in every instance, be regulated by the state of the system. When violent inflammatory action runs high, and when spasms of the intestines are frequent and violent, they should be of the mildest kind; as flax-seed tea, starch, sweet oil, &c. If it be necessary to procure a quick and copious discharge of the intestinal contents, it is advisable to make some addition, as that of tartar emetic. This will wonderfully facilitate the elimination of acrid matter.

But when the system has been ^{thus} frustrated by the malignant nature of the fever, and the

means employed for its removal, the injections used should be powerfully stimulating. As laudanum combined with starch, barley water, &c. Sweet oil and laudanum form an injection, that seldom fails to remove the most distressing abdominal pains.

OPIATES.

THESE are proper after inflammatory action has been subdued, or when the disease appears under so malignant a form as to render depletion improper. If the stomach be too weak to bear opiates they should be thrown up the rectum.

BLISTERS.

BLISTERS prove serviceable by causing a translation of morbid excitement from one part of the system to some other. Before using them, the strictest attention should be paid to the grade of morbid action in the system. They should be applied to the wrists and ankles in preference to the abdomen. They prove equally serviceable, and are attended with fewer distressing consequences.

In cases of extreme debility, either from the long continuance of fever, or the malignancy of its nature, blisters and cataplasms are indispensably necessary. Here bark and wine should be administered freely.

Bark alone, may be given with peculiar advantage, either when the Dysenteric fever has assumed the intermittent type, or when the accompanying pains have a periodical occurrence.

The various passions and emotions should be attended to in the removal of every fever. Nor will the science of medicine ever display its genuine lustre and triumphant power, till ethics and metaphysics make a part of pathology ; and till combinations of ideas, the passions and affections be considered among the grand desiderata in the *modus medendi* of morbid nature.

Know then, whatever cheerful and serene
Supports the mind, supports the body too.

Armstrong.

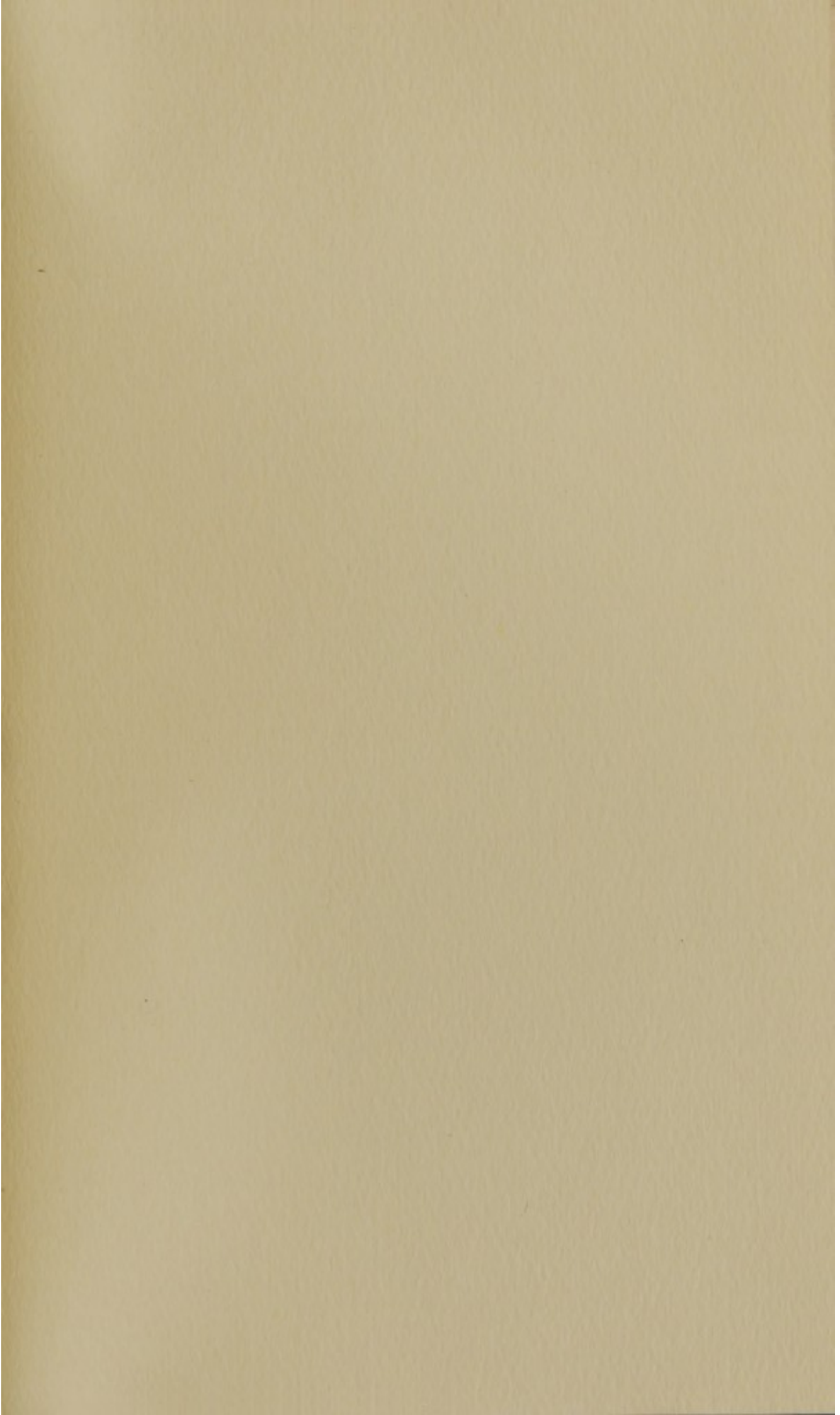
The acute Dysentery sometimes runs into the chronic state; in the relief of which, we should be governed by the state of the system as to what medicines should be used. The tonic and stimulating plan, is pretty generally the proper one.

But when tonics and stimulants fail, a salivation should be resorted to.

The acute Dysentery likewise runs into other forms of disease. I have seen one instance of its termination in the typhus, or low state of fever. In this case the patient was supported during the space of three weeks on brandy and laudanum, with occasionally a little aliment, and finally recovered.

I now close this short and too imperfect essay. Accept gentlemen, Professors in the university of Pennsylvania, collectively and individually, the best wishes of a sincere friend.

THE END.





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