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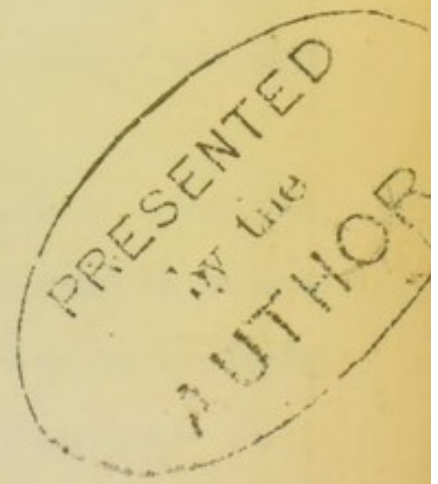
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5

A TREATISE
ON THE
VARIETIES, PATHOLOGY, AND TREATMENT
OF
DYSENTERY.



BY



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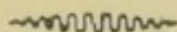
Surgeon, Royal Navy.



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DYSENTERY, ITS VARIETIES, PATHOLOGY,
TREATMENT.



“The symptoms, which denote the presence of dysentery, are, griping pains in the abdomen, followed by frequent mucous or bloody stools. Straining and tenesmus, attended by fever in the acute stage, in chronic cases pus is often discharged from the bowels.

“This is the description found in books, which treat of dysentery, and is correct and accurate so far as it goes; however, when we become practically acquainted with the disease, especially in warm climates, it will be found so modified by the concurrent action of other

lesions that the above simple definition will not be available when describing the various modes of treatment required.

“ In fact under the term dysentery there appears to be grouped together several affections of the bowels which differ altogether in their pathology and the treatment they require.

“ The great variety and opposite modes of treatment that have been recommended, all of them with a very unfavourable result, plainly demonstrate that as yet, *no settled or effective one* has been found. The disease has been named and treated from the physical symptoms present, without reference to the previous exciting or predisposing cause of these symptoms, it would be as reasonable to include under one head renal, cardiac, and hepatic disease of which dropsy is only a symptom, as the various affections that are treated under the name of dysentery.

With ample opportunity of studying the nature

and treatment of this disease, I was made painfully aware of the inefficacy of all modes of treatment in its *advanced* stage. "I saw some *recoveries*"—"no cures." Such I fear will always be the result unless *early* discrimination and treatment prevent *structural disorganization*.

The remedial agents, which I have found best adapted to attain this desirable result, cannot be looked on as *altogether* original, since the same class of remedies have been variously recommended by others.

"It is to the pathology of dysentery and the proper administration of *these agents*, to each *variety* of the disease that I would invite attention so as to guard against the fatal *routine* practice of treating the malady simply from its *name*,—a circumstance that causes great embarrassment to those who, for the first time, are called on to treat this affection in tropical climates.

"Before describing the different varieties of the disease with the treatment I found best adapted to each,

it will be necessary to enter briefly into the pathological anatomy of the parts engaged, so as more clearly to understand the action of the remedies employed, and

“FIRSTLY—It must be borne in mind that the circulation through the Vena Porta is quite distinct from the general systemic one, that once blood enters this system of vessels it can only find exit, either by passing through the Hepatic Capillary branches of the Vena Porta into the general circulation or by transudation or hemorrhage from the intestinal branches.

SECONDLY—The entire tract of the large intestine receives blood from the general circulation through vessels contained in the cellular tissue which connects it with the posterior wall of the abdomen, and in the pelvis the rectum becomes exceedingly vascular, the Venous blood returning by branches which empty themselves into the inferior Cava.

THIRDLY—“General bleeding can have no direct influence in lessening the quantity of fluid contained in

the Portal system, which almost renders it useless as a remedial agent in the treatment of dysentery—any general effect it might have in lessening the local inflammation through the system, is more than counterbalanced by the debility it induces.

FOURTHLY—This Portal congestion is the connecting link between Malarious Fevers, and dysentery ; also in cases of the latter where the disease becomes complicated with a defective circulation through an abnormal state of the heart, lungs, or liver.

FIFTHLY—The cuticle is continued over the Mucous membrane of the rectum for a considerable distance, rendering it less yielding, and preventing so early or free a discharge from its surface when inflamed as other tracts of Mucous Membrane which are free from this covering.

Thus then we have to deal with structures which are liable to be congested by one set of vessels, while active inflammation is carried on by another, at the

same time the congested and inflamed parts are unable to relieve themselves by transudation or capillary hemorrhage. Under such a combination of circumstances can it be wondered at if gangrene should quickly result?

To enable me more clearly to describe the treatment of the various affections of the bowels to which the general name of dysentery is applied, I will divide the latter into the following varieties.

1st.—Acute dysentery or inflammation of the large intestine occurring in a person otherwise healthy.

2nd.—Acute inflammation of the rectum. (Its anatomical structure requires a separate notice.)

3dly.—Hemorrhage from the bowels accompanying malarious fevers, usually described under the combined name of “Fever and dysentery.”

4thly.—Dysentery complicated with disease of the Heart, Lungs, or Liver.

5thly.—Dysentery complicated with scurvy or other abnormal condition of the blood.

6thly.—Chronic dysentery, the sequel of any of the other varieties, including what is termed “Dysenteric, diarrhœa,”

ACUTE DYSENTERY.

Predisposing and exciting Causes, Treatment &c.

The causes that produce a tendency to dysenteric affections are—Frequent congestions of the abdominal viscera from variations of temperature, the use of impure water and food, a previous attack of the disease, a morbid state of the blood caused by the overcrowding of human beings together, diarrhœa from some specific morbid matter in the blood and malarious fevers.

The exciting causes may be enumerated thus: exposure to cold wind or rain, especially after being heated

by exercise ; sleeping on the wet ground or decks ; excess in alcoholic drinks ; and the sudden stoppage of certain forms of diarrhœa by astringent remedies.

The first symptom that ushers in an attack of dysentery is diarrhœa. This may be taken as a general rule if strict inquiry is made into the matter. Thus in tropical climates when certain forms of diarrhœa prevailed as an epidemic, and all were treated alike with astringent remedies, the greater portion would get quickly well, whilst one or more cases would continue to have calls to evacuate the bowels made as frequently as ever, griping pains over the abdomen would be added, also a quicker pulse and furred tongue. The same order of symptoms mark the advance of dysentery in solitary cases.

I have found that if diarrhœa does not cease altogether, or very decidedly improve within forty-eight hours, if astringent remedies are continued, the disease will probably end in dysentery. And I have adopted

the practice of treating all such cases as dysentery if they do not give way to treatment within a given time. I confine my remarks to tropical cases.

On examining the excretions at this period they will be found to contain blood intimately mixed with tenacious mucus; this is analogous to the sputa observed in pneumonia. Sometimes it is masked by feculent matter; but will be found, in most cases, adherent to the containing vessel.

Straining with a *hot* or *burning* pain in the lower part of the rectum is added at this stage of the disease. These *latter* symptoms are very important not only as regards the medicines to be prescribed, but since *they increase* as the disease advances, they will afford the best criteria as to its severity and progress.

What termination the disease will take, depends in a great measure on the mode of treatment *now* adopted. It may be either: 1st Recovery without ulceration or other disorganizing process. 2nd Recovery

after ulceration and chronic dysentery. 3rd Death from gangrene peritonitis, or exhaustion.

I may here state my own experience that not alone *negative* benefit, but *positive* injury results from the use of *every* class of astringent medicine when given in the early stages of dysentery, and that some forms of diarrhœa are changed into dysentery when their use is continued beyond a certain limit, which I have already noticed.

I now come to the treatment that I have found successful in this painful, too often fatal, and I may add hitherto humiliating disease, so far as medical science is concerned. My wish is to be brief and practical. I will therefore state the remedies, and give cases to illustrate their action.

When I feel satisfied that a patient has dysentery, or diarrhœa tending to dysentery then, in accordance with the principles already laid down, I studiously avoid all astringent substances. The patient is placed in a hip-

bath for twenty minutes, as hot as may be borne. A combination of Antimony, Morphia, and Mercury is administered in the proportions given in the note below. (1)

After various trials I have found these proportions best adapted for general use. One pill is given every third or fourth hour according to the severity of the symptoms. When *straining* with a *hot* or *burning* pain in the rectum is present. Four drachms of the potassio-tartrate of soda is given either in a state of effervescence or plain solution every three hours so long as *these particular* symptoms are present.

After copious watery evacuations, relief is always obtained; and should the symptoms return, recourse is had to the same remedy until they are subdued.

NOTE (1)—R. Tartratis Antimonii et Potassæ . . . gr. $\frac{1}{2}$
 Morphiæ Hydrochloratis gr. $\frac{1}{4}$
 Hydrargyri Chloridi gr. ii
 Hydrargyri Pilulæ gr. $\frac{7}{1}$ M.

fiat Pilula.

I find that on the average in severe cases from eight to twelve pills and three or five doses of the "Saline" are required in the first thirtysix or fortyeight hours of the treatment. The hip-baths are given two or three times in the 24 hours. As the severity of the symptoms lessen the medicines are given less frequently; but it is usually found requisite to continue their use for some time. Thus one, two, or three of the pills daily, with an occasional dose of the saline when the symptoms indicated it, have been given for six or eight days; and in protracted cases for a much longer period before the inflammatory symptoms were removed.

When the pain had any tendency to become localized in one part of the abdomen, sinapisms and turpentine stupes were used.

During the early and convalescent stages, solid food is to be avoided. Arrow Root, beef-tea and the general articles of slop-diet are given.

Port wine in arrowroot, where there is much debility, in the advanced cases.

When the first or inflammatory stage has gone by, the muco-sanguineous discharge being no longer present, the griping abdominal pains having ceased, straining and sensation of heat in the rectum having entirely subsided, it will be found advantageous to give some of those substances which remove the relaxed condition of the mucous and muscular structure of the intestine, and restore its healthy secretions.

(NOTE 2) R. Acidi Tannici Gr. LX. Micæ Panis q. s. M. Fiant Pilulæ viginti ; quarum Capiat duas ter in die.

vel

R. Sulphatis Ferri Gr. XII. Sulphatis Cupri Gr. vi.
Pulveris Ipecacuanhæ Gr. VI. Morphicæ Muriatis Gr. iii M.
Divide in Pilulas xii ; e quibus sumatur una sexta quâque horâ.

vel

R. Sulphatis Quinæ Gr. LX. Sulphatis Magnesiæ oz. iiss.
Sulphatis Ferri Gr. XX. Acidi Sulphurici Diluti fl. dr. ii.
Aquæ Puræ fl. oz. XX. M. Fiat Mistura, Capiat Cochlearea duo
ampla ter in die.

vel

R. Infusi Quassicæ fl. oz. ii. Sulphatis Ferri Gr. ᷑ .
Sulphatis Alumenis Gr. x. M. Fiat haustus, quartis horis Sumendus
This last formula is very useful when Lumbrici are present.

Scybella in the colon are often present and require to be got rid of before much good can be effected. (Vide note 3.)

Too early a recourse to this class of medicine is to be carefully avoided. Should fresh symptoms of irritation appear they ought to be at once omitted, and those used in the prior stage of the disease again administered.

As irritability of the mucous surface of the intestine continues for some time, the *Diet* ought to consist of light and non-irritating substances.

CASES.

W..... J..... aged 36, was placed under treatment for acute dysentery on the 27th May.

NOTE (3)—R. Olei Terebinthinæ fl. dr. ʒ. Mucilaginis Acaciæ fl. dr. ii. Pulveris Rhei Gr. xxx. Misturæ Camphoræ fl. dr. x. M.

Fiat haustus bis terve in die sumendus.

vel

R. Olei Ricini fl. dr. iii. Olei Terebinthinæ fl. dr. i.

Tincturæ Rhei fl. dr. iii. Misturæ Camphoræ fl. dr. x. M. Fiat haustus.

vel

R. Pulveris Rhei Compositi Gr. xl. Tincturæ Rhei fl. dr. ii.

Aquæ Menthæ Piperitæ fl. dr. x. M. Fiat haustus bis die sumendus.

Has had diarrhœa for two days, for which astringent medicines were given without affording any relief. The motions from the bowels are from eight to fourteen in the twelve hours, they have now become mixed with tenacious mucus streaked with the coloring matter of the blood, of a dark brown color; complains of griping pains over the abdomen generally. Aspect of countenance anxious. Tongue white and coated. Not much febrile disturbance.

Straining and a sensation of heat in the rectum give him great annoyance.

To take half ounce doses of the potassio-tartrate of soda every four hours until relief is obtained.

To have a warm hip-bath

(4 P.M.)—Has taken two doses of the "Saline;" bowels have been opened only once. Heat and straining continue. To take six drachms of the potassio-tartrate of soda at once. Repeat the hip-bath.

(8 P.M.)—Bowels have been several times opened ;

expresses himself as relieved in every way. To take a pill composed of morphia, calomel, and the potassio-tartrate of antimony, every fourth hour (vide note 1.)

(28th 8 A.M.)—Feels much better this morning; bowels have been opened four times during the night. No blood or slime. Continue the pills.

(4 P.M.)—Bowels opened three times during the day; blood again present in the stools; repeat the hip-bath. Continue the pills.

(29th A.M.)—Twelve motions from the bowels during the night. No blood present this morning; straining and heat of rectum present. To take half an ounce of the potassio-tartrate of soda at once. Continue the pills.

(8 P.M.)—Bowels opened very freely (eight times through the day) straining and sensation of heat entirely gone; says that he feels himself much better. Omit the pills. Repeat the hip-bath.

R. Potassio-tartratis Antimony gr. $\frac{1}{8}$ Aceti Opii M. xx. Misturæ Camphoræ *uncias duas* M. Fiat haustus, statim sumendus.

30th Bowels opened six times during the night. No pain or straining. Repeat the draught.

Evening—Symptoms the same. Repeat the draught.

31st—Bowels opened four times during the night. No pain or straining. To have the draught.

June 1st—Passed a good night: bowels opened four times. To take one of the astringent pills three times daily (vide note 2) composed of the sulphates of iron and copper, opium, and ipecacuanha.

3d—Feels much better. Bowels open three times in the twentyfour hours. Has got tympanitis, omit the astringent pills.

To have one of the turpentine and rhubarb draughts (vide note 3.)

4th—Bowels opened twice, in the last twentyfour hours. To have a turpentine draught every morning and one of the astringent pills at bed time; 8 oz. port wine daily.

5th—The same.

9th—Continued the medicine until this day. Feels quite well but a little weak: omit all medicine: continue wine, beef-tea &c.

11th—Discharged, “well.”

The foregoing case is one of average severity in a healthy man who never suffered from the disease previously. The following case likewise occurred in a strong healthy man; with this difference however, that he underwent a severe attack of the disease on a former occasion.

J..... B..... aged 28 presented himself on the 25th of May. Has had diarrhoea for two days for which he got astringent medicines. Complains of griping pain in the abdomen: bowels opened very frequently. Ordered half an ounce of castor oil with thirty drops of laudanum.

May 25th, Evening—Complains more of the pain in the lower part of the abdomen: bowels opened very frequently.

R. Tincturæ opii M. xL.—Træ, Catechu fl. dr. ii.
 Misturæ Camphoræ fl. dr. x. M. Fiat haustus, statim
 sumendus.

26th—On examining the excretions this morning they were found to consist of blood, slimy mucus water, and fœcal matter ; ordered a pill with calomel antimony and morphia every fourth hour (vide note 1), A warm hip-bath night and morning.

Evening—No better ; anxious expression of countenance ; tongue white, furred and moist ; motions from the bowels every half hour of the same character as in the morning ; felt some relief from the baths ; continue the pills.

27th—Previous symptoms the same : to which are added—straining and great uneasiness in the rectum, with a scalding sensation.

To take one half ounce of the potassio-tartrate of soda every fourth hour until relief is obtained ; continue the pills and bath.

Evening—Took two doses of the “Saline;” has had several large watery evacuations; uneasiness in the abdomen; straining and heat in the rectum much less; excretions contain blood and slime; continue the pills; hip-bath.

28th—Slight general improvement; bowels opened very often; less blood and slime in the excretions; some tenderness over the abdomen; turpentine fomentations to be applied.

Evening—Feels better; countenance less expressive of anxiety; motions not so frequent; still contain blood and slime; continue pills.

29th—Not much pain through the abdomen; some straining and heat in the rectum; ten motions during the night consisting of blood slime and fecal matter; pulse quiet; tongue moist and yellow. To take half an ounce of the potassio-tartrate of soda at once; continue the pills.

Evening—Bowels opened ten or twelve times since

the morning, felt relieved by the "Saline": teeth slightly painful; omit the pills.

R. Antimonii Potassio Tartratis gr. $\frac{1}{5}$ Aceti opii M. xx. Misturæ Camphoræ fl. oz. i. M. fiat haustus H. S. Sumendus.

To have the hip-bath.

30th—No blood in the stools this morning, bowels opened six times during the night; repeat the pill; the draught at noon.

Evening—Very little pain; motions less frequent: repeat the draught.

31st—Motions seven during the night: the draught at noon; no pills.

Evening—Bowels opened six times during the day; to take one of the astringent pills. (Vide note 2.) Containing "sulphas cupri" &c.

June 1st—Eight motions through the night; no trace of blood or mucus this morning; astringent pill every fourth hour.

Evening—A trace of blood and mucus, hip-bath.

2nd—Bowels opened five times in the night; no blood or mucus.

Evening—Bowels opened three times since morning, no blood; complains of uneasiness over the abdomen; continue astringent pills.

3rd—Bowels opened six times in the night, has got griping pain through the abdomen. From the large amount of faecal matter in the stools it is probable that scybella have been lodged in the colon to a large amount; omit the pills.

R. Pulveris Rhei grs. xxx. Sulphatis Magnesiae grs. xc. Aquae fl. oz. i. Tincturae Rhei fl. drs. ii. M. fiat haustus statim sumendus.

Evening—Bowels very freely opened; straining and uneasiness less; to have one of the pills with calomel antimony and morphia, (vide note 1.)

4th—Pain in abdomen and straining present; repeat the rhubarb draught.

Evening—Pain and straining continue, to take one half ounce of the potassio-tartrate of soda.

5th—Bowels opened several times; no pain or straining; one of the pills. (Vide note 1.) To have 9 oz. port wine daily in three divisions.

Evening—Bowels opened six times during the day repeat the pill.

6th—Bowels opened four times in twentyfour hours; to take a pill night and morning.

7th—Bowels opened six times in the last twenty four hours, to have one pill at night.

8th—Bowels moved three times in the night; some straining present; hip-bath; no medicine.

9th—Bowels opened four times in twenty-four hours; no medicine.

10th—Bowels opened twice; tenesmus present, one pill with calomel morphia &c.

11th—The same.

12th—To have the quassia mixture (vide note 2) three times daily.

24th—Continued the medicine until this date; two

motions from the bowels daily; much improved in appearance and strength; solid food causes uneasiness and irregularity of the bowels; omit quassia draughts; to take two tannic acid pills three times daily (vide note 2.)

2nd July—Continued the pills until this day: is very much improved in general health; bowels continue sensitive to any disturbing cause in the shape of food, feels tympanitic after meals; omit the pills; to take the turpentine draught twice daily (vide note 3).

6th—Much better; draught once daily.

12th—Discharged quite recovered.

These two cases occurred on the East Coast of Africa in 1865.

ACUTE INFLAMMATION OF THE RECTUM.

This variety of dysentery though not the most frequent is by far the most fatal form of the disease, and runs its course with extreme rapidity to a fatal termination when left to itself or improperly treated, the anatomical structure already noticed together with the great vascularity of this portion of the large intestine will sufficiently account for the tendency which inflammation has to end in gangrene when this is its seat.

My attention was first directed to this form of the disease in the year 1858. Out of a great number of patients admitted into an hospital ship in China a certain number were received with the following history, symptoms, and appearance; the description of one will answer for all. They had been ill from three to five days. Sickness commenced with diarrhœa, had a burning pain in the lower portion of the bowels, great straining, were kept constantly going to the water closet (*every quarter of an hour.*) Some remained in it for hours as it was no

use to leave it, passing scarcely anything from the bowels, only a little red jelly like substance. Said that the treatment they got, did no good, but they now felt much *easier* since the burning pain and straining had gone and after having a sleep they would be quite well. Such were the terms that this class of patients invariably used in describing their symptoms, and at the same time appeared *nervously anxious* to impress on you how much better they were. Their anticipations turned out far differently. At the time they were speakin gthus, or some hours after according to the duration of the case fatal symptoms would be present or quickly set in. Livid, ice cold hands and feet, a quick feeble pulse, great anxiety and restlessness, in a word all the symptoms of Collapse would gradually increase until death put an end to the painful scene.

These symptoms mark two distinct stages in the disease, the 1st, one of congestion and inflammation. the 2nd, Gangrene, extravasation, and peritonitis if the

patient lived long enough; in the first stage nothing was voided from the bowels except a little red colored mucus; the second stage declared itself by large quantities of dark colored blood mixed with shreds of mucous membrane.

The first stage lasted from *three* to *six* days; the second from *three* to *eight*, after symptoms of disorganization set in. The patients were all in the prime of life, robust and healthy, coming from different places the treatment varied to a great extent, from *heroic* bleedings to the mildest alteratives.

These cases all ended fatally, the patients dying of exhaustion from the combined effects of the loss of blood, and the power of the nervous system at the same time becoming worn out by long continued suffering, the intellect remained clear; convulsions usually preceded death.

The appearances found on examination were: a gangrenous state of the coats of the rectum and

surrounding soft parts ; disorganization often went so far that the various textures gave way on the slightest force ; perforation of the intestine with the usual symptoms of peritonitis of recent date ; the portion of large intestine involved in this extreme state of disorganization did not extend beyond the sigmoid flexure of the colon, the remainder presented symptoms of congestion ; the small intestines were mostly found in their normal state.

At the time, my knowledge of this variety of dysentery extended no further than the foregoing remarks will indicate. I could obtain no decided information from others. Such were simply looked on as very severe cases of the ordinary disease on which treatment had little or no effect.

I have known bleeding, mercury, opium and almost every mineral and vegetable astringent tried without producing any favourable result, although carried to the greatest extreme.

A year after I made the foregoing observations, two cases occurred under my own immediate care which gave me the opportunity of studying the disease from its commencement. I was not long left in doubt as to its nature. One of the men died, the other recovered. A full report of both cases is herewith given as the best means of affording further information on the subject.

I look on these cases with peculiar interest; the fatal *one* left me no longer in doubt of the utter worthlessness of every mode of treatment hitherto in use; the second case proved I was fortunate enough to strike the right path which I have since followed with most satisfactory results; not only in the form of dysentery now under consideration, but in all others when a certain class of symptoms are present.

I cannot say whether there is any special difference of a specific nature between this variety of dysentery and that first described, which the greater vascularity and anatomical structure of the part engaged will not

account for. Some of the cases happened during a severe epidemic of purulent ophthalmia, the similarity of structure and tendency of both diseases to end in sloughing, would to some extent, lead to the inference of a common origin. Other cases occurred however where no such connection could be traced.

CASES.

J..... G..... aged 25 a very strong and healthy man was placed under treatment for dysentery on the 17th July 1859 ; for two days previously he had been treated for diarrhœa which at the time prevailed as an epidemic. The diarrhœa ceased, but was replaced in a short time by a constant desire to relieve the bowels, without passing anything from them.

Ordered a dose of castor oil and laudanum.

17th July, Noon—Complains of straining and tenesmus.

R. Chloridi Hydrargyri gr. iii. Antimonii Potassio-Tartratis gr. $\frac{1}{5}$.
Muriatis Morphiæ gr. $\frac{1}{5}$. M. fiat Pilula quartis horis sumendâ.

18th—Pulse 80, softer ; no relief to the straining or burning feeling (that he describes) in the lower part of his bowels ; pills produced nausea ; omit pills.

R. Chloridi Hydrargyri gr. ii. Pulveris Ipecauanhæ gr. i. Opii gr. ii. M. fiat Pilula quâque secundâ horâ sumendâ.

Evening—Straining and tenesmus very severe. To have a hip-bath as hot as can be borne.

R. Tincturæ Opii M. xl. Misturæ Camphoræ fl. oz. i. M. fiat haustus Statim Sumendus ; continue the Pills.

19th—Straining *constant* ; cannot remain more than ten minutes in his bed at a time, when he is obliged to go to the water closet, where he continues from quarter to half an hour.

Passes nothing from his bowels except a few drops of red colored secretion, (transparent) ; no pain in the abdomen, refers it all to the rectum ; repeat the hip-bath and draught ; continue the pills.

Evening—No relief ; asks for something to ease the burning pain and constant straining. To have an Enema consisting of 2 oz. starch and thirty drops of

laudanum after each straining effort; continue the pills; repeat the draught.

20th—Passed a large quantity of blood of a dark brown color having a granular appearance from being coagulated in small masses.

He has now taken 32 pills, without the slightest relief or symptom of mercurial action; omit pills; the countenance is expressive of great anxiety; the burning pain and straining continue; thirsty.

R. Acetatis Plumbi grs. v. Opii grs. ii. M. fiat Pilula omni horâ sumenda.

R. Aceti Opii M. xl. Chloroform M. x. Misturæ Camphoræ fl. oz. i. M. fiat haustus quartis horis sumendus.

Evening—Expresses some relief from the draught; continue pills and draughts.

21st—No better, passes large quantities of blood black and coagulated, burning pain continues; has become very restless.

R. Opii gr. xv. Vitelli ovi fl. drs. iii. Tere bene simul, Adjice Aquæ tepidæ fl. oz. i. fiat injectio frequenter utenda. Continue pills.

Evening—Injections have given relief to the pain

and straining ; continues passing clotted blood in considerable quantity ; continue the pills and injections ; to have a draught with a drachm of laudanum occasionally.

22nd—Stomach begins to reject the medicine ; continues passing blood ; pulse small ; skin getting cool ; has a remission of pain (now a fatal symptom) ; as yet no pain or tenderness on pressure over the whole abdomen, the lower part of the pelvis is referred to, as the part where all the pain exists. To have brandy and water.

Noon—Symptoms of sinking ; two ozs. of port wine frequently (every hour) ; omit the pills.

R. Aceti Opii M. LX. Acetatis Plumbi grs. v.

Mist Camphoræ fl. oz. i. M. fiat haustus quartâ quâque horâ sumendus.

23rd—Felt easy and had some sleep during the night ; took some fowl jelly ; pulse small and rapid ; tongue moist and clean (strangely so) ; extremities cold.

9 A.M.—Complains of violent pain all over the abdomen ; very restless ; animal life still strong.

Noon—Rapidly sinking, remains quite clear and collected in his manner; vomiting of brown matter; nothing remains on his stomach, in great pain. Died at 3 o'clock P.M., convulsed.

The P. M. appearances were such, as have been described.

C..... H..... aged 28, strong and healthy; came under treatment on the 31st of July 1859 for dysentery.

He complained at first of diarrhœa similar to that which was affecting the remainder of the ships Company at the time, and was treated in the same way.

After two days the diarrhœa ceased; he now complained of pain in the lower part of the abdomen not increased by pressure, of a burning or scalding sensation in the rectum which kept him constantly straining at stool, but without any evacuation; has got an anxious look; states that he feels very ill but cannot describe it. Tongue is slightly coated, white; pulse 80 full and soft.

R. Tincturæ Opii M. ℥x. Spts, Ammonicæ A. M. xxx. Tincturæ Catechu fl. drs. ii. Aquæ Menthæ fl. oz. i. M. fiat haustus horâ Somni Sumendus.

31st—Straining and burning pain in the rectum more intense ; can only keep from the water closet a few minutes at a time ; pulse natural ; tongue moist and more thickly coated ; general appearance expressive of great anxiety. Ordered an effervescing draught, with three drachms of the potassio-tartrate of soda every fourth hour until the bowels were very freely opened.

Evening—Has taken three doses of the tartrate of soda and potass ; the bowels have been very freely opened. Since which the straining has almost ceased.

States that a short time after taking the first draught, when it began to cause a movement in his bowels, he found the pain and straining diminish.

To have a hip-bath :—

R. Potassio-Tartratis Antimonii Gr. $\frac{1}{3}$. Tincturæ Opii M. x. Syrupi fl. dr. i. Aquæ fl. oz. i. M. fiat haustus quâque tertia hora sumendus.

1st August—Passed a quiet night, bowels have not been opened since last evening : Continue draughts.

Evening—The pain and straining have returned and with them the look of anxiety and pain.

To repeat the saline purgatives every three hours until relief is obtained.

2nd—Took two draughts, passed three large watery stools, with complete relief to the pain and straining. Continue the draughts with the tartrate of antimony.

3rd—Feels much better, tongue cleaner, anxious expression gone, continue draughts.

Evening—Bowels have not been opened since morning.

4th—The same as yesterday, continue.

5th—The same; to have, half an ounce of castor-oil.

6th—Bowels opened naturally; omit draughts.

7th—Complains of weakness, otherwise feels quite well; to have Port Wine daily (8 oz.)

Sulphatis Ferri gr. ii. Pulveris Rhei gr. vi. M. fiant Pillulæ duæ ter in die sumendâ.

14th—Continued this treatment until this day, when he was discharged quite well.

I may state here that this mode of treating dysentery is not put forward with any claim to *infallibility*. Time, with the experience of others must test its full value. Since first adopting it in 1859, out of a large number of acute dysenteric cases that have been under my care, *all* of them recovered without passing beyond the *first* or inflammatory stage. To these might be added a number of “diarrhœa cases” thus *treated*, which otherwise would doubtless have ended in dysentery and many of them were stated to be *such* by the patients themselves, but *I* have excluded all cases where I did not satisfy myself by personal observation that the products of inflammation were present in the excretions.

It may be observed in the description of these cases the importance which is attached to the two symptoms. *Straining*, and *burning* pain in the lower part of the bowels. So far as my experience goes, they are the

only ones on which any reliance can be placed to indicate the *severity* of the disease and the nature of the *treatment* required.

The local inflammation may end in disorganization while the constitutional symptoms are by no means commensurate with the serious nature of the case.

The therapeutic action of the medicines employed are : the potassio-tartrate of soda by emptying the vessels of the portal system relieves the congestion and tension of the inflamed parts, while it favors the operation of other remedies, as well as affords them time to produce their effects.

The results of the combined action of mercury antimony and morphia are : Diaphoresis. Equalization and lowering of the circulation, diminished irritability, and resolution of the inflammation.

Opium is contra-indicated on account of its astringent properties, and none of the other saline purgatives act so effectually and at the same time produce so little irritation as the Rochelle salts.

DYSENTERY AND FEVER.

There are two forms of quite an opposite character under which this complication is liable to exist.

In the first, the malarious fever is the primary lesion. The sanguineous discharge from the bowels is not connected with inflammation, and should be looked on as a case of "hemorrhage by exhalation" resulting from congestion of the Vena Porta in its hepatic branches. In some instances the blood appears as if drawn from a vein, in others it is more largely diluted with serum and increases or diminishes in quantity with the paroxysms and remissions of the fever.

It becomes a most perilous complication in malarious fevers where cicatrices exist in the intestines, the remains of ulcerative dysentery on a former occasion, the enlarged capillaries appear to give way around and on the surface of the cicatrix and death follows in a short time from hemorrhage which there is no means of arresting.

Without entering into the subject of malarious fevers, I look on the free use of saline purgatives for the purpose of relieving the portal congestion as one of the most important points in the treatment of the disease and the only hope of warding off the fatal termination just mentioned.

I had an opportunity of observing the two following cases where death resulted from hemorrhage the treatment consisted of astringents viz.: Acetate of lead, tannic acid, turpentine, opium and others of a similar nature, they did not check the hemorrhage in the smallest degree: what might have been the effect produced by an early recourse to saline purgatives, must remain a matter of inference only.

J..... W..... aged 20, had a very severe attack of dysentery which lasted over three months, it was accompanied with a great deal of hemorrhage and all the symptoms of ulceration, very slight hopes were entertained of his recovery; he at length however rallied and

got quite well, regained his strength and flesh, "even more so than before he got ill." Two months after his convalescence he got a slight attack of intermittent fever of a quotidian type, for this he got some quinine, the febrile symptoms were very slight. On the third day he complained of pain in the track of the colon, dysenteric symptoms followed attended by a profuse discharge of blood sometimes of a dark venous, at others of a brick-red colour. His features became contracted, countenance pale, lips bloodless, pulse weak and faltering. He died on the third day of the hemorrhage and fifth of the fever. Intellect remained quite clear all through.

On examination the bowels were found pale and exsanguine. Several cicatrices with raised margins were observed in the ascending colon. No breach of surface or open mouths of blood vessels could be detected with the naked eye.

J..... B..... aged 23, was taken ill early in the

morning with intermittent fever, he got some calomel and quinine powders during the day, he also had a mixture with antimony and nitre. Next morning he passed a large quantity of fluid from his bowels principally composed of blood. He had large doses of tannin and quinine, towards evening he became semi-comatose and replied to questions with reluctance. Continued to pass blood from his bowels in large quantities he gradually became cold, pale, and pulseless, with contracted features and died on the fourth day slightly convulsed. This man underwent a severe attack of dysentery in the Crimea three years previously.

The bowels were found exsanguine, several large cicatrices occupied the ascending colon. No breach of surface could be detected, the brain contained an abnormal amount of serosity.

The second form under which fever and dysentery are found existing together is, where the fever casually arises during the progress of an attack of acute dysen-

tery. This complication renders the treatment of dysentery extremely difficult, and the frequency with which it is met with on the coast of China will in a great measure account for the severity of the disease and the fatal result so often witnessed in that part of the world.

Where the paroxysm of the fever is well marked the case is plain enough. More frequently the fever is shorn of one or two of its stages or they are so slightly developed as to escape detection, in this way the fever is often looked on, and *treated* as one of a simple inflammatory *Nature*; the treatment producing negative results and ending only in disappointment.

When the compound disease advances into a chronic state, removal from the climate will be found absolutely essential to recovery.

The following case affords a good example of acute dysentery and fever with the treatment found best adapted to such cases.

H.....R.....Placed under treatment for acute dys-

entery, on the 24th of May ; he had been suffering from diarrhœa for two days previously in common with a number of others who were similarly affected. The motions from the bowels were very frequent but unattended by pain or febrile symptoms ; he took a pill containing acetate of Lead and opium every fourth hour until eight were taken, when the diarrhœa ceased.

A few hours after he complained of pain in the lower part of the abdomen accompanied by straining, a hot feeling in the rectum, and the voiding of a quantity of reddish mucus.

To take half an ounce of the potassio-tartrate of soda in an effervescing draught every third hour until the bowels are freely opened.

A hip-bath as hot as can be borne.

4 P.M.—The bowels have been freely acted on, to effect which *three* doses of the “saline” were required ; expressed a sense of relief after taking the first draught.

8 P.M.—Skin very hot, face flushed, pulse 90, full ;

headache, these symptoms were preceded by chills ; complains of return of the pain in the lower part of the abdomen with straining.

Repeat the saline purgative.

25th—Has got a remission ; profuse perspiration followed the febrile symptoms. To take 15 *grains* of quinine at once, and one of the saline draughts at noon.

Evening—Free from fever, bowels have been opened frequently, excretions streaked with *pure* blood while other portions consisted of *blood and mucus* intimately mixed like the sputa of pneumonia.

To take a pill containing calomel antimony and morphia every fourth hour (vide note 1). Sago and milk diet.

26th—Passed some more blood ; pain and straining continue ; repeat the saline purgative, to take one of the pills every three hours ; turpentine fomentation to the abdomen.

Noon—Symptoms of another paroxysm of fever setting in ; to have 20 grains quinine at once.

Evening—Paroxysm of fever modified ; (a slight hot and no sweating stage), is now quite cool ; no pain ; continue pills.

27th—Bowels opened only twice during the night ; pain and straining continue in a minor degree, repeat the saline purgative ; continue pills and turpentine fomentations.

Noon—Passed a large fecal stool slightly streaked with blood ; tongue moist and white ; clean at the tip and edges.

Evening—Much easier, not much pain ; no fever ; continue the pills.

28th—Slept well ; bowels opened once, to take a pill night and morning, and one of the saline draughts at noon.

29th—Much improved ; continue pills and draught.

30th & 31st—The same.

1st June—He is now free from all pain and straining; omit pills and saline draughts; beef tea, 6 oz. port wine.

3rd—Continues improving; bowels constipated.

R. Pilulæ Rhei Comp. grs. LX. Sulphatis Ferri grs. x. M. fiat Pilulæ xii. Capt. i. ter in die.

6th—Bowels regular; stools natural; not much appetite; continue pills.

R. Infusi Quassiaë oz. xv. Tincturæ Cinnamomi oz. i. Carbonatis Ammoniaë drs. ii. M. fiat Mistura Capiat Uncias duas ter in die.

This treatment continued until the 17th instant when he was discharged quite well.

DYSENTERY COMPLICATED WITH DISEASE OF THE HEART, LUNGS, OR LIVER.

These several affections all act in a similar way on the inflamed mucus membrane of the intestines, producing congestion of the abdominal venous system. The effect is more apparent and oftener met with in chronic dysentery, than in the acute varieties that have been described.

A scirrhus state of the liver brought on by intemperance conduces to the production of a very intractable form of dysentery that ends fatally in almost every instance.

Organic disease of the heart and lungs may likewise be looked on as most formidable obstacles to the recovery of a dysenteric patient while he continues subject to the influence of an unhealthy climate. Speedy removal from such deleterious influence presents the only feasible hope of prolonging life, so far as the dysentery is concerned.

The treatment requires to be of a mixed character; having reference to the dysentery, as well as the particular lesion with which it may be associated.

I need not enter further into the treatment of these complications than to state, that in none of them is the use of saline purgatives contra-indicated; on the contrary, great temporary benefit is often derived from their administration.

Perfect recovery cannot be looked forward to with much hope; but the knowledge and recollection of these complications tend to the formation of a correct prognosis, a circumstance always beneficial to the patient and satisfactory to the medical attendant.

The following case will afford an example of the necessity of bearing these complicated cases in mind.

J..... F..... aged 27, for upwards of two years suffered from repeated attacks of dysentery and diarrhœa. They were *not* of a severe character, and generally followed acts of intemperance or work where much physical exertion was required.

He came under my care with somewhat the character of a malingerer, in the six succeeding months he had six distinct attacks, they lasted from eight to fourteen days each, the excretions unequivocally proved the presence of inflammation within the bowels; rest, mild saline purgatives with a few pills containing calomel antimony and morphia quickly removed all dysenteric

symptoms and left him apparently quite well. The last attack that I saw him have, was a very severe one, he was treated in the usual manner and got over it. Some faltering in the pulse led to an examination of the heart when symptoms of valvular disease were found to exist, indicating regurgitation through the mitral orifice. Nothing had previously pointed to the existence of such an affection, he never made any reference to it himself, it turned out however that he had been sent home from the Pacific four years before for disease of the heart.

This man died a few months afterwards on his passage to England.

DYSENTERY ACCOMPANYING SCURVY OR OTHER ABNORMAL STATE OF THE BLOOD.

This is another complicated form under which dysentery is met with, the recollection of which will tend to elucidate much, that would otherwise be obscure about its diagnosis and treatment. Dysentery and

scurvy are found associated in men employed in the merchant service more than in any other class of persons with whom I am acquainted.

They are also met with among troops landed after long voyages in countries where dysentery is endemic.

They may likewise exist together in any place when circumstances favourable to the production of either disease are coincident, as the absence of proper vegetable diet and the use of impure water for lengthened periods.

When called on to treat one of these cases the first point requisite to decide is, whether the blood in the excretions is connected with inflammation or simply the result of a scorbutic diathesis.

The presence of inflammatory action is denoted by the appearance of the muco-sanguineous secretion, (before described as similar to pneumonic sputa) irritation in the bowels, straining, and hot feeling in the rectum. When the blood is the result of scorbutic depravation it is easily diffused through water or any fluid it may

happen to be mixed with. Blood may appear under both these forms at the same time.

The mortality among merchant seamen in foreign climates, (from what I have observed abroad) is due in very many instances to the combined action of dysentery and scurvy, to which malarious fever is not unfrequently added.

The inflammatory symptoms are in general not of a severe character, the inflammation itself is sub-acute with a strong tendency to end in ragged ulceration of the mucous membrane.

The duration of the disease is usually protracted, change of climate with proper food and treatment will cause the recovery of many cases, after ulceration of the intestines and extreme prostration rendered such a termination apparently hopeless.

“ Treatment. ” In a number of cases that fell under my care as well as others that I had been consulted about, the treatment consisted of *saline purgatives* ad-

ministered daily or oftener if necessary so long as the pain straining and other symptoms of inflammation were present; at the same time twenty drops of the muriated tincture of iron with three or five grains of quinine every sixth hour. Six or eight ounces of lime juice were allowed every twenty four hours. A scruple of the citrate of iron was sometimes added to the lime juice, the muriated tincture being omitted for the time.

The diet at first consisted of beef tea, chicken jelly, arrowroot and port-wine; after a few days when the digestive powers were improved, well cooked animal and vegetable substances were gradually added.

In this, as well as, in other forms of dysentery that lasted for some time, the gastric juice appears to be secreted in such small quantity, that solid food is not acted on but passes through the bowels unaltered causing irritation and retarding the patient's recovery. Port wine was given according to the amount of depression, from eight ounces to a bottle daily. Morphia was given

to procure sleep, the want of which is much complained of in these cases. A relaxed condition of the mucus membrane continued for some time after dysenteric and scorbutic symptoms disappeared. Tannic acid the sulphates of iron and copper, oil of turpentine &c. were used in the manner already pointed out.

When the patients were within the reach of the curative effects of medicine, the above system of treatment afforded a marked and very favorable contrast to cases that were simply treated with astringent substances and opium from the commencement.

CHRONIC DYSENTERY

When an attack of dysentery passes into the second or ulcerative stage the prognosis as to the final result is always doubtful. So much depends on Constitution, climate, treatment &c. that it is impossible to lay down any rules for guidance on this point. Some persons appear to have a constitutional predisposition for the disease, as it attacks *such* without any apparent exciting

cause, whilst others who recklessly expose themselves to every influence from which it is liable to arise, escape altogether. Although in other respects they are placed under the same circumstances.

In all the very acute, and rapidly fatal cases that fell under my notice, the patients were robust and healthy. When the constitution was naturally weak or became debilitated from any cause, the disease was commonly protracted or lapsed into the chronic stage.

Since the origin of dysentery depends so much on the nature of the climate and the deleterious influences common to it, the speedy removal from such, is the most important curative measure that can be recommended.

In some cases it is impossible to carry out this advice; in others it can only be followed by the sacrifice of hopeful prospects (particularly among the mercantile community abroad), whilst non-compliance is too often followed by a fatal termination. Under no circumstance

does the opinion of a medical attendant require deeper thought and care.

In the strong and healthy I have reason to believe and hope, that the treatment advocated for the acute forms of dysentery will be found in most instances adequate to arrest the disease in its first stage. The complicated cases must be separately judged by the peculiar circumstances with which they are connected. While a large proportion of cases that assume the chronic form in weakly constitutions, will require removal from the climate to save life.

When the inflammatory stage ends in ulceration it is not to be supposed that the inflammation is thereby extinguished. New symptoms arise which indicate the presence of ulcers viz.: hemorrhage from the small blood vessels laid open in the track of the ulcer: here the *color, isolation, and quantity* of the blood have, each a peculiar meaning of their own. So long as the pain and straining are present accompanied by the muco-

sanguineous secretion the same mode of treatment should be continued, modified by circumstances of course. When these symptoms are urgent a free evacuation from the bowels by the use of the potassio-tartrate of soda affords immediate relief, which lasts several hours after, and sometimes even for days. One of the pills containing calomel antimony and morphia should be given night and morning or at night only, and gradually left off as the inflammatory symptoms subside. Although the specific effect of mercury is seldom witnessed severe salivation is to be guarded against.

To remove the relaxed condition of the mucus membrane and restore the tone of the capillaries astringent medicines should be cautiously given.

It is impossible to lay down any rule as to the precise time when they can be first given with advantage. In many instances their use will be followed by a return of the inflammatory symptoms for which it will be necessary to have recourse to the saline purgatives. I have

found the best results to arise from alternating or combining the use of the purgative and astringent remedies.

The formula of the astringents in general use have been already given. The permuriate of iron, citrate of iron and cod liver oil are valuable adjuncts as tonics. When the patients were females strychnine given in doses of the twentieth of a grain combined with sulphate of iron and quinine three times daily, removed the general relaxation their system underwent.

Solid food is objectionable while the digestive powers are weak ; beef tea and arrowroot frequently given, with a moderate allowance of port wine is one of the best forms of diet that can be selected in chronic dysentery.

Conclusion. As a proof of the propriety of treating chronic dysentery according to the principles laid down I may state, that on returning from China along with a number of dysenteric invalids, these principles were fully carried out in practice, and the entire number were convalescent before reaching England.