PREFACE.

Few diseases in the United States are more extensively prevalent or more formidable in their character than Dysentery. With the exception perhaps of Consumption, there is not one that annually demands a greater number of victims. The Cholera justly excited in its several visitations no small amount of trepidation and alarm, and yet, the Dysentery annually carries down nearly as great a number of persons as did the Cholera during any year of its invasion. For it should be remembered that while the Cholera was confined to certain locations and ranges of territory, the Dysentery every year prevails as an epidemic over the entire country, from New-England to Louisiana, and from Virginia to Wisconsin, and often as a most fearful and fatal scourge.

Against this destructive epidemic, as against Cholera and other frightful diseases, the Homœopathic Method of treatment has been eminently successful, often saving the victim and establishing a brilliant renown. As yet we have had no systematic and reliable treatise upon its history and treatment, and it is to supply this want that our labours have been directed.

As it has been our aim rather to be useful, than bril-

liant, to do good than to gain reputation, we have not attempted to write an entirely original monograph, but to gather from every source whatever was important and reliable, and whatever would conduce to a correct knowledge of the disease and its appropriate treatment. Hence we have made free use of all the authorities within our reach, Schœnlein, Canstatt, Andral, Rokitansky and others, have been principally consulted for Natural History and Pathology, while none of the writers of our school have been neglected in the department of Therapeutics, and all has been modified and confirmed from the results of our individual experience.

An objection has been offered, that a treatise upon a single form of disease should be so extensive. But we flatter ourselves that the practitioner or student truly alive to the responsibilities of his position, standing in the presence of a formidable disease, will not care how extensive the monograph may be, so that it shall readily convey to his mind all that he desires to know on the subject. To him under such circumstances no fact belonging to it becomes uninteresting or unimportant, and hence we have thrown in many facts concerning the Natural History and Pathological Anatomy of the disease which might at first sight seem unnecessary.

As the work will doubtless be consulted by inexperienced professional Homœopaths and amateur practitioners, it was important to give the doses and proper mode of administration for their benefit. The experienced Homœopathic Physician will require no such guide. We have indicated the doses and mode of administration

which has been sanctioned in our experience, and which have proved with us very uniformly successful.

In forming the Repertory, our design has been to make one which should be useful for consultation in the treatment of this disease. Hence we have limited it to the symptoms most frequently occurring, and to the medicines most likely to be employed in the treatment; frequently omitting for the sake of brevity, those medicines which though corresponding to the single symptoms under consideration, nevertheless did not correspond to the entire character of the affection. Hence for instance under the rubric *Tenesmus during stool:* the practitioner need not be surprised to find only a dozen medicines mentioned in the Repertory, while fifty medicines probably have that symptom in the Materia Medica, and so of others.

The insertion of the reported cases from practice seemed necessary only for the sake of completeness. They doubtless have their value. More to some minds than to others. And though they may not serve as models in the treatment, they are not without value in other points of view.

Fred. Humphreys.

New-York, July, 1853.

DYSENTERY.

INTRODUCTORY REMARKS.

Most practitioners understand by Dysentery a range of symptoms as follows: bloody, sparse but frequently repeated evacuations from the bowels, with tenesmus, colic pains and general febrile affection. These symptoms are proper to every inflammation of the colon and rectum. But is Dysentery only a simple inflammation of the large intestines! Many physicians rest satisfied with this view of the case, according to which, the epidemic and endemic appearance of dysentery, its evidently infectious and contagious nature, the tendency to adynæmia, its relationship to intermitting fever and typhus, and other peculiarities of the disease, are as little explained, as is the essence of Typhus when we consider it as nothing more than an inflammation of the ileum.

Dysentery is not merely a simple inflammation of the large intestines. Every circumstance indicates that the epidemic dysentery, like the exanthematous,

and typhus process of disease, is a disease from the intoxication of the blood, occasioned through the reception or development of a morbid poison in the blood, and localizing itself upon the large intestine in the form of a specific irritation. Whether the dysentery is a wholly specific process of disease, constantly projecting itself upon the large intestines;—or, whether it is one limb only out of a range of diseases which are produced by a similar injurious agency, belong to the same original source, and yet manifests its varied local appearance through individual or cosmic influences,—or finally, whether the dysentery is only an expression of the particular localization of the form of disease, but which may be occasioned by essentially different disease processes, are questions yet undecided. The majority of physicians hold to the view that the dysentery is a specific morbid process, which requires a particular place among cosmic diseases, as well as the variola, the yellow fever, the cholera, the typhus, &c. In favor of this view among other circumstances may be mentioned that the dysentery occasionally appears alone and independent, and not in connection or dependence with other epidemic diseases. Without questioning the variety of epidemic dysenteries, those who accept this explanation quiet themselves with the reflection that other cosmic diseases, as variola, scarlatina, typhus, &c., do not always appear in the same form, but often assume a mild or an inflammatory, a bilious, or an adynamic character—modifications which we are in the habit of

referring to the unquestionably not yet well known laws of intermitting diseases.

Williams has with much ability maintained the opinion, that the dysentery is a branch of a large family of diseases excited by marsh miasm, including also the intermitting and remitting fever, cholera, &c. He remarks that there is no region, where swamp fever prevails, in which the dysentery is not also endemic; that swamp fever and dysentery may exist at the same time in the same individual, or succeed each other; that intermitting fever often ends in dysentery, and the contrary, and that in swampy districts the dysentery disappears as soon as the swamps are drained and the ground becomes dry, &c. But we learn only from this, that miasma, that great X in pathogenie, in the production of dysentery, as in many other diseases, plays a certain part, without excluding the concurrence of other injurious potences; or without our being enlightened as to the nature of this miasm. Eisenmann is the most ingenious advocate of the theory that dysentery is the local manifestation of very different disease processes, upon the mucous membrane of the intestinal canal; the processes which localize themselves under this form may be the pyrosic, typhoid, rheumatic, scorbutic, cholorotic. Dysentery according to this view, is not a peculiar disease process in itself, but is a typhus, a cholosis, a rheumatism, which forms its local focus upon the colon and rectum, and thus forms a co-

lo-typhus, a colo-cholosis, &c. The remarkable variations in the appearance of the dysentery of different epidemics he explains not from the accidental complications with gastrosis, or other modifications exibited according to the epidemic; but rather from an essential difference in the disease process which chooses this portion of the intestine as the place of deposition for its product.

After a careful examination of all the facts in the case, we are inclined to the opinion that dysentery should be considered the local expression of a morbid process, which may vary both in its origin and characteristics. In the majority of cases dysentery is the product of an earthy poison, and should be classed among the type of diseases having a true malarious origin, and it thus appears in connection with typhus, and is observed in marshy regions in summer and autumn. Other cases of dysentery arise from localization of cholosis in the large intestine and rectum, and appear in connexion with other bilious diseases; but often also, the dysentery prevails at the time of the prevalence of typhus in a more fatal form, as an offshoot of the typhus process. Colonitis and proctitis with dysenteric symptoms may be occasioned by many external causes, as traumatic injuries, worms, &c. But here we only speak of dysentery in its stricter sense as a disease appearing epidemically.

We pass now to the consideration of the disease itself, and commence with a description of anatomical changes occasioned by it.

ANATOMICAL CHARACTER.

The variety in the anatomical changes so far as we possess them through the diligent labors of Gely, Thomas, Gueretin and Rokitansky, may be referred to the different stages and grades of intensity in the disease; and it may be difficult to infer from these changes with precision, what has been the genetic character of the disease.

The principal seat of dysentery with reference to its focus of concentration and termination, is the mucous membrane of the large intestine, and the principal alterations are found extending in an increasing ratio from the cœcum to the rectum. But the affection does not remain limited either to this portion of the intestine, nor to its mucous membrane. The pathological changes often pass above the cœcum into the small intestines, often reach even the stomach, and the neighboring organs of the intestinal track, are sufficiently often brought into sympathetic suffering. The disease also always tends to extend in depth, invades the submucous tissue, the muscular coat, and even reaches the peritoneal folds. The distinction of a circumscribed, and diffuse, an erysipelatous (limited to the mucous coat) and phlegmoneous dysenteric inflammation, which have been derived from the variety in the rays of extending inflammation, are of no practical value as they are by no means clearly marked by their symptoms.

The anatomical characteristics at the commencement of the disease, are difficult to be described, as

subjects from this stage are rarely examined. The slightest grade of change forms redness and swelling of the mucous membrane on the more prominent plaits of the membranous folds, infiltration of submucous cellular tissue, redness, and an easily-bleeding softening; according to *Rokitansky*, the epithelium of the mucous membrane is elevated into small miliary vesicles, and is cast off in minute portions, or may be easily detached with the scalpel, so that the membrane lying beneath appears to be excoriated. With the increase of the serous infiltration of the submucous cellular tissue, lumpy swellings, apparently hypertrophic, arise, while at the same time, there is a bilious softening of the mucous coat.

The anatomical condition of the intestinal track assumes in the farther progress of the disease, various modifications, the consideration of which will be facilitated by distinguishing the following points.

The *contents of the intestinal canal* which may often be known externally by their color; consist in the beginning of a greyish red mucus, more or less mixed with food, and later of mucus mixed with cast-off epithelium, pseudo-membrane, blood, pus and gangrenous exfoliated mucous membrane; and it may at last be changed to a dark brown, cadaverous smelling fluid, like coffee sediments. A portion of the contents of the intestine are deposited upon the surface of the diseased intestine, of more or less thickness, variously colored or green-villous stratum, which may be taken off with the scalpel. This layer con-

sists not only of a precipitated portion of the contents of the canal, but arises also from a dyphtheritic secretion from the mouths of the mucous follicles, and follicular ulcerations, and from the mucous membrane, which is softened, may be easily detached from its position, and is swelled to a raspberry-like appearance.

The redness of the mucous membrane varies from rose and bright red, to purple and brownish red. Even at the beginning, the mucous tissue is macerated to softening, first the epithelium, later the entire mucosa in stripes, so that the layers continually extend in depth, and larger portions are excoriated or laid bare. The softening extends in part on the surface over large stripes, and in part is limited to circumscribed spots. We should not confound the changed mucous membrane with the strata of pseudo-membrane, which often lies upon the mucosa, and gives it a pointed-like appearance, and beneath which the mucosa at times may be found uninjured.

The changes in the intestinal follicles have been carefully described by *Thomas* and *Gely:* They swell from the sixth to the tenth day of the disease, become dilated, and form small ulcers, covered with a pseudo-membranous material.* Dilatation and degeneration of the follicles becomes more apparent in the farther progress of the disease.

* We find says Gely, along the whole length of the large intestine numberless small dark points, discernible with the naked eye, surrounded by whitish plain broad elevations, which are clearly the

Especially important is the participation of the *sub-mucous cellular tissue.* The serous infiltration of this tissue at the beginning, penetrates by degrees into the muscular; hence arises a considerable thickening of the intestine, often to the extent of from three to five lines; at the same time through the contraction of the muscular coat, the folds of the mucous coat are pressed inward, and the intestine assumes a warty, glandular, hypertrophied appearance, forming the warty hypertrophy of the sub-mucous cellular tissue, described by *Gely.*

With the extension of the disease, the mucous membrane over the knotty infiltrated sub-mucous cellular tissue, frequently becomes overlaid with a firmly adherent dark red, darkish brown scurf, which finally degenerates in large stripes to a dark friable almost carbonized mass, which yet later is thrown off in the form of tubular patches, (the so called sphacelated membrane.) The sub-mucous cellular tissue appears either as a carbonized mass of blood, or is saturated with bloody serous fluid, or bleached, and containing in its vessels a mass of dark carbonized blood, but which later, in consequence of throwing off of the sphacelated portions, is infiltrated with pus in consequence of active inflammation, (*Roki-*

mouths of the swelled follicles. Frequently the central dark point is replaced by a small greyish ulcerous opening, which leads to the base of the krypt; some of these ulcers are two or three lines in diameter.

iansky.) From destruction of the mucus membrane, the muscular and even peritoneal folds may be exposed, and even entire perforation at times be produced.

Usually the intestines are distended with gas; the colon is sometimes dislocated, so that the transverse colon is pressed down into the sacrum. Frequently a considerable portion of the colon is constricted as from a ligature, while the portion of intestine lying above it is thinned and distended, while the contracted portion may be of cartillaginous hardness. Such strictures are found most frequently in the vicinity of the sigmoid flexure, and the arch of the colon, more rarely in the rectum.

The above described alterations belong especially to the acute period of dysentery. In what manner in a termination in health, a retroformative process in such changes is possible, can only be ascertained by an examination of those patients who having lived through the dysentery, have finally succumbed to some other disease. We find in such cases often a new formation in place of the substance lost by softening and ulceration, and either beginning or perfect cicatrization. The denuded sub-mucus cellular tissue is changed into a smooth, serous, sero-fibrous tissue, the surrounding mucosa appears wrinkled and retracted towards the centre, the membrane which remains island-like in the centre, shrinks together, the borders of the old ulcer become attenuated and reach out to the centre; the contraction of the cicatrizing

tissue, and the hence folding up of the part frequently occasions stricture of the intestine. It is not always that the infiltrated febrinous product of disease in the sub-mucous tissue is resorbed, but frequently it becomes changed and organized to a hard lardaceous mass, which not unfrequently prejudices the free movement of the intestinal canal.

The loss of substance in the mucous membrane may be changed to independent ulcerations, the dysenteric process pass over into an entero-phthisis. The borders of the ulcer, as well as the mucous coat on the surrounding membrane and ground of the ulcer, becomes a spongy, easily bleeding fungus, the mucous membrane becomes grey, darkish colored, the follicles are filled with matter, in the sub-mucous cellular tissue collections of matter form with fistulous openings, which frequently penetrate to the peritoneum; and from the inflammatory irritation returning from time to time in the peritoneum, the intestine may become fixed in an abnormal position.

Sometimes we find in the rectum a single extensive ulcerative surface. Not unfrequently pus accumulates beneath the rectum, and forms an abscess in the right illiac fossa. Often, especially in children, intestinal intusception occurs in one or more places, especially in the illeum, the cœcum, and colon; the constricted portion may even be thrown off without destroying the life of the patient.

It is evident that in a disease process so intense

as that of dysentery, the anatomical changes cannot be limited to the organs primarily affected. The neighboring tissues standing in functional connection with the intestines participate in various degrees. The *mesenteric glands* are frequently reddened, swelled, softened, seldom infiltrated with matter, and in the last stages filled as if with some carbonized substance. These changes are most prominent in the glands, most nearly related to the affected portion of intestine, and its ulcerations. The *peritoneum* is frequently inflamed and coated with a dissolute exudation; in its cavity a bilious, dark colored fluid is frequently found deposited.

Inflammation, softening, and abscess of the liver, enlargement and softening of the spleen, and abnormal changes in the pancreas are not unfrequent in cases of longer duration or chronic course. Secondary alterations in the liver are frequent in the East Indian and North American dysentery. The omentum and spleen, are usually found very full of blood. The bladder is always injected; before the twentieth day contracted; after that period distended with urine; the ureters are often filled with a milky fluid. The remaining organs are mostly destitute of blood, also the lungs; the heart is relaxed, the vascular walls contracted and shrunk up; frequently more or less exudation is found in the pleura and pericardium. The blood is fluid; the gall-bladder well filled with brown bile.

Chemical analysis of the blood seems of some importance. A superficial examination shows according to its physical character that it is thinned and forms but little coagula. Masselot and then Follet have made a careful analysis of the blood in the dysenteric cadaver, and show that deficiency in blood globules, albumen and fibrine belong to the peculiarities of this disease; that with the intensity of the fever and inflammation of the intestine the proportion of albumen and fibrine as in other inflammatory conditions is increased. There is in this peculiarity of the blood in dysentery, nothing unusual or different from other disease processes; for anæmia or loss of blood-globules, occurs in all long continuing diseases of cosmic origin (Typhus, Intermitting Fever, Cholera, &c.,) and is manifested by the rapid collapse and remarkably sudden emaciation of the patient.

The *excretions* in dysentery, yet require a chemical analysis. Most remarkable is their very acrid, and acting on the mucous coating almost corrosive nature, and which perhaps may in part account for the ready destruction of that membrane. What particular acids they contain has not as yet been fully determined.

SYMPTOMS.

We may distinguish a precursory, a particular morbid stage, and a stage of termination; the precursory and morbid stadium may be considered as

the *acute*, and the terminating as the *chronic* stages of the disease.

This arrangement is more natural than to consider them as stages of inflammation and of maturation. If we should consider the presence of pus in the stools as the criterion of the period of maturation, and from hence conclude the existence of ulcers in the intestinal canal, it would be difficult to avoid falling into an error, as it is well known that pus-like mucus may be secreted from the mucosa, without the existence of ulceration, and on the other hand that the existence of ulceration cannot always be determined from the presence of pus in the dejections. The acute stage of the disease continues from eight to fourteen days, the chronic an indefinite period.

PRECURSORY STAGE.

Dysentery comes on more frequently with than without *precursors;* but in its more violent form it may also appear suddenly as a fully developed disease. If precursors are present, they are such as usually precede other epidemic diseases, in which the general symptoms of intoxication precede the stage of localization, such as: great lassitude, and weariness of the limbs, pains in the neck, back, and extremities, headache, loss of appetite, chilliness, heat, transient sweats, loathing, sometimes vomiting. As the disease by degrees localizes itself upon the abdominal organs, there are frequently returning colic pains, experienced in the umbilical region, which

extend to the anus, and by degrees concentrate themselves in sigmoid flexure and rectum; borborigmi; a feeling of weight and heaviness in the perineum, as if a foreign body was fixed in the rectum and urged the patient to stool; irregular evacuations either diarrhœa, which often precedes the dysentery several days, or constipation. These precursors often continue only one or two days, sometimes extend to eight days, and many times also consist of only a single febrile attack.

ACUTE STAGE.

Symptoms of the disease consist of; colic pains, which follow the course of the colon, from the region of the cœcum in the right hypochondria, extending upward and across over the abdomen toward the left hypochondria in the region of the sigmoid flexure of the colon, and extend down to the rectum, where they excite an urging to stool, tenesmus, and often terminate in an actual evacuation. Usually these colic pains precede the evacuations, or are more violent a short time before them; and they often also continue during a fruitless urging. The tenesmus continues also during and after a discharge, and consists of an especially painful feeling of constriction of the rectum. Another characteristic mark of the disease is found in the discharges themselves; they are very frequent. Twelve to twenty-four or more times within as many hours, and often so frequent that the

patient can scarcely leave the stool. The quantity of each discharge is slight, often not more than a teaspoonful, and is composed of mucus, fluid or coagulated blood, membranous shreds, in various degrees and proportions, with little or no fœculent matter. Frequently the abdomen is painful to contact.

With these local symptoms are associated, fever, thirst, hot, dry skin, accelerated pulse, diminished secretion of urine, inquietude, sleeplessness and general depression.

The disease may continue eight or ten days and terminate in recovery, in which case the colic pains and tenesmus remit, the discharges become less frequent, more copious and fœculent, and crisis through the skin, (warm sweat,) quietude and sleep come on; or the disease may extend so as to become a peritonitis, or, a typhoid condition, or end fatally by any of the unfavorable terminations of this disease, of which we shall speak farther.

We shall endeavor, after this short sketch of the disease, to consider more intimately the most important varieties in the form of its manifestations, by a more careful consideration of its single symptoms and their connection; so as to show the different forms of dysentery.

SYMPTOMATIC VARIETY.

The *pain in the abdomen*, in dysentery, appears in every modification, from slight colic to the most

violent inflammatory pain. Often there is only slight termina, a griping, cutting, especially in the above mentioned course of the colon, coming on and then disappearing, while in the interval the abdomen is painless, and not sensitive to contact. The colic pains may however be especially violent, which the patients express by their groans and complaints. They have apparently the same physiological indication as the tenesmus in the rectum; they may be excited in part by the contact of the acrid secreted matter, with the sensitive denuded surface of the mucous membrane, and hence the pain immediately precedes the stool, and they may also in part arise from the spasmodic contraction of the muscular coat, excited from the irritation of the mucous membrane. These colic pains then appear immediately after as well as before the discharge, similar to the spasmodic constriction of the sphinctur ani, which continues longer than the discharge itself.

Should we presume, because these pains are often only colicky, that the essence of the disease is limited to the mucosa, we shall find on the contrary that with the increase in the intensity of the disease, these pains often become fixed and permanent, exacerbate perhaps periodically, but no longer disappear in the intervals, and even continue with uninterrupted violence. These pains are mostly limited to a narrow space, and associated with distension, hardness, heat, and meteorism of the abdomen; the abdomen is sen-

sitive to pressure, and every change of position increases the pain so that the patient either lies immovably on the back or the side, bent over, with the legs drawn up towards the abdomen; the pains are also excited by the use of the mildest substances, but especially by cold drinks. Such a violent grade of pain is a sure indication of the deeper extension of the inflammation to the sub-mucous tissue, the fibrous layer and even to the peritoneum. Exacerbations of the continuous pain are apparently connected with the above mentioned cause, (acridity of the intestinal contents, and reflex spasm of the intestine.) Usually the colic pains are proportionate to the tenesmus, but they frequently remain after the disappearance of the tenesmus, and also the contrary.

The abdomen may be full, in consequence of accumulated fœcal matter, and become tense from contraction of the abdominal muscles: or also meteoristically distended; distension of the abdomen does not always influence the abdominal pains.

In some cases of dysentery, notwithstanding a considerable intensity of the local affection and degeneration, the pains are wholly wanting; such cases are especially observed in epidemics of an adynamic character. In an epidemic described by Wedel, all the patients died who had no pain, while those who experienced violent colic recovered. Thus it may happen, that after the dysentery has progressed with the most violent pain, and has come on under

appearances of intensive inflammation, the pains suddenly dissappear, with at the same time, sinking of the strength, general collapse, involuntary discharge of cadaverous or sphacelated excrement; indicating a termination of the inflammation in paralysis of the abdomen or gangrene.

Tenesmus consists in a feeling of painful constriction of the rectum and usually follows a sensation of heat, burning, cutting, excited by the passage of the excrements. The tenesmus is a manifestation of the reflected spasm, which the excited membrane exhibits during the moment of irritation or excitement. When the mucous membrane is in a condition of violent inflammation it requires but a single irritation of the discharges, to excite an almost continual tenesmus. The contraction of the muscles of the anus may attain such a degree of vehemence as to frequently occasion and especially in children a prolapsis of the inflamed rectum. Patients complain of pain along the sacrum, as if a hot iron was thrust into the rectum; and sometimes tenesmus even occasions fainting, convulsions, and trembling of the limbs. Often patients have a sensation as if a foreign body remained in the rectum, which occasions a fruitless urging to stool, and continues a long time after the discharge. Sometimes the discharges are entirely wanting, notwithstanding the most violent tenesmus. (Dysenteria Sicca.

If the tenesmus is especially intensive in inflammatory dysentery, there are also many cases of bilious dysentery, where it is not much less; and certain individuals, as hæmorrhoidal subjects, suffer much from this symptom, when the collective character of the disease is comparatively mild. Every passing irritation in the rectum, such as the introduction of the finger, or the point of the syringe excites and increases the irritation.

Tenesmus often continues a long time in the stadium decrementi, and not unfrequently into that of convalescence. Many times chronic tenesmus is the consequence of ulceration in the rectum, and only disappears with the entire cicatrization of the ulcer.

When paralysis comes on, the tenesmus as well as the abdominal pains may suddenly cease; in place of spasmodic contraction of the rectum there appears a paralytic relaxation of sphinctur ani, the anus remains wide open, and the stools are passed involuntarily. Relaxation of the sphinctur ani may continue for some time after the acute stage of the disease, and remain, constituting a secondary affection.

Nothing is more varied than the character, quantity, &c. of the *evacuations* and their relation to the remaining symptoms. At the beginning of the disease the stools are frequent, yet fœculent, and mixed with scabellæ. That dysentery is sometimes preceded by constipation, and at others with diarrhœa has been already remarked.

The mucus diarrhœa, often present, is apparently a symptom of the catarrhal irritation, yet limited to the mucus membrane, and the hence occasioned secretion of its follicles. On the contrary, where the disease declares itself from a condition of deficient evacuation, it doubtless indicates the first stage of catarrhal irritation, in which the mucous membrane has become unnaturally dry, and its secretions are for a period arrested. This condition is frequently found associated with synochal dysentery (dysentery sicca). In the well developed dysentery the stools are unnaturally small but frequent. We have known 200 stools within 24 hours; every movement in bed, even speaking, drinking, &c. immediately excites an increased peristaltic motion, rumbling and evacuation. From the frequency of the stools we judge in part of the intensity of the disease; their decrease usually indicates a remission in the disease itself. Especially in cases of an adynamic character, the stools may become very numerous. The quantity of the stools is in inverse proportion to their number; they are more frequent towards night than by day; in proportion as they increase, the amount of perspiration, urine and expectoration diminishes.

The stools are fluid and consist of mucus, blood, epitheleum, shreds, pus, exudated croupy masses, mossy-like fragments, fæces, undigested matter;—or they are white, slimy or mattery, or gelatinous when such prevail, forming the so-called white dysentery;—or

they are bright or dark-brown, red, yellow, green, mixed in various shades, parti-colored, dark, or like water in which meat has been washed, and of shreds of epitheleum, usually diffusing a peculiar and sometimes a cadaverous putrid odor around. The masses of mucus are the product of the abnormal secretion of the mucous krypts and often form in the earlier and latter stages of the disease a large proportion of the discharges; the mucous diarrhœa often continues long after the acute stage of the dysentery, and depends upon the dilatation and enlargement of the mucous follicles, as we find in the cadaver of cases which have run a more lentescent course. The evacuated mucus is either uniformly mixed, or bilious, or like frog spawn, or lumps of fat; sometimes white or reddish-white, or yellowish-brown lumps pass off, which were formerly taken for glands, and even for portions of the intestine. Very frequently, especially during the first eight days of the disease, we find upon the surface of discharged material a yellowish or greenish mossy substance; in the farther progress of the disease this yellow or green substance appears more rarely, and always indicates, according to *Thomas*, an aggravation of disease.

The quantity of *blood* discharged with the stools, is subject to great variations. In the commencement of the disease there is sometimes a considerable quantity of blood discharged with relief; also in synochal dysentery the quantity discharged is considerable.

The blood is either only mixed in streaks through the discharges, or it is more intimately mixed, and the more so the higher the point in the intestine from which it has been secreted. It is often fluid, and as often coagulated. There are always actual vascular separations, if only occasioned by the superficial erosion of the mucous membrane, which are the source of hæmorrhoidal discharges. In the later stages of the disease ulcerations of the intestine furnish these in good part, and they may continue until entire cicatrization occurs. The hæmorrhage may also become colliquative; often, especially with intemperate persons, the bleeding continues in considerable quantity from the commencement of the disease until the death of the patient.

The exfoliated intestinal epitheleum is found in the discharges in flocks, shreds, which after standing settle at the bottom of the vessel, and have the appearance of scrapings; often among them are found remains of sphacelated mucosa. These cast off membranous fragments, may be known by their sphacelated appearance, the ichorous character and the putrid smell of the discharges, and the remains of their vascular structure upon microscopic examination.

Pus is often mixed with the stools in streaks or in patches, and yet may be mistaken for mucus. The secretion of pus will continue so long as ulcers are present in the intestine.

Frequently the dysenteric discharges are so acrid

as to occasion soreness and erosion of the anus, scrotum and neighboring surfaces, and may even excite a gangrenous inflammation of the parts. Punctures occasioned by leeches, poisoned by the acrid discharge, become changed to malignant ulcers.

The *odor* of the discharges is peculiar. Naumann describes it as a composition of the smell of old fat and boiled French beans!

In many cases, especially in children and in some epidemics, the evacuations contain large quantities of worms.

When the discharges in the course of the disease become bilious, and assume a more fœculent appearance, a pappy and more consistent form, it is a favorable change indicating a return to health. Sometimes after a long continuance of the peculiar dysenteric stools there is an unusual quantity of fæcal balls discharged, although the patient has maintained the strictest diet. These fæcal masses have been spasmodically retained in the small intestines above the portion of the intestine affected by the disease, and are only discharged when the inflammatory spasmodic constriction has been relieved.

During the course of the disease, as well as in the period of improvement, food and drink often passes off in part or wholly undigested. This may be occasioned from the assimilating process being imperfectly performed, or what is more apparent, that the muscular coat, in consequence of the disease, has been

left in a condition of irritable weakness, so that the otherwise proper contents of the intestine acts as an anomalous irritation, and provokes a premature contraction. Hence there is not unfrequently a stage of lienteria as a consequence of dysentery.

When the reflex action is unusually excited, the irritable nerves frequently extend their reaction to the motor nerves in relation with them. Hence there is frequently observed in dysentery appearances of spasm of the bladder, strangury, ischuria, spasm of the testicles, convulsions and cramp in the calves, similar to what occurs in cholera, and these consensual spasms occur mostly during the tenesmus. Paralysis of the lower extremities has also been observed as a consequence of dysentery; and it is manifest that in such cases the reflex irritation of the spinal marrow has changed to a local alteration of this organ. How easily a sympathetic irritation may pass over into an actual disease and its consequences, is shown from the frequent marks of inflammation of the bladder, which occur in the cadaver of dysentery.

At times we find loathing, vomiting of slimy bilious matter or of blood, which, according to *Abercromby*, indicates an extension of the disease to the illeum; the vomiting is often excited by every thing which is taken into the stomach.

The voice in dysentery as well as in cholera is often low and whispering.

Eisenmann distinguishes in dysentery as in other

diseases from poisoning of the blood, an *eruptive* and a *secondary fever*, of which the first is the consequence of the production and increase of the specific miasm in the blood, occurring even before the localizing of the disease, and the second from the reflex action of the local affection upon the vascular system. Very frequently the fever as manifested by the frequency of pulse and increased temperature of the skin is very slight; the pulse not being accelerated, the skin even cold and lifeless, cyanotic as in cholera, which, together with the cramps in the calves, collapse and rapid emaciation, exhibits a great similarity to that disease. The higher the affection extends in the small intestines the more violent and intensive is the fever.

The *fever* manifests an erethic, synochal, adynamic or putrid character, which usually corresponds to the milder, more violent or finally malignant character of the local affection and collective course of the disease. There are however cases which cannot strictly be classed as above, where for instance the fever and local affection do not harmonize; when the fever may be erethic notwithstanding an intensive local inflammation, or adynamic with a relatively slighter intestinal affection.

There is frequently a feeling of violent internal heat, associated with objective coldness of the surface; often the abdomen only is hot to the touch; and the recurrence of decided chills in the course of the disease is

a bad indication. We have seen in cases of violent dysentery the tongue often cold and blue, as in cholera. The thirst is usually very violent, and the pulse is no criterion for the intensity of the disease. The scanty urine frequently has a milky appearance. The agitation of dysenteric patients is usually very great; they are sleepless, and it is a favorable sign, when the restless inquietude gives place to a calm and quiet sleep. The intellectual functions remain undisturbed to the last, even in the worst cases; yet there sometimes comes on at last delirium and a soporous condition.

VARIETIES OF DYSENTERY.

We distinguish with reference to the degree of intensity of this affection the following grades; the mild or erethic, the synochal or inflammatory, and the torpid or adynamic, of which last the torpid, paralytic and the putrid dysentery form varieties.

The *mild* form of dysentery, known as the *erethic* or *catarrhal*, has usually a short precursory stage, the fever is moderate, often wholly wanting or disappears after the localization of the disease; is not continuous, but has clearly expressed periods of remission and exacerbation; secretions of the skin and kidneys are not entirely suppressed. The abdominal pains are colicky, have intervals of entire remission, the abdomen is soft and not sensitive to pressure. The evacuations are yet partially colored with bile,

fœculent, streaked or mixed with blood, and contain occasionally large masses of exuded fat or matter, and comparatively more mucus than other varieties. Their number rarely exceeds 12 or 18 in the 24 hours, the tenesmus is moderate, and the spasmodic reflective action of other organs is not present. The disease continues from 8 to 14 days, and terminates usually in health with appearance of perspiration, fœculent stools, and at times sedimentitious urine. The erethic dysentery may under unfavorable circumstances assume the synochal or adynamic form.

The *synochal* or *inflammatory* dysentery is manifested from the beginning by a violent shivering chill, which often continues many hours, and is followed by an intensive heat. The precursory symptoms are stormy, or the dysentery makes its sudden invasion with full vehemence. Soon, there are developed signs of violent abdominal inflammation: the pains in the abdomen are continuous, become increased from the slightest pressure, the bowels are hard and tense, and the tenesmus especially distressing; often there is a large quantity of blood discharged through the frequent stools, from which at times the patient feels relieved, especially in the beginning of the disease. Oftentimes there is complete retention of stools, notwithstanding the most violent pains and tenesmus. (Dysentery sicca). The stools frequently contain croupy-like membranous masses, the product of fibrinous exudation from the ulcerated surfaces. Sympathetic

sufferings, such as, cramp in the bladder and calves of the legs, are usually very marked. The inflammation often extends upwards to the small intestines and stomach; and the use of all fluids is followed by vomiting. The fever has the inflammatory character; the pulse is full and frequent, but often also suppressed and spasmodically contracted, the tongue red, ragged, sometimes covered with a white coat, the thirst can scarcely be allayed; remissions are wanting, or but very slight; face generally red, eyes injected; the urine is dark-red, the skin dry and hot. Duration of the disease is from 14 to 21 days; crisis as in erethic dysentery; sometimes bleeding from the nose or other organs, and patients recover slowly. In unfavorable cases the synochal dysentery pass over into an adynamic stadium, with meteorism, cadaverous smelling stools which appear dissolved and pass off involuntary, delirium, small sinking pulse, and tongue becoming dry, &c. Inflammatory dysentery may terminate fatally in gangrene, or perforation of the intestines.

The *adynamic* (*neuroparalytic*) dysentery, frequently manifest in its precursors, the pernicious character of the disease. The whole system is deeply affected; the patient complains of headache, vertigo, great lassitude; often before the invasion of the peculiar dysenteric symptoms, there is a violent chill, a feeling as if cold water was poured over the back, which precedes the diarrhœa. The acute stage is

distinguished by the unusual number of stools, frequently as high as 200 in the 24 hours; the violent tenesmus, and by the dissolute character of the stools, often manifest at the beginning or gradually increasing; which consist of brownish or blackish masses, often only dissolved blood, diffuse a peculiar cadaverous odor, and are so acrid as to excoriate the parts around the anus. The accompanying fever has the torpid character; the pulse is small and weak, the skin at times burning hot, often on the contrary cold, especially the extremities; forehead, nose and face sunken, the tongue dry, coated dark-brown, as also the membrane of the nose; often on the skin appearance of petechia, ecchymosis, rash, or decubitus. Towards the end of the disease there is frequently violent hiccough, vomiting of dark chocolate-colored masses, involuntary discharges, then often colliquative bleeding from the bowels, at times also from other parts, nose, mouth, sexual organs, many times corroding aphthæ in the mouth, swelling of the parotids, delirium; death between the thirteenth and fourteenth days.

In this form of dysentery especially, there appear numerous modifications, which render it somewhat difficult to present a simple picture of the disease; for instance, the pains in the abdomen are either unusually violent, burning, continuous, or in the worst cases the pain has been entirely wanting. In the *putrid septic* dysentery the chemical decomposition takes place early and is manifested in the odor and

appearance of the evacuations, in the putrid smell of the breath and exhalations, in the thick, at times dark dissolute character of the urine, in the clammy perspiration and colliquative hæmorrhages. Those cases have been indicated as *paralytic* in which the poison of the disease has appeared rapidly to oppress the functions of the spinal marrow and the ganglionic centres, and to destroy them, as besides the other marks of adynamic dysentery, there comes on sudden paralysis of the sphinctur ani (the anus remaining open with involuntary stools), paralysis of the extremities, marble coldness of the skin, particularly small pulse and sudden collapse, such as we are accustomed to observe in cholera patients.

As qualitatively different forms of dysentery, the malarious, the typhoid, the cholotic, and perhaps also the rheumatic and scorbutic varieties have been mentioned.

The previous description is appropriate to the malarious and typhus dysentery. The appearance of dysentery in intermitting fever districts at the same time, or following other typhoid affections, the similar simultaneous or successive relation of the dysentery to the prevailing typhus process has led observers to the qualitative nature of this disease. In regions where the intermittent fever prevails, dysentery is frequently observed as an epidemic; and it frequently follows the intermitting fever. In certain hospitals the termination of intermitting fever in dysentery has

been at times very common; the dysentery appears to suspend the intermitting fever; but as soon as the dysenteric symptoms are removed the fever returns again; in some cases the same patient suffers at the same time with both diseases. Williams observed in the epidemic at St. Aignon, the dysentery following the intermittent fever and assuming in its course an intermitting character; usually however the fever continued with the advance of the disease; in only three cases the dysentery followed an attack of intermitting fever; in the second half of the epidemic the disease commenced as an intermitting fever more rarely. *Typhus* dysentery assumes the adynamic or putrid form. When Rokitansky observed that although here and there dysentery might occur with typhus, but that both processes could not be united in one individual, he is contradicted by the observation of others, as *Heim*, who asserts the contrary. According to Engal, the dysenteric process always follows the typhus, but we never find the order reversed.

The symptoms of the so-called *bilious*, *gastric* and *mucous dysentery* are those proper to this disease, complicated with a bilious, gastric or pituitous condition. The reactive character of the disease may besides this partake of the erethic, synochal, or adynamic character, which would seem to require a subdivision into bilious-inflammatory, bilious-adynamic, &c. The bilious condition often precedes for some time the peculiar appearances of dysentery. There is frequently

discharged by vomiting and stool bilious matter, yellow, grass-green, or dark-green fluid, often with relief to the patient. Bilious dysentery is frequently complicated with inflammation of the liver, which may occasion abscesses of that organ. The crisis often occurs with discharge of fæcal stools, and the outbreak of a pustulous eruption around the mouth and nose. In some epidemics of this form, large quantities of worms are discharged with the evacuations, giving rise to the so-called verminous dysenteries of some writers.

The distinction of rheumatic dysentery is sustained with difficulty, and the scorbutic dysentery of Copeland is not essentially different from the typho-septic dysentery already described.

COMPLICATIONS.

Inflammation of the intestines necessarily involves the neighboring organs and portions of the intestinal canal. Morbid changes in the liver, the spleen, pancreas and mesentric glands, frequently complicates the dysentery and occasions many modifications in its symptoms. Most frequently the *liver* is affected with inflammation, maturation or softening, so that many physicians from the frequency of these complications consider this organ as the one primarily affected, and the starting point of this disease. This complication is particularly frequent in warm climates and among intemperate persons; and they may be sometimes the

consequences of suddenly suppressed dysenteric discharges, or of previous chill-fever. The affection of the liver may exist at the same time with the dysentery or may follow it. In very many cases the affection of the liver has remained latent during life, and only been discovered in the cadaver, and often we ascertain the presence of the disease of the liver from the presence of pains, swelling in the right hypochondrium and epigastrium, jaundice, vomiting, &c. Usually the first sign of abscess in the liver, is that the patient sinks into a typhoid condition.

Affections of the *spleen* are not easily diagnosed, unless they are manifested and detected by a swelling in that region.

Some practitioners have observed complications of dysentery with exanthematous diseases of the skin, scarlatina, erysipelas, small-pox and diptheritic angina. *Siebert* observed an alternation between erysipelas and dysentery, which induced him to consider the dysentery as an erysipelas of the large intestinal coat. *Gripal* saw in an epidemic many patients sink suddenly with a putrid erysipelas of the face. Yet these facts are too scanty to enable us to conclude with certainty as to the real connection of the two different processes of disease. Only in very rare cases, as *Rokitansky* remarks, does dysentery exist with pulmonary tubercles, and never at the same time with intestinal tuberculosa, which is the more remarkable, as the dysenteric process is often connected with carcinoma

and especially with open cancerous ulcers. *Kosch* frequently witnessed the whooping cough, complicated with dysentery; at first the cough became milder, then continued, varying in intensity, until the dysentery left, and then returned to its primitive violence.

DURATION AND TERMINATION.

The *duration* of dysentery extends in mild cases from eight to fourteen days; if, however, we also include the convalescence and the possible after diseases it may extend to months. On the other hand, in some cases health is restored very promptly, sometimes after a considerable discharge of blood, or the use of the appropriate remedies, and a fatal termination may also occur in an adynamic dysentery within two or three days.

The terminations in *perfect recovery* occurs usually under the appearance of warm perspiration, and *Hauff* very justly remarks, that in this disease the skin is the organ which exhibits the chief critical activity. Most commonly this is followed by flatulent discharges downward, the stools become less frequent, colic pains and tenesmus diminish, the fever moderates, the pulse becomes more full and free, the urine flows again and in place of the agitation and excitement we have rest and sleep. There is also sometimes a critical sediment remarked in the urine, furunculous or other eruptions at times appear upon the skin, or abscesses form beneath it.

Relapses are very frequent, especially when the

patient remains exposed to the prejudicial influences, which have occasioned the attack, as in prisons, camps, besieged cities, millarious regions, &c. According to Copeland, relapses are frequent in complications of the spleen and liver, when the dysentery has followed an obstinate intermitting fever, or when it has assumed a more chronic form. In hot climates the disease often assumes an intermitting form, leaving but little hope for the patient; twelve or thirteen hours pass over without pain or more than a single evacuation; but the paroxysms soon return again. (*Williams*). In many cases convalescence is very tedious; the hair falls out and desquamation of the skin occurs, the remaining weakness frequently occasions long-continued inclination to profuse sweats, œdema of the feet and hands, a certain laxity of the intestinal track, disposition to diarrhœa, lienteria, dyspepsia, habitual constipation, ænemia, hardness of hearing, roaring in the ears, and evening fever. Tenesmus may remain for some time as a pure nervous symptom. *Bouchut* observed as a remains of dysentery, a paralytic condition of the rectum, which remained open, the evacuations passing off involuntarily, and clysters flowing back again; the paralysis is usually not perfect, and from time to time contractions of the sphincter occur and the anus is momentarily closed: the trouble generally disappears with returning strength.

It has been remarked, that many chronic complaints, such as, chronic rheumatism, affections of the

spleen, asthma, &c., with which the patient had suffered before the attack of dysentery, have been permanently cured through the revolution occasioned by this disease; such patients usually feel as if born anew.

Ulcerative formations in the mucous membrane of the intestine even in the earlier stages of the disease, are evident from dissections. That the erosions and degenerations of the mucous membrane may cicatrize, is evident from numerous examinations. But frequently the ulcerative process becomes permanent, either because the regenerative activity of the exhausted organ is unable to perfect the process of cicatrization, or because the dyscrasic diathesis sustains the destructive process in the mucous membrane. Under such circumstances the dysentery becomes changed into an *entero-phthisis;* its symptoms are, a fixed and permanent pain in the abdomen, usually limited to a circumscribed space, which is the more clearly expressed in proportion as the ulceration is more extensive; continuous diarrhœa, consisting of purulent, sero-purulent, often ichorous, like flesh-water or blood-streaked discharges, with which emaciation, colliquative sweats, frequent cough and hectic fever associated. The marasmus of such patients often attains an unusual degree, exceeding that of pulmonary consumptives. Sometimes only a single large ulcer exists in the rectum, with tenesmus, and bloody involuntary discharges. Death follows mostly from

exhaustion, and hectic, sometimes very suddenly from perforation of the intestine. The so-called *chronic dysentery* is usually only a range of symptoms arising from a continued ulceration of the intestine, or a morbidly increased activity of the intestinal follicles; a more accurate diagnosis must soon banish such designations from the pathology of dysentery.

A not unusual result of dysentery, especially in old school practice, is *stricture* or *contraction* of the *rectum*. If the inflammatory process is arrested, it is not always that its product is removed; frequently only the fluid portions of the exudation, lying between the mucous coats, are absorbed, while the more firm parts become hardened and organized in the cellular tissue; the œdema sometimes hardens to a skirrous consistence, and hence occasions permanent contractions of the intestinal tube; and this result may also be the consequence of cicitrization of the ulcerations, and contractions of the affected tissue; adhesion and fixing of the intestine in a false position in consequence of secondary peritonitis may also conduce to the production of such strictures. We often discover those cases by an external examination of the abdomen, knotty, rope-like circumscribed points of hardness are present, which may easily be taken for skirrous degenerations. Continued constipation, pains and flatulence occasioned by the passage of every stool, and change in the form of the fæces, are the usual disturbances occasioned by such strictures. Inflam-

mation of the intestine may finally occur above the contracted point in the bowel, and there occasion dilatation, and at last rupture of the part.

Dysentery sometimes passes over into an extensive *enteritis*, *peritonitis*, or *hepatitis*. Lying-in-women are especially liable to peritonitis. Copeland saw the inflammation extend from the cœcum through the peritoneum to the external cellular tissue, forming an abscess in the right iliac region, which discharged into the cœcum or externally.

With children, and in dysenteries of hot climates, *intusseption of the intestines* is not unusual in the course of the disease, which usually terminates unfavorably through illius; though there are not wanting cases, where the patient has recovered after the sphacelated portion of the invaginated intestine has been thrown off.

The disease may terminate *fatally* in all stages, earlier or later. In the acme of the disease death may occur through the violence and extension of the inflammation, through abdominal paralysis, often at the time of a crisis, gangrene, putrid fever, perforation of the intestine, and later through eutero-phthisis, hectic, hydrops or other secondary diseases. Sometimes the patient complains a day before the fatal termination of a constricting sensation in the throat, and aphthæ appear in the mouth, which easily become gangrenous. In an epidemic of dysentery, observed by *Mondiere*, the fatal result was preceded some forty-

eight hours by a copious accumulation of mucus in the mouth. With children, when the urinary secretion is suppressed, and the stools have also disappeared, not unfrequently sopor and a fatal hydrocephalic condition is established.

DIAGNOSIS.

Hæmorrhoids may occasion tenesmus and bloody dejection, to which there may be added fever and pains in the bowels, and hence arise a picture resembling dysentery. But that we have not here to do with a true dysentery is manifest from the history of the hæmorrhoidal affection, the invasion and course of the fever, which in a cosmic toxicosis, is quite different in violence from a simple symptomatic fever; from the more rapid and critical course of the dysentery itself, the character of the discharges, which in dysentery are not only blood-streaked, but otherwise changed, while in hæmorrhoids they retain their natural consistence, and the blood remains separate from the peculiar fæcal masses; there are also hæmorrhoidal swellings present; the tenesmus is purely local, and does not manifest itself as in dysentery, in connection with cutting in the abdomen, or frequent urging to stool.

In many *diarrheas* we also find tenesmus, without blood in the stools, or the stools are sometimes bloody without tenesmus. Such cases, on account of their resemblance to dysentery, have been designated as

dysenteric diarrhœa; in dysenteric epidemics we observe them as fragmentary portions of the prevailing disease process, and especially at the beginning and end of the epidemic. Pain in the bowels, bloody stools, and tenesmus may also be produced by the use of acrid substances, poisons, drastics, and the hence occasioned irritation of the mucous membrane of the intestine. Here the discovery of the occasional cause, the disappearance of the symptoms after the removal of the prejudicial moments, assure us of the nature of the affection we have in hand.

CAUSES.

Dysentery occasionally appears sporadically. Epidemic dysentery attacks all ages,* sexes and constitutions without exception. The observation that females are more subject to this disease than males, is only correct as to certain epidemics, in others the contrary occurs. Similar variations occur in some epidemics in reference to the ages of those attacked. Jews, in this as well as some typhus epidemics sometimes are said to be exempt; on the contrary, Negroes are more subject to this disease than any other race, and the disease is with them subject to assume a more asthenic and putrid form; it is among them the most frequent and predominant disease.

As predisposing moments may be considered: ca-

* Examples are even shown where the fœtus has been the subject of this disease before birth.

chectic condition, long retention of degenerate fæcal matter, especially accumulation of morbid secretions in the first passages, previous and frequent abdominal diseases, dropsies, scorbutis.

That unknown something, on which the endemic and epidemic dysentery depends, is called *dysenteric miasm.* Its mode of development and peculiarities are obscure, and only fragments of it lead us clearly to the manifest action of such an agency. Summer and late summer are those periods of the year in which dysentery especially prevails; hot days and cool nights, a high temperature after continued moisture and cold, or also with dry weather, is most favorable for its development. This however is no constant law, and an intensive dysenteric miasm may prevail at other seasons of the year and under contrary conditions of weather.

We have already intimated the relation between dysentery and intermitting fever. *Rodener* and *Wagner* call the dysentery the daughter of intermitting fever. There is no region where the swamp fever prevails, in which the dysentery is not also epidemic. The connection is so intimate, says *Williams*, that in tropical climates, of a given number of people, equally exposed to the action of swamp miasms, a part of the individuals will be attacked with dysentery, and the remainder come down with fever and ague. In many marsh regions where dysentery prevails, this disease disappears as soon as the swamps

are drained; but the ague disappears after the draining yet more rapidly than the dysentery itself; and it appears that in some cases the dysentery prevails in inverse proportion to the intensity of the marsh fevers.

Besieged cities, prison ships, jails, camps, and poor houses are the rich hot-beds of *typhoid* dysentery; famine, continued hardships and privations, accumulation of degenerate animal and vegetable effluvia, are favorable for the production and increase of this miasm. Dysentery is known as the most fearful scourge of camps and invading armies. Under such circumstances the intimate relationship between dysentery and typhus, especially petechial typhus and hospital gangrene, is most prominent. They are often seen prevailing at the same time, alternating, passing over from one to the other, the miasm of the one alternately exciting the other, and the contrary. The wounds of dysenteric patients are very subject to gangrene; the miasm of petechial fever excites in other individuals dysentery, typhus epidemics pass over into dysenteries, and dysentery epidemics into plague, while dysentery and typhus prevail at the same time.

There has been much dispute as to the *contagiousness* of dysentery. A study of the history of dysenteric epidemics shows that this disease does not belong to that class, which like the small-pox, scarlatina, glanders, &c. always and constantly develops a contagium,

or that the disease is only developed through the agency of such contagion. In the majority of cases the extension of the disease in this way is not manifest. But on the other hand it scarcely admits of doubt, that at times a dysenteric contagion is developed, though apparently it is only in epidemics of typhoid dysentery that such a formation is evident. Whether this contagion is only the contagion of typhus, or whether it is a potentized infection, formed from that miasm, favored in its development by the concentration of animal effluvia, (as from crowding men into a narrow space), are questions which at present remain undecided. The dysentery contagion seems to be of a volatile nature, commingled with the atmosphere from the excrements and exhalations of the patient and received by the inspirations of other persons; perhaps it may also be conveyed by the use in common with the sick, of the chamber stool, privy or point of the clyster. It however appears not to extend far in the atmosphere, and to be easily destroyed. The period of incubation is apparently from three to eight days.

Does dysentery like other similar cosmic diseases attack the same individual more than once, or is he thereafter exempt? Here also there are various opinions. Some maintain that the same individual may have a second or third attack, while others hold that the predisposition to an attack is increased from having had the disease previously, as in intermitting

fever. It may be here as in typhus that though persons may have a second attack, such instances are in general seldom. We should avoid confounding with this second attack, a morbid irritability of the intestinal track remaining after dysentery.

As casual moments which most frequently *determine* the outbreak of dysentery may be mentioned. Chills, exposure to cold, moisture, sleeping in the open air, and on wet ground as in bivouacs, excesses at the table, drunkenness, bad nourishment. Of themselves such influences only seldom and sporadically induce dysentery. Merely taking cold does not localize such a disease without the influence of a prevailing epidemic. Many have imputed to the use of fruit a most important cause in the production of dysentery. That unripe sour fruit and bad vegetables, used during the prevalence of an epidemic dysentery, are injurious and contribute to the development of the disease is certain; this however does not obtain to the same extent with ripe fruit, as experience has shown that it is not only unprejudicial, but under proper circumstances even has been employed as a remedy; frequently dysenteric patients have been restored without any other remedy than the use of ripe sweet grapes, plums, &c.; watery fruits, such as melons, oranges, cucumbers, &c. are always injurious in this disease.

This disease prevails much more frequently in the equatorial, than in the cold and temperate zones. In

the East and West Indies, Central Africa, the Coast of Guinea, in the Antilles and in Egypt, and in the southern and western portion of the United States it prevails endemically; Ceylon, Batavia, Java, California and South Africa are often wasted by it. To strangers in those regions, who live improperly, use luxurious irritating food and spirituous drinks, which provoke the development of the disease, it is much more fatal than with natives. In Europe it is very frequent upon the coast of Spain, in Madeira, Sardinia, Bohemia, Scotland, and Ireland. In this country it prevails extensively in almost every part, in the Southern, Middle, Western and even Northern States, few localities are exempt, and in many it prevails at times as a most fatal epidemic.

PROGNOSIS.

The prognosis of dysentery varies much with the character of the epidemic; it may be so mild that a large proportion of its subjects are restored, or so violent as to demand a greater proportionate number of victims than the cholera or the plague, and scarcely a third part of those attacked recover. Such are the results in the typhus and putrid varieties; gastric and bilious dysenteries may run a mild or pernicious course. The prognosis in dysenteric epidemics is bad in proportion to the commencement of the epidemic and the proximity to the locality from which it was primarily derived. Also in different

regions and locations the endemic dysentery has a mild or more fatal character.

Aged persons and children are in greater danger than adults; among pregnant females abortions are very common, and with the lying-in a fatal peritonitis is very likely to ensue. Weakly cachectic constitutions, who have been previously subject to abdominal diseases, often fall victims to even a very mild attack. The external influences under which patients are placed has a decided influence upon the prognosis, and if is worse when patients are confined within a miasmatic atmosphere.

In our experience and under appropriate homœopathic treatment, we have found, that young infants and children occasionally become victims; women and persons of weakly constitutions rarely, and men very seldom.

As *favorable* signs in the course of dysentery may be considered: slighter frequency of the discharges, intermission of the colic pains and griping, milder grade of the tenesmus and fever, stools becoming bilious and feculent, discharge of flatulence downward, breaking out of warm perspiration, slighter reflex symptoms, natural urinary discharge, return of sleep. Return of bilious vomiting if it has existed early in the disease, pustulous eruptions, abscesses in the extremities or other peripheric parts, may also be considered as favorable symptoms.

Unfavorable moments are: great exhaustion, in-

crease and constant continuance of the colic and cuttings, tension and distension of the abdomen, violent tenesmus, increasing number of discharges, dark dissolute stools like flesh water, vomiting coming on in the course of the disease, increased agitation, hiccough, coldness of the skin and tongue, small irregular pulse, dark dry tongue, delirium, remaining open of the anus, suppression of the urine, spasm and paralysis of the lower extremities, sunken and lead colored tint of the face, ecchymosis, putrid apthæ, rash, sudden disappearance of the pain in the bowels, loss of voice. Of such prognosis is also a remaining pus-like diarrhea, after the acute stage of the disease with increasing emaciation and colliquation, lienteria, œdema.

TREATMENT.

It is important in the treatment of this disease to place the patient in the most favorable position for promoting the action of the medicines employed. His room should be carefully ventilated, and the utmost care taken to prevent as far as possible an accumulation or concentration of putrid effluvia and miasm. This is as necessary for the welfare of the patient as for the safety of the attendants. Cleanliness of the person and bed, the prompt removal of the putrid evacuations, and keeping the patient as quiet as possible with his feet, legs and abdomen comfortably warm, are matters of no small moment. In severe cases the patient should be kept to his bed if possible, and use a bed pan for his evacuations, instead of getting up and exposing himself and exhausting his strength, by going to his stool every few minutes.

Everything which is calculated to irritate the intestinal canal, should be carefully withheld from the patient. Cold, fresh water, as it at once excites griping and tenesmus, is objectionable, and its place may be supplied with water which has been heated, and then cooled again, or with mucilaginous drinks, such as rice water, barley water, oat meal gruel, and slimy soups and beverages. For nourishment, milk porridge, made of well cooked milk and flour, or gruel of farina, oatmeal or rice-flour, are the best, and patients

should be mostly confined to them. Sometimes fruits such as very sweet, ripe plums and grapes have been allowed, and have been held beneficial, but the use of anything of the kind should be regarded with jealousy.

The white of an egg, beaten up in water, in the proportion of an egg to a half pint of water and sweetened with sugar has been given with benefit, as a drink. Soups of meat can scarcely be allowed even during convalescense, and wine or spirits of any kind are rank poison.

Injections of thin starch, or what is far better, white of egg in water prepared as above,* are often very comforting to the patient, and if agreeable there is no objection to their employment. Often much relief will be afforded from seat baths of tepid water, in which the patient may remain from five to ten minutes, according to circumstances, and they may be repeated from time to time as occasion seems to require. These accessories of treatment though not absolutely curative, sometimes contribute to the comfort of the patient, though homœopathic physicians need but rarely resort to them.

Every case should be treated as an individuality, and each medicine should be chosen with reference to

* Some eminent old school physicians in Europe, have recently relied exclusively on the use of egg water, and clysters of white of egg and water, prepared as above in the treatment of this disease. Their reports are very successful.

its similarity to this particular case and to the genius of the prevailing epidemic.

It is important early in the epidemic to study this prevailing character or genius, by a careful comparison of several cases of the disease with the pathogenesis of the several medicines, and we shall thus be enabled to fix on some one or more medicines corresponding to its epidemic character, and which will be found applicable to almost every succeeding case, and hence be saved much trouble and perplexity.

The *dose* and *repetition* of *medicines* is by no means unimportant. Every practitioner must be allowed to use his own discretion and judgment in the premises, the whole scale from the first preparations to the 2000th, being open to him. Each has its use and place more or less rarely or frequently, according to the ever varying circumstances of the case. Nevertheless, as some doses and methods of administration seemed to be required in a monograph of this character, we have indicated those doses which have been employed in our own practice, and they have been arrived at by no small amount of study, observation and experience.

Aconite: At the commencement of the disease and when we have *high inflammatory fever, full, quick pulse, hot dry skin*, colic pains and tormena, *frequent small soft stools with tenesmus;* or where there are rheumatic pains in the head, nape of the neck, and shoulders, chills, heat and thirst.

Dose and Administration.—One drop, or twenty pellets of the sixth potence, may be dissolved in six or eight dessert-spoonsful of pure well water, of which a spoonful may be administered every hour in urgent cases, or every two hours, until the fever and violence of the disease have abated, then at longer intervals, or follow with *Merc.*, *Nux*, *Colocynth*, or another indicated remedy.

Aloes: is unquestionably a valuable remedy in dysentery, though the indications for its employment have never been clearly settled. Among them may be mentioned: abdomen distended and sensitive to the touch; violent pressing, *burning* and rending pains along the course of the colon sometimes mingled with cuttings; fluid, slimy evacuations, mixed with blood, and attended with *violent tenesmus*, heat and *faintness when at stool; burning* in the rectum; violent colic; *excoriation about the anus;* heat and thirst, tongue inclined to be dry and red.

Dose and Administration: Give eight pellets of the sixth potence, dissolved in a spoonful of water, every hour, until improvement sets in, then at longer intervals.

Arsenicum is almost indispensable in certain epidemics, and in certain other stages and forms of the disease. It is demanded when we find: *great prostration*, stools excessively black, bloody, acrid, putrid, very fœtid, often involuntary, *violent burning pains* in the abdomen, *retention of urine*, or involuntary urination, fœtid urine, *tenesmus* and *burning*

pains in the anus and rectum, dry, chapped, black tongue, hiccough, raging thirst, *frequent vomiting* of mucus or bile, or retching, miliary eruption or petechia over the body, excessive anxiety and restlessness, cold sticky perspiration and frequent faintness, delirium or stupefaction, pale sunken countenance, small pulse.

The thirtieth potence repeated every two or three hours has with us been much more efficacious than the lower preparations. Give six pellets of this, dissolved in a spoonful of water, every two hours, until an improvement takes place, then at longer intervals.

Belladonna is often of value in the more *inflammatory varieties*, either after Aconite or where we find: sanguine temperament, full habit, lively ardent disposition, tendency of blood to the head, and distension of the superficial vessels, face red and hot, partial or complete delirium, whitish tongue, the tip not coated but inclined to be dry, spasmodic and colicky or else cutting pains in the bowels, distension and pain along the transverse colon, distended and very sensitive abdomen, *constant urging to stool* and *frequent fruitless tenesmus*, or with slight dysenteric discharges; tenesmus with pressing and urging towards the rectum and sexual parts; violent slimy bilious vomitings, evening fever, intense thirst and sleeplessness.

Dose and administration: One drop, or twenty pellets of the sixth potence, may be dissolved in six

or eight dessert-spoonsful of water, of which give a spoonful every two hours until somewhat relieved, then at longer intervals, say three or four hours.

COLOCYNTH is one of our most distinguished remedies in dysentery, often useful, and frequently indispensable. It is indicated by: *violent colic pains* and *griping* in the hypogastric region, causing the patient to bend together, attended with great restlessness, frequent evacuations, at first of greenish yellow or watery mucus, then streaked with blood, or of bloody mucus; pains disappear with every evacuation, but are renewed again from taking the least quantity of food or drink; the tenesmus is slight or entirely wanting; fulness and pressure in the abdomen, white-coated tongue, chills, thirst and febrile heat, irritable dejected state of mind.

Dose and administration: One drop or twenty pellets of the sixth attenuation may be dissolved in eight dessert-spoonsful of water, of which give a spoonful every hour, or in very urgent cases every half hour until an amelioration takes place, or until six doses have been given. Then prolong the intervals to one, two or three hours.

COLCHICUM is often appropriate in autumnal dysenteries, where we find: *bloody*, or *bloody-slimy* stools, *mixed* with *membranous* portions like *scrapings* of the intestines, attended with severe pain and tenesmus, or where in red dysentery more mucus than blood is passed; or, discharges of only *white, transparent, gelatinous mucus* with *violent tenesmus:*

distension of the abdomen, prolapsus of the rectum, colic pains and cuttings are also indications.

Dose and administration, the same as for *Colocynth.*

Cantharides is very necessary when the urinary organs are severely affected by sympathy, where the tenesmus affects the bladder with *frequent urging* to *urinate*, with only *slight* and *painful discharge*; the stools consist of *blood* or *bloody mucus*, or of white slime mixed with *shreds like the scrapings of with intestines*, and streaked with blood, and accompanied with *burning pains in the bowels*, or cuttings and griping with tenesmus. The fever is usually violent, burning, with dryness of the mouth and thirst, restlessness and anxiety, small, hard and intermitting pulse.

Dose and administration: Same as for Colocynth.

Capsicum is of value when we have: frequent small stools of only *mucus*, or of *bloody mucus* with *tenesmus*, and preceded by flatulent colic in the abdomen; or where the violent cutting pains have been removed, and only an intensely painful feeling of pressure remains. Thirst with evening exacerbations of fever, especially from evening to midnight, tenesmus of the bladder, distension of the abdomen with pressure, irritable state of mind.

Dose and administration: Same as in Colocynth.

Carbo-veg. may be very useful in those cases of

adynamic or malignant dysentery when Arsenicum is indicated, and yet fails of relief, and when we have: *putrid stools, great prostration,* pressure on the rectum and burning of that part, after stools. The patient complains of *burning pains,* has *cold breath* and cold surface. If after the use of Carbo-veg. the putrid odor of the stools does not disappear, recourse must be had to China.

Dose and administration, the same as for *Arsenicum.*

China may be employed in those cases which clearly owe their existence to marsh miasm, and which are inclined to assume an intermitting character, or when the stools are black and putrid, and fail to yield to Ars. or Carb.-veg. In some epidemics it has proved very efficient.

Dose and administration, the same as for Belladonna.

Ipecac. is valuable in dysenteries of decidedly gastric character, with: great repugnance and loathing against food, nausea and vomiting. pain in the precordia, coated tongue, pressing headache in the forehead, violent urging to stools, which are mostly slimy, stinking, and followed by tenesmus; more chilliness than heat, and evening exacerbations. For dysentery at the commencement, where cramps prevail, and at the close after the removal of the inflammatory symptoms, and there yet exists great weakness of the intestinal canal, and tendency to tenesmus.

Dose and administration: Same as for Colocynth.

Mercurius-corrosivus is justly regarded as the chief remedy in most forms of dysentery. It is particularly indicated in autumnal dysenteries when the days are hot and nights cool, and where we find: *very frequent small stools of bloody mucus*, or of *chopped* up *greenish masses mixed* with *blood*, continuing day and night, with almost *constant cuttings in the bowels, and an insupportable and painful urging and tenesmus.* Sometimes the dysenteric discharges are *bilious*, very fetid, green or brownish; frequent oppression of the stomach, and vomiting which affords some relief. Frequently after long continued violent straining and pressing a little bloody mucus only is discharged, the tenesmus scarcely abating for a moment and then returning again. The colic pains, griping and *cutting* in the bowels are very severe, often extend to the back with chills, heat, thirst and anxiety.

Dose and administration: We formerly employed this remedy in the second and third trituration, repeating every hour in urgent cases, but latterly we use it only at the twelfth and thirtieth, and are convinced from repeated observation that it is far more efficacious in these potences than in the lower forms. It should be prepared by dissolving the pure crystals in distilled water for the first attenuation, dilute alcohol the second, and only pure alcohol at the third. One drop, or twenty pellets of the twelfth attenuation, or higher, dissolved in eight spoonsful of water, of which we give a spoonful every hour in urgent

cases, until an improvement takes place; or until six or eight doses have been given, then only at intervals of two or three hours.

Mercurius-solubilis is employed by many practitioners indifferently with the Corrosivus-hyd., although we think the grade of dysentery indicated by it not so violent and sharply defined. Its indications are: *violent cuttings in the bowels;* only interrupted by short pauses, *violent urging pains, burning* and *tenesmus*, with which only *small portions* of *bloody mucus* often resembling raw flesh are discharged; at the same time more or less coated tongue, loss of appetite, rending pains in the limbs; in children the red slimy discharges are often mixed with masses of dark green mucus; the *tenesmus continues after, as well as before the stools, or is even worse;* nausea, eructations, *chilliness* and *shuddering*, cold sweat on the forehead, great exhaustion and trembling, *amelioration when quiet and aggravated by motion, prolapsus* of the *rectum* which is *frequently bloody, worse at night.*

Dose and administration: Same as Merc.-corr.

Nux-vomica is very useful in many forms of dysentery, and especially if they threaten to assume an adynamic or an intermittent type. The indications are: *frequent small stools*, consisting of *bloody mucus*, or when from time to time bits of hard fecal matter (scabella) are seen in the discharges. *Frequent small slimy stools with urging and tenesmus.*

violent cutting pains about the umbilical region, intense heat, great thirst, or pitch-like, bloody, ragged or villous discharges, pressure on the rectum before and after stools. There may be also retention of urine and fruitless urging to urinate, frequent retching or actual vomiting, bitter or putrid taste in the mouth, confused obstupefied head, and *aggravation in the morning hours; especially appropriate for hæmorrhoidal subjects.*

Dose and administration: In cases of some standing with great feebleness, administer the same as in *Arsenicum.* But in more active inflammatory conditions in which it may also be indicated, give every two hours as directed for *Belladonna.*

Pulsatilla is frequently appropriate in the milder cases, and when there are: *frequent small stools* of only *yellow mucus streaked with blood,* preceded by *cuttings in the abdomen,* or dysenteric stools of bloody mucus making the anus sore, with twisting and cutting about the navel and gastric complaints, or, *autumnal dysentery with slimy stools.* There is usually insipid taste in the mouth, white coated tongue, desire to vomit, or even vomiting of mucus, frequent chills, especially towards night, and evening aggravation, whining mood.

Dose and administration, the same as for Colocynth.

Petroleum has proved serviceable in some bilious and erethic forms, and where they have threatened

to assume a malignant character. *Frequent stools of mucus and blood*, or of only bloody mucus, accompanied with great feebleness. *Frequent urging to stool*, where, after violent pressing, only a slight dysenteric discharge takes place, with a feeling as if yet more should come. Often but slight discharge of red or brown stinking urine, unusual febrile exacerbations, frequent flying heat, with trembling of the body, night-sweats, and irritable temper.

Dose and administration, the same as for Belladonna.

NITRIC-ACID. is a valuable remedy in some forms of dysentery. Hartmann says, it is probably the best remedy where there is a *constant pressing* in the rectum *without any*, or only very slight discharge. Its symptoms are: *Bloody dysenteric stools* with tenesmus, fever and headache over the whole head. Frequent stools consisting *only* of *mucus*, sometimes with cuttings in the abdomen, and violent tenesmus, *constant urging to stool without success*, or with only very slight discharge. *Long urging* and *pressing* to stool, which passes off with great difficulty although quite soft. There is frequently great heat, constant thirst, and an unequal intermitting pulse.

Dose and administration: One drop, or twenty pellets, of the sixth potence, dissolved in eight spoonsful of pure water, of which give one spoonful every

two hours, until an amelioration sets in, then at intervals of three or four hours.

Plumbum corresponds to dysenteries of the more violent character, where the discharges are only blood, with continual cuttings in the bowels and stomach, violent eructations, fever, burning in the anus during an evacuation, and continuance of the tenesmus after the stool, or where in the absence of stools there is violent tenesmus.

Dose and administration, the same as for Nitric-acid.

Rhus-toxicodendron is an almost indispensable remedy in this disease, where symptoms of a *typhoid character* appear, and the *organic activity threatens to become extinct*. The patient is weak and falling away, the plasticity of the blood is diminished, the stools are dissolute of *sanguinous mucus*, often passed off *involuntarily* at night, without pain or tenesmus; incontinence of urine, great weakness and prostration, especially after stool. Bleeding from the nose, confusion of the head, evening chills followed by heat with excessive thirst, dejection and anxiety also form farther indications for its employment.

Dose and administration, the same as for Nitric-acid.

Staphysagria has been successfully employed in this disease with: *dysenteric stools*, with tenesmus

and *cutting* in the *bowels before, during* and *after* the discharges. Frequent stools of yellowish mucus, with bruised soreness in the whole abdomen, and muscular debility; dysenteric stools with much tenesmus and cutting in the abdomen.

Dose and administration, the same as for Nitric-acid.

Sulphur is one of our most valuable remedies in the worst cases, and where the disease, notwithstanding some amelioration is slow to yield; or where other remedies, owing to a chronic dyscrasia (psora) having been aroused in the system in the course of the disease, do not seem to take effect; or, for: *mucous stools streaked with blood, violent tenesmus*, frequent urging to stool, *especially at night*; dysentery with discharges of mucus, with or without blood, preceded by cuttings in the abdomen, with tenesmus, fever, &c. It is very suitable for hemorrhoidal subjects.

Dose: Ten pellets of the thirtieth potence, dissolved in a spoonful of water, and taken at once. Permit it to act four hours, if there is improvement, permit it to act undisturbed four hours longer and up to twenty-four hours, if the improvement continues, then the *Sulphur* may be repeated or followed by Nux or another indicated remedy.

Veratrum is very appropriate in dysentery, where we have: watery sanguineous flocculent discharges in which portions of fæces are manifestly

present; or, dysentery with *vomiting coldness* of, the *surface, extraordinary weakness, cramp* in the *calves, retention* of *urine*, and *cold sweat.* Evacuations are more frequent at night than by day, are accompanied with and followed by colic and chills; tenesmus is rarely present.

Dose: One drop of the sixth potence may be mixed in six spoonsful of water, of which one may be given every hour, until an amelioration takes place, and then at longer intervals, two or four hours.

CASES AND CLINICAL OBSERVATIONS.

ACONITE: Dysentery conjoined with the presence of synochal fever.

ALOE: Violent dysenteric evacuations, with the most painful tenesmus and *faintness* while at stool.

ALOE: Dysenteric evacuation of bloody mucus, with violent tenesmus, excination of the anus, and *prostration during and after stool.*

ARSENICUM: Dysenteric diarrhœa with burning in the anus, anxiety, thirst and great prostration.

ARSENIC 30th: Dysentery consequent upon fever with constipation, which had been treated allopathically. *Symptoms*: Wild looks, hasty speech.—Is at one time lying in the upper, and then in the lower part of the bed.—Continual eructations.—Distended hard abdomen, sometimes with rumbling in it.—Fifty evacuations in the 24 hours, with little mucus at a time, attended with violent burning in the rectum.—Slight discharge of urine,—parched brown tongue,—violent thirst,—great weakness,—occasional oppression of the chest,—no appetite,—sleepless,—great anguish.

ARSENIC: Relieved a patient suffering from dysentery and who was without rest. Sweat soon appeared after taking the medicine.

Baryta-mur., 3d: Frequent daily evacuations of bloody mucus, without particular pain, but with loss of flesh, the patient had formerly suffered from humid herpes.

Belladonna: Is useful in some kinds of *nervous*, and sometimes also in *inflammatory dysentery*.

Calcarea sulph.: Has proved useful in dysentery with violent tenesmus.

Cantharides *sixth:* Proved efficacious in dysentery with violent pains, severe tenesmus, and strangury, and discharge shredy mucus, like scrapings, mixed with blood.

Chamomilla: Relieved the pains peculiar to the epidemic dysentery of 1830.

Chamomilla: Dysentery with burning around the anus.

China: Dysentery with rectile pains.

Colchicum 6th: Cured a case of fall dysentery, attended with severe tenesmus, and discharges of only white transparent gelatinous mucus.

Colchicum 4th or 5th: Frequently corresponds to the gastric fall dysentery, having an epidemic character.

Colchicum: Helps in cases, where Merc.-corr. has lost its effect, and more slime than blood is passed in the stools.

Colocynth: Dysentery attended with violent colic.

Colocynth: Violent rending pains in the abdomen, so that the patient must bend forwards, confined flatus, frequent stools, streaked with blood.

DULCAMARA: Was found very efficacious in the fall dysentery of 1834.

DULCAMARA o.: One drop relieved a bloody diarrhœa brought on by a violent cold.—*Symptoms:* violent cutting in the bowels, especially around the naval, worse at night, which was almost immediately followed by an evacuation of more blood;—constant raging thirst.—Considerable protrusion of the rectum with intense smarting of the same.

DULCAMARA: Tenesmus before stool; which occurred suddenly, with apparent paralysis of the spincter.

HEPAR-SULPH.: Has been frequently found efficacious in dysentery, the troublesome evacuations being relieved by it, and the entire disease becoming less intolerable.

HEPAR-SULPH. 2d: Half a grain every one or two hours relieved the violent tenesmus the most speedily in an epidemic?

MERC.-SOL. 3d: Fall-dysentery.—*Symptoms:* Horrible colic, as if the bowels were being cut, most violent, when he is obliged to go to stool.—Excessive tenesmus, as if the intestines would be forced out, followed by a discharge of a small quantity of mucus mixed with blood, followed by still more tenesmus. The evacuations were accompanied with hot sweat on the forehead, which soon became cold and viscid.—Sleeplessness,—great failing of strength,—the discharges corrode the anus and

cause a painful burning. The remaining weakness was removed by one drop of China 3d.

MERC.-SOL.: Removed a case of dysentery occurring in an infant, with frequent stools consisting of bright blood, sometimes mixed with much mucus, or with green hocked stools.—The child had fever and refused to take the breast.

MERC.-SOL.: Dysentery with very acute pains, as if the intestines were being cut, particularly severe while at stool; somewhat relieved on assuming a recumbent posture; excessive thirst, discharges of slime and blood, the evacuations excoriating the anus. Nocturnal exacerbation, sleeplessness, prostration. *China* third, after two days, followed the *Merc.*

MERC.-SOL.: Fever, with very severe cutting in the abdomen, frequent discharge of small quantities of bloody mucus, with violent pressing, burning and tenesmus. Tongue dry and coated, loss of appetite and rending pains in the limbs.

MERC.-SOL. 4th: Dysentery with nervous symptoms. *Symptoms:* Emaciation and languid appearance. —Dry chapped lips,—face bathed in perspiration and yet complaining of chilliness. No appetite and great thirst,—headache and humming and ringing in the ears,—abdomen soft and somewhat distended, with cuttings in it, during stool.—Thin scanty evacuations every quarter of an hour, frequently streaked with blood and accompanied with burning

in the rectum.—Drawing pains in the lower limbs, which the patient is constantly moving about.—Soporous condition, alternating with delirium. The nervous symptoms were relieved by *Rhus* 10th.

MERCURIUS: Slimy bloody diarrhœa, particularly if the stools are mixed with greenish mucus.

MERC.-VIVUS or CORR. third: Two grains dissolved in four or five ounces of distilled water, a teaspoonful every half hour or hour was given by Dr. Gross in a form of dysentery, and some cases were cured in twenty-four hours.

MERC.-CORR. 5th: Dysentery with: first chilliness and heat, anguish, diarrhœa and colic, pain in the back and tenesmus with some discharge of blood.—Afterwards increased tenesmus and thirst; stools every ten minutes of bloody mucus, sometimes pure blood.

MERC.-CORR.: Effectual in red dysentery, when followed by mucous discharges and accompanied by fever.

MERC.-CORR.: Dysentery with chill, heat, thirst, anxiety, stools with discharge of blood, tenesmus, and cutting in the abdomen.

MERC.-CORR. 9th: Three doses of three globules each, one each day, cured a case of dysentery in a child of six years, as follows: several evacuations an hour of bright red blood, mixed with green and white mucus.—Body hot, face pale and sunken.

MERC.-CORR.: Patient had thirty or forty discharges

of watery or bloody mucus per day, with pain and great prostration. Was cured in four or five days, and the remaining debility removed by *China*.

MERC.-CORR. third: Helped in the case of a child of one year, where an evacuation of white gelatinous mucus with blood, took place every hour.—In one case the remaining disposition to diarrhœa was relieved by two doses of *Petroleum*.

MERC.-VIVUS: Dysentery with vehement constringing pains in the abdomen.

NUX-VOMICA 30th: One drop in a child of nine years. *Symptoms:* Tenesmus every quarter of an hour, with violent cutting pain in the umbilical region and below it, accompanied with tenesmus of the rectum,—Evacuations consisting of small quantities of knotty fæces, mixed with mucus and blood, or simply bloody mucus, after which the pains remit. Great heat and redness of cheeks, much thirst, no appetite or sleep.

NUX-VOM.: Dysentery, in which very painful tenesmus predominates.

PETROLEUM: Bloody slimy stools, accompanied with pains and flatulent distension of the abdomen; frequent but small discharges of red brown fetid urine, frequent flushes of heat and tremor of the body and nocturnal perspiration.

PETROLEUM: Is said to be most indicated in the bilious and erethic forms of this disease, and especially, when it threatens to become malignant.

PULSATILLA: Was found efficacious in a case of dysentery, characterized by great difficulty of breathing.

PULSATILLA: Was efficacious in the fall dysentery of 1834, especially when the discharges were very slimy.

PULSATILLA: Dysentery, with very slimy stools, and also with severe respiratory affection.

PULSATILLA 12th: One drop. Chronic dysentery. *Symptoms:* Frequent evacuations of mere blood and mucus, day and night excoriating the anus, and accompanied with burning pain.

PULSATILLA: Stool was preceded by pinching and cutting around the umbilicus; during stool patient experienced a shuddering, with goose-skin. —Flat taste in the mouth, tongue coated white, nausea with inclination to vomit and sometimes vomiting of mucus. Pain in the small of the back, so that he could scarcely move.—Chilliness the whole day, more violent in the afternoon and evening, sometimes alternating with flushes of heat, very faint and pale. Weeping mood.

RHUS 30th, one globule: Was very efficacious against involuntary nightly discharge of feces, remaining after the colic and tenesmus had been removed, in the fall dysentery of 1834.

RHUS: Where the dysenteric stools are passed involuntarily during the night.

RHUS: According to Hornberg, ought to be very ef-

ficacious against dysentery, on account of its comprising so many symptoms of inflammation of the bowels.

PLUMBUM: Has proved very efficacious in cases where in the absence of stools (dry dysentery), there was yet violent tenesmus accompanied by fever.

STAPHYSAGRIA: Has frequently been found curative in dysentery.

SULPHUR *third:* Cured dysentery in several cases, where the other remedies afforded no substantial benefit.

SULPHUR 30th: Cured a case of dysentery with violent tenesmus, in the course of ten hours.

SULPHUR rendered the most efficient aid in malignant dysentery, where the attacks were characterized in the beginning by difficulty of breathing.

SULPHUR is especially useful in cases of dysentery, occuring in hæmorrhoidal subjects.

SULPHUR *third:* Completed the cure of a case of dysentery after the previous administration of Merc.-sol. 2, with the following *symptoms:* Violent lancinating pain in the forehead, increased by contact. Obtusion of the head with want of memory and giddiness.—Countenance pale and sunken, covered with cold sweat.—Tongue dark red, the margins being coated white without thirst.—Dryness of the mouth and throat.—Repugnance to food.—Violent cutting pains in the umbilical region, increased by movement.—Hard spasmodically contracted abdomen.

—Tenesmus almost every moment, the patient passing only a little mucus, streaked with blood, followed by burning at the rectum.—The body is covered with sweat, but is rather cool than warm. —Frequent shuddering, especially during motion. —Great weakness and despondency.—Pulse quick and full.—Increase of pains at night.

SULPHUR: Dysentery with cold perspiration and anxiety, dry red tongue, abdomen hard and retracted, or with insupportable pains in the umbilical region.

TART. EMET.: Dry skin, lancinating abdominal pains. Thirst, bitter taste in the mouth, tenesmus, burning in the rectum, bilious discharges, tinged with blood.

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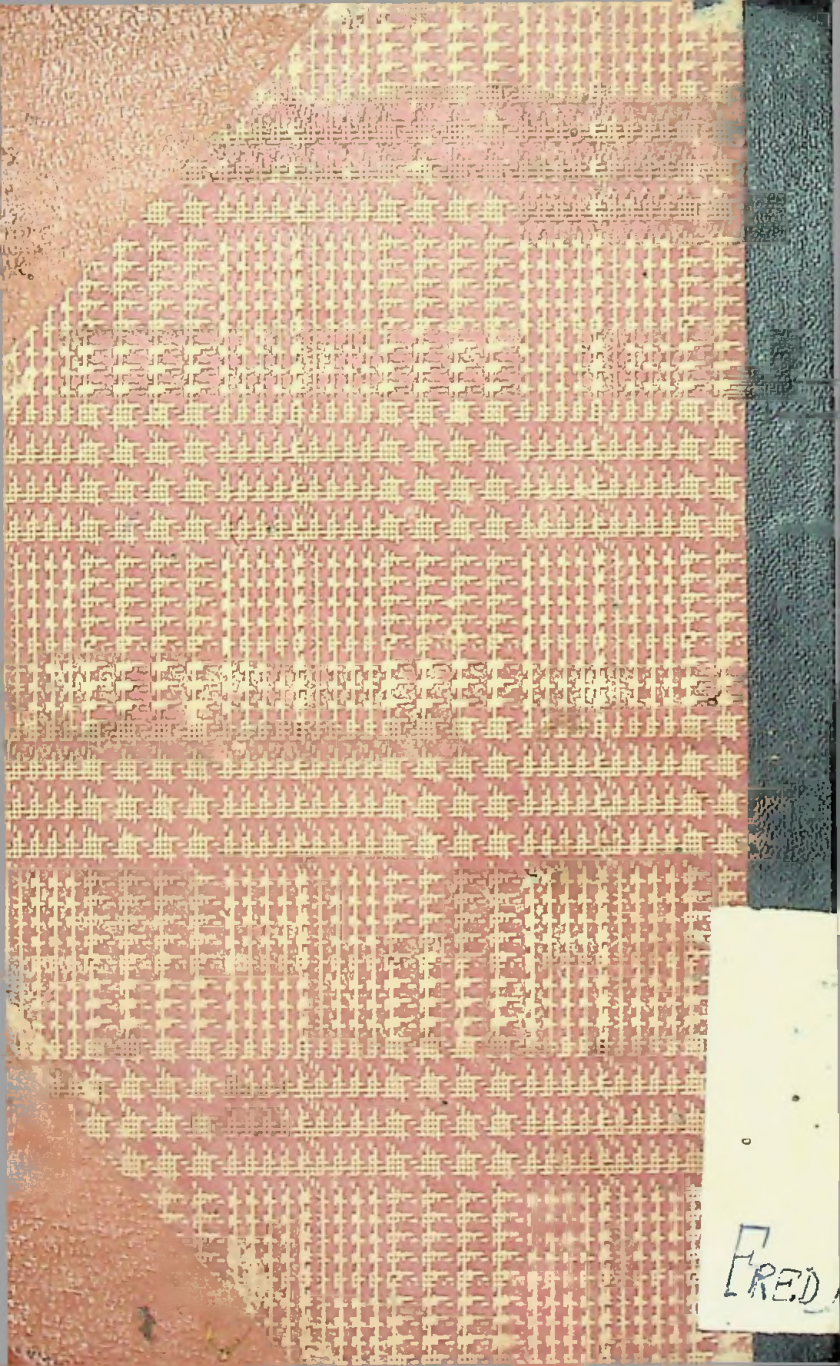
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