

AN
INAUGURAL DISSERTATION

ON

Indigestion or Dyspepsia

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

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To
 the Faculty
 of the University of Nashville,
 Medical department.

As a mark of respect for
 the kindness bestowed upon
 an unworthy pupil;
 the Author.

Indigestion or Dyspepsia;
 In most cases the individual
 afflicted with this disease, does
 not call in a Physician, until
 indigestion has made considerable
 inroad upon the system. Owing
 to this circumstance, it is very
 difficult to get at the first

diagnostic signs of Dyspepsia.

When called in, the cases always present different stages of the disease. One of the most common signs is a vague uneasy sensation in the epigastric region, which does not occasion very much pain, but is sometimes worse than at others; and the patient contrives many ways to get rid of the misery, but without any effect; this uneasiness extends over the entire epigastric region, and often to the hypochondria, also to the chest, especially to the left side, and frequently to the shoulders and arms of the patient. These sufferings are generally increased when the stomach is empty;

but sometimes when the stomach is full. At other times, they complain of a burning sensation in the stomach, also of a gnawing sensation arising from vascular irritation, of the stomach, sometimes gastralgic pains, at others, a spasmodic sensation, and an uneasiness caused by fulness or flatulance.

Eruptions of wind is a very common symptom of Indigestion, also regurgitation of the food after a meal, which at times is so copious that the patient imagines he has discharged the entire contents of the stomach. At times this takes place so quick after eating, that the food ejected is perfectly sweet,

and scarcely affected except by mastication, although it is generally affected by the action of the stomach, and is sour, oily, bitter, or in any way offensive to the stomach. Sometimes water-brash is one of the prominent symptoms, especially of a morning when the stomach is empty.

The tongue is generally covered with a white fur in the morning, also it frequently becomes sore about the root, and sometimes the tip and edges get sore the mucus surface peeling off leaving it exposed to the food, and generally a bad taste in the mouth.

I might give many remote symptoms; some that appear

very early in the disease, and
 are frequently the first that the
 patient complains of, when in-
 terrogated. Headache is frequently
 the first disturbance, that gives
 the patient any uneasiness. Low
 spirits, an inclination to have
 what is commonly known as the
 "blue-devils" caring for nothing,
 always fretful, and peevish. They
 frequently imagine, they have an
 incurable disease. Sometimes in-
 digestion is accompanied with a
 dry cough, which makes them
 think they have the consumption.
 Sleep is generally disturbed by
 indigestion; a wakefulness, fright-
 ful dreams, and of a morning
 a languid feeling.

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The bowels are generally constive, during the entire disease; except when there is an unusual discharge of bile for a short time, then the patient has a ~~diarrhoea~~ diarrhoea. The most of the time, the stools are white, or clay colored ^{ore} and hard.

The surface of the body is generally dry, and of a lower temperature than when in good health. The hands and feet are sometimes very cold, and at other times they experience a burning sensation. All dyspeptic patients complain of cold on the slightest change of weather from hot to cold, they become chilly, when healthy persons do not notice a change.

The Urine is sometimes scanty and high collared, at others very copious, limped, and contains a considerable portion of spha-rine matter. The flesh is reduced; the muscles become soft and flabby, not capable of sustaining much bodily exertions.

The symptoms of indigestion vary in every case, you may not expect to find all the symptoms numerated in any one case; nor any case without some symptoms that have not been mentioned, owing to the complicated nature this disease. I cannot do any more than point out the most promising and features of indigestion owing to the want of space and time.

It is important to distinguish chronic Gastritis from Dyspepsia. In chronic gastritis the pain over the epigastric region is much greater than in dyspepsia, also vomiting is oftener and accompanied with more pain in gastritis, than in dyspepsia; the tongue is red, and more inflamed, than in Indigestion; in short all the symptoms are more aggravated in chronic gastritis than in dyspepsia.

Causes are so numerous that it cannot be expected, ^{that} any person would give them all in a short dissertation like this. The most common cause is want of proper exercise in the open air, and errors in diet while living a

sedentary life. How often the student brings upon himself this disease, while engaged in his studies to make himself useful to mankind. If the reduction in diet was equal to that in exercise; there would not be so much of this disease among students and literary men; but when they leave an active life and begin to live a sedentary one, a diminution, in quantity and quality of diet, should be strictly observed by the individuals if they wish to preserve their health.

Continued mental application is frequently a source of this disease; owing to calling the blood to the brain, when it should be

in the organs of digestion. Bad news received soon after eating a hearty meal.

A want of pure air is often a cause of this disease; for when the blood is not properly oxygenated by coming in contact with pure air, no organ of the body can perform its function in a healthy manner. Its effects is seen sooner on the organs of digestion than any other part of the system;

Any kind of stimulants used too frequently - especially Alcoholic Liquors, and nervous stimulants when used a considerable time.

It is hereditary. In many families almost every one of them are

afflicted with this disease. The least exciting case brings it on them, while others not predisposed to it would resist tenfold as much as brought it upon them. I know families that look for it among their offspring, and expect them to inherit it as same, as they do their disposition, and property. I cannot for my life see why Indigestion should not as well be hereditary as well as Consumption, Gout, Rheumatism, and Syphilis.

Sometimes it is the result of the continued use of medicines for instance, Purgative or any stimulating medicine that debilitates the stomach's action,

renders it incompetent to perform digestion in a healthy manner. This disease may be the result of debility occasioned by continued muscular exertions.

I may also give some articles that have a direct action by a depression on the nerves of the stomach. A large quantity of cold water, soon after eating, also the use of Tobacco affects the nerves.

The continued use of food that is hard to digest, in this way the stomach is over tasked and is compelled to yield, by having more to do than it is able to accomplish. Some articles of

food can scarcely be digested by one person, and others can eat them without any inconvenience.

Treatment.

Much may be done to restore the dyspeptic's health, by observing the following practicable rules.

Regularity in every thing.

Exercise, freely in the open air, if the health of the patient will admit of it. The exercise should be of such a nature, that the individual will be interested in, and take pleasure in doing; hunting, fishing, or gaming of any kind. The great object is to engage in such amusements as will interest the patient,

divert from his condition, and give tone to the stomach, by bringing each member of the body into proper action;

Sleeping. The dyspeptic should retire to bed early at night, and rise soon in the morning, so as to enjoy the bracing and refreshing air.

Cleanliness. This is of great importance to the dyspeptic. Bathing should be performed often, and in the best manner to suit the patient's condition. The shower bath is the best if there is sufficient vigor of constitution to react immediately after the shock; but if the system does not react immediately, it does

an injury to the patient, and should not be used. Cold bath, Warm bath, and Spunging, all should be tried and use the one best suited to the patient. after any of them are employed, brisk friction should be used, by coarse towels, fleshbrush, or hair gloves until warmth is restored.

Rest, from all employment and especially that of the mind, for the mind has more influence on digestion than any other organ of the body, owing to its nervous connection and the sympathy existing between the two organs.

Traveling is excellent for it generally brings new objects into

view and the change is agreeable both to mind and body, especially if the company is agreeable and entertaining to the invalid, so as to call his mind entirely from his condition. The best manner of traveling is on horseback, or by carriage, and the mountain air and scenery, are the best for health, owing to the purity of the air, and the diversity of aspects, that present themselves to view.

Regimen

More is to be accomplished by a strict adherence to diet than anything else

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in this disease. Many under-
take to give a synopsis of
such articles of food as are
suitable for ~~dyspeptic~~ persons.
I never have seen a catalogue
of articles given that was ap-
plicable to a single case, there-
fore I do not attempt to say
eat this or that. To under-
take to say what would agree
with each mans stomach when
afflicted with indigestion, is like
the Quack, when he said;
"what will cure a Taylor, will
kill a Shoemaker" and what
will agree with one stomach
might seriously injure another.
I might mention many arta-
cles that are easy to digest, but

any person would know that.
 The proper way is to examine each case and find out what agrees with them, and let them eat that and be sure they do not eat anything that disagrees with them, if you are doubtful give them a small quantity and see how it agrees with them. Quantity. Particular regard should be given to the amount eaten at one meal, for many times an article does not agree with a person owing to the quantity eaten at one time. Time to digest. The stomach should always have sufficient time to digest all of its contents and be in a rested

condition, before it is taxed with a second meal. Eating too-often or between meals should be strictly forbidden.

Two meals per-day would be better than three. The adage man never regretted eating too-little, is applicable in dyspepsia.

Medical Treatment.

"Remove the cause and the disease will disappear." The first thing then is, what originated this disease in this individual? What stage of the disease have I to contend with? Is there any derangement in any of the secretory organs? What is

the condition of the bowels?

Is it the want of exercise, or of pure air? Was it occasioned by continued mental application?

In this manner we should go through the entire catalogue of causes and be sure we rightly understand the disease, then we will have but little difficulty in eradicating it.

Here, I scarcely know, how to proceed; I do not know what kind of a patient Dr Muggins, will be; but I will suppose a case. Now we have a patient that has been working in an ill-ventilated Factory; he is pale, swathy, can scarcely get about, every thing he eats is ejected

immediately, his bowels are cos-
 tive, headache and other symp-
 toms. Now for the treatments. First.
 Exercise in the open air. 2^d Give him
 equal quantities of Rhubarb and
 Aloes sufficient to give him
 one evacuation per day. Let
 him eat such food, as agrees
 with him, also attend to the
 quantity, for if the stomach
 is very feeble, it cannot bear
 much of any kind of diet.

Castor Oil, might be used as
 a laxative insted of the Aloes
 and Rhubarb. If there is any
 appearance of the Liver not
 secreting - some Blue mass might
 be given at night and the Oil
 in the morning so as to

work off the Blue-maps. By watch-
ing him and paying particular
attention to Exercise & Diet he will
soon be off of your hands.

General treatment. There
is two particulars to be
kept in view in treating
this disease. One is to keep
the bowels regular, the other
is to make a moderate, but
durable, ~~stimulant~~ ^{stimulant} impression
on the stomach. The former
is principally to be done
by purgatives and enemata;
the latter generally by tonics.

Many writers recommend
emetics in treating this dis-
ease; but I would be compel-
ed to say from my experi-

-riance, in this disease, they are not admisable, only in some instances, when the stomach is gorged with indigestible food, or the patient has eaten something that does not agree with the stomach. Others recommend diet to keep the bowels in a loose condition; but this is almost impossible.

When we employ medicines, such should be selected as a general rule, which have no tendancy to weaken the action of the stomach, but a stimulant affect with their laxative power. Rhubarb combined with aloe, or seperate

possess, this power. Aloes should not be given when there is a tendency to piles or uterine irritation. When they loose their power as a purge, combine a small quantity of Crotonoil, with them one fourth of a drop will generally answer. The blue pill, Castoroil, Carbonate of magnesia, flowers of sulphur or any mild purgative may be used in this disease.

Tonics. The best are the pure bitters, for instance quassia, gentian and columbo. Camomile and wild cherry bark are good in mild cases, even when irritation exists in the circulation.

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Handed to the Faculty Jan, 18th /57