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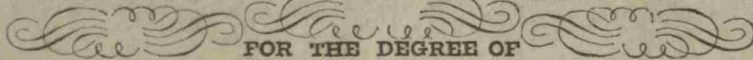
Acute Gastritis.

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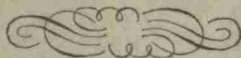
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



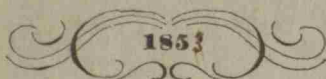
DOCTOR OF MEDICINE.

BY

W. A. Lapsley.

OF

Nashville Tennessee.



1853

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Dedication

To the able, & talented Professor of
the Practice of Medicine, in the
University of Nashville, W. F.
Bowling M.D. this Thesis is
most respectfully & affectionately
dedicated. By The Author
Novell Alexander Lapsley
January 6th 1853

Acute Gastritis

In looking over the numerous diseases, of which we have a History, I have observed many, that are invested with a peculiar interest, because of their great prevalence, in the great Valley of the Mississippi, but which, from having been so frequently the subjects of Medical Treatises, have become so trite, that I have seen proper to throw them all aside, & select the above. It is true, that it is not of as much practical importance to the Physician, as some others, as Pneumonia, Typhoid Fever, Dysentery &c, still it is of very great interest to the Medical Man both in a Medical and Medico Legal point of view, I am fully aware that it is quite as difficult, as any other that might have been selected, and though I

cannot expect to advance any new views upon a subject, already fully elucidated by Heads far abler, & wiser than mine, still I hope that my Essay, may prove of some interest, if not upon the ground of Merit, at least as, the first effusion of a youthful Medical Mind. Without any further, preliminary remarks, I shall at once enter upon the discussion of the subject.

Acute Gastritis is the acute inflammation, of the Mucous Membrane of the Stomach. Acute Gastritis very seldom occurs as an independent disease, which is a remarkable fact, inasmuch as no organ of the whole system is more exposed to the usual, causes of Inflammation. It is the receptacle for all manner of innutritious, indigestible, & acrid Articles taken either as

food or Physic. Yet a kind and overruling Providence has so provided, that these irritating substances, which, if applied directly to any other Mucous Membrane, would produce the most violent inflammation, when taken into the Stomach in general only produce sufficient irritation, ~~as~~ to cause their immediate rejection. Yet notwithstanding the difficulty, with which the stomach is affected seriously, by the direct application of these irritants, no organ in the system is more readily affected through the medium of Sympathy. Let disease, with all its terrors, invade the system, and almost the first note of alarm, comes from the Stomach, which ever stands, like a faithful sentinel, upon the watch towers, to guard the system against the very

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approach of danger, and give it time to avert the threatened stroke. The object of this wise provision of ^{Nature} danger is evident to all. For if the stomach were not so readily affected by sympathy, articles, whose tendency would be injurious, would be admitted through it, into the system, and thus a disease would be formed or increased if already formed. But as the stomach, through its sympathy, with the whole system, so readily perceives diseased action when going on, articles, whose tendency would be injurious, when taken into the stomach are rejected, and those tending to counteract diseased action, are admitted into the circulation, & thus the disease is removed.

Anatomical Character. The Lesions

in this disease are very important especially
 in a Medico-Legal point of view, & therefore
 the anatomical characters as presented by a
 Post Mortem are to be carefully studied.

The first sign, of any importance, that pre-
 sents itself to our view, is the contraction
 of the ~~womb~~ ^{Stomach} to rather less than half its
 size. Upon opening the Stomach, we see the
 Mucous Membrane considerably thickened
 & covered with a viscid, puruloid Mucus up-
 on the removal of which we discover the usual
 marks of inflammation. The color of this Mem-
 brane varies from a bright scarlet, to a blackish
 brown, according to the violence of the cause produ-
 cing the inflammation. This color is sometimes
 diffused over the whole surface of the organ
 & is sometimes in spots scattered over the Mem-
 brane: sometimes we observe a single spot with

lines of inflammation, radiating off like the spokes of a wheel. In the fundus the color is generally the deepest. Ecchymosis is sometimes observed usually in small patches. The mucous follicles very frequently give evidence of increased ~~action~~ development, by small reddened prominences. The discolored portion of the Membrane, is very much softened & thickened, so soft as to be very easily torn up. This may be regarded as almost a Pathognomonic sign of Acute Gastritis, as this softening & fragility of the part can only be produced by its decomposition & the cause of this must be acute inflammation or Poison, as this is a Membrane most difficult of decomposition after death, when the stomach had, previous to this been in a healthy state. We have mainly to rely upon this symptom to diagnose a case

of previously existing Acute Gastritis, as none of the others are sufficiently certain, clearly to indicate it. Redness was at one time regarded as a Pathognomonic sign of this disease; but accurate investigation has clearly proven that redness may be produced by other conditions of the organ than an inflammatory one. It has also been seen that Stomachs previously in a Healthy state have appeared much reddened after death. Causes - As was stated at the outset, the stomach is not as amenable to the usual causes of inflammation as the other Organs of the System, and therefore Acute Gastritis does not occur often as an Idiopathic disease. The principal causes of this disease are, the swallowing of active vegetable & Mineral poisons. There exists also in some persons a strong predisposition to this disease, so strong in fact, that a moderate

use of alcoholic stimulants or even an excess of
^{food} ~~paucity~~ may produce it. Severe cases of Ac. Gastritis
sometimes result from the translocation of inflam-
- mation from some other organ to the stomach.
But the strongest predisposition to this disease,
consists in the convalescence from some acute
disease as Cholera. In this terrible disease we
are compelled to see some of the most active
Articles of the Materia Medica in very large
doses, to counteract the fatal tendency of
the disease, with but little or no regard to
the welfare of the Stomach. These Medicines
very often act Mechanically or Chemical-
- ly & produce the most violent Inflamma-
- tion or leave the stomach in such a con-
- dition that the slightest indiscretion in
diet will produce it. But this disease is
more commonly an attendant upon other

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diseases, and is frequently produced during the existence of Bilious and Yellow Fevers. But the fact as to whether it occurs as an Idiopathic disease or as an attendant upon other diseases makes but little difference as to the treatment as the prominent indication is to subvert the inflammation in the Stomach as this is at least one of the principal sources of danger.

Symptoms. The symptoms of Acute Gastritis are divided into, General & Local. The general or Constitutional symptoms are as follows; The tongue is generally covered with a whitish, furry coat with its tip & edges of a fiery shining red color, having red papillae projecting through the coating. Sometimes the tongue is red, smooth, dryish, & totally devoid of any coating, throughout the continuance of the disease. The Bowels are

costive unless the intestines partake of the disease, in which case they are looser than in Health: The pulse is quick, small, & corded. The Respiration is short & hurried accompanied with a hard, hacking cough. The Patient is apt to lie upon his back, & is very restless: His countenance is generally expressive of great anxiety & Mental distress. These are all the prominent Constitutional Signs of Acute Gastritis; but they are also common, to a greater or less extent, to all inflammatory diseases, we have therefore to diagnose the disease to rely mainly upon the Local signs, which are as follows: There is always in severe cases of Acute Gastritis, very intense burning pain in the Epigastric Region, accompanied by nausea & vomiting; the pain is always considerably increased on pres-

sure, and upon taking a deep inspiration the act of vomiting renders the pain almost excruciating: The matter vomitted up is first the food, (if there be any in the stomach) bloody bile & mucus. The thirst in this disease is very naturally intense, the patient continually calling for cooling drinks, which if taken in considerable quantities is immediately rejected. After the exhibition of these symptoms, should the disease take a favorable turn, the skin becomes smooth & moist, the pain diminishes, the vomiting ceases entirely, the tongue begins to clean off & become moist, and the general relaxation of the system evinces that the crisis is past and by proper attention to diet &c. The patient will recover

But if the disease advances unfavorably the tongue if before coated becomes of a bright scarlet red color, & is dryish and smooth, and towards the close it begins to be covered with a thrushlike exudation as is also the inside of the cheek. The skin becomes pale & cool; the pulse becomes smaller & more thread like. Vomiting ceases from the mere weakness of the patient, and is followed by a mere regurgitation of the substance in the stomach, sometimes a black matter resembling coffee grounds is thrown off the stomach. The patient becomes more & more restless and expires rapidly and death speedily follows, preceded by all the symptoms of extreme prostration. Should the pain cease suddenly without any perceptible

cause, we may fear that Mortification has supervened, in which case immediate death is sure to follow. Should the pain become suddenly diffused, we may be assured that the coats of the stomach have been perforated, and that its contents have escaped into the cavity of the Peritoneum, in which case also we may expect immediate dissolution.

When an active corrosive poison has been taken into the stomach, decomposition of its mucous Membrane speedily takes place followed by a cold clammy skin, great prostration & death.

In the milder cases of Gastritis the symptoms enumerated above, as characterizing the earlier stage of the disease are experienced though

in a much milder form.

Diagnosis. The symptoms that mark a severe case of Acute Gastritis, are so clear that it cannot be mistaken for any other disease. From Peritonitis, it is distinguished, by a greater diffusion of the pain, by the greater tension of the Abdominal parietes & by a greater general depression in Peritonitis than in Acute Gastritis. From Colic Cholera Morbus &c. it is distinguished by the presence of fever which is always absent in these affections.

Treatment

Whether Acute Gastritis be the result of the action of poison, or of the ordinary causes of inflammation, or is merely an accompaniment of some other disease, makes very little difference as to the

treatment, the prominent indication being to
 subdue the inflammation in the Stomach as that
 is a very prolific source of danger. If the disease
 be the result of ~~an~~ the action of a poison, the stomach
 must be evacuated immediately either by the stom-
 -ach pump or some prompt Emetic. Then ad-
 -minister some antidote to neutralize any por-
 -tion of the poison that may remain in the
 stomach. An active Cathartic is then to be
 administered to expel from the bowels any of
 the poison, that may have escaped into them.
 This being done we must enter upon the treat-
 -ment of the Inflammation superinduced
 by the action of the poison. The treatment
 will be substantially the same whatever the cause.
 And may be divided into General & Local.
 The General or Constitutional treatment
 If the system is not already too much debilita-

- ted by ^{its} cause producing the disease, the patient
 should be bled freely. We must not be guided
 exclusively by the state of the pulse, when we
 wish to bleed, for, very frequently, when the
 pulse is small & corded, it rises under the
 operation, in such cases we continue the bleed-
 - ing as long the pulse rises & grows more full
 & cease when it begins to flag. Bleeding is
 always safe when the pulse rises & grows stronger
 - er under its influence. Purgatives would
 seem to be indicated here, & they without
 doubt would be very useful if they could
 be administered, but unfortunately
 the stomach is so irritable that their ad-
 - ministration would be locally injurious.
 Still after bleeding we may administer a
 dose of calomel, which, if not rejected
 will operate favorably by unloading

the Portal circulation & relieving the con-
 -gestion of the stomach. Opium is also re-
 -commended to relieve pain. When these
 Medicines are inadmissible per Anum? they
 may be safely administered as injections.
 An enema of a teaspoonful of Laudanum,
 combined with a small quantity of Starca
 water, acts very kindly in relieving the
 pain. Throughout the progress of the
 disease, stimulating pedicuvia should be
 used to excite action in the inferior extem-
 -ities, when they are suffering. When
 Gangrene is threatened, the Oil of Turpen-
 -tine in small, & frequently repeated doses
 is the sure anchor of our Hope; it has
 been tried & frequently found success-
 -ful when all other Remedies have
 failed. The patient should not drink

largely of any kind of fluid, for fear of irritating the stomach. Still He may be allowed small quantities of very cold water or allow small quantities Lumps of ice to dissolve slowly in his mouth, or swallow it undissolved, this will not only prove very grateful to the patient, but also decidedly beneficial in subduing the inflammation. Very particular attention should be paid to the diet: Nothing should be given in the earlier stages of the disease except a little Rice Water, Emulsion of Gum Arabic or some thing of that kind, but as the disease advances, & the patient grows weaker, more stimulating articles as Chicken Water Beef Tea &c may be administered. During convalescence the most particular attention must

be paid as to the diet as the slightest indiscretion may cause a fatal Relapse.

Local Treatment. The Local Treatment of this disease is all important. Whether blood has been taken from the arm or not Leeches must be applied over the whole Epigastrium, at times, throughout the whole continuance of the active stage of the disease, and upon their removal warm fomentations or Poultices must be applied over the whole Epigastric Region. Cold applications have been recommended but they do not act as beneficially as the warm. In the advanced stage Blisters act very beneficially, & advantage may be taken of the raw surface thus obtained, to apply remedies that cannot be taken internally as Opium

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and Mercury to relieve Nausea & Pain
and to produce a Mercurial impression
upon the system.

This Treatment, it will
be readily perceived, applies only to
simple uncomplicated Acute Gastriti-
tis. As a matter of course, when com-
plicated, the treatment must be varied
according to the complication.

I have thus
endeavored to write out my ideas of
Acute Gastritis, in the best manner
I could. These ideas were mostly if not
wholly obtained from a careful perusal
of Prof Wood's excellent Treatise upon
the Practice of Medicine, & have in
several places, been compelled to adopt
his Phraseology, from inability to

to find a better.

I should have been happy to have embodied the views of our own able Professor upon Acute Gastritis, but having been absent, from indisposition, when He Lectured upon that subject, I am consequently unable to do so.

Rowell A. Sapsley
Jan'y 1st 1853