AN
INAUGURAL DISSERTATION
ON
Acute Gastritis

SUBMITTED TO THE
PRESDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
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FOR THE DEGREE OF
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To

The faculty of the
University of Nashville,
This thesis is respectfully
submitted by their
greatful friend

R. J. P
Acute Gastritis

This is by no means common as an independent affection. It is found associated with other diseases which it may be either an effect or a mere attendant having its origin in the same causes.

Symptoms
There is always a burning or pain in the epigastrium with nausea and vomiting. The pain is increased by pressure, and the movements of the patient, and by deep inspirations caused by the pressure of the muscles brought into action.

The matters discharged by vomiting are the food, and afterwards bile. Mucous, and sometimes this is deeply tinged with blood.
There is also a difficulty in deglutition caused by spasm of the esophagus.

The patient is often very thirsty, and is constantly calling for cold drinks, and when taken in large quantities are immediately rejected. The middle and posterior part of the tongue is frequently covered with a white fur, the tip, and edges are generally red, and sometimes there is papillae projecting through the coating, and sometimes it is clean, and dry from the commencement.

Constipation of the bowels persist in the most of cases unless the bowels also take on inflammation, and in that case they are loose.

The patient generally lies on his back with his knees drawn up to keep off the pressure of the cover. He passes his nights...
without sleep, and his countenance is indicative of great anxiety, and distress.

The pulse is frequently small, and cowed, and sometimes it is frequent, and feeble. The respiration is hurried, and unnatural, the skin is hot, and dry, and the urine is high colored. Frequently the cough is hard, and dry, and frequently assumes a parotysmal character. But if the disease take a favorable turn vomiting ceasing, and the pain becoming less severe, the tongue becoming more natural, and the pulse reduced in frequency, and becoming more full, and a moisture over-spreading the surface, and the bowels loose, or respond to the use of remedies the danger may be considered as over.

If to the contrary, the
Symptoms go on increasing in violence the tongue which was before coated, now becomes red, and dry, the skin becomes cold, and pale and the pulse more frequent, and full with muscular feebleness, and great restlessness of the patient, and delirious, and the matters which were as we have stated mucus or bile now becomes to resemble coffee grounds, a fatal termination may be expected.

Complete cessation of pain is regarded as a very unfavorable sign in some cases the pain spreads over the whole abdomen, and it becomes swelled which denotes that the stomach has been perforated, in such cases peritoneal inflammation is set up, and death is the immediate consequence.

When the stomach has become disorganised by the introduction of a poison such as the mineral
Acids great prostration immediately occurs with a cold skin, and feeble pulse, and death is almost certain, and immediate.

In less severe forms the symptoms do not run to a fatal termination so suddenly. The patient has nausea, and a disposition to vomit, and some tenderness on pressure.

The duration of gastritis is very irregular, in mild forms of the disease it may continue from two to five weeks, and if not successfully treated it may subside in slow convalescence, or chronic inflammation or terminate in death.

Anatomical Characters

In a post mortem examination the stomach is generally found contracted. The mucous membrane is generally wrinkled, and covered with a viscid mucous which when removed exhibit the characters of inflammation.
The color is either of a red or brown, and is more or less diffused over the whole surface.

Sometimes it is found in one form, and then in another, frequently the mucous follicles are increased in size, and in redness.

There is generally a thickening of the discolored portions of membrane, and sometimes it is softened to such an extent as to be easily torn, and sometimes it is reduced to a soft pulpy mass. These alterations may either be confined to the mucous membrane or any one of the other coats of the stomach.

There are sometimes found in the stomach eschars with a purulent matter in them, and other accommodations of disorganization ulcers are rarely found in the stomach of those dying with acute gastritis unless there has been poison swallowed.
It was once a settled fact that redness was a sufficient evidence of inflammation produced by poisoning but now it is very justly exploded for it has been indubitably proven that all the different colors are not sufficient evidences of inflammation produced by poisoning for a healthy excitement produces redness of the mucous membranes, the same effect may also be produced by congestion of the portal circulation or any other cause obstructing the return of blood from the stomach, and by causes acting at the time life is becoming extinct, and after death by gravitation which causes the fluid to settle in the most pendent part of the stomach.
Causes of Acute Gastritis

Acute gastritis is very seldom brought on by the changes in the temperature which is the cause of so many other fatal diseases of an inflammatory character.

It is frequently produced by irritating substances taken in the stomach such as the mineral acids or other irritants such as brandy alcohol, and sometimes food taken in excess produce inflammation of this organ but very seldom does this latter have this effect unless there is a great predisposition existing in the stomach before.

Cold draughts of water taken while the body is in a state of perspiration, and greatly fatigued often brings on an attack of gastritis.
It is sometimes brought on after other diseases such as some of the forms of Fever, and chronic inflammation of the bowels it is in these conditions that over eating and drinking prove so hurtful.

General Treatment

The first thing to be done in acute gastritis is to evacuate the stomach if there has been any poison taken. This may be done by large draughts of warm water, and if this fail SpaceX should be resorted to in connection with the free use of diluents, and along with these we should administer the antidotes to the poisons that have been swallowed. After the evacuation of the stomach by the emetic we might administer some purgative.
medicine of a mild uneriting nature such as the oil Ricini combined with it the antidote. Should also be used whatever it may be for by administering the purgative we might evacuate any of the poison that may have escaped in the bowels, and after this the inflammation may be combatted in the same way as if it had arisen from other causes taking care of the condition of the system.

It is of the utmost importance to commence the treatment early in the disease if we wish to be successful. Among the first remedies is venation, in inflammation of this organ if it is not contraindicated by previous debility of the patient, this should be resorted to freely until a desired
impression is produced, that is, if the patient does not give way under its employment.

In uncomplicated gastritis, catarrhatics are inadmissible, for medicines of this class taken in the stomach are apt to prove irritating and on this account are sure to be rejected, and thereby increasing the disease we are trying to subdue. But if a mild dose of colonel be given at the commencement, after due depletion it will be found to be attended with good results, for the colonel is not apt to irritate the stomach, and it will frequently even calm the stomach when all other means fail. It also acts favourably by unloading the portal circulation by
increasing the flow of bile thereby diminishing the congestion of the stomach after this the bowels may be kept open by laxatives enema.

When medicines are borne some mild cathartic may be given, such as oil Ricini, and Carbonate of magnesia, but if found not to agree, and produce uneasiness or vomiting they should be dispensed with immediately.

The effervescing draught may sometimes prove beneficial in promoting perspiration, and reducing the morbid heat, but this also sometimes proves irritating, and should be immediately dispensed with. After the violence of the inflammation has subsided Opium or one of the salts of Morphia may be administered at bed time to procure rest, and may be repeated if it does not
procure the desired effect the opium may be combined with calomel with advantage.
If the vomiting be so severe, and so easily excited that these medicines are rejected laudanum may be used by injection in some vehicle, such as starch.
When the stimulating sedatives will be found to be attended with good effects, and should be employed during the whole course of the disease.
When the powers of life seem to be giving away, and the symptoms show that gangrene is about to take place or has already begun, oil of Turpentine and some preparation of opium combined in small doses will be found the most efficient in arresting this state of things better than any other course of treatment.
The patient will also be
greatly benefited by swallowing a mouthful of cold water, or a lump of ice. Few remedies will be found more grateful to the patient, and at the same time proving highly useful in the subjection of the inflammation.

In the commencement no other nutriment should be used except a solution of gum arabic or slippery elm which may be taken in small quantities, and if the debility is very great, new milk, and lime water may be given with great advantage in small quantities, and repeated at intervals of every hour or two. Relapse may occur after the patient has almost recovered or in technical language has become convalescent hence the necessity of guarding the patient from over-distention of any kind, for this is the most frequent cause of relapse.
Local Treatment.

This consists in the application of leeches over the stomach if they can be obtained, and if not cups may be used in their stead if they can be borne, if leeches cannot be obtained, and if the patient can bear their application after bleeding. They are found to be attended with the happiest results, and in cases where bleeding is inadmissible they should be applied immediately and in sufficient numbers to produce the desired effect, and they should be occasionally repeated until the inflammation gives way.

Between the leechings warm poultices may be applied over the region of the stomach but it is necessary for me to state that some object to the use of warmth, and use cold in its stead.
I have said nothing in regard to the application of blisters for during the stage of inflammatory excitement they are positively injurious but after this they may be resorted to with benefit. After they are removed medicine may be sprinkled over their surface when the stomach will not bear their administration internally with good effect.