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
Mark H. Valiaferro

of
Tennessee

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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 root
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 hypochondriac, 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, or others, a spasmodic sensation, and an uneasiness caused by fulness or flatulence.

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-bash 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 roof, 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 interro-gated. 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 indigestion is accompanied with a dry cough, which makes them think they have the consumption.

Sleep is generally disturbed by indigestion; a wakefulness, frightful dreams, and of a morning a languid feeling.
The bowels are generally constipated during the entire disease, except when there is an unusual discharge of bile for a short time, then the patient has a bloody diarrhea. The most of the time, the stools are white or clay colored 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 diseased 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-colored, at others very copious, limped, and contains a considerable portion of sebaceous 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 prominent 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 epigastria region is much greater than in dyspepsia, also vomiting is often 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, 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 died 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 died 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 lack of pure air is often
a cause of this disease, for when
the blood is not properly oxy-
genated 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 sys-
tem.

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

It is hereditary. In many fam-
ilies 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, tararuremic or any stimulating medicine that inhibits 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 practical 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 gaining of any kind. The grand object is to engage in such amusements as will interest the patient.
divert from his condition, and
give tone to the stomach, by
barring 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 braving and re-
freshing air.

Cleanliness. This is of great im-
portance to the dyspeptic. Bathing
should be performed often, and
in the best manner to suit
the patient's condition. The snow-
bath is the best if there is suf-
icient vigor of constitution to
reach immediately after the
shock; but if the system does
not reach immediately, it does
an injury to the patient, and should not be used. Cold bath, warm bath, and spurring 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.

Refrain 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 its genedly 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
in this disease. Many undertake 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 applicable to a single case, therefore I do not attempt to say eat this or that. To undertake to say what would agree with each man's stomach when afflicted with indigestion, is like the Quack, when he said; "what will cure a Tailor, will kill a Shoemaker" and what will agree with one stomach might seriously injure another. I might mention many articles 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 result of exercise or of pure air? Has it been 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. Buggins will be; and I will suppose a case. Now we have a patient that has been working in an ill-ventilated factory; he is pale, swarthy, can scarcely get abroad; everything he eats is ejected.
immediately, his bowels are constive, headache and other symptoms. Now, for the treatment. First, exercise in the open air. 2. 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 anything of solids. Castor oil might be used as a laxative instead of the Aloes and Rhubarb. If there is any appearance of the Liver not secreting some Bluemart might be given as night and the Oil in the morning so as to.
work off the blues as. By watch-
ing him and paying particular
attention to exercise 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 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 compul-
sed to say from my expe-

rience in this disease, they are not admissible, 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 chicory 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 tendency to weaken the action of the stomach, but a stimulant affect with their laxative power. Rhubarb combined with aloe, or separate
possess this power. Aloe should not be given unless there is a tendency to piles or uterine irritation. When they lose their power as a purge, combine a small quantity of Croton oil with them one, fourth of a drop will generally answer. The blue pill, Castor oil, 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, and when irritation exists in the circulation.

December 24th 1856.

Mark H. Fabiaferro.

Handed to the Faculty Jan. 18th 1857