

The Manse

Mount Pleasant

Spenny Moor

April 21<sup>st</sup> 1886

This is to certify that Mr.  
Thos. S. Anderson M.B. has  
been in practice as a physician  
& Surgeon here to my intimate  
knowledge since the beginning  
of 1878.

Charles Fustler

Presbyterian Church of England.

---

Pass  
75

I certify that this Thesis on Bypnopepsia  
& its relations to functional cardiac  
disorders has been composed by me.

Robert S. Anderson M.B.

Spinnagoor,  
Guthrie  
28 April 1886



# Dyspepsia and its Relations to Functional Cardiac Disorders.

One of the most frequent diseases that a medical man meets with especially in populous districts is Dyspepsia and as one engaged in the busy routine of practice in a colliery district is precluded from original research with experiments on animals as a subject for his thesis it has occurred to me that a few notes on this very common and as it seems ever increasing disease might be acceptable and I would consider it under two heads (1) Dyspepsia in infants and young children and (2) Dyspepsia as it is met with in adults and considering especially its influence on the heart which does not appear to me to have been sufficiently taken notice of.

1. Dyspepsia in infants and young children. When one considers that nature has provided a suitable diet for the young in the form of mother's milk and sees Nature's laws set at defiance by the educated & uneducated alike though for very

very different reasons and sees what is substituted for the nourishing fluid one cannot be surprised that the mortality amongst infants is so large and that so many grow up with enfeebled constitutions only to be carried off by diseases that have no direct connection with dyspepsia but that they might have battled against successfully had they only had sufficient stamina. It is painful to look back on the cases one has met with where healthy children were born and yet have pined and passed away simply because their mothers either could not or would not understand that the infant stomach is only equal to digesting a bland fluid like milk - one commonly sees an infant put into a cradle with a feeding bottle containing a mixture of arrowroot and water to satisfy the craving of hunger, instead of being nourished at the mother's breast - frequently allowed to continue sucking an empty bottle until its stomach is distended with wind then when the poor child is racked with pain it may be doxed with soothing syrups to make it rest and so the process goes on the child gradually wasting

wasting away until death puts an end to its lingering torture - Such in all probability will continue until fashion allows mothers to perform their maternal duties to their offspring and an elementary knowledge of Physiology is more widely diffused amongst the masses teaching them that a child's stomach may be filled with food and yet the body be starved and that until the system is properly nourished the child will crave after food and so continue to add to its misery. Were such knowledge generally diffused parents would understand that provided an infant gets suitable nourishment it will thrive and be contented finding sleep without the aid of those abominations called soothing syrups. Then one will not see infants sucking sugar tied in linen rags because as the mother says they are never satisfied. Apart from the diseases to which all children are liable and with which the stomach has a greater sympathy than in the adult there is practically no dyspepsia in the infant that is nursed by the mother; no doubt it may and will be troubled with flatulencia especially during the first six weeks or two months of

of its life but after that time flatulence and occasional vomiting are generally caused by some indiscretion on the mother's part either from her having partaken of some unsuitable food or from over-exertion on her part and the child having been kept too long from her; these causes having been attended to and avoided in future the child will generally resume its contented habit associated with satisfactory development. Sometimes it may be necessary to prescribe as when the evacuations from the bowel are greenish mixed with yellow and particles of curd are passed through the intestine undigested; in such cases I find a grain of the following powder  $\mathcal{R}$

Hydrarg: Subchlor :  $\text{gr}\text{ss}$   
 Hydrarg: Creta :  $\text{gr}\text{ss}$   
 Pulvis Rhei  $\text{gr}\text{ss}$   
 Sodae Bicarb:  $\text{gr}\text{ss}$   
 Pulv: Cinnamon: Co:  $\text{gr}\text{ss}$   
 $\text{℥}\text{ss}$

at bedtime and when accompanied by vomiting a teaspoonful of the following mixture three daily of great service.

$\mathcal{R}$  Ac: Hydrocyan: dil  $\text{m}\text{ss}$   
 Liq: Bismuthi (Schacht)  $\text{ss}$   
 Aq: Culeis  $\text{ss}$   
 $\text{℥}\text{ss}$

In other cases where there is a continued tendency to diarrhoea and flatulence without vomiting a teaspoonful of the following mixture thrice daily

℞  
Ac: Sulph: dil: ʒʒ  
Tinct: Cuihon: Co ʒʒ  
Aq: Carni ʒʒ  
℥

With a grain of the powder before mentioned at bed-time is useful. Where there is habitual constipation I always recommend the use of the soap and warm water Enema regularly administered in the morning - One point of great importance in maintaining children in good health is to have them warmly clothed in flannel & the rooms they occupy well lighted & not too warm -

Children that are being reared on cows' milk frequently suffer from indigestion. The cause of which may be traced especially in winter time to the feeding of the cow. If the cow be liberally fed with a fair allowance of linseed cake the milk will be rich and probably, not diluted sufficiently by the nurse, will form a hard indigestible curd in the stomach causing the infant great pain which will only be relieved

relieved by vomiting, in such a case all that may be necessary is to dilute it more freely with water or the addition of lime water may be advisable where there is a tendency to diarrhoea and the evacuation of sour offensive smelling motions - in similar cases where there is a tendency to constipation the addition of a few grains of Bicarbonate of Potash or Carbonate of Magnesia is preferable.

Again cows may be largely fed on turnips in which case their milk is quite unsuited for infants - I was particularly struck with two cases that came under my notice in the autumn of 1884. At that time I was called to attend a child about 6 months old which was being reared "on the bottle" as the mother was unable to nurse it. It had made most satisfactory progress and was a plump well nourished child: up till that time the bowels had acted with great regularity, suddenly violent and profuse diarrhoea came on which could not be checked by any means and the child sunk and died. I made enquiry as to the milk supply and found that it came from a dairy about three miles out in the country and was apparently good rich milk. a day

day or two after I was called in to attend  
the child of the farmer who owned the dairy;  
in this instance the child was eleven months  
old and had been weaned about a month  
its principal food was cow's milk. Suddenly  
diarrhoea came on attended with great  
pain & complete prostration as in the other  
case - I enquired as to the food the cows  
were getting and found that the farmer  
was storing turneps for winter use and  
that the cows were then being fed on the  
"tops" or leaves of Swede turneps. I advised  
them to put aside one cow for the use of  
the family and to feed it on hay, bran  
and lucifer cake. This was done and hav-  
ing prescribed for ~~the child~~<sup>it</sup> a little Bismuth  
and chalk mixture the child made a  
good recovery. No doubt existed in my  
mind at the time but that the other child  
would also have recovered had the feeding  
of the cows been attended to in time. Cases  
of this nature led me to advise the use of  
Condensed Swiss milk but I am quite  
satisfied that alone it does not contain  
sufficient nutriment for infants though  
with the addition of well made & strained  
oat meal gruel it makes a good food for  
many. Where practicable I have advised  
the use of goat's milk - where there is  
accommodation

accommodation a goat is easily kept and the feeding of it being properly attended to nothing could answer better; always excepting being nursed by the mother. In other cases where this was not practicable the use of cows milk with "Mellin's Food" has suited well. In one case the use of the Aylesbury Dairy Company's "Artificial Human Milk" was most successful in rearing a delicate child with a tendency to Hydrocephalus.

When the vomiting of curdled milk is due to acetous fermentation in the stomach as evidenced by offensive breath and sour-smelling eructations a tonic of hydrochloric acid in infusion of orange peel given twice daily and the addition of a little liquor Pepticus to the milk & water is of great service and when the liver is evidently at fault as shown by the pale to greenish colored excreta the administration of a grain of the powder before mentioned at bed-time is useful.

Passing on from the infantile period to children a few years old dyspepsia becomes more frequent but possesses few characteristics distinguishing it from dyspepsia of adults. with this exception that in children it

it appears to me that the disordered state of the secretions of the Alimentary Canal seems to favor the development of thread worms and that after their expulsion by means of Santonine it is always advisable to continue the use of tonics such as Iron or Iron and Phosphoric Acid for a time.

2. Dyspepsia as met with in Adults.  
I pass over cases of acute Catarrh of the Stomach - these in most case cure themselves, or require little more than the administration of an emetic - A large proportion of the cases one meets with in practice are one or other of the various forms of dyspepsia and probably no case is more trying to the patience of the practitioner than one of these cases; the difficulties in the way of successful treatment are well nigh insurmountable - Many of this class of patients are content to take an unlimited amount of medicine but cannot put up with the inconvenience of dieting themselves and without strict dietetic treatment their cure is hopeless. Patients who are well aware of the cause of their troubles and who suffer the most agonising torture during the attack seem to

to forget it as soon as it is over and to return to their injudicious method of living. Amongst the principal causes of dyspepsia after alcohol I would place tea-drinking. Not the regular use of tea freshly infused and not too strong taken twice daily, but the drinking of an infusion from tea pots that are continually at the fire-side with a little of the dry leaf added occasionally taken at all hours of the day and at dinner time in place of a substantial meal often with hot pastry or something equally indigestible and this practice is not confined to the working class but is met with amongst those who ought to know better. One hears a great deal about the blessings of a "free breakfast table" but it is questionable whether it would not be to the advantage of future generations were tea and coffee at higher prices so as to considerably limit their use or rather their abuse. Were such the case we would probably see fewer cases of the atonic, irritative & nervous types of dyspepsia which are at present so largely met with especially amongst females of the working class and are in my opinion in very many instances entirely

entirely due to injudicious tea-drinking. It is quite a common thing to get an answer such as the following in ~~answer~~ <sup>reply</sup> to ones queries "oh! I cannot even take a drink of tea now" and you learn on further cross-examination that they have been living almost entirely on "tea + bread and butter" which means also that they vary the bread + butter with pastry and "girdle-cakes" an indigestible compound made with dough hard + currants and eaten buttered hot. I wish to write more particularly of a class of cases that I have met with rather frequently - cases of old-standing dyspepsia where the functions of the heart are seriously interfered with - not cases where the dyspepsia is secondary to heart disease from the impeded circulation causing a congestion of the veins of the stomach and giving rise to indigestion and a train of unpleasant symptoms, but cases where the heart is involved secondarily and here I am met with a difficulty as regards their classification. They seem to belong properly to the atonic class but are very frequently ~~attended~~ accompanied by hepatic symptoms and

in reality they partake of the characters of both atonic and hepatic dyspepsia. Perhaps my best plan will be to take a typical case and give a short clinical history of it.

A. C. aet. 31 years married.

Family History. Father and mother alive strong and healthy, all his brothers and sisters alive, strong and well.

Personal appearance. About 6 feet in height and 130 lbs. weight. Stout, well built, sallow complexion, languid wearied look. Has never been laid up for any length of time but has suffered severely from Neuralgia at times - At the same time he never feels well and strong but has a languid feeling and disinclination <sup>for</sup> for any exertion.

Habits. Has had a considerable amount of out-door exercise daily - strictly temperate has not been in the habit of having his meals with regularity, often missing his dinners altogether and having tea later instead. Sleeps badly especially during the earlier part of the night. Troubled with cold feet and sometimes the right half of his body feels cold - when he rises in the morning has an unpleasant bitter taste in the mouth and is not refreshed but

but feels languid and tired - of late has been troubled with palpitation followed by breathlessness and fainting. Pupils dilated. Nervous system otherwise at present seems in satisfactory condition -

Alimentary System. Teeth partly good. Tongue clean but dry in the middle towards the front - towards the back is dry and covered with a dry yellowish brown fur. Appetite fitful and capricious. Digestion feeble. troubled with flatulence and pain at pit of stomach and in the cardiac region after eating - No undue thirst. Bowels constipated -

Respiratory System - Lungs expanded equally & well and are equally resonant. No dulness.

Circulatory System. No varicose veins

Pulse feeble & compressible. Heart's action very irregular. The first and second sounds are not well defined and instead of possessing the sharp distinct character there is a dull thumping sound heard quite loudly across the chest and over the liver - is not communicated towards the angle of the left scapula -

Liver dulness normal towards the upper margin but it projects slightly beyond

beyond the free margin of the ribs and is rather tender on pressure. Stomach and bowels tympanitic and tenderness over the pit of the stomach.

Urine scanty and high coloured. no sugar. no albumen -

There is no swelling of feet or ankles. Now this case is typical of the class of which I speak and I have given details of it because it is the best marked case of the kind that I have met with; altho, I have had several in each of which a few of the symptoms were quite as pronounced yet in no other case have all the distressing symptoms been so well marked and what I wish to draw particular attention to is the state of the heart. In this case in all probability ~~as~~ I would not have been consulted at the time but for the breathlessness and fainting which first caused alarm. Symptoms which were distressing and ~~very~~ even dangerous and yet in this case fortunately amenable to treatment. Here we see a tall well built man who ought to be strong and able to bear a great amount of fatigue and yet he has so neglected himself that he is as helpless as a child.

Child unable to walk upstairs. His  
sallow or rather dirty complexion, his  
muscles soft and flabby although  
fairly well covered with fat, his dilated  
pupils, his previous and repeated attacks  
of neuralgia indicate a serious want  
of tone in the system due to impoverish-  
ed blood. The fainting doubtless due  
to the heart like the other muscles  
being insufficiently nourished and  
by its tumultuous action striving to  
perform a duty to which it is unequal  
and any distension of the stomach  
causing palpitation and faintness  
& all this brought about by indigestion  
which is so often looked upon by the  
vulgar as a trivial complaint.

In this as in the other cases the treat-  
ment was to a large extent dietetic  
but medicines of different kinds were  
required. It was necessary when the  
heart's action was feeble and failing  
to stimulate it and this was done by  
means of the following

℞ Potas. Perm. : ʒ ii  
Fruet. Digitalis : ʒ iii  
Sp. Animon. Ur. : ʒ ii  
Aq. Menth. pip ʒ vi  
ʒ ptes hores in aqua

The

bowels were regulated by means of the following pill taken at bedtime which also stimulated the action of the liver.

Ry Pil: Hydrag: gr<sup>ss</sup> ii  
Pil: Rhei Co: gr<sup>ss</sup> ii  
℞℥℥

When this failed to act an emema of soap and warm water was used in addition.

Five grains of Moseri's Pepsin Porci was given thrice daily after food and sometimes this was replaced by a teaspoonful of Briggs' Charcoal half an hour after food. Strict rules were laid down with regard to food; at first only beef & chicken tea varied with milk & milk gruel, all prepared with Liquor Pancreaticus (Reuser), were allowed & after a week or two, boiled white fish, stewed strips, broiled chicken could be taken without inconvenience. Tea was discontinued altogether & replaced by weak cocoa. Milk puddings with stewed apples were used to give variety to his diet. The improvement in the course of six weeks was very marked. he was able to sleep well & had a relish for his food and was able to take walking exercise out.

out of doors. The action of the heart had decidedly improved. The sounds were well defined and when troubled with flatulence was not seriously inconvenienced by it and had no fainting and breathlessness. The mixture for the heart was gradually discontinued & the Symp of the Hypophosphites substituted. The patient made a good recovery and expressed himself as feeling better than he had done for years before he broke down.

Cases of this kind I always try to treat upon similar lines with any modifications they may require and always with satisfactory results.