The Manse
Mount Pleasant
Spennymoor
April 21st, 1886

This is to certify that M.
Robert S. Anderson, M.B. has
been in practice as a physician
and surgeon here to my intimate
knowledge since the beginning
of 1878.

Charles Forster
Prestbyterian Church of England.
I certify that this Thesis on Hypophysitis and its relationship to Functional Cardiac Disorders has been composed by me.

Robert S. Anderson 1926

Shropshire
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 also Nature's laws set at defiance by the educated and uneducated alike though for very
Very different reasons are seen as what is substituted for the nourishing fluid. One cannot be surprised that the invulnerably amongst infants is so large and that so many grow up with infected 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 lived 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 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 doused 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 an abomination 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 flatulence especially during the first six weeks or two months.
of its life but after that bile 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 bowels are greenish mixed with yellow and particles of curd are passed through the intestine undigested.

In such cases I find again of the following powder of

\[
\begin{align*}
\text{Hydrarg. Hydrochlor.} & : 37 \text{ gr.} \\
\text{Hydrarg. Creta.} & : 8 \text{ gr.} \\
\text{Ipec. Rhei.} & : 60 \text{ gr.} \\
\text{Soda Bicarb.} & : 7 \text{ gr.} \\
\text{Aqua Mur.} & : 7 \text{ gr.} \\
\text{Aqua Calci.} & : 100 \text{ gr.}
\end{align*}
\]

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

\[
\begin{align*}
\text{Aq. Hydrocyan.} & : 5 \text{ m.} \\
\text{Lev. Bismuthis (Schacht).} & : 8 \text{ gr.} \\
\text{Aqua:} & : 1 \text{ m.}
\end{align*}
\]
In other cases where there is a continued tendency to diarrhoea and flatulence without vomiting a teaspoonful of the following mixture twice daily

\[
\text{Aq. Sulfur.} \quad \text{dil.} \quad 3f
\]
\[
\text{Tinct. Arachis.} \quad \text{c.} \quad 3f
\]
\[
\text{Aq. Carvi.} \quad \frac{3}{4}
\]

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 and the rooms they occupy well lighted - not too warm.

Children that are being cared on con\' 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 bruised 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 some 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 unsuitable 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 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 placed about a month
its principal food was cows milk. Sudden
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 turnips for winter use and
that the cows were then being fed on the
"tops" or leaves of Sweet turnips. I advised
them to put aside one cow for the use of
the family and to feed it on hay, bran
and bruised cake. This was done and hav-
ing prescribed for the child a little Bismut
and chlorid 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 rural milk but I am quite
satisfied that alone it does not contain
sufficient nutriment for infants. Though
with the addition of oatmeal made to broken
oat meal quick it makes a good food for
many. Where practicable I have advised
the use of Goats milk — where there is
accommodation
Accommodation a point is easily kept and the feeding if it be 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 cow's milk with "Mellin's Food" has suited well. In the case the use of the Aylesbury Dairy Company's "Artificial Human Milk" was most successful in nursing a delicate child with a tendency to hydrocephalus.

When the curdling 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 pectinis to the milk of water is of great service and when the liver is evidently at fault as shown by the pale or 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 fewer characteristics distinguishing it from dyspepsia of adults. With this exception that in children in.
it appears to me that the disorderly state of the secretions of the Alimentary Canal seems to favor the development of Thread worms and that after their expulsion by means of Sanitaine 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. 

Pass over cases of Acute Catarrh of the Stomach. These in most cases cure themselves or require little more than the administration of an Astringent. 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 trouble and who suffer the most agonizing 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 but too strong taken twice daily. But the drinking of an infusion from the leaves that are continually at the fireside 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 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 atomic, 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 reply to one's 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 and bread and butter" which means also that they vary the bread and butter with pastry and "girdle cakes" an indisgestible compound made with dough, hard currants, and cotten 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 atomic class but are very frequently attended accompanied by hepatic symptoms and
in reality they partake of the character of both atomic and hepatic dyspepsia.
Perhaps my best plan will be to take a typical case and give a short clinical history of it.
A. C. age 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, neuritic 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 for any exertion.
Habit. Has had a considerable amount of outdoor 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 fairly 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 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 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 quiet loudly across the chest and over the liver - 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 tarry, putrid 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; also, I have had several mi lack 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 I would not have been consulted at the time but for the breathlessness and fainting which first caused alarm. Symptoms which were distressing and 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 nervous want
of tone in the system due to hypoviscose-
fuld blood. The fainting doubtless due
to the heart, like the other muscles
being insufficiently nourished and
by its muscular 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:

Dr. Potas. form. 3"
Friar. Digit. 3 1/2
Sp. Aconit. 3 1/2
Arg. muriat. 3 1/2
3 drachms in aqua
broths were regulated by means of the following pill taken at bedtime which also stimulated the action of the liver.

Dr. hydrate : 1/2
Dr. Rhei Co : 1/2

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

Five grains of powdered Sepia Porcin was given three daily after food and soon. This was replaced by one teaspoonful of Bouchard's Charcoal half an hour after food. Strict rules were laid down with regard to food; at first only beef and chicken. Tea varied with milk and milk gruel, all prepared with Liquor Pancreaticus (Rudge), were allowed 1/2 after a meal of two, boiled white fish, steamed stripes, boiled 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 and 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 affected by it and had no fainting and breathlessness. The medicine for the heart was gradually discontinued, in the place of the *Hyposphosphite* 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.