

On gastrodynia / by W.H. Day.

Contributors

Day, William Henry, 1830-1907.
Royal College of Surgeons of England

Publication/Creation

[London] : J. Bale, printer, 1867.

Persistent URL

<https://wellcomecollection.org/works/w2hf2v54>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

**wellcome
collection**

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



GASTRO

W. H. D.

MEMBER OF THE ROYAL SOCIETY

PHYSICIAN IN CHIEF TO THE ROYAL HOSPITALS
AND DISPENSARY

REPRINTED FROM

No. 21-22

LONDON: W. H. D. & CO. LTD.

9

ON
GASTRODYNIA.

BY

W. H. DAY, M.D.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON;

VISITING PHYSICIAN TO THE MARGARET STREET INFIRMARY FOR CONSUMPTION
AND DISEASES OF THE CHEST.



REPRINTED FROM THE "LANCET,"

Dec. 21—28, 1867.

J. BALF, Printer, 78, Great Titchfield Street, Marylebone.



ON
GASTRODYNIA.

BY

W. H. DAY, M.D.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON;
VISITING PHYSICIAN TO THE MARGARET STREET INFIRMARY FOR CONSUMPTION
AND DISEASES OF THE CHEST.



REPRINTED FROM THE "LANCET,"

Dec. 21—28, 1867.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 311

1950

ON GASTRODYNIA.

There are few more painful affections, and very few more difficult to cure, than that peculiar functional derangement of the stomach known as gastrodynia, or gastric neuralgia. We know that neuralgia may arise from functional or organic causes. The nervous system may be sufficiently deranged to pervert the function of sensation, varying in degree from mere tingling and numbness, to positive and unendurable pain. Angina pectoris, colic, gastrodynia, irritable testicle and uterus, are all familiar examples of altered sensation, and of agonising pain in the sympathetic system, or in one or other of its nervous ganglia. When the nerves of special sense are affected, we have tinnitus aurium, *muscæ volitantes*, and alterations of smell and taste. Looking to organic change as one of the causes of neuralgia, we may have lesions of the brain or spinal cord, and the pressure of tumours and *spiculæ* of bone, irritating the nervous centres. There is pain down down the left arm from disease of the heart, pain in the right

shoulder from structural change in the liver, and sciatica sometimes springs from disease of the hip-joint. A cancerous growth of the stomach, in its early stages, will cause precisely the same train of symptoms as gastrodynia, arising from poverty of blood and defective assimilation. Gastrodynia occurs under a variety of circumstances, sometimes selecting for its victims the apparently strong and plethoric,—at others the temperate and intemperate; but the nervous, the anxious, and the anæmic, and those of feeble constitutional vigour, are most prone to the affection. Those who indulge largely in food and stimulants, and take little exercise, are often the subjects of it. In most cases the circulation will be found at fault, and the nervous system imperfectly nourished. It is met with in persons of sedentary habits, and is very common in rural districts among the poor, who drink strong and hot tea, and scarcely ever taste animal food. I regard tea-drinking as a most common cause, and in men I have several times traced the misery to drinking coffee after a full dinner. The lower class in the north of England, who eat oat-cake, suffer greatly from gastrodynia. These are the most obstinate cases to treat, and they will not yield to treatment till the diet is improved. This complaint is usually met with in middle life, and in women more frequently than in men. It is

common to seamstresses who sit and sew a good deal, and lead sedentary lives.

The pain of *Gastrodynia* is peculiar and almost characteristic; it is referred to the situation of the solar plexus, to a spot not larger than a shilling in some cases,* whilst in others it occupies the whole epigastric region, shooting through to the back, beneath one or both scapulæ. When the pain is severe, and the patient has fasted some hours (and he will avoid eating to escape the torture that sometimes ensues), the stomach becomes enfeebled, and there is much flatulence. The over-distended stomach will of itself produce the phenomena, but in addition it will press up the diaphragm, and so mechanically interfere with the proper rhythmic action of the heart, causing palpitation, dyspnœa, faintness, and even syncope. After these attacks (for the pain often comes on in paroxysms of severity), patients frequently complain of superficial soreness and pain, so that they cannot bear the weight of their clothes. Some cases are relieved by taking food (probably from the temporary increased secretion of gastric juice); other cases are greatly aggravated by it, and there is positive torture until the food is rejected

* These are by far the most difficult cases to treat; they resist one remedy after another. I have found preparations of iron and counter-irritation most applicable to this class of cases.

by vomiting, or it has passed through the pyloric aperture. Brodie has said that, since Gastrodynia most frequently occurs in atonic cases, and often depends upon flatulence, any diffusible stimulant, giving temporary tone to the stomach, and causing its muscular fibres to contract and expel flatus, will give temporary relief. In many cases there is neuralgic headache, as a sympathetic action through the vagus. When this is present, it greatly assists our diagnosis of the cause of the epigastric suffering. The pain is far greater than the ordinary pain of dyspepsia; it is not the burning pain of gastric ulcer, nor the sharp and lancinating pain of cancer; it is a pure neuralgia—a dull, heavy, gnawing pain; and whatever exhausts the nervous system, as grief, anxiety, fear, bad living, &c., favours the complaint. It is now and then attended by hypochondriacal symptoms, and depression of spirits. Anæmia is a most fruitful source of this affection, and tubercular disease of the lungs is a frequent accompaniment. As in gastric ulcer, constipation and amenorrhœa are often present, and for the same reasons,—viz., the small amount of food which is taken, and the bloodless condition of the patient.

TREATMENT.—Under this head I shall speak, separately, of the chief remedies which have been tried from time to time. If the digestive organs are much

deranged, and there is acidity, with a thickly-coated tongue, and especially if there is pyrosis, then magnesia, soda, and bismuth or lithia are of service. These may not be enough to effect a cure of themselves, but they put the stomach in better order, and fit it for other remedies. I do not wish to underrate these medicinal agents, but I have not found any great benefit follow their employment. Their prolonged use weakens the digestive functions by neutralising the acids of the acidulated pepsine, which is the solvent for the nitrogenous or flesh-producing aliments, and there can be no doubt that many cases of habitual indigestion are owing to the frequent and indiscriminate use of these alkalies. When given, I prefer them in combination with sedatives, as prussic acid, and very small doses of morphia. If the tongue is reddish at the tip, with prominent papillæ, and there are signs of gastric irritation, bismuth is a remedy of great value. It will be of benefit only when there is excess of secretion on the part of the stomach. When the tongue is clean and pale, it does positive harm. Sometimes small doses give relief; but if the case is obstinate, large doses (from ten to fifteen grains) will prove effectual where smaller doses would fail. I prescribe the liquor bismuthi (Schacht), one drachm, with the same quantity of syrup of ginger, and two minims

of the dilute hydrocyanic acid, on an empty stomach, three times a day before meals.*

Preparations of iron are especially to be recommended, from the unhealthiness of the blood, and the general debility which is usually present. I have seen most benefit derived from the citrate of iron and strychnine, in doses of four grains in an ounce of water, three times a day, taken after food. This is a most valuable medicine when the tongue is clean and pallid, and it is particularly indicated if the pain is at all paroxysmal. Occasionally in this disorder, and in other debilitated states of the system, this preparation of iron and strychnine does not agree; and lately two cases have come under my notice in which headache, sickness, and great nervous agitation followed each dose. The same unpleasant symptoms have resulted when the remedy was prescribed in doses of two grains. I need scarcely say under these circumstances the medicine must be given up directly. Sometimes the ammonio-citrate of iron will effect a cure after this has failed. At the same time that these remedies are given, counter-irritation over the epigastrium is often of much service.† In

* The trochisci bismuthi contains two grains of bismuth in each lozenge, and several may be taken with advantage during the day.

† The emp. picis co., to which three or four grains of tartarised antimony is added, answers well; the size of the plaster should be about three inches square.

one case, attended with great anæmia, and extreme feebleness of digestive power, five minims of the tincture of the sesquichloride of iron, given three times a day in an ounce of water, effected a cure, when all other remedies that were tried, so far from relieving the pain, tended materially to increase it. The nitrate and oxide of silver are not always to be relied on, but they occasionally come to our assistance when other remedies have ended in disappointment. The most obstinate cases have recovered after other medicines had been given in vain. They are most suitable when the tongue is clean and pale. The oxide has rendered me the most service.

The purified oxide of manganese has been recommended in doses varying from five to fifteen grains, three times a day, on an empty stomach. It may be given in the cases for which we prescribe bismuth, and I am compelled to say I have seen benefit derived from it, though it does not prevent a return of the complaint, like the preparations of iron, when they can be tolerated. The mineral acids, which I prefer to give alone with water, are very useful in many cases of gastric pain, and where the action of the liver is sluggish. They may be given when the urine is turbid and high-coloured; and, in fact, as the symptoms improve, the urine will soon become clear. I give the acids in full doses—five minims of

the dilute nitric acid, and ten minims of the dilute hydrochloric acid, in an ounce of water—an hour before meals. These acids now and then greatly aggravate the pain of gastrodynia. If the bowels are costive, a pill of Barbadoes aloes, capsicum, and quinine, given daily, before dinner, will hasten the cure.

For any remedy to be of benefit in a complaint like gastrodynia, it must strike deeper than mere alleviation. There is perhaps scarcely any form or degree of this affection which will not yield for the time being to some one or other of the numerous drugs at our disposal, but no cure can be hoped for unless we aim at the root of the malady. Though most cases of gastric pain come under the designation of gastrodynia, I wish to restrict the term as much as possible to genuine neuralgic pain, where the tongue is clean and pallid, and there is little or no flatulence, where the patient in its most severe forms is struck down by a fixed and continuous pain, with a feeble pulse, a pale countenance, and a clammy skin, and the symptoms approach some degree of collapse. This, however, is only observed in the most severe cases. Among remedies, none are so reliable as the preparations of iron in their most soluble form, given with the utmost care as regards dose and combination, and the delicate state of the

digestive system. When our knowledge of therapeutics is better understood, we may hope to fix upon some remedy with tolerable certainty as to its effects, and it would be well if the practical members of our profession would record their experience of the most common drugs in general use. But after all, it is not so much to the remedy which the physician prescribes, that he must attribute his success, as it is to the nice discrimination of all the points that are presented to his view; how he may attack the strongest, yet protect the weakest; how best meet a case having many prominent symptoms, and combat those first which are the most important. On the judicious selection of these for management, the issue may altogether depend.

10, MANCHESTER SQUARE, W.

February, 1868.





