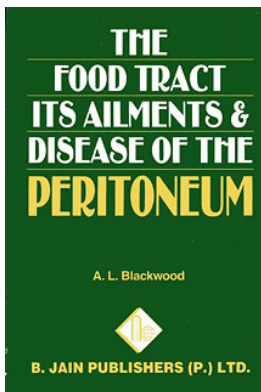


Alexander Leslie Blackwood
The Food Tract Its Ailments & Disease of the Peritoneum

Leseprobe

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von [Alexander Leslie Blackwood](#)



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DISEASES OF THE FOOD TRACT.

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THE MOUTH.

THE EXAMINATION OF THE MOUTH.

The mouth forms the upper end of the alimentary canal. It is nearly an oval shaped cavity. Anteriorly it is bounded by the lips and incisor teeth, laterally by the cheeks and the alveolar processes of the superior and inferior maxilla, superiorly by the hard palate and the teeth of the superior maxilla, inferiorly by the tongue and the mucous membrane, by the teeth and the inferior maxilla, posteriorly by the soft palate and the fauces. For an examination of the mouth the patient should be facing a good light. If an artificial light is employed, it should be reflected into the mouth by means of a mirror.

THE LIPS.

In anemia the lips are pale. This is more apparent if the lips are everted. Their mucous membrane is livid in cases of cyanosis dependent upon chronic disease of the heart and lungs. Fissures and their resulting scars are to be found at the angles of the mouth in children with hereditary syphilis. Small cracks are not of so much significance. The lips are dry in febrile diseases and there may be dirty looking crusts adherent to their mucous surfaces.

In facial paralysis the angle of the mouth on the side paralyzed is smooth and depressed. In glossolabio-laryngeal palsy there is trembling and twitching of the lips with inability to close them.

Herpes appears upon the lips during certain febrile diseases, in inflammatory conditions of the air passages and lungs, especially in croupous pneumonia, and in some women during menstruation.

THE TEETH AND GUMS.

Caries of the teeth should be noted and treated, as it is a frequent cause of gastric derangement. In scorbutus the teeth loosen, the gums become discolored a bluish red, and recede from the teeth. Examination of the teeth and gums for pyorrhea alveolaris should be made. A crescentic excavation of the lower edges of the upper central incisors of the permanent teeth, which are broader at the gums than at the edge and are at a higher level than the surrounding teeth (Hutchinson's teeth), when associated with catarrh of the middle ear and nose and interstitial keratitis, constitutes Hutchinson's triad of symptoms of congenital syphilis. The notch in the lower edge of the upper middle incisors should not be taken alone as a positive proof of congenital syphilis.

Any odor from the mouth should be noted. A foul odor results from caries of the teeth, imperfect cleansing of the teeth and dyspepsia. This odor should be distinguished from the stale foul fetor that emanates from deposits in the mouths of patients who have been very sick for some time, and from the odor due

Perforation may occur without any marked premonitory symptoms. A sudden and severe pain is usually the first indication of perforation.

Diagnosis.—This is based upon the local pain and sensitiveness to pressure, vomiting and hematemesis. The pain is intense, boring, gnawing and burning in character. There is a localized sensitiveness complained of a little below and to the right of the median line. There is also a pain that appears somewhat later to the left of the eighth or ninth dorsal vertebra. The gastric pain is aggravated by the taking of food and continues till the completion of gastric digestion, or is relieved by vomiting. The hematemesis usually consists of reddish-brown clotted masses, it comes at infrequent intervals, but tarry stools are often present.

GASTRIC ULCER.

1. The pain is localized, severe and is aggravated by taking food into the stomach.
2. Hematemesis is present.
3. Vomiting is characteristic.

GASTRIC ULCER.

1. Pain is localized and is aggravated at once from the taking of food.
2. The pain is aggravated by the taking of any form of food.

GASTRIC ULCER.

1. Seldom relief of the pain from eating.

CHRONIC GASTRITIS.

1. This is diffused, is less severe and is relieved by a correction of the diet.
2. There is no hemorrhage from the stomach.
3. Seldom any vomiting.

HYPERCHLORHYDRIA.

1. Pain is of a burning character and comes two or three hours after taking food.
2. Is relieved by the use of nitrogenous food and fats.

GASTRALGIA.

1. Relief of the pain from eating is frequent.

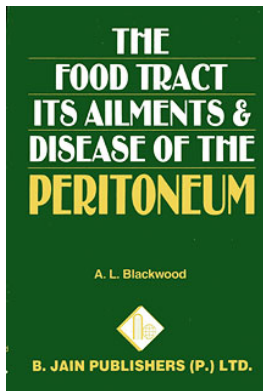
Mercurius corrosivus should be remembered when the epigastric region is distended and is extremely sensitive to the slightest pressure, and there are sharp darting pains through it.

Hydrastis Canadensis is of service when there is great soreness and burning pain referred to the stomach. The patient complains of a sensation of faintness and goneness in the epigastrium, with hyperacidity and nausea, vomiting and empty eructation. There are evidences of a catarrhal condition of the stomach with jaundice and torpidity of the liver.

Bismuth subnitrate is indicated when the patient complains of a sensation of pressure as from a load in one spot, and a pressing, burning sensation extending from the stomach through to the spine. There is continuous vomiting which cold drinks relieve for a time, but the stomach becomes filled with fluid and it is then vomited.

Kali bichromicum.—When this remedy is indicated, there is acidity of the stomach with a sensation of pressure and burning, with vomiting of bile, and of a pinkish, glairy, tenacious fluid. The sensation of pressure and burning is aggravated by the taking of food.

Phosphorus is indicated when the patient complains of a sensation of burning heat in the stomach extending to the back, and a faint empty feeling referred to the stomach and bowels. The extremities are cold, and there is vomiting after taking food, and vomiting of water that has been taken a few minutes before.



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