

Medical Matters.

GASTRITIS.



"The paper on Gastritis by Dr. Achilles Rose, of New York, which was published in the *Post Graduate* for February, 1904, is," says Dr. Norman Dalton, "of interest and of practical value, though we do not agree with him in his pathology. He thinks that the term catarrh of the stomach should not be used, because the lining epithelium of the surface is continuous with the epithelium of the gastric glands, and, as the latter epithelium is always involved, the inflammation is really parenchymatous. We think, on the other hand, that the criterion of a catarrhal inflammation is the nature of the changes that go on in the epithelium and the production of large quantities of mucus, and, as in the commoner forms of gastritis the epithelial changes are the same as those which occur in what is universally called catarrhal bronchitis, and much mucus is the result, the name of catarrh is quite appropriate.

One of Dr. Rose's conclusions is that erosions of the mucous membrane of the stomach, as distinguished from the peptic ulcer, are of little or no clinical importance. From this it would follow that the presence of small portions of the mucous membrane in the washings brought up by the stomach tube is not of great importance, and in a case recently under the care of the present writer, in which such shreds were found, on operation cicatricial stricture of the pylorus was found, the gastric mucous membrane was healthy, and the patient did well after gastro-jejunostomy. Next, Dr. Rose speaks of washing out the stomach as being out of fashion, which is rather an unfortunate term, but we agree with him that it has been overdone, and that in many cases it may do great harm. Next, he confirms Cohnheim's statement that the administration of olive oil by the mouth is of great value in cases of pyloric obstruction and secondary dilatation of the stomach, whether the stenosis be due to organic disease or to spasm. Cases of spasm can be cured by large doses of this oil, and those of cicatricial contraction, if not cured by the same means, are freed from discomfort if the oil be continuously given. Dr. Rose thinks that the oil acts by diminishing the friction at the narrow pylorus, by relax-

ing spasm, by reducing the secretion of hydrochloric acid (a possible cause of spasm), and by improving the nutrition. The dose is 2 oz. of the oil one hour before meals, or from 4 oz. to 6 oz. introduced by the tube into the stomach once a day. This treatment is certainly worth trying, and, in appropriate doses, it might be efficacious in congenital hypertrophic stenosis of the pylorus.

Next comes the obvious statement that chronic gastritis is often associated with gastric atony, and that symptoms attributed to gastric neurosis have often for their basis the organic gastric atony. Also obvious is the statement that, when pronounced gastroptosis and nervous symptoms coexist, we should first of all relieve the gastroptosis, but the real difficulty is to do the latter. For this purpose Dr. Rose recommends strapping the abdomen, and gives diagrams which show his method of so doing. Plaster 3 in. or 4 in. wide is used, and the bands cover the whole back and abdomen. At the sides they just overlap the tops of the iliac crest, and in front they slope downwards so as to reach quite to the top of the pubes. Presumably the lower bands are fixed first, and the patient lies with the hips higher than the shoulders during the strapping process. Several cases of gastroptosis with hyperchlorhydria are recorded in the paper, in which most remarkable cures followed on the use of strapping. The support to the anterior abdominal wall, and through that to the viscera, must be very great, and less liable to shift than any belt which can be devised; but many patients would not submit to the process. Lastly, Dr. Rose declares that mould will only grow in a stomach which is in a condition of gastroptosis, and he quotes a case of gastritis due to mould which was cured by strapping the abdomen, a process which could not act by destroying the mould, but which would relieve the gastroptosis.

A very lengthy discussion followed Dr. Rose's paper, and many interesting statements were made. Dr. R. Coleman Kemp pointed out the often-forgotten truth, that, though the stomach is for the most part closely contracted on its contents during the whole period of digestion, yet it must, and as a matter of fact does, relax to a certain extent and for a short time during this period. While thus relaxed a splashing sound will be elicited, and yet no diseased condition of the stomach is present. It follows that the splashing sound is only an indication of gastric atony, if it is fairly constant during

[previous page](#)

[next page](#)