

the best that I can suggest are "robust" and "weakly," always premising that the terms apply to the patient's stomach and not to the man himself or to his constitution. In the robust type there is too much hydrochloric acid and in the weakly type too little.

Let us first take a typical case of the robust variety. He is a man in the upper middle class, who has been more or less athletic in his school and college days, but has settled down into "something in the City," or is, it may be, a professional man; at any rate, a round of golf on Saturday afternoons has, perforce, replaced the daily cricket and football of his earlier days.

His appetite, however, has not undergone a corresponding change, and he would describe it as "healthy"; he takes alcohol fairly freely both at lunch, dinner, and as a nightcap before going to bed, and probably partakes of meat three times a day, and is liable to constipation. The first thing that indicates that there is something wrong is the occurrence of pain at the pit of the stomach before each meal, that is to say about the time when the stomach should have been emptied of the previous repast; at the same time, he will probably complain of flatulence directly after food and of difficulty with his bowels, which no longer act regularly after breakfast. The pain is relieved by the taking of food or by a small whisky and soda, both of which remedies have usually been successfully applied, but now seem to be losing their effect.

In addition to these symptoms, he may complain of waking up about five in the morning with an attack of pain in the stomach, or flatulence, or perhaps of vomiting itself, on all occasions when he has had a late supper at which his "healthy" appetite has been completely satisfied. Later on he generally develops signs of high arterial tension, such as have been described in a previous paper, and thereafter becomes a source of income to the citizens of Harrogate or some other watering place once or twice in the year.

Let us now turn to the other type. The patient will be a slightly anæmic girl (a very anæmic one would have probably a gastric ulcer, which is another story), who works for her living in a stuffy atmosphere, or, at all events, does not get out of doors very much, and oft has but little time for her meals, which, if she is a hospital nurse, are probably badly cooked and worse served. She will eat but little, because she will be under the impression that food brings on pain, just as the man in the previous case thinks that it relieves it—incidentally both are very good examples

of a "vicious circle." When the pain appears, it is either very shortly after each meal, or more usually within half an hour of its completion, and it gradually diminishes as digestion progresses; there will probably not be much flatulence, but there may be nausea, or even vomiting, directly after the principal meal; the patient is probably a teetotaller, but takes a cup of tea whenever she can get it; her arterial tension is below the average, and she ultimately develops a snarling disposition and a red nose; her tongue will be pale, large, and flabby, in contrast to that of the robust man, which is small, red, and pointed.

If now we give to each of these patients a test meal of bread and meat, and remove the contents of the stomach (by the stomach tube) for analysis at various periods afterwards, we shall find that, in the case of the man, the contents are much too acid, and in that of the woman, the hydrochloric acid is deficient, with the result that the food stays too long in the stomach in each instance. The pain is due in the first case to the presence of free hydrochloric acid, and in the latter to the fact that food is there without any digestive juice to act upon it.

Obviously we must treat these two patients very differently, but certain things are essential to the successful management of each. Firstly we must deal with constipation, and the best drug for this purpose is calomel, not in the heroic doses of the days of our forefathers, but given preferably in quantities of a grain or half a grain, repeated every two hours until three grains have been administered. Besides opening the bowels calomel also disinfects the intestinal contents and so hinders the absorption of the products of imperfectly digested nitrogenous food, which makes for high tension. Another useful measure in each case is a tumblerful of hot water with a pinch of bicarbonate of soda in it taken on rising; this acts by washing the stomach and so freeing its walls from the sticky mucus which is present, more or less, in every case of dyspepsia; if he prefers to drink this at so much per time to the accompaniment of gossip and an orchestral *re-chauffèe* of the latest comic songs we can send him to a Spa. Then the mouth must be attended to, and all carious teeth removed or stopped; it is well that more than ordinary attention should be paid to the toilette of the mouth, an antiseptic and alkaline wash being employed for this purpose. Exercise in the open air is desirable, but it is almost a cruelty to prescribe the obviously impossible. There

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