

Clinical Notes on Some Common Ailments.

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DYSPEPSIA.

In the last paper we considered the two common types of dyspepsia, and we took as illustrations the case of a man and a woman suffering from their representative symptoms. It must not be thought, however, that the robust type of dyspeptic is always a man or *vice versa*, but merely that it is more commonly so. As a matter of fact, indigestion due to excess of hydrochloric acid is often found in plethoric, over-fed women, who, curiously enough, attribute their ailments to insufficiency of food rather than to excess. In "Sketches by Boz," Dickens gives us in Mrs. Bloss an inimitable example of the robust type of female dyspeptic. She was "wafted through life by the grateful prayers of the purveyors of animal food throughout the district." Similarly anæmic, underfed men may suffer from deficiency of acid.

This brings us to the question of the dietetic treatment of dyspepsia, which will obviously have to be regulated to suit the environment of the patient and will differ in the two types of the disease. There can be no greater error than to imagine that we can successfully treat either type by medicine alone; and it is certain that the sufferers cannot be adequately relieved by attendance at a busy out-patient department, where it is practically impossible to diet each patient according to his means and occupation.

Let us take the robust type first. The real reason why he has digestive trouble at all—and we must remember that at school and college he enjoyed robust health—is that he has omitted to cut down his nitrogenous intake to suit his new way of living, and one almost always finds that he is eating as much animal food as he did when he was rowing or playing cricket three days in the week. Probably the best thing we can do for such a man is to put him on a "bun lunch," with coffee instead of alcohol in the middle of the day. For him, too, afternoon tea is very useful, as it serves to take the edge off his otherwise voracious appetite for a late dinner. At the latter meal one course of meat is quite sufficient; fish is better than soup (which contains nearly all the harmful extractives of meat), and the adoption of the French custom of serving a well-cooked vegetable as a course by itself will make an entrée of meat unnecessary. It is really better that he should become a teetotaller, at all events until his

digestion has accommodated itself to doing without habitual violent exercise, but, if he cannot manage this, weak whisky well diluted with an alkaline mineral water that does not contain salts of chloride of sodium—plain potash water is as good as any—is better for him than an acid wine. A Turkish bath once or twice a week will help him to eliminate his superfluous nitrogen, and will thus to a certain extent replace his previous football.

But with the woman of our tale the conditions are altogether different; she has too little food, and what she has contains too little meat. For her both the bun shop and the vegetarian restaurant are unsuitable; she runs in no danger of suffering from high arterial tension, and she should certainly always have hot fresh meat in the middle of the day, and the meal should not be either accompanied or followed by the inevitable cup of tea, nor should afternoon tea be for her the most enjoyable, if not the principal meal. Unfortunately for many of the sufferers from this type of dyspepsia an adequate diet is inconsistent with the length of their purse (because they are often grossly underpaid for the extremely conscientious way in which they usually do their work), but a little meat, even if it comes out of a tin, is better than concoctions of starch and sugar, and it might be taken more often than is usually the case in the evening when work is over and the patient has had a brief rest. Nor, incidentally, is the daily performance of "Sandow's exercises" in front of an open window quite so absurd or impossible as it might sound. A daily aperient on rising both regulates the bowels and supplies the sodium chloride which, as we have explained, is often deficient in the dietary of such patients.

It is also manifestly necessary that sufferers from any type of dyspepsia should avoid foods which, though they may be ultimately nutritious, yet require a prolonged stay in the stomach before they are ready for pancreatic and intestinal digestion. If we compare, for instance, peas and milk, the former, weight for weight, contain far more nitrogenous nutriment than the latter, but owing to the fact that the useful part is contained in an envelope of insoluble vegetable woody matter, which has to be penetrated by the gastric juice before it can be made available, a pint of milk may be ultimately far more nutritious than a pound of peas. Similarly, fish is more "digestible" than fowl, and fowl than butcher's meat, and so on; the comparative digestibility of the various foods can be found by reference to a text book of physiology, and need not detain us now. Perhaps the most indigestible among

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