

## PROFESSIONAL REVIEW.

### INDIGESTION.

#### Its Differential Diagnosis and Treatment.

By HERBERT J. PATERSON, C.B.E., M.C., M.D., M.A.  
CANTAB., F.R.C.S.

Although this useful work is primarily a clinical handbook for practitioners, it contains many valuable aids to the sister profession, for without an intelligent grasp of the nature and cause of the particular trouble on which a nurse is for the moment concentrating, the full value of her ministrations must in some measure be lacking.

Indigestion, as Mr. Paterson points out in his opening chapter, is of various origins, and although the symptoms are gastric, the primary trouble may be elsewhere than in the stomach.

He classifies indigestion in three groups.

- (1) Indigestion secondary to causes outside the stomach.
- (2) Indigestion associated with Abnormality of Gastric Secretion.
- (3) Indigestion associated with delayed evacuation of the stomach.

The author considers that in the majority of cases the primary trouble is outside the stomach. He attaches great importance to the test meal in assisting diagnosis though he urges that too great reliance must not be placed upon it without the addition of close clinical observation. Of great interest to nurses is the simple explanation of the method and result of a modification of Ewald's test meal which the author considers most generally useful.

It consists of two slices of dry toast and 15 oz. (430 c.c.) of weak tea and sugar but without milk.

The stomach which the last thing the night before has been washed out with warm water, and the stomach tube passed exactly ten hours later. The contents of the stomach should be withdrawn exactly one hour after the patient has begun to take the meal and the contents carefully measured.

The author shows how that in health the amount recovered should vary from 100 c.c. to 140 c.c. In pyloric obstruction the amount recovered may be as much as 500 or 600 c.c. and in duodenal ulcer, the evacuation being often more rapid than normal, the amount recovered is less than in health.

The "biliousness" of childhood Mr. Paterson attributes to attacks of hypersecretion secondary to latent appendicular disease.

The chapter on intestinal stasis is of great nursing interest, lucidly set forth showing the cause and effect of constipation from this condition. It is briefly divided into three causes, (1) Bands at the terminal portion of the ileum or the cæcum or pelvic colon; (2) Chronic appendicitis causing adhesions round the ileum, but more often it is due not to mechanical causes, but to atony of the large bowel.

This if neglected may lead to dilatation which aggravates further the intestinal delay. Eventually chronic colitis may supervene. Stasis results in putrefaction of the intestinal contents and consequent formation of toxins which are absorbed into the circulation and impair the activities of the mechanism concerned in digestion. The appalling figures which he suggests of 60 per cent. of the patients suffering from gastric cancer due to long standing intestinal stasis, lassitude, a sallow, unhealthy complexion, offensive breath, cold hands and feet, are symptoms that every nurse should consider intelligently in this connection. Vague pains in the head, back and limbs.

The charcoal test as an aid to diagnosis of this condition is fully described on page 41.

There is a clear distinction between stasis and constipation. The former may exist without constipation but the motion may be passed some days late.

In time every organ of the body suffers from the effect of toxic poisoning.

Its main indications are:—

- (1) Sallow, unhealthy complexion;
- (2) Stained inelastic condition of skin;
- (3) Lassitude, loss of energy, malnutrition;
- (4) Feeble circulation and low blood pressure;
- (5) Subnormal temperature;
- (6) Delay in passage of fæces through the intestine (especially the large bowel).

A "spring clean" is the first condition and the method fully indicated.

This very useful and lucid work, concludes with an appendix describing various chemical investigations and prescriptions, together with an illustration of the apparatus required for simple gastric analysis. A comprehensive index completes the book which should be of great assistance to nurses as well as the medical profession in recognising the symptoms of this unfortunately all too common a condition of present day life, which we understand by the vague term indigestion, but which we are shown in these pages if neglected may result in painful and fatal consequences.

H. H.

## HENRY SAXON SNELL PRIZE.

The Henry Saxon Snell Prize was founded to encourage improvements in the construction or adaptation of sanitary appliances, and is to be awarded by the Council of The Royal Sanitary Institute at intervals of three years, the funds being provided by the legacy left by the late Henry Saxon Snell (Fellow of the Institute).

The prize in the year 1930 will consist of Fifty Guineas and the Medal of the Institute, and is offered for an Essay on "Improvements in the Sanitary Provisions of Schools."

### GENERAL CONDITIONS.

1. The Essay to consist of not more than 5,000 words, to be typewritten on foolscap, one side only, and to be illustrated by drawings or sketches.

2. Two Competitors may combine in sending in an Essay and Drawings.

3. Essays must be delivered on or before 30th August, 1930, addressed to the Secretary of The Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W.1, and the following points must be observed:—

(a) The Essays to be submitted without the name of the Competitor.

(b) The Essays to bear a motto legibly marked on the right hand lower angle of the first sheet.

(c) The Essay to be enclosed in an envelope, bearing the words "Henry Saxon Snell Prize," and the Competitor's motto at the right hand lower angle, and to be directed to the Secretary of The Royal Sanitary Institute.

(d) The Essays to be accompanied by a letter containing the Competitor's name and address, which is to be enclosed in a separate envelope, sealed with a blank seal, and having on the outside "Henry Saxon Snell Prize," and the same motto as that attached to the Essay submitted.

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