

ART. IV.—INDIGESTION.

WE constantly hear of our friends being "martyrs to indigestion," and we are free to confess we have occasionally suffered from rebellious digestive organs. Indigestion, or dyspepsia, has, indeed, been regarded as a malady especially prevalent in the British Isles, and our Continental neighbours, ignoring their own climatic beam, have not hesitated to attribute John Bull's stomach derangements to damp, foggy, changeable weather. This is, however, a mistake, for indigestion pertains neither to clime nor race. It is, perhaps, throughout the world, the most prevalent of maladies. American newspapers at least equal, if they do not excel, our own in their capacity for inserting advertisements "quacking of universal cure" of this distressing ailment. The number of members of Continental nationalities swarming the Spas, the waters of which are reported efficacious in dyspepsia, bears witness to the prevalence of digestive derangements in other parts of Europe. While in the far East, nations whose food is principally rice are scarcely less dyspeptic than the omnivorous European. And although the savage is free from some of the penalties of civilization, he still has the burthen of dyspepsia, especially when he gorges himself with raw flesh.

It is worth while, then, to inquire what this indigestion or dyspepsia really is. Referring to a recent medical work we find it stated that dyspepsia is derived from *δυσ*, bad, and *πέπτω*, to concoct, and that it implies indigestion, or difficulty of digestion, or imperfect conversion of food into nourishment. This appears simple enough. But when we further inquire what digestion of food means, we find that it is a physico-chemical process, compounded of certain muscular acts, and of various functions exercised by a number of digestive fluids on the food taken into the stomach. Indigestion may therefore be traced to disturbances of mechanism, such as imperfections of mastication, of swallowing, and of the action or movement of the stomach; or to imperfections in the chemical changes in the stomach, or other part of the intestinal tube; and thirdly, in many cases, to quality or quantity of the food taken, or in other words to improper diet. Ignoring at the present certain mechanical causes of indigestion, we require the following essentials before healthy digestion can be performed. The food must be well masticated (which implies the possession of good teeth), so that it may be well mixed with the saliva, which possesses the property of dissolving saccharine matter. Then it is conveyed into the stomach, where it meets with the gastric juice, which is credited with the power of dissolving proteids. It next becomes mixed with the bile and pancreatic fluids, both of

which act in various ways, the latter especially on fats and starch. Afterwards there are various secretions from intestinal glands, which, poured into the bowels, complete the process of digestion. But this is not all. Digestion is further more or less controlled by nervous influence, conveyed by two distinct nervous systems, the sympathetic and the cerebro-spinal. So much is attributed to this nervous influence that Dr. Goodhart has very recently said, if it had become him to write a treatise on indigestion, he would first have written one on the nervous system. Although much more is known of the process of digestion than in former times, when the liver, "that lazaret of bile which very rarely executes its function," was regarded as the principal, if not the only peccant organ, still digestion is an unsolved mystery. For digestion is a vital process, and although chemistry is now an advanced science, the element of vitality or nervous influence is wanting when the secrets of digestion are investigated in the laboratory. Broadly speaking, the practical point in a case of confirmed dyspepsia is whether or not the indigestion is associated with organic disease. If organic disease of any part concerned in digestion exists, the cure must be doubtful, and the following remarks do not apply to instances of the kind. If no organic disease can be detected there is every hope of cure. Fortunately, the great majority of cases of dyspepsia are not in connection with organic change.

As regards the symptoms of indigestion the name is legion, and often nothing is certain but the unforeseen. This is scarcely surprising, when it is recollected how many organs are concerned, that the nervous systems are implicated, and that defective action of one organ reacts on the other organs. There may be a little uneasiness before or after food, or there may be intense pain at such times. The effect may be a sick headache, or a palpitation of the heart. Dyspepsia may demonstrate itself by affections of the skin, or by imperfections of vision. Gout may also be a development, for in gout the primary area of disturbed nutrition is in the liver, and hepatic dyspepsia is a well-known phase of the ailment. Dreams, the *incubus* and the *succubi*, are, in the words of Dryden, "bred from rising fumes of undigested food." Many dyspeptics there are, who "eat their meat and sleep in the affection of those terrible dreams that shake them nightly." Dyspepsia not unfrequently culminates in hypochondriasis, and a hypochondriacal dyspeptic has been known to assert the presence of a gnawing animal inside, as the cause of his pain. As we are all aware, the demarcation between insanity and wisdom is but faint, and dyspepsia may be the bond which unites them.

It has been said that the great majority of cases of dyspepsia are curable. But there is no ready method of effecting this.

A straight and narrow road must be traversed to secure success. A dyspeptic must recollect that, as exemplified in the classics, there are wishes the gratification of which is fatal. Doubtless there are persons with naturally — perhaps congenitally — weak digestion. But there are still more who have weakened a naturally good digestion by imprudence in diet and other injurious habits of life. But whether there is a naturally weak digestion, or whether there is not, the path of relief lies in the same direction. Some one observed that a regular life and confidence in the three per cents. (now, alas! a memory of the past), are the foundations of a green old age. It may be said they are also the foundations of freedom from indigestion. The dyspeptic cannot consume the midnight oil in revelry or study without increasing his ailment. Neither can he wade through those modern dinners which are often as indigestible as there is reason to suppose the suppers of Lucullus must have been. Especially if the host depends too much on his wine merchant, and does not recollect that wine may be made of anything — even sometimes of grapes. “Serenely calm,” the epicure may say, “fate cannot harm me, I have dined to-day!” But this implies that the epicure has not yet become dyspeptic. He has not arrived at that stage to which he is hastening, when fear of after-suffering frequently urges him to “appease the hungry edge of appetite by the bare imagination of a feast.” Even the ideal dinner, “clear soup, slice off a haunch, greengage or apple tart, Stilton cheese, and a bottle of good wine,” cannot be safely indulged in by the victim of indigestion. Yet, notwithstanding dyspepsia, the question asked by Lord Lytton in “Lucille,” “Where is the man who can live without dining?” cannot be satisfactorily answered, unless perhaps by Succi and other modern experts in the art of fasting. It is not, however, permitted that all should be Succis, any more than that all should be philosophers. Moreover, the dyspeptic is the last person who will fast if he can avoid doing so! Even the dyspeptic must dine. But there are dinners and dinners. Pythagoras left a maxim which may be roughly translated, “The brain should guide the belly.” If a dyspeptic ignores this and continues to consume, as many dyspeptics do, that which he knows will disagree with him — why, he will continue to be a dyspeptic till the end of the chapter. An eminent medical man generally advised his dyspeptic patients to eat nothing but boiled mutton and rice pudding. An often wrongly-quoted writer observed that, “He who eats a plain joint is only one remove from a cannibal.” But both are wrong, for the dyspeptic, like the healthy person, requires variety of diet. In a very recent article on “Some Points in Dietetics,” appearing in the *British Medical Journal*, Sir W. Roberts observed that “In

drawing up schemes of diet we are not justified in reducing the diet to a dead level of monotonous uniformity." And Sir William Roberts thinks there is one good rule in cases where there is no special dietetic indication to fulfill, as in diabetes, for instance. When a patient inquires with reference to the propriety of taking any special article of food, the questions are asked, "Do you like it? and does it agree with you?" If the answer is in the affirmative, there is no intelligible reason why the use of the article should be prohibited. It has lately, with some truth, been asserted that there is a fashion in the medical recommendations of diets, even as there is a fashion in ladies' bonnets. So much so that a London physician recently "wanted to know," "when the boom is coming for sherry or gin!" In connection with this subject we quote the following from a late number of the *Hospital*. After commenting on a scale of diet given by an eminent medical practitioner, the *Hospital* writer remarks:

We venture to observe that it is not possible to lay down a diet which will suit all persons. There are many peculiar idiosyncrasies, and what agrees with one individual will not agree with another. As it is in health, so it is in disease. Only general principles of diet can be satisfactorily laid down. If more is attempted the results are frequently disappointment of the physician and disgust of the patient.

How very much every organism is dependent upon the whole of its environment should be known by everyone. This emphasizes the fact that the dyspeptic requires to live under good personal hygienic and general sanitary conditions. Next he must find out for himself what food agrees with him, and discard that food which excites discomfort. *No one can do this for him; he must do it for himself.* It is remarkable how slight alterations of diet are sometimes very beneficial. "Change of diet is as refreshing as change of air." Many have slow digestion and discomfort after food, and yet the stomach may not be in fault. This is specially the case with those of hysterical or neurotic habits. Such persons sometimes recover their digestion by sleeping in a bedroom with the window open. Again, slight changes in the hours of meals may relieve dyspepsia. Some dyspeptics suffer from actual starvation. They have credited one thing or other with inducing their complaint, until they have left off valuable or essential constituents of diet. In such cases a return to a more liberal diet will be beneficial. Age, again, is a matter which the dyspeptic must take into account. As Sir W. Roberts observes, "you may have the palate and appetite of thirty, and the liver and kidneys of sixty." In many such cases, with a tendency to stoutness, there are often signs or symptoms which are generally regarded as "gouty." The indication is to lessen the quantity of food, and to recollect

that with the advance of age the power of the system to assimilate or dispose of alcoholic beverages generally lessens.

Few persons, especially dyspeptics, ever admit that they eat too much. But, as a matter of fact, eating too much is a very prevalent custom. Excepting perhaps the minority of dyspeptics mentioned above who have injured themselves by leaving off essential constituents of diet, it would be well if victims of indigestion recollected what Cicero said long ago: "Esse oportet ut vivas, non vivere ut edas," which was endorsed by an Arabian physician, as conveyed in a couplet from the "Gulistan" of the Persian poet Sadi:

" You think that living is for eating,
Eating is for living and praise of God."

Although advice as regards diet cannot be given so as to suit all, or even the majority of sufferers from indigestion, there is another piece of advice which is universally applicable. This we venture to give, although sensible that the donor of good advice very rarely receives his due. For advice is seldom pleasant unless it jumps to the side to which one's wishes lead. If the reverse, the recipient often departs thinking what an impertinent idiot you are, and does exactly the opposite to what you have suggested. Nevertheless, here is the advice: Avoid drugging, and more especially the swallowing of nostrums the composition of which is uncertain—a practice which earned England the title of the "Paradise of Quacks." Slightly altering a verse from "Hudibras," it runs thus:

" For dyspeptic men are brought to worst distresses
By taking physic, than by diseases,
And therefore commonly recover,
As soon as nostrums they give over,"

and direct their attention to hygiene and diet. Unfortunately, there are many who will not pursue this course. They prefer to accept the temporary relief sometimes obtained from medicines. But there is no such thing as a "diacatholicon" or universal medicine for dyspepsia, or for anything else. Every case must be treated on its own merits, after investigation as to the organ most in fault, and as to the proximate or remote cause thereof. A person of ordinary intellect may treat himself by diet and hygiene. But if he wants medicines he should go to a doctor, and not to the advertisement sheets of the newspapers.

WILLIAM MOORE.

