TREATMENT IN GENERAL PRACTICE

This article is one of a series on the management of some diseases of the digestive system met with in general practice.

SOME COMMON DIGESTIVE SYMPTOMS

BY

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The treatment of symptoms should not, strictly speaking, be undertaken without a simultaneous attempt to discover and to combat cause. There are some symptoms, however, such as the hunger-pain of duodenal ulcer, the relief of which by appropriate means may reasonably be held to contribute to the cure of the disease. Others, again, such as flatulence and heartburn, are often so far independent of underlying pathologies that they themselves may be said to constitute the malady. Their removal completes the cure.

Genuine localized and recurrent pain in the region of the stomach is a symptom of organic disease, and therefore calls for a full diagnosis and treatment based thereon. It will not be considered here.

Gastric and Intestinal Flatulence

The commonest of all dyspeptic symptoms is flatulence, but there are several varieties and many causes of flatulence, and before treatment is initiated it is clearly important to add precision to the patient's unqualified complaint of "wind." First, flatulence may be gastric or intestinal, and a simple interrogation will soon discover whether "fore-wind" or "hind-wind" (to borrow the expression of a distinguished patient who was troubled by both) is the main complaint.

Intestinal.—Intestinal flatulence, when organic disease can be excluded, is due to an overproduction of gas in the bowel and a result of starch indigestion. The starches in the diet should be drastically curtailed, and potatoes, peas, beans, lentils, cakes and pastries, and rice puddings should be excluded. Bread should be taken toasted, or cut thin and crisped in the oven, or replaced by rusks. Finely powdered charcoal (one or two teaspoonfuls in milk or water) twice a day helps by promoting the adsorption of gas. Increased exercise, for the sedentary, is valuable.

Gastric.—The complaint of gastric flatulence may have reference to the "sensation of gas" in the stomach or to actual eructations, or to both. The sensation of "wind" may be due to an excess of air in a normal or hypotonic stomach or to a normal content in a hypertonic organ. The same sensation may be caused by hastily eaten or unsuitable food. It is referred to the epigastrium or behind the sternum. Anginal pains may be misinterpreted as "indigestion" for this reason, and also because they often follow meals and terminate with eructation. If a flatulent discomfort recurs with precise regularity at a constant interval after meals the possibility of organic gastric disease should be considered; occurring two to two and a half hours after food it may sometimes replace the more typical hunger-pains of duodenal ulcer. Attacks of "bursting" flatulence are commonly associated with gall-stones, and are probably connected with a reflex closure of the pylorus.

By far the most frequent cause of painless gastric flatulence is aerophagy or air swallowing. The eructations occur in bouts and are noisy. In the attempt to

relieve a passing discomfort by belching the patient closes his lips and gulps air and again releases it with momentary satisfaction. The habit tends to become established as a conditioned reflex. It is irrational to treat it with elaborate diets or medicines. In many cases a simple explanation and an exhortation to resist the inclination to effortful belching is all that is necessary for correction of the habit. There is no evidence that gas can be diffused into the stomach or evolved there by fermentation sufficiently rapidly to produce the voluminous and frequent belchings of the air swallower. The flatulence of aerophagy is odourless and tasteless.

Malodorous eructations are of two kinds. They occur in benign pyloric stenosis or in obstruction from growth, and in gastric dilatation and stasis, when a fall in the gastric acidity may encourage the decomposition of protein food-stuffs and sulphuretted hydrogen is evolved. The patient and his relatives may then volunteer a description of "rotten-egg" flatulence, but often it is only admitted on direct interrogation. Marsh gas can be produced in the same circumstances, and cases are on record of the gas igniting when an eructation coincided with the lighting of a cigarette. Very rarely a transient dyspepsia from gastritis may be complicated by the eructation of hydrogen sulphide, but the chief value of the symptom is in a chronic dyspepsia, when it gives the clue to the presence of an obstructive lesion requiring surgical relief. If eggs and protein foods are withdrawn the symptom disappears.

A gastro-colic fistula, whether complicating carcinoma of the colon or a post-operative anastomotic ulcer, is proclaimed, among other symptoms, by eructation of bowel flatus. The treatment is surgical.

Heartburn and Nausea

Heartburn.—Heartburn is rarely, if ever, symptomatic of organic disease of the gullet or stomach. It may be defined as a burning sensation, vertically linear in its distribution, and felt at varying points between the pommel Adami and the xiphisternum. It is distinct from acid eructation, and may occur in the absence of free hydrochloric acid. The earlier idea that it was due to "acidity" depended upon its relief by alkalis. A common occasional symptom in most of us and at all ages, it sometimes becomes established and persistent. Hurry and worry and excess of starchy or fatty foods may cause it, and in women it is one of the most trying symptoms of the later months of pregnancy. Sodium bicarbonate and alocol (a proprietary preparation of aluminium hydroxide) give the best symptomatic relief, but an attempt should also be made to discover and eliminate adverse factors in the patient's physical and nervous life and habits.

Nausea.—Nausea is a normal accompaniment of pregnancy in the early months. Medicinal treatment is rarely helpful. To be regarded, perhaps, as a perversion of the hunger sense, it can be helped by a cup of tea and a biscuit on waking and before there has been any physical exertion. Fatty foods should be taken sparingly and fruit and carbohydrates increased. Nausea also precedes fainting and accompanies migraine and vertiginous seizures. When associated with reading or close needlework it may

be cured by the correction of an astigmatism. In chronic cholecystitis "waves of nausea" are complained of, but there are usually other definitive symptoms. The treatment here should include avoidance of eggs and fried dishes, and the administration of biliary antiseptics, such as hexamine or salicylates. Nausea, with or without retching or vomiting, and occurring especially in the morning, and independently of pregnancy, nearly always means a true gastritis. If there is insufficient justification for lavage with the stomach tube a long drink, on rising, of one pint of water, in which one drachm of sodium bicarbonate has been dissolved, is often effective. Alcohol, strong tea and coffee, condiments, curries, coarse or uncooked vegetables, and twice-cooked meats should be avoided until the symptoms have disappeared, and in any alcoholic case alcohol in all forms should be permanently forbidden.

Water-brash and Hiccups

Water-brash.—By water-brash is meant a sudden arrival in the mouth of a copious, tasteless, watery secretion. It is due to a sudden overactivity of the salivary glands. It is generally a symptom of organic disease, and appears more frequently in association with duodenal ulcer than with any other lesion. Arriving in concert with the hunger-pain it may be regarded as an exaggeration of the mouth-watering (more common in dogs than men) which accompanies physiological hunger. Its treatment is the treatment of the underlying cause.

Hiccups.—Seemingly due to a diaphragmatic twitch or spasm with simultaneous closure of the glottis, hiccups are a reflex consequence of gastric irritation. In children they are readily caused by bolting or injudicious feeding. In some people they are evoked immediately by peppery soups or other condiments. They are a familiar accompaniment of acute alcoholic gastritis. They are sometimes a symptom of uraemic gastritis, and have an equally grave significance in the dilated stomach, irritated by fluid regurgitation from the small bowel, in paralytic ileus, and in intestinal obstruction. Gastric lavage may prove valuable in these cases. In the more benign forms of hiccups drinking a large glass of cold water, holding the breath, or the induction of sneezing may all cut short an attack. There remain certain obscure forms of hiccups so prolonged and distressing as to give rise to anxious states of exhaustion. These occur especially in the elderly. A few drops of tincture of iodine in water, or oil of cajuput or of peppermint are usually tried, and usually fail. If induced sneezing or sudden cold applications to the epigastrium are also ineffectual it may be necessary to give morphine or heroin to secure rest and sleep.

A memorandum has been issued by the British Institute of Cinematography (incorporating the Institute of Amateur Cinematographers) on proposals that have been adopted to encourage the use and development of the cinematograph as a means of entertainment and instruction. The new institute will function as a society for amateur and professional interests, will organize meetings and discussions, conduct a monthly periodical, and encourage the extension of cinematography into educational spheres. A medical and scientific section has been created to assist the research worker to record his observations pictorially, and to make these illustrations of procedures, reactions, and clinical cases available for his fellow workers. A library of such films is being accumulated. Further information is obtainable from the offices of the British Institute of Cinematography, Burley House, 5-11, Theobalds Road, W.C.1.

A "CHILDREN'S MINIMUM"

POSITIVE NUTRITION POLICY URGED ON GOVERNMENT

A general uneasiness about the nutrition of children in the poorer section of the population has been focused by the Children's Minimum Committee, which is pointing out the real danger that large numbers of children in this generation may grow up permanently handicapped through insufficient nourishment. The committee, of which Miss Eleanor Rathbone, M.P., is chairman, and Sir Edward Grigg, M.P., a prominent member, has the support of more than thirty societies concerned with health and child welfare, education, Christian social service, and the position of women in citizenship and industry.

A long statement, almost a treatise, has been prepared by the committee, and was presented on December 18th, 1935, to Lord Eustace Percy, as representing the Prime Minister. In this statement certain immediate steps are advocated for improvements in unemployment assistance by an increase of allowances and an extension of milk provision, also the overriding of some local authorities which interpret the regulations too narrowly or neglect to use their powers. But beyond this a more positive nutrition policy is called for, by the closer co-ordination of agricultural and health programmes. The debate at the last League of Nations Assembly, when in particular the British and Australian delegates, Lord De La Warr and Mr. S. M. Bruce, enlarged upon the strange position whereby surplus food supplies coexist with large areas of semi-starvation,¹ finds an echo here, and the committee points out that advances in agricultural science and technique have for the first time brought within reach a food supply adequate for the health of the community, while at the same time research on nutrition has shown how a deficiency of certain protective foodstuffs makes for minor degrees of ill-health. Reference is also made to the work of the British Medical Association Committee on Nutrition, which reported in 1933, giving specimen minimum diets for unemployed families.² That report, say the promoters of the new campaign, has provided a yardstick against which can be measured the adequacy of the actual amounts available for food at different income levels; though it is added that inquiries undertaken by a large number of housewives belonging to Labour women's organizations throughout the country show that in many localities the items specified in the B.M.A. family budgets cannot be purchased at as low a price as the one mentioned in the report.

The Subsistence Level

Against the large background of this and other work on nutrition the Government is asked to consider proposals for more generous provision for unemployed families and for extending school meals and the supply of cheap and free milk. What is already done by the "milk in schools" scheme and by the increase in children's allowances under unemployment benefit from 2s. to 3s. for each child is acknowledged, but more remains to be done if the children of this class of the population and also their mothers during the child-bearing period are to be safeguarded. (In this connexion the recommendations of the League of Nations Expert Committee on Nutrition are of interest. See *British Medical Journal*, December 21st, 1935, p. 1215.) The standard benefit for families with two or more children still falls below the minimum of bare necessity, and the gap between benefit and need widens with the number of dependent children. It is urged that if a further increase in children's allowances is not to be expected in the

¹ *British Medical Journal*, September 28th, 1935, p. 589.

² Report reprinted in pamphlet form. B.M.A. House. (6d.)