

The Surgical Treatment of Certain Types of Dyspepsia.

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A generation ago the physician held undisputed sway in the treatment of digestive disturbances and the suggestion that dyspepsia could be cured by surgery, when medical, dietetic and hygienic measures had failed, would have been regarded as an absurdity. It is now accepted that indigestion when chronic or recurrent is almost invariably caused by organic changes in the stomach, duodenum, gall bladder or appendix, and that relief from symptoms in such cases can only be permanently secured by the surgical correction of the anatomical lesion.

Every one suffers at times from indigestion due to imprudence in eating, but no one has constant persistent dyspepsia lasting for months or years unless it be due to some organic disease. A case of indigestion ought not to be subjected to surgery until it has been carefully and properly treated by medical measures without success, but every case that fails to secure relief in a reasonable time should be examined to see if there is not some indication for operative intervention.

In investigating a patient it should be remembered that while the symptoms may be due to disease of the stomach itself, they may also be due to reflex irritation from disease of some other abdominal organ. It is a fact that in nine out of ten cases the lesion is not in the stomach but in some associated viscus such as the duodenum, gall bladder or appendix. In other words, while the symp-

toms are gastric and the treatment surgical, the operation required is not necessarily on the stomach.

Obstruction of the pylorus may be organic such as results from the cicatricial contraction of an ulcer, or spasmodic such as results from reflex nervous irritation due to appendicitis, cholecystitis or duodenal ulcer. The first is mechanical and should be relieved by making a new exit for the stomach contents, the second is functional and should be relieved by diagnosing and correcting the cause which produced it.

At one time it was thought that the operation of gastroenterostomy was a panacea for all gastric disorders. It was found, however, that while in some cases it accomplished brilliant cures, in others it not only did not relieve but actually increased the patient's distress.

A gastroenterostomy will cure the symptoms due to an organic obstruction of the pylorus because it relieves the condition by affording a new exit for the stomach contents. It will not cure but will aggravate the symptoms due to spasmodic obstruction because it overcomes the protective effort on the part of nature to prevent the passage of irritating gastric contents into the intestinal tract.

The most common operations for the relief of dyspepsia due to organic diseases of the stomach are partial gastrectomy, pyloroplasty and gastroenterostomy.