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Selections: Medicine.

A NEGLECTED PROXIMATE CAUSE OF DYSPEPSIA, WITH A NEW DIVISION OF THE DISEASE.

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All cases of true dyspepsia may be referred to two proximate causes. Instead, then, of the classification into atonic dyspepsia, which is not used in any precise sense, and gastritis or gastric catarrh, neither of which terms is applicable to all the cases they are often made to include, I propose the following divisions:—

- Dyspepsia from impaired motion;
- Dyspepsia from defects of secretion.

We have nothing at present to do with the latter, beyond what concerns the differential diagnosis between the two classes.

Avoiding minor details, the leading symptoms of dyspepsia, namely, uneasiness in the stomach after meals, described variously as a sense of weight, fulness, or pressure, flatulence, pain, and constipation, are, for sake of comparison, arranged in parallel columns, and each separately considered under the two above named heads.

IMPAIRED MOTION.

Uneasiness after Meals.—Constant symptom; generally soon replaced by a sense of tension accompanying flatulence.

Flatulence.—This is the most characteristic symptom of impaired motion.

DEFECTS OF SECRETION.

Uneasiness after Meals.—Not unfrequent, but commonly soon merged in actual pain.

Flatulence.—Comparatively unfrequent. Some of the worst cases, in which pain after food and other symptoms are particularly severe, are entirely free from flatus. The tendency is to lactic, butyric, and, perhaps, other forms of fermenta-

tion, in which gases are not evolved.

Gastric Pain.—Unfrequent; but occurs occasionally as a result of flatulence, and is peculiar in kind.

Constipation.—Almost always a marked symptom.

Gastric Pain.—Variously described as sharp, shooting, dull, or dragging, is the most characteristic symptom of defective secretion of gastric juice.

Constipation.—Not generally present; and the bowels are in many cases relaxed.

Although the great importance of gastric peristalsis has not been hitherto recognized as a cause of dyspepsia, due weight has long been attached to peristalsis of the intestines. Diminished intestinal peristalsis is a recognized cause of constipation, for which remedies are daily prescribed. It is precisely in such cases of dyspepsia that constipation might be theoretically expected, from the probable existence of a common condition throughout the intestinal tube. In the case of imperfect secretion, on the other hand, digestion is not merely sluggish, but the gastric juice being unable to effect the necessary changes in the aliment, the ill prepared chyme is unsuited for contact with the intestines. The consequent irritation not only prevents constipation, but sometimes causes diarrhæa.

In some cases, the symptoms which accompany impaired gastric movements are of so general a nature, that the question arises whether the gastric affection may not be incidental to a state of relaxation and want of power in the whole system. The circulation is slow and weak, indicating a relaxation of the vaso-motor nerves, and febleness of the heart. But the organ is easily excited, and its action is often intermittent. For the latter, there are two causes, namely, mechanical pressure of the