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4

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THE COMMON FORMS OF GASTROENTERITIC NEUROSES; THEIR ÆTIOLOGY AND TREATMENT.*

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In accepting your kind invitation I have chosen for the theme of my paper a consideration of what are the most numerous of all gastroenterological affections. In doing this, I shall transcend most time honored classifications of the past which deal with states of disturbed sensations, secretion, and motility of the gastroenteron, include only those which most plausibly seem to have no organic change of tissue as reasons for their existence, and present these along lines of rather ordinary clinical observation. Manifestly, it would be quite impossible in a short time to accomplish more than just to touch upon this vast and varied subject, and in doing this I shall leave out much that is important, although I shall attempt to dilate somewhat upon the ætiology of the common forms of neuroses (since in doing this therapeutic suggestions can be gleaned) and not consider detail work in the way of special technique in the diagnosis of gastroenteric affections.

The cases of true neuroses of the digestive canal are seen in individuals old enough to care for themselves and others, and young enough to engage in the many activities of life. In the child and those advanced in years, while neither are exempt from

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the neurotic conditions, the nervous organism of the body is less assailed or impressionable to the establishment of neurotic states in the first, and waning digestive power and less activity of life, baneful effects from them, or the discretion which comes from years and experience, grants somewhat of an immunity to the second. In these two extremes of years, digestive disturbances are more commonly due to dietetic errors, and in addition to this in those past middle life, to organic or malignant affections. All this means that the neurotic disturbances are most common among those whose physical as well as mental activities rule in the nation, State, business, and home. Consequently it is, that these cases are found mostly in those between the twentieth and fortieth years of life, in men somewhat more so than in women, although for reasons of the more bitter complaining and sensitiveness of the female sex, and the more time they have at their disposal, the women make up the majority of the slight and medium cases that we see.

The first questions that must be answered to oneself in the care of these conditions are: Is the condition distinctly due to reasons causing direct error in digestion, or is the origin of the condition situated in the general system, and, because of the sensitiveness of the digestive tract to these, they here mainly manifest themselves, or is there present a combination of these two? The practical side of handling the cases as they clinically present themselves hinges upon these points, for whatever the aspect of the case may be, permanent results to be obtained depend more upon finding the cause than upon applied fine points of therapeutic detail in the symptomatic way. These three crucial points can only be, and almost always are, obtained by the taking of a complete history, and the physical examination of the patient.

In the first, or local reasons, we deal with factors which from irritating circumstances, generate abnormal impulse either in kind or in exaggeration of those present in normal digestion. Plainly such disturbances could only ensue from dietetohygienic error connected with the ingestion of foods or drink inasmuch as these may cause alterations in the normal physiology of digestion. Such are seen in those cases in which, for chemical, mechanical, or thermal reasons, irritation has been applied to the gastroenteric mucosa affecting nerve impulse in unfavorable ways, so that these are brought within the cognizant sensibilities of the subjective sense. To ætiologically delineate such, it may be said that they are found in hasty eaters (which means incomplete mastication, salivation, and often overfeeding); in those who partake largely of irritating foods, such as highly spiced, corned, improperly prepared, heavy meat, onion, or garlic users; the drinkers of much iced or too hot fluids; the intemperate use of alcohol, coffee, tea, or tobacco; and in those who eat in quantity or kinds beyond the digestive power present in fatigued states of body. In a normal individual, when these abnormal factors have been long enough existent, gastroæsthenic states ensue in the way of disturbances of the acid enzymotic secretion, motility, or sensation, and these may unfavorably affect intestinal digestion. Logically, when such improper habits are stopped, if they have not existed long enough for the development of organic change in the glandularis, digestion returns to a normal condition. Medical measures of substantial benefit may materially shorten the time this takes. Among such of practical worth are the use of alkalies and belladonna in oversecretion, the more fluid and bland diets in overmotility, and the nerve sedatives in oversensation.

In considering the subject of digestive neuroses which have a primary or more important seat in the general body, a much broader and interesting field of factors is encountered. For the primary understanding of these, all irregular processes pertaining to the general body must be viewed as a cause manifesting its main force upon the most vulnerable point of the human economy—the gastroenteron. In broad divisions I shall consider these under the headings of nutritional, toxic, reflex, and psychic causes, since into these groups they may be clinically divided.

The nutritional neuroses are those digestive disturbances which ensue from abnormal states of nutrition of the general nervous system. Such abnormal states could develop from habitual insufficient intake of food, deficient absorption of same, low vitality states from excessive physical or mental work, or abnormal catabolic conditions of the general system. Naturally, in many cases which appear mainly nutritional, toxic causes must also be figured in the makeup of factors. But since clinically, any rightful deduction from results in therapy, the nutritional side deserves first consideration, because for the best results in the treatment of the case the toxic causes may be considered as of secondary importance.

In many "dyspeptics," in men who are too busy to eat, and women who eat freakishly, states of subnutrition are common. It is often a difficult matter to diagnosticate such states of underfeeding in any definite way, because in appearance many of these patients look quite well nourished, and such a condition might not be suspected until you obtain history details of the quantities, time, and quality of food that is customarily partaken of. In this group of cases, it is an interesting fact that the subjective

dyspeptic symptoms usually become worse and worse the more stringently they diet themselves for its relief. A plainer type of these cases is seen in those who are convalescing from acute febrile disease, in which, because of the effects of fever upon the body and the low feeding at the time, a legacy of subnutrition is left. The great accompaniment of most of the clinically seen cases is an underlying neurasthenia, and to what cause such constant expenditure of nerve energy beyond its supply may be due to, always deserves first consideration in each instance. Remembering that in neurasthenic states, it is of first importance to remove the exciting cause of the condition, a subdivision to analyze the ætiology present must be made if possible between the primary and secondary neurasthenias—that is, between those of excessive expenditure of nerve energy, and those of deficient supply of same. While this is important in the detail of therapy, all of such patients should be looked upon as subnourished, since higher nutrition kept up over a length of time brings about the best clinical results in the end. The same is also true in the cases of the common forms of simple anæmia. It is true that many of these latter are of toxic origin, but for relief of the picture as a whole, the establishment of higher states of nutrition is essential. It has always appeared to me that the less the degree of anæmia, the less the benefit from the hæmatinic tonics, and the more is derived from the generally constructive dietetic measures. In all of these conditions the employment of higher caloric feedings by supplemental meals to the quantities then taken, and the severe curtailment of those of the latter which are of little or no benefit in the nutritional way, are measures of much importance. Lastly, it must be mentioned that in catarrhal or ptosed states of the abdominal organs, neu-

roses often develop which are benefited most when the subnutritional picture is kept in mind along with the other indicated measures of treatment.

The toxic factor in producing gastroenteric neuroses is a subject almost as large as medicine is broad. That the toxines of certain infectious diseases, and autointoxications from the intestinal canal have, through their toxines, a marked effect on the functional status of digestion is almost of daily observation. In a paper like this, one can only draw attention to the following as fruitful causes: Gout, rheumatism, uric acid diathesis, diabetes, malaria, syphilis, influenza, typhoid, diphtheria, the pyogenic affections, tetanus, pneumonia, pregnancy, fermentative and putrefactive states of the intestinal canal, and so on.

Plainly does logic point to the removal of any such primary source of toxines before much could be expected in the relief of the gastrointestinal symptoms. But there is a group of cases about which a few extra words would not be amiss, and they are the instances of milder toxic conditions found in those in whom a definite disease does not exist, and who are well enough to be about. This type make up a bulk of our office and our clinical cases of toxic neuroses. There is little doubt to-day, that the saprophytic and pathogenic organisms found normally in the digestive tract, could, under favorable conditions for their proliferation, generate toxines, which, gaining the circulation, may cause the development of subjective symptoms in the digestive canal. While these, therapeutically, in so far as neuroses are concerned, occupy a subsidiary rôle to the primary condition making possible their origin, how many are the cases that we see which clinically are just clean cut neuroses and for which condition the patients come under observation? Over nine

tenths of the food is absorbed in digestion, and the larger portion of the remainder is residual in fæces of which from a third to one half is composed of bacteria which further act putrefactively upon it in the lower colon. In the normal individual, it is not the antiseptic properties of the digestive juices (which are mild), but the rapidity of the processes of digestion and absorption and the brief stay of the residue in the tract that prevents the possibility of toxic absorption. Now, when these processes are delayed, greater is the chance for bacterial action and toxæmia; and such is the common state of affairs in habitual constipation. Let us not lose sight of one of the main ætiological factors producing a large number of diseases of the nervous system (migraine, neuritis, neuralgia, neurasthenia, psychoses, melancholia, and others), and consider that if these could come from such gastrointestinal origin, then constipation, excessive generation of aromatic substances, occasional acetonuria, and the like, may cause many of our "nervous dyspepsias" as well, for functional change comes before organic. In this same light, let us not overlook those, who, from necessity or choice, live sedentary and indoor lives, and in whom, therefore, results develop from suboxidation, obesity, surfeit breathing of carbon dioxide, or other polluting gases into the circulation. We must never forget that it requires about two thousand cubic feet of air to pass daily through the lungs of an adult in order to furnish enough oxygen to maintain good digestion, and that physical exercise in the open does much to enhance more thorough oxidation of the body tissue.

Of late years, largely through workers in the special fields of medicine, the reflex neuroses are commanding more and more attention. Exactly how such effects are brought about is still somewhat of

a question, to which as logical reasons for the understanding of their development are the facts that viewing the body as a whole a disease or marked physiological disturbance in any organ outside of the digestive canal acts as a chestnut burr irritation in throwing over the normal nervous balance of the neurological system, and that these abnormal stimuli manifest their effects most easily upon the digestive organs, which, through abundant sympathetic supply, delicate and complex functions, are most sensitively balanced. Almost daily, surgeons, ophthalmologists, gynæcologists, and others, are contributing reports of cases of this kind in which the removal of the primary cause restored digestion to normal standards. To these we must give respectful attention, although it must not be forgotten that moral influence from special treatment of such other conditions, and the better general state of body and nervous system ensuing from same, may cause restoration without considering such in the strict nerve reflex sense. In a broad and abundant experience with gastroenterological conditions, I freely confess to still having many uncleared doubts on this subject, but it seems logical to believe that such neuroses can occur in some nervously inclined or undernourished individuals. It is one of those subjects which can be argued from two sides, in which the lack of accompanying digestive symptoms in the great majority of outside pathological conditions, workers in the other departments of medicine cannot answer for, and the multiple organ pathology found in many patients who come under the observation of the gastroenterologist enshrouds him with many unanswerable questions. It is a subject which can best be worked out by the gastroenterologist alone, and he necessarily must be understanding and practical in broad medicine. I

am of the opinion that a proportion of our neurotic cases rightfully belong to others for best treatment. Still, without statistics to substantiate me, it must be said that of the thousands of neurotics that I have seen but few indeed have been absolutely and singly cured of digestive disturbance who have also been treated by others skilled in the special fields to which such cases, for other existing conditions, belonged. And I would here advance the admonition to the surgeon, ophthalmologist, gynæcologist, and others to be somewhat more guarded than is common to-day in promising cure of all digestive conditions after such errors as he had found and treated had been corrected. The majority of his patients are not, and he should never forget that most of the gastrointestinal cases seen are due to internal medicine conditions, and not always to such as chronic appendicular inflammation, eye strain, and endometritis. It is surprising how many persons wear glasses, have been operated upon for other existing conditions, or treated and discharged cured, continue to come back for treatment for a digestive disturbance, the relief of which had been promised by the other. Of course, when disturbance is found in other organs of the body, it is the internist's duty to his patient to have instituted means for its cure or alleviation.

To encompass in a few words the interesting subject of psychic gastroenterological neuroses is beyond me. When we deal with perversion states in the mind of others we deal with effects from conception and perception, mental habits, inheritance and early training, physical and mental environments and education, their hopes, fears, ambitions, disappointments, worry, grief, suspense, and anxiety. To understand how all of these may affect the body and the digestive tract in particular, one

needs only to analyze moments of their own lives in the past, those of others about who are dear to us, and with a knowledge of the researches of Cannon and Pawlow, to understand the power in the functional way of the brain over the body. Need I dilate upon the commonly seen symptoms of cessation of digestion, spasms of the cardia and pylorus, anorexia; nausea, diarrhœa, or vomiting from emotional reasons? Here again is the ever ready sensitiveness of the digestive tract. Often in a patient before us mental habits, environments of life, domestic and business worries hide deep in the case of a true neurosis. His manner, his pupils, and his knee jerks do not manifest their presence, and bad effects from what he thinks and feels don't always mean the presence of neurasthenia, hysteria, hypochondria, or psychasthenia. Ambition is a far reaching hand from a body not always equal to tolerate its disappointments. In our day and land contented minds are not common among the active. The lost opportunities, and hard blows of the past, often live as virulently in our minds to-day as in the moments of long ago. We are not all mentally broadened by education or intuition. The pleasures of home life are often mixed with sore trials, and business does not always run the way we believe it should. In these instances of cases we are not arbiters of the universe, with power to correct troubles for the individual, nor does drugging such patients meet the heights of rational medicine. We need more lasting and satisfying aids, and these must be found in pure human direction, assurance, kindness, gentleness, nonmorbid sympathy, and appealing treatment. Now what the latter in each case should be is always much of a gamble. As the mental analysis of the case may be, our manner at the time, and how we approach its treatment,

makes, with the use of the same therapeutic measures, great differences among us. It is in these patients that the personal equation of the physician in the way of instilling confidence and enthusiasm are strong factors for results. They should never be overtreated, or too lightly handled. Both are sorrowful measures. There is residual suggestion enough in the artful physician to meet most of these patients, to which, it may be said, as a strong moral agent is the employment of electricity. I believe that the day is past when we should be always on the search for organic and malignant disease, and be indifferent to those that do not belong to these groups. As physicians we must accept the duty of treating human illness in all its phases. We have learned from the therapeutic vagaries and creeds which, in the past, have cured many of these cases for us. To them we owe thanks for teaching us to see lower, and in their psychotherapeutic measures, born of ignorance in medicine as they are, they are of that much more appealing mystery and strength to these susceptible individuals. We need not pray with these patients, but let us in some of our idle moments view the human being abstract to regular medicine. View him as an individual altogether within himself. Thoughts will then come to us which will make possible the improving of our patients and ourselves still more materially, and we need not go outside of legitimate paths of medicine to employ the means. For of every patient of these functional cases, whom these fads have cured, there are a thousand patients whom general practitioners of medicine in silent manner have cured in somewhat the same way, although some physicians may not know or feel it as such. To get down to the human being as he exists is no idle effort on our part.

There is one therapeutic measure for most all neurotics which should additionally be mentioned, and that is a sojourn in the country. In the more and better air, in new and relaxing environments away from worries of business and home, in the regular hours for sleep, the eating at special times, and the outdoor exercise, most of the subjective symptoms, the introspection, self examination and self pity fade away, and at this time, from this life truer to Nature, benefits come to the great majority of them. As the general system improves from this regular living, the gastrointestinal tract is thereby strengthened. This in turn makes possible re-strengthening of the body, and this again benefits digestion, and so a charmed circle is set in motion, and the patient makes progress toward substantial relief and cure.

I have tried in this brief paper to present the digestive neuroses along rather simple clinical lines for practical application by the general workers in medicine. I have taken some liberties with the skilled gastroenterologist, but none with the patient of the general practitioner. My themes apply to the average patient whom we all see, and if I have served my wish that some lessons might be better learned I have gained my purpose and my hopes have been realized.

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