NERVOUSNESS INDIGESTION AND PAIN

by

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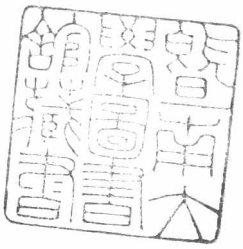

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PREFACE

"The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, the righteous upon the wicked, of the wise upon the foolish."—Sir William Osler.

"There is no disease or disorder which does not in some degree affect the patient's emotional and mental life, nor is there any such condition which is not, in its turn, favorably or unfavorably affected by the patient's feelings and thoughts."—Austen F. Riggs.

"Here is a great group of patients in which it is not the disease but the man or the woman who needs to be treated."—Francis W. Peabody.

"A good physician is like a good father."—Tamil proverb.

"Gentleness and cheerfulness, these come before all morality; they are the perfect duties."—R. L. Stevenson.

"He is the best physician who is the best inspirer of hope."—S. T. Coleridge.

"A man without a smiling face should not open a shop."—Chinese proverb.

THIS IS A "DIFFERENT" SORT OF BOOK—ONE WHICH DEALS MORE WITH SICK unhappy persons than with their diseases, more with symptoms and their meaning than with disease entities, more with the handling of patients than with the giving of medicines, and more with the puzzling, poorly understood and poorly described abdominal discomforts and indigestions than with the well-known organic diseases such as ulcer, cholecystitis and cancer. It is a different book also in that it deals not only with those diseases which arise in the digestive tract but with those many disturbances of nervous, arthritic or endocrine origin which the gastro-enterologist has to struggle with every day. If cases of migraine, nervous breakdown, constitutional inadequacy, pelvic disease, and spondylitis are daily taking up much of his time, why shouldn't a good discussion of these diseases be included in every book designed to help him? Finally, this book is different in that it at least mentions those common but poorly understood conditions, such as pseudo-cholecystitis, pseudo-ulcer, and pseudo-appendicitis, which the average writer forgets to talk

about because there are no headings for them in the old text-books which he used as a pattern. This book is different also in that in it the writer takes the reader with him into his office and there shows him how an internist's mind works as he tries to make a diagnosis and as he handles difficult patients. I think this is what every thoughtful graduate student wants most to see.

In planning some of the chapters I was influenced by a conversation I had years ago with a keen young clinician who drove me home from a medical meeting. As we rode along he kept me busy answering a barrage of questions as to how to handle and talk to and treat the tired, nervous and always-ailing type of patient. As he said, after years of training in a fine school and hospital, he was distressed, on joining a clinic group, to find how ill prepared he was to take care of those many neurotic and psychopathic patients who came each day complaining of abdominal discomforts.

Because he soon saw that the degree of his success in the practice of medicine was to depend largely on the degree to which he could satisfy these people, he promptly began to look about for help with the problem. What he wanted most was information as to the actual handling of these persons. As he said, "What I want to know is how to tell a woman that her troubles are functional in nature without getting her angry at me. How do you do it? How do you explain the presence of pain for which no cause can be found? What do you say when, after telling a woman that what she needs is rest, she answers that she has had months of it and is no better? How do you account to her for her overwhelming sense of fatigue?" These and many more questions were fired at me, until I wished we had a stenographer with us to take down our talk. My thought was that if my answers were being of help to my companion, they might be helpful to many another young physician starting out in practice. At last, after several years in which I have been engrossed with many tasks, I have found time to write out what I said that day and much more that has since come to mind.

I started writing with the idea of preparing a third edition of my "Nervous Indigestion," but soon I had added so much new material and had so completely rewritten what I used of the old that I realized that what was growing under my hands was a new book. Like the old one this is a chatty, informal volume based almost entirely on my own experience with patients. I have long had the idea that when a man describes faithfully what he himself has heard and seen he is more likely

to be right and useful than when he rehashes what he has read somewhere. Actually, there is little in this book that I was taught in college or that I found later in the literature. I had to learn most of it from experience. Some I learned from my colleagues at the Mayo Clinic.

I need hardly explain to fellow gastro-enterologists why I have chosen to discuss in one book nervousness, indigestion, and pain. Because these are the three main complaints that we commonly find associated together in one patient we must all of us be prepared to study and treat them together. We cannot very well treat a woman's indigestion while a psychiatrist treats her mind and a neurologist treats her pain. I discovered this years ago when a psychoanalyst referred to me a psychopathic woman with an irritable digestive tract. He said, "You take care of her colon and I'll take care of her mind," but this division of labor didn't work well, because on the days when her colon was "screaming at her" she couldn't listen to his psychotherapy, and when she came complaining to me about a mucous colic I hated to start any treatment until I had found out what particular mental conflict had that day thrown her nerves into an uproar.

No, *the gastro-enterologist just has to be a psychiatrist of sorts,* and no matter how much he may dislike spending hours each week trying to teach neurotic persons how to live more sensibly, he must do this sort of thing if he is to help them at all. Furthermore, if he is to avoid ordering many needless operations and scaring many physically sound persons half to death with diagnoses of serious organic disease, he must become expert at recognizing hysteria, anxiety neurosis, hypochondriasis and mild forms of insanity. Persons with the first symptoms of these diseases rarely go to a psychiatrist, they go to an internist or a gastro-enterologist, and since there is not much chance of our ever changing this behavior, we clinicians must prepare ourselves to take care of these persons intelligently and properly.

In this book much space is given to the taking of an adequate history and the art of making a diagnosis from the symptoms and from what is observed of the patient as he or she goes through the office. There are long chapters on the handling of the nervous patient and on what to say and not to say during the interview. There is much on (1) the common neuroses that are seen daily by the internist, (2) the common functional digestive disorders, (3) those organic diseases which sometimes produce a puzzling syndrome, (4) a few rare and poorly understood syndromes, (5) that common disease, constitutional inadequacy,

and (6) a number of puzzling types of pain. There is much on nervous breakdowns, migraine, food-sensitiveness, and insomnia—all important diseases commonly seen by the gastro-enterologist, and there is a long chapter on the treatment of the common neuroses. There isn't much on the common organic diseases of stomach and bowel because these have been well described by other men.

If here and there throughout this book I speak of diagnostic mistakes and express my dissatisfaction with some phases of modern medical practice, it is not because I lack devotion to the great profession into which I might almost say I was born. I believe with Robert Louis Stevenson that there is no profession with members more honorable, more generous, or more anxious to do what is best for those who come to them for help. But each day as I review the reports brought to me by men and women who have been through one diagnostic mill after another, I am distressed at seeing the bad results of mistakes made simply because someone who did not have the time to take a good history or to get acquainted with the patient, accepted unhesitatingly a wrong or unimportant diagnosis made by a laboratory girl or a poorly-trained roentgenologist. Often if but one or two more questions had been asked the correct diagnosis would have been obvious.

As I wrote this I was called away to see a young woman with her abdomen scarred from seven separate operations! It seemed clear from her record and her behavior as I talked to her that she was hopelessly psychoneurotic, and inadequate to stand up to the strains of life. But why hadn't her surgeons seen this? I looked over the letters that some of them had written and found such statements as, "I thought this woman was a psychoneurotic, but the roentgenologist thought he had seen signs of an ulcer (or a kink, duodenal stasis, slowly emptying gall-bladder, retrocecal appendix, or ptosed kidney) and *I thought we should give her the benefit of the doubt and explore.*"

This book has been written to help young physicians to see that in most such cases *one gives the patient the benefit of the doubt when one does not explore.* It was written also to show that today we are trusting too much to our new methods of diagnosis, that there are some bad and dangerous trends in medical practice, that difficult problems are arising, and that the old methods of taking an adequate history, observing the patient, and thinking about the diagnosis just cannot be dispensed with.

As President Ford of the University of Minnesota once said, one of the finest things about the medical profession is that when its members drift

into bad practices, they do not wait for some outside agency to reform them; they turn to and reform themselves. One of our great failures in the past has been to neglect to introduce our medical students to the insane and particularly to those innumerable relatives of the insane who make up so large a percentage of our clientele. I am glad to see that today many medical schools are making an effort to teach more psychiatry, and I hope that some day they will start making a point of demonstrating each week in the amphitheater, not the usual cases illustrating the rarest diseases known, but cases illustrating those common neuroses which the students will see every day when they get out into practice.

More teaching of this type may have to be turned over to clinical professors, men who have been out in the world and have learned how medicine is practiced there. The young professor who has never ventured beyond the doors of that scientific cloister, the medical school, must always carry the heaviest part of the burden of teaching. I have great admiration for what he is doing, but I cannot expect him to teach a type of medicine that he had little chance to learn in laboratory and ward. This book was written to help him, and to keep him from forgetting that there is such an organ as a brain, that it has many diseases *all its own,* and that the symptoms of some of these appear first in the abdomen.

WALTER C. ALVAREZ

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NERVOUSNESS INDIGESTION AND PAIN

"What do you write?" said Gobind.

"I write of all matters that lie within my understanding, and of many that do not."

"Even so," said Gobind . . . "Tell them first of those things that thou has seen and they have seen together. Thus their knowledge will piece out thy imperfections. . . ."—KIPLING.

"I propose to give you a plain tale of my own experience, feeling sure that in so doing I shall appeal to similar experiences in your own."—J. F. GOODHART.

"If I were going to write a book on indigestion I should first devote myself to a volume on diseases of the nervous system."—J. F. GOODHART.

"The sorrow which has no vent in tears may make other organs weep."—MAUDSLEY.

"When a woman thinks she is ill when she is not, then indeed she is very ill!"—Author unknown.

"In dealing with disease think of disordered function as much as of damaged structure."—J. A. LINDSAY.

CONTENTS

Chapter I

WAYS IN WHICH EMOTION CAN AFFECT THE DIGESTIVE TRACT

". . . The thought whereof
Doth, like a poisonous mineral, gnaw my inwards."
—SHAKESPEARE, Othello.

"I feel such sharp dissension in my breast,
Such fierce alarums both of hope and fear,
As I am sick with working of my thoughts."
—SHAKESPEARE, Henry the Sixth.

"The wulf shote thryes for the grete fere that he had."*—CAXTON'S *edition of* Aesop's Fables.

"I myself knew a gentleman, who having treated a great deal of good company at his house, three or four days after bragged in jest (for there was no such thing) that he had made them eat of a baked cat; at which, a young gentlewoman, who had been at the feast, took such a horror, that falling into a violent vomiting and a fever, there was no possible means to save her."—MICHEL DE MONTAIGNE.

"I read the Daily News *before dinner and I get so darn mad I can't digest my food, and my evening is spoiled. I spend my nights composing caustic letters to the editors, which are never sent, and I don't get my sleep."*—ETHEL CONEY, *Letter published in* Time, *1934.*

"The agitations of her soul would communicate themselves directly to her body, so that if you were holding her hand when she was troubled, you would feel it vibrant and trembling like a minnow freshly taken from the net."—LLEWELYN POWYS, Earth Memories.

WHAT DOES A PHYSICIAN MEAN WHEN HE SAYS THAT A PATIENT HAS NERVOUS indigestion, and just how does a tired, irritable or poorly balanced brain produce distress in the abdomen? Theoretically, nervous influences might stimulate or depress or alter any of the several functions of the digestive tract such as motility, secretion and absorption, or they might alter these functions by cutting down on the amount of blood sent to the

* Defecated

stomach or bowel, or they might in some way make it easier for bacteria to attack the mucosa and produce ulceration and inflammation. Actually, as will be seen from what follows, all these effects have been observed.

A DEEPENING OF THE RHYTHMIC SEGMENTING MOVEMENTS OF THE BOWEL

Some thirty years ago I sat studying the intestinal movements of a man with a fistula into the jejunum. I had a balloon in the gut, connected with the usual recording tambour. Suddenly I noticed an increase in the amplitude of the contractions, and looking about for the cause I heard the rumble of the steam table coming down the hall with the patient's luncheon. He was hungry and had heard it first. In the case of another man with a similar fistula, I noted sometimes an increase in intestinal activity when I questioned him about his favorite foods, and in a woman with a large hernia and most of her bowel out under her skin I could see rush waves going down the bowel shortly after luncheon arrived.

AN INCREASE IN GASTRIC ACTIVITY WITH APPETITE

Years ago Danielopolu and Carniol reported that the stomach of a hungry man became active when he watched another man eat, and similar observations have been made in animals. Some observations have suggested that food which is palatable and eaten with pleasure will leave the stomach earlier than will food that is not palatable or is not eaten with pleasure.

A PSYCHIC INCREASE IN COLONIC ACTIVITY

The most striking evidence I ever saw of a psychic increase in intestinal tonus and activity was observed in a jolly *bon vivant* whose anal sphincters had been destroyed by a series of operations. As a result, some of the rush waves in the small bowel, instead of stopping as they normally do at the ileocecal sphincter or somewhere in the colon, ran on down to produce a bowel movement. In this man the sight and smell and even thought of food produced rushes. They were most annoying at breakfast time, when after the night's rest the bowel was most sensitive, and as a result he had to eat his breakfast in the bathroom. During the rest of the day, except at mealtimes, he had little difficulty unless some practical jokers among his cronies, knowing his infirmity, began to discuss before him the relative merits of Hungarian goulash and beefsteak and onions. He knew the location of every restaurant in his neighborhood and always crossed over to the other side of the street when he had to pass one!

OTHER DISTRESSING EFFECTS OF EMOTION

A tense, high pressure type of sales manager with a bleeding ulcer once told me how sensitive he was to excitement. He loved poker, but it always made him so sick that he seldom dared get into a game. Especially if luck started to come his way, his abdomen would bloat, he would promptly get big hives all over his body, he would feel feverish, his nose would stop up, and he would become nauseated and chilly. Worse yet, if he happened to get a "full house" his face would turn red and he might have to get up and go quickly to vomit. The same set of reactions came if he went to a football game or got excited over anything.

As I have talked to patients with such troubles I have sometimes been reminded of what Osler once said, that the comedy of life is spread before us "and nobody laughs more often than the doctor at the pranks Puck plays upon the Titanias and the Bottoms among his patients." Perhaps the cruelest such prank I ever saw had as its butt a young woman who consulted me about an infirmity which threatened to interfere with her ever finding a mate. In her case, any caressing by a man so increased the tone and activity of her digestive tract that she was promptly summoned away by a call of nature so imperative that it could not be denied, and she had to flee just when she wanted most to remain. Another young woman was much handicapped by her tendency to belch when petted a bit! I have seen several other young women of this type who were unable to go out into society because any excitement, especially of a sexual type, would bring loud rumbling in the bowel, a mucous colic, diarrhea or perhaps vomiting. I have known several men who were divorced by outraged wives because of their having to stop and run to the toilet whenever they became sexually excited.

NERVOUS DIARRHEA

The purging effect of fear or anxiety is, of course, well known. The earliest reference to it that I have found is on the Taylor cylinder in which Sennacherib (about 700 B.C.) describes his battle with two young kings of Elam. He says: "The vehemence of my battle line like a bull overwhelmed them. . . . To save their lives they trampled over the bodies of their soldiers and fled. Like young captured birds they lost courage. With their urine they defiled their chariots and let fall their excrements."

Another early observation along this line is to be found in the representation by an ancient Egyptian sculptor of a bull defecating forcefully as it is attacked by a lion, and another is to be found in Caxton's edition of Aesop's fables where a wolf is described as defecating repeatedly when frightened at the sight of what it thought was a large dog. There is a story told of Napoleon, that once, when for a dangerous mission he wanted a man with iron nerve, he ordered several volunteers before a firing squad, and chose the man who showed no tendency to move his bowels. I am coming to believe that in a considerable percentage of those many cases of diarrhea in which we physicians cannot make a diagnosis, the cause is uneasiness or attacks of panicky fear. I have discussed this in Chapter XXXI.

A few sensitive persons suffer from looseness of the bowels for a day or two before so mild an adventure as a railway journey. Others have diarrhea all day before they are to speak in public, and I have known ministers who continued to suffer in this way after years of preaching. I know a young hotel hostess who, every time she comes down into the lobby to start her guests on the evening's festivities, has to rush away again for a few minutes.

As one might expect, this tendency to nervous diarrhea can often be shown to be inherited, and it has even been bred into a strain of rats. When Calvin S. Hall noted that a certain percentage of rats, made uneasy and anxious by being left out in the open in a tub, urinated and even defecated, he started breeding males and females of this particularly worrisome and reactive type, and soon secured a strain of animals most of which would defecate under excitement. The probability is, then, that if men and women with a colon susceptible to emotion were to intermarry for a few generations most of their children would have a bad time with nervous diarrhea.

Koehler, in his book on the mentality of apes, tells how the sight of a "teddy bear" so frightened his chimpanzees that they were immediately and thoroughly purged, and anyone who has had to handle laboratory monkeys knows how violently their colon can empty itself under the influence of excitement and fear.

Hatcher and Weiss discovered a spot in the brain where the experimental application of tiny doses of certain drugs caused defecation, and it may be that some of the misery of those nervous persons who are often distressingly aware of their colon is due to an oversensitiveness of this and other centers in brain and cord.

THE SUPPOSED SEAT OF THE EMOTIONS

The effects of emotion on the digestive tract such as I have been describing, with gurgling, rumbling and loosening of the bowels, must have been noted by primitive man, and this doubtless accounted for his location of the soul in the abdomen. According to Daisy Bates, who spent her life among the Australian aborigines, the only expression which they have for sorrow is literally "bowels moving." The Polynesians speak of a big-hearted man as *opu nui,* or "big abdomened," and obviously, the Hebrew prophets thought along the same lines. In the King James translation of the Bible one reads such statements as "Joseph made haste, for his bowels did yearn upon his brother," and "Where are the soundings of thy bowels towards me?" and "My bowels shall sound like a harp for Moab." In the more recent translations the word "bowels" has been changed to the equally erroneous "heart" to conform with our present-day ideas. That we still cling, unconsciously, to the old idea can be seen from the fact that we so often praise a courageous man by saying he has "guts." I understand that "getting one's bowels into an uproar" is a common army expression for getting all stirred up.

As many persons say, fear or anxiety strikes them in the pit of the stomach or they have a feeling of sinking in the epigastrium. On occasions, I have felt painful emotion grip me instantly in the epigastrium or along the lower edges of my ribs. I remember a clerk who told me that pain hit him in his stomach every time he saw the floorwalker headed toward his counter with blood in his eye. Some persons say when seized with distressing emotion, "I feel sick all over."

CHANGES IN THE INTESTINAL GRADIENTS

Ever since the day following the earthquake and fire in San Francisco when I saw a poor girl thrashing about in the convulsions of major hysteria and acting for all the world like a chicken with its head just cut off, it has seemed to me that much of the distressing hypersensitiveness of nervous men and women must be due to a loss of cerebral control over centers situated in the lower part of the brain. And just as the higher centers are the first to fail under the influence of overwork, worry, loss of sleep and all the other producers of fatigue, so also any toxic agent that interferes with the metabolic processes in the intestinal tract is likely to injure the highly sensitive and active proximal segment of the small bowel more than it does the less sensitive and more sluggish terminal