

**G O O D
F O O D
F O R
B A D
S T O M A C H S**

*500 Delicious and Nutritious Recipes
for Sufferers from Ulcers and
Other Digestive Disturbances*

**BY SARA M. JORDAN, M.D.
AND SHEILA HIBBEN**

*With an Introduction
by Harold W. Ross*

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GARDEN CITY, NEW YORK**

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GOOD FOOD FOR BAD STOMACHS

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W H Y

T H I S B O O K

W A S W R I T T E N

Most sufferers from peptic ulcer have about the same succession of experiences. They are afflicted with indigestion, manifested in various ways, possibly, in the end, by a unique and quite fancy set of abdominal pains; they experiment with from four to forty "cures" suggested by friends and people they meet here and there (no social gathering of any standing whatsoever produces fewer than two persons with a sure-fire ulcer "cure"); and then, unless they unluckily suffer a hemorrhage or some such serious complication and, as likely as not, suddenly land in the operating room, they go to a competent internist and are hospitalized and cured. The cure is effected not by one of the four to forty specifics earlier advanced, (for although a specific for the peptic ulcer would certainly be handy, there is none) but by a protracted and complicated regimen of medication and diet. And what has been cured is merely the ulcer, or sore, on the lining of the stomach or the duodenum, which, unfortunately, is not final, for being cured of a peptic ulcer is not like being cured of, say, the measles or a broken leg. The patient still has his "ulcer temperament," the propensity for more of the same. The glands of his stomach generate too much hydrochloric acid, and when hydrochloric acid runs high, there is the constant danger of a recurrence. The discharged patient remains a man apart from other men, committed to a somewhat circumscribed life. The doctor explains this in distressing detail: no smoking (fatal), no overwork, no worry (stimulates the hydrochloric-acid glands), no this, no that. The patient must

take the following medicines before, during, or after each meal, or before, during, *and* after each meal, and he must go on a diet conducive to keeping the hydrochloric acid down. In other words, he must *eat properly*. Right here arises trouble, about as much trouble as there was in the first place, and the warrant for this book. At any rate, to swing into the past tense and the first person, right here arose vast trouble so far as I was concerned, and the need for competent guidance in proper eating. I write as a duodenum-scarred veteran of many years of guerrilla service in the Hydrochloric War.

It was my experience, in my pre-Dr. Sara Jordan days, that what doctors told me about diet was largely negative: don't eat anything fried, don't eat anything raw, don't eat anything with rich or spicy sauces, don't, don't, don't. They told me very little about what *to* eat and how what I ate should be prepared. This I acutely realized when I undertook to explain the technicalities of my diet at home, to order meals in restaurants ("There isn't any curry in this *potage orientale*, is there?" "What is larded beef *à la soubise*—what's that *soubise* made of?", et cetera, extensively), and to be illuminating to hostesses who invited me to dinner and thoughtfully inquired in advance what they could serve me besides goat's milk (the leader among the "cures" mentioned above). I brooded about this inadequacy of dietetic counsel for years, but finally absolved the doctors of blame, for doctors aren't cooks and don't know their way about the kitchen very well, and, if you come right down to it, are apt to be careless and unresourceful eaters themselves. In any event, I was left in bewilderment, to get caught up in what I regard as a vicious circle. I became so involved with the intricacies of eating that eating became a worry, and worry generates hydrochloric acid, and hydrochloric acid induces ulcers, and there I was. At the same time I was annoyingly aware that the ulcer diet is not an onerous diet, that it is a building-up diet, and that the man with the ulcer temperament can eat many good things if he knows what he is about. He can't eat like a king exactly, but he can eat like a duke, or anyhow like an earl.

In the course of time, along about my third or fourth ulcer, I fell into the hands of Dr. Sara Jordan and her department of gastroenterology at the Lahey Clinic, which cures peptic ulcers in production-line quantities, although not, I quickly add, with the impersonality of production-line methods. When my current ulcer was healed, I found her a highly illuminating guide in the dietetic wilderness. She was preponderantly constructive in her advice about proper eating. Subsequently reflecting at length on this, I concluded that it was because she is a woman and a cook—and a good and imaginative cook, I have since learned by personal experience and extensive hearsay. Dr. Jordan told me that, for instance, I could eat lobster (properly prepared, of course), which I had put down as a ruinous impossibility, because of the bad, although somewhat unfounded, reputation of shellfish and because I especially like it. When you're in that vicious circle, anything beyond the plain ordinary or anything you especially like is automatically out; that's the frame of mind you get in.

One night I had dinner with Dr. Jordan and, in the process of demonstrating how a model patient goes about eating properly, mentioned that I was considering compote of fruit for dessert, a dish that I had pretty much settled on as a standard order, if, in my gustatory listlessness, I bothered with dessert at all. To my astonishment Dr. Jordan suggested that I have *meringue glacée*. Now meringue glacée has a French name, which is bad, and it is an ornamental concoction, which is bad. It sounds and looks evil. The meringue constituents of it look, in fact, almost as evil as a couple of macaroons, which are made of almonds, which are oily, and hence evil. Dr. Jordan revealed that meringue is made from the whites of eggs and sugar—no harm in a barrel of it. I had meringue glacée that evening, and although I regard it as essentially a sissy proposition and nothing for a full-grown man to lose his head over, I have it now and then when I'm in the ulcer victim's nearest approach to a devil-may-care mood.

It was shortly after this enlightening experience that the idea came to me that Dr. Jordan ought to do something about

a cookbook for ulcer victims. That there was no such thing I had found out to my discouragement years before. I suggested this to her and, having a twin inspiration, proposed that I endeavor to enlist as a collaborator in the preparation of such a volume Mrs. Sheila Hibben, an old hand with cookbooks, and of all the people in my ken the most experienced and expert in the selection and preparation of foods. After some thought, Dr. Jordan, in the spirit of earnest helpfulness that is a fundamental of her character and has marked her whole distinguished career, agreed to become a party to such an undertaking. Mrs. Hibben was duly amazed when I made my proposal to her, apparently regarding it as weird. She shrieked and shied off, and it was some time before she agreed to discuss the idea with Dr. Jordan, and some further time after that that she agreed to collaborate. Once she had done so, she went to work with zest, and she continued with enthusiasm. I write these words without having seen the fruits of the labors of these two able ladies (a satisfaction I am reserving) but with the deep-seated conviction that their book will prove a lifesaver for many of those of the population afflicted with the ulcer temperament, who, I have read, comprise around 12 or 15 per cent. For them and for myself I played my germinative part in this undertaking. It is my kind deed for the decade 1940-50.

H. W. ROSS

New York City

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