Constipation : its theory & cure embracing the physiology of digestion and the injuries inflicted by the employment of purgatives / by John Epps.

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CONSTIPATION,

Its Theory & Cure;

EMBRACING

THE PHYSIOLOGY OF DIGESTION,

AND

THE INJURIES INFLICTED

BY

THE EMPLOYMENT OF PURGATIVES:

BY

JOHN EPPS, M.D.

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DEDICATION.

To my Wife,

To whom worthier than yourself can I dedicate this work. You have been my comfort through years past: you have made my labours light by your unwearied kindnesses, by your gentle forbearances: you have, by your tender care, preserved the life and husbanded the energies of him, who will be glad, if he can, in realizing to himself the immortality, arising from the presentation of truth in a form of utility, at the same time convey the fact, indelibly impressed on his mind, that, without your aid, this realization could not have been gained.

JOHN EPPS.

October 1, 1854.

PREFACE.

In an age like the present, when the printing press is perpetually in action in order to communicate to the public the results of the mental labour of those who imagine they have something to communicate, which may be beneficial either to others or to themselves, it becomes a matter of conscience to him, who knows how difficult it is to read the various works appealing to the attention, to abstain from adding to the sum total of printed matter.

To this motive, originating in conscience, is superadded an additional motive, derived from the fact, that the more an individual extends his experience, the less promulgative value does he attach to the observations constituting the basis of that experience. Matters observed once, twice or thrice, and, as such, rarities, cease, when frequently observed, to be rarities. This frequency of occurrence, resulting from the abundance of observations, takes away the interest of the observer in the matters observed: his very riches make him feel poor. Hence the very source whence his observations derive their highest value, as the

due amount of attention. It is expected that this work will supply this deficiency.

One important feature of this work is, that in it the *science* of DIETETICS is presented. The author, having earnestly sought for facts on the subject of Diet, has attempted at the same time to deduce from these facts their scientific bearings. The chief facts herein brought forward and reasoned on are those contained in Dr Beaumont's* work, a book of which few know, and still fewer appreciate. The greater part of Dr Beaumont's work is embodied in this volume, and the facts and the views which, in such embodiment, will present themselves to the reader, will, it is believed, serve to dispel an immense amount of delusion, existing not only in the public, but also in the professional mind, respecting Diet; and in such dispelling the work will, it is believed, be a most effective ally in opening up to the general view the road by which DYSPEPSIA walks in gaining its destructive ends, and thus incidentally this work may be regarded as a work on Dyspepsia.

The primary object of this work has relation to CONSTIPATION.

It is attempted to prove that Constipation is dependent on constitutional conditions; that purgatives, as purgatives, will not remove these constitutional conditions; that, therefore, purgatives are only palliatives; that homœopathic remedies do cure these constitutional conditions, and, by consequence, remove per-

* Experiments and Observations on the Gastric Juice and the Physiology of Digestion, by William Beaumont, M. D. Surgeon to the United States army.

manently the constipation. It is proved, that diseases of every kind can be cured without the bowels being forced to act by the employment of purgatives; that directly the diseases are in a certain stage of the process of cure, the bowels invariably act of themselves —facts setting aside the necessity of purgatives to effect a cure of diseases.

It is demonstrated in this work, that the most destructive results have originated from the employment of purgatives.

The fact has been recognised, that the employment of purgatives has gained a mighty hold on public opinion, and the causes of the tenaciousness of this tenure have been sought and detected.

The proofs of the correctness of the views published in this work, in relation to constipation and its homœopathic treatment, are to be found in nearly two hundred cases of cure,—a number which might readily have been augmented to a thousand, had the author presented in full the results of his experience; he having cured, in an homœopathic experience of nearly sixteen years, in which he has never employed a dose of purgative medicine, not even a dose of castor oil, cases of constipation more in number than that represented by the number just quoted.

In conclusion, it will be found when technical terms are introduced, the derivation of the terms is given, such derivation being useful as unfolding the force of the terms, and thus strengthening the impression in connexion with the matters treated of. Such benefit, as likely to accrue, is a sufficient answer to any charge of pedantry.

Many phrases occur embraced thus " "; these expressions are either quoted phrases, or are the expressions of the parties referred to. It was deemed best to present their views in their own phraseology, although not in perfect accordance with either scientific or polished diction.

The way in which the work is gotten up, will, it is hoped, accord with the value of the facts and the views contained. It would be a great neglect of duty were not the skill of Mr Henry Linton, whose wood cuts adorn the work, referred to. These wood cuts, printed by Werthiemer, will proclaim their own praises.

JOHN EPPS, M.D.

89, *Great Russell Street, London.*

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EXPLANATION OF THE PLATES.

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1. The tongue. 2. The lower jaw, sawn asunder. 3 & 4. The salivary glands. 5. The pharynx. 6. The gullet, or œsophagus. AAA. The ribs. 7. The spine. 8 & 9. The stomach. 10. The duodenum, a small portion seen. 11, 11, 11, 11. The jejunum. 12, 12, 12, 12. The ileum. 13. The cæcum, or blind gut. 14. The worm-like appendage of the blind gut. 15. The ascending colon. 16. The transverse arch of the colon. 17. The descending colon. 18. The sigmoid bend, or flexure. 19. The rectum. 20. The cavity of the pelvis. 21. The right lung. 22. The left lung. 23. The heart. 24. The diaphragm.

This Plate represents the digestive apparatus. The inferior jaw (2) has been cut away in front, and the larynx removed in order to render visible the cavity of the pharynx (5), and its continuity with the œsophagus (6). The left extremity of the liver has been removed in order to render apparent the point where the œsophagus pierces the diaphragm (24) on its leaving the chest, and its continuation into the stomach.

The arrangement of the small intestines 11, 11, 11, 11, 12, 12, 12, 12, is artificial in order to show their continuity. In their natural position they are gathered into a mass; but a continuity similar to that exhibited in the drawing exists.

This wood-cut exhibits further (20) the cavity of the pelvis, which contains the bladder and other parts. It exhibits also the cavity of the chest, the ribs A A A A being sawn through, and these parts of the ribs and the breast bone being removed render visible (21) the right lung, (22) the left lung, (23) the heart. The liver is seen lying on the right side under the diaphragm. (24)

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1. Orbicular muscle of the lips. 2. The upper jaw. 3. The lower jaw. 4. The condyle of the lower jaw, fitting the shallow cavity (*a*) of the upper jaw. 5 The temporal muscle. 6. The bony arch. 7. A projection of the lower jaw to which the temporal muscle is attached, called the crown-like (coronoid) process, because round like a crown. 8. The masseter muscles fixed (9) in the angle of the lower jaw. 10 & 11. The two-bellied muscle (digastric). This is a depressor of the jaw. At this spot a tendinous portion of this muscle passes through the centre of another muscle. 12. The buccinator, or cheek muscle. 13. The hyoid bone and its projections (14, 14), called its *cornua*, or horns. 15. The *larnyx*. 16. The trachea, or lower part of windpipe.

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PLATE VIII.

This Plate shows the abundant supply of blood-vessels and nerves to the small intestines. To show these the liver A B and the stomach F G H, have been turned backwards and upwards. The bundle of small intestines J J J, turned backwards and thrown outwards, and to the right exhibits the innumerable branches of the superior mesenteric artery and vein, and of the nervous mesenteric plexus.

A. The right lobe of the liver. B. The left lobe of the liver. C. The spleen. D. The sweet-bread or pancreas. E. The left kidney. F. The stomach, viewed on its posterior surface. G. The large curvature of the stomach. H. The small curvature. I. The duodenum. J J. The bundle of small intestines. K. The cæcum. L. The worm-like appendage to the cæcum. M. The ascending colon. N. The transverse colon. O. The descending colon. P. The sigmoid flexure. Q. The rectum. R. The bladder and the ureter (S) running into it from the kidney. 2. The spinal column. 3. The aorta. 4. The first iliac arteries. 5. The first iliac veins. 6. The inferior vena cava. 8. The superior mesenteric plexus of nerves following the course of the mesenteric arteries which are represented by the vessels with circular lines, the mesenteric *veins* being represented by the vessels *not* with circular lines.

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In this Plate the anterior abdominal boundary has been removed to show the surface of the mesentery and a portion of the small intestines. A. Represents the spinal column, to which the mesentery is fastened. B B. Represents the lungs. C. The great artery of the body, the aorta, cut away. D. A section of the diaphragm. E E E E. A bundle of the small intestines. F. the mesentery. 1 1 1 1. The mesenteric glands. 2 2 2. The lymphatic vessels proceeding from the small intestines to the mesenteric glands. 3. Mesenteric glands round the aorta. 4. The thoracic duct.

PLATE XII.

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PLATE XIII.

In this Plate are exhibited : A. The collar bone cut away. B. The vertebral column or spine. C. The rump or sacrum bone. D. The bony crest of the ileum. E. The artery of the armpit, called the axillary artery. F. The sub-clavian artery cut asunder. G. The external jugular vein cut across. 1. The lymphatic vessels proceeding from the glands of the cavity of the pelvis. 2. Lymphatic glands. 3. Lymphatic glands. 4 and 5. Glands behind the aorta and vena cava. 6 and 7. The thoracic duct. 8. The receptacle of the chyle. 9. The thoracic duct. 10. The dilatation and the inclination of the thoracic duct. 11. Lymphatic vessels and glands in the spaces between the ribs.

The other Wood-cuts are explained at the parts where they occur.

INTRODUCTORY CHAPTER.

A general view of the means and of the processes by which Nourishment is realized to the human being.

---

1. Man lives and moves. Man lives and moves.

2. To live and to move man must be nourished. Man must be nourished.

2*a*. As in living and moving he is continually undergoing change and loss of substance, he, in order to meet the changes and supply the substance lost, must as continually be providing himself with nourishment, thereby gaining the materials for new substance.

3. To cause him to fulfil this necessity, the appetites of hunger and of thirst have been bestowed. Hunger and thirst the motives to exertion.

4. To enable him to realize nourishment from the bodies which surround him or which are obtainable by his exertions, he is endowed with a long digestive tube, into which the matters for nourishment being introduced are made to undergo various changes, and are at length so modified as to approach to a condition, nearly resembling that of the animal body to be repaired, and, on this account, these matters, thus changed, are said to be *animalized*. Digestive tube and animalization.

5. The result of these changes, namely, the fluid

Animalized substances perfected into blood.

animalized substance into which the external substances taken into the stomach are changed, is taken up by peculiar vessels, opening on the inner surface of the Digestive tube, which, by their open mouths, imbibe or suck up the nutritive fluid formed in the tube; this fluid, after an additional animalization, being carried into the lungs, where it, in the innumerable ducts of which the lungs are, in fact, formed, is freed from all unnecessary matters, and acquires its highest point of animalization, being converted into blood.

Blood carried to all parts of the fabric.

6. Thus changed, thus perfected, this rich animal material is carried to the heart, and thence, changed into arterial blood, is, by other vessels, termed arteries, (these arteries themselves being distributed to every tissue of the body, indeed forming a principal part of their very substance,) carried to all parts of the body.

Each tissue selects its material from the blood.

7. Each tissue, each organ selects or works from this pure blood materials identical with itself, which materials deposited, when thus identically formed in the part itself, become part of the body, and thus the body is built up and preserved.

8. Of the particles not consumed in this formation of the new materials in all parts of the body, the

Lymphatics.

chief are collected together by vessels, called lymphatics; of these particles so collected, some being purified, enter the system; others, impure and not fit for use, are rejected by the various excretory

Excretions.

organs in the form of excretions.

Digestion.

9. Digestion is therefore a process or a collection of processes, by which exterior bodies are transformed into a nutritive fluid, a fluid capable of being con-

Absorption.

verted into blood. By the process of Absorption

this fluid is taken up, and the fluid, thus taken up, is carried to the lungs: the act of Breathing impresses on this fluid a new modification, and thus modified, the circulation introduces it to all parts of the bodily frame. Assimilation.

10. Legitimate inferences from these statements are, first, that the regular, *i. e.* healthy action of the various parts of this digestive tube, is essential to the agreeable performance of the duties connected with existence; and, second, that deviations from this regular, this healthy condition, must be dependent on and be productive of, disease. Healthy action of the various parts of the Digestive tube essential to happy existence.

11. One condition, peculiarly associated with the existence of many diseased states, is the inaction of the expulsive power of this intestinal tube; in other words, CONSTIPATION. Constipation.

12. Concerning this state much misunderstanding prevails. Resulting from the misunderstanding of this state the most unscientific and injurious means are made use of for its removal. Dr. Edward Johnson, a writer of the old-school, remarks:—"There is perhaps no disease so extremely common in this country as constipation of the bowels—no single disease which, in the aggregate, inflicts so large an amount of suffering on its inhabitants—and I trust I shall be pardoned for adding, that there is certainly no disease more completely misunderstood and maltreated by its medical men. All sorts of machines have been contrived in vain—in vain every conceivable combination of drugs has been exhibited. All sorts of dietary plans have been laid down to no purpose—and the sufferers have been sent to every corner of the habitable globe in search of a remedy for this disease—equally to no purpose—until now Much misunderstanding of the subject.

medical men no longer pretend that they can cure it, and their patients have ceased to hope for more than the most temporary and insignificant relief—to obtain which, slight though it be, the daily use of pernicious drugs has become to thousands, as necessary as their daily food."

Attempt to make the subject of Digestion clear.

13. To cause the disuse of these means it is necessary that the subject of Digestion should be thoroughly, *i. e.* scientifically understood.

14. In the first part of this work the attempt is made to present the requisite information; in the second, the theories connected with and the errors embodied in the usual views on Constipation are detailed and exposed: a new and it is deemed a true theory of Constipation is put forward, and cases, illustrative of the power of homœopathic remedies in the removal of this diseased state, are given.

It is hoped that the reader will endeavour in the perusal of this part of the work, to become thoroughly acquainted with the facts and the cases as they succeed each other, as such acquaintance will be not only interesting, but also full of practical importance, and will bring about the state of mind necessary to the understanding and the adoption of the views put forth.

PART I. CHAPTER I.

On the Digestion of Food and the various processes constituting it, together with the various parts of the intestinal tube associated with these various processes.

CHAP. I.

Intestinal tube.

15. The intestinal tube, commencing at the mouth, and ending at the anus, is the machine in which the food undergoes the changes necessary to render it supportive to the system.

Digestion, aggregate of changes.

16. These changes are numerous, very peculiar, and a knowledge of them becomes highly interesting and instructive. The sum total, the aggregate of these changes, is presented by the term,

DIGESTION.

Groups of changes.

17. The changes of this totality, digestion, taking place in succession, may be arranged in groups, each group being associated with a distinct part or distinct parts of the intestinal tube.

18. The intestinal tube is the essential organ of

CHAP. I. digestion, though other organs are accessory to its action. This tube is very long, being seven times the length of the body; is very flexible, dilatable, is continuous, but not uniform in all its length.

Length of intestinal tube.

19. It commences at the mouth. With this part, having associated with it the tongue, the teeth of the upper and of the lower jaw, the palate, and the salivary glands (plate 1, figs. 3 and 4) are conjoined the changes, necessary to the breaking down of the food and its preparation for the next process: this group of changes being called MASTICATION or CHEWING.

Mastication. Chewing.

20. The cavity of the mouth contracts itself little by little, and constitutes the pharynx, (plate 1, fig. 5,) this part being represented cut open in order to show the back part, to render which visible a portion of the lower jaw (plate 1, fig. 2) has been removed. The pharynx still further contracts itself into the gullet or œsophagus, (plate 1, fig. 6): the former, the pharynx, being situated in the neck between the spine (plate 1, fig. 7) behind and the windpipe in the front: the latter, the gullet, passes through the chest behind the heart (plate 1, fig. 23). Through these parts of the intestinal tube the food passes into the stomach, and the passage and the changes of the food undergone in its passage, are designated by the term DEGLUTITION, or SWALLOWING.

Pharynx and gullet.

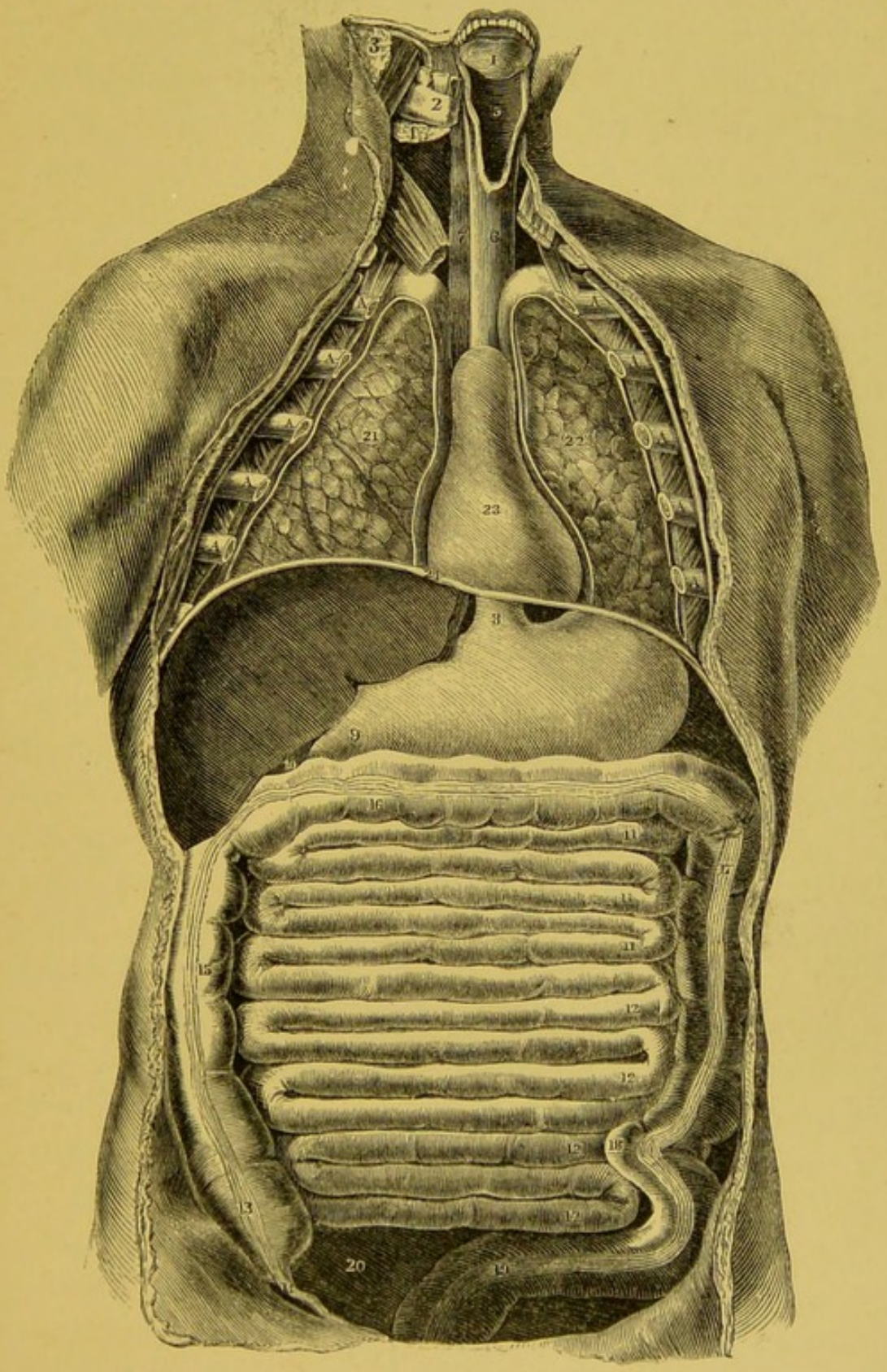
Deglutition.

21. This gullet part of the intestinal tube pierces the muscular partition, separating the cavity of the chest from the cavity of the belly, called the diaphragm or midrib (plate 1, fig. 24); and, undergoing immediately afterwards a great enlargement, forms a reservoir, called the stomach, (plate 1, figs. 8 and 9).

Diaphragm or midrib.

Stomach.

PLATE I.



22. With the stomach is associated a group, consisting of the changes by which the various articles of food swallowed are deprived of their individuality, and are converted into a mass, called chyme: this group of changes being called CHYMIFICATION. Chyme and chymification.

23. The digestive tube, hitherto vertical in position, begins to change its course, to twist and to bend itself back. The stomach (plate 1, figs. 8 and 9) presents itself as placed transversely; the digestive tube thence proceeds downwards, and forwards, and is called the duodenum, (plate 1, fig. 10, the commencement of the intestine is there indicated.) This part of the intestinal canal is identified with another group of changes in the food, consisting of those, by which the chyme is converted into chyle: this group of changes being represented by the term CHYLIFICATION. Duodenum. Chylification.

24. The intestinal tube then proceeds to make the most varied foldings, being heaped up into masses occupying the middle and inferior part of the cavity of the belly. These twisted portions are called jejunum, (plate 1, fig. 11, 11, 11,) and ileum, (plate 1, fig. 12, 12). Jejunum and ileum.

25. In these portions of the intestinal tube, the process, by which the chyle is absorbed, is specially carried on: this group of changes being called ABSORPTION. Absorption.

26. The intestinal tube in the part, extending from the stomach to the point where the ileum ceases, becomes much smaller, and hence the duodenum, the jejunum and the ileum, are called the small intestines. Small intestines.

27. Where the ileum ends, the intestinal tube begins to dilate itself, and its convolutions and twist-

CHAP. I.

Cœcum or blind gut, its appendage.

ings become much fewer. The first portion of the enlarged tube is called the cœcum or blind gut, (plate 1, fig. 13), which has attached to it a peculiar appendage (plate 1, fig. 14), something like an earth worm, (vermis, a worm), hence called the worm-like appendage, (appendix cæci vermiformis).

28. The continuation of this part of the intestinal tube lies at the right side of the cavity of the belly. It is called the colon: the first portion, that lying at the right side of the belly (plate 1, fig. 15) being called the ascending colon. The further continuation of the intestinal tube proceeds transversely across the belly, (plate 1, fig. 16), and is hence called the transverse arch of the colon: the further continuation of this part of the intestinal tube descends on the left side of the belly, (plate 1, fig. 17,) and is called the descending colon.

Colon.

Ascending colon.

Transverse arch of the colon.

29. The intestinal tube at the lower part of the descending colon makes a bend or flexure, (plate 1, fig. 18) which being somewhat like to the Greek letter Σ sigma, is called the sigmoid flexure or bend.

Sigmoid flexure.

30. This last noticed portion of the intestinal tube ends in the concluding portion of the tube, (plate 1, fig. 19) the rectum.

Rectum.

31. The cœcum, the colon, the sigmoid flexure and the rectum, being larger than the other intestines, are called large intestines, and with these large intestines is identified another group of changes, by which all the remaining chyle is absorbed and the non-nutritive portions of the food are shaped and prepared previous to expulsion.

Large intestines.

32. In addition to these parts, another group of changes is associated with certain glands situated in

the folds of a membrane, which holds the various parts of the intestinal tube in their places, called the mesentery, (μεσος mesos, middle, and εντερον enteron, intestine). These glands are called the mesenteric, and in them the chyle is further changed, and made into a more perfect animal fluid: the process being called ANIMALIZATION.

Mesentery.

Mesenteric glands.

Animalization.

33. Another group of changes, the concluding result of all the other changes, is associated with a tube, which ascends along the spine, through the chest, called the thoracic duct, which carries the perfected chyle into the circulation, when it becomes mixed with the blood, and is assimilated to the vital fluid: this group of changes is called ASSIMILATION.

Thoracic duct.

Assimilation.

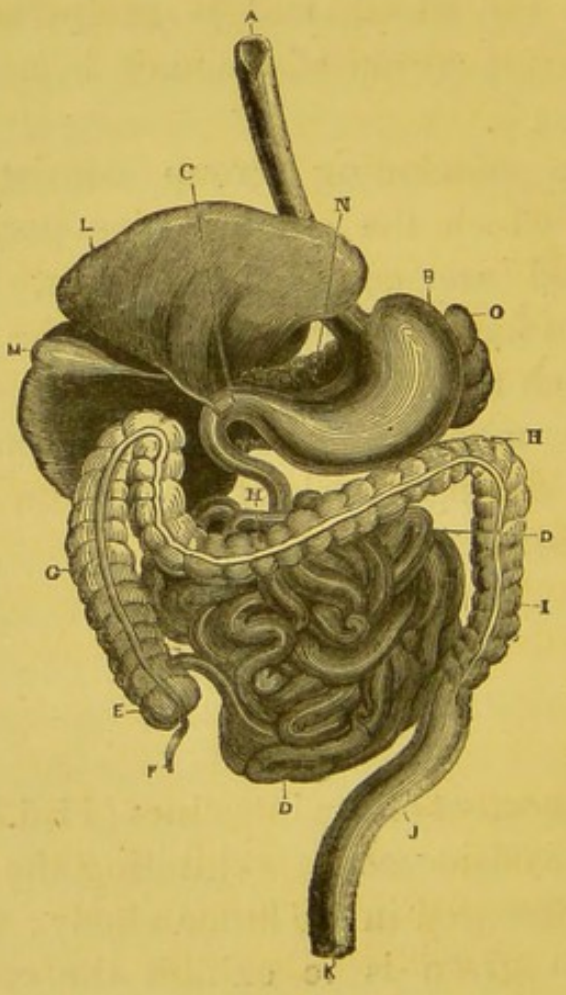
33 *a*. The concluding group consists of those changes by which the non-nutritive portions of the digested food are collected together, and, being moulded into form, are expelled from the body. This process, which takes place in the rectum, is perfected when these moulded non-nutritive portions pass through the closing muscle of the rectum at the anus, the process being called DEFÆCATION.

Defœcation.

The arrangement of the intestines (11, 12) in plate 1, is not to be considered as exhibiting the appearance of them as presented in the human body: the arrangement therein given is to exhibit the course of the small intestines.

The wood cut on the next page exhibits the real though apparently complicated arrangement of these

CHAP. I. intestines. A. The œsophagus or gullet; B. The stomach; C. The pylorus, continuing itself into the duodenum; D D. The small intestines, continuing into the cœcum, E; F. The appendix of the cœcum; G. The ascending colon; H H. The transverse arch of the colon; I. The descending colon; J. The rectum; K. The anus or the extremity of the rectum; L. The liver; M. The gall bladder with its two ducts; N. The pancreas or sweet-bread, situated behind the stomach; O. The spleen.



CHAPTER II.

On Mastication, or Chewing; the instruments concerned in the process; their physiological action: with practical remarks.

CHAP. II.

34. The first group of changes, connected with the process of Digestion, is designated Mastication or Chewing, and is connected with the mouth and its appendages.

Lips.

35. The mouth is guarded and bounded by the lips, which are composed of fleshy threads, endowed with the power of alternate contraction and relaxation; threads, so endowed, being called muscular fibres.

Muscular fibres.

36. These fleshy threads are invested with a soft skin, and imbedded in a peculiar tissue, very dilatable, and erectile. The trunk of the elephant in its sensitiveness and the variety of uses to which it is applicable, gives a striking exhibition of the structure and of the action of this tissue, similar powers, though in a less degree, belonging to the tissue of the lips.

CHAP. II.

36 *a*. Distributed among these muscular fibres is an immense number of sensitive, *i. e.* nervous points, which are received into little pouches, producing an appearance, to designate which the name papillæ is applied. These nervous papillæ impart that intense sensibility to the lips, by which they are enabled among other uses to guard against the admission into the mouth of things which might be injurious.

Papillæ.

37. The muscular fibres of the lips (and, according to Heister, the muscles, *i. e.* the distinct bundles of muscular fibres of the lips are fourteen in number,) are, when viewed in reference to mastication, for the purpose of taking the food, and transferring it into the interior, *i. e.* into the mouth.

Fourteen muscles.

38. The largest muscle of those fourteen has its fibres arranged in a circular, orb-like form, round the mouth, and is hence called the orbicularis or orbicular muscle, (plate 2, fig. 1).

Orbicular muscle.

39. This circularly fibred muscle has the power not only of grasping the objects applied to the lips, but also of closing the mouth; and, as acting thus, is called a sphincter or closing muscle. So that there is a closing muscle at the commencement of the intestinal tube; a gate-keeper to guard the entrance.

The sphincter muscle.

40. Internal to these muscular fibres, *i. e.* nearer to the teeth, are numerous glands, called labial, which secrete a mucus, which is discharged through small openings upon the posterior surface of the lips, and serves the purpose of moistening the gums and the lips.

Labial glands.

41. Within the range of the lips are two ridges of bones, the hardest in the body, called the teeth. These are fixed in the jaws, the upper jaw, (plate 2,

Teeth.

PLATE II.

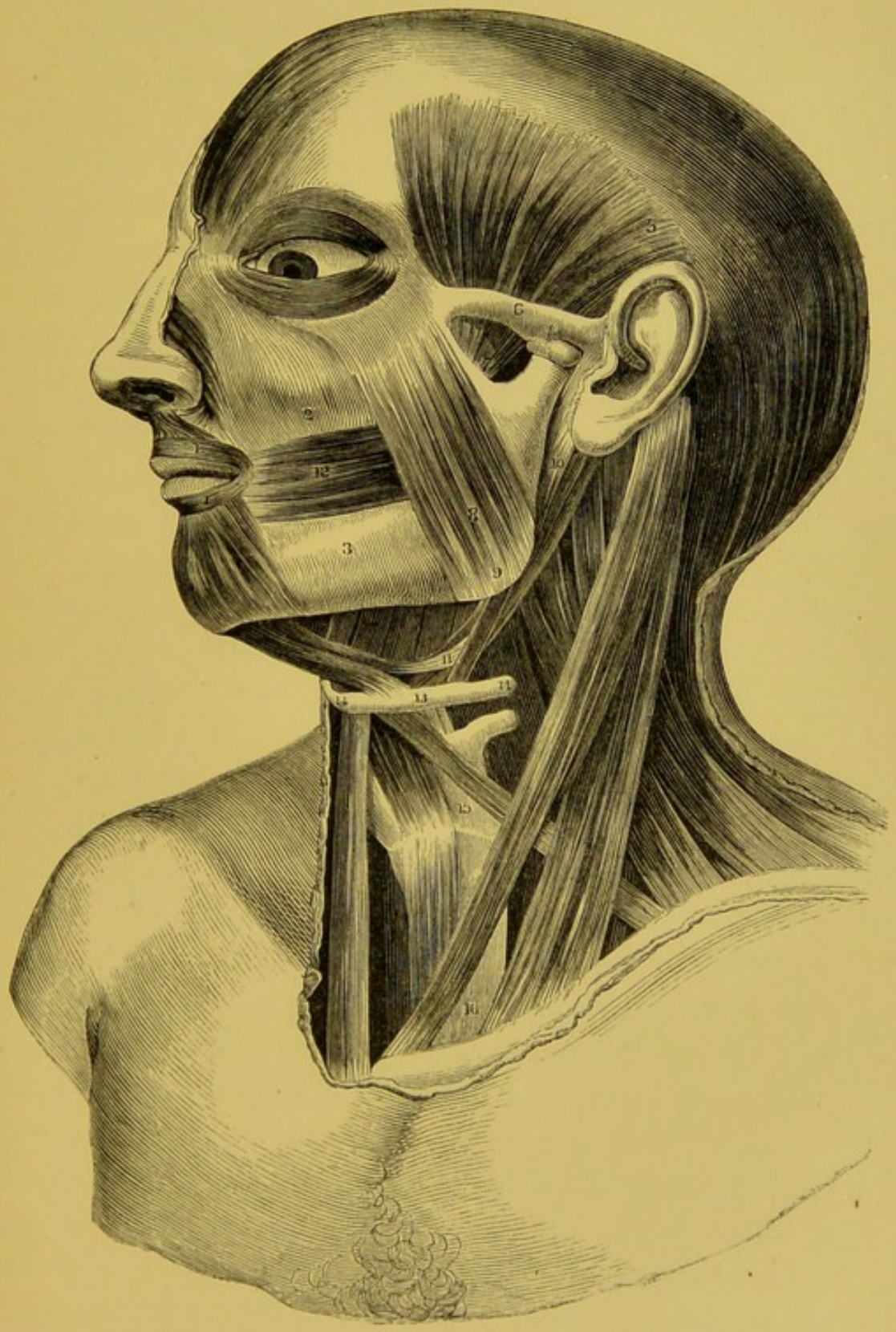


fig. 2,) and the lower jaw (plate 2, fig. 3,) in sockets, being wedged therein like nails. CHAP. II.

42. Of these, in a perfect state of the mouth, there are thirty-two. Thirty-two teeth.

43. Each tooth has three parts: the part uncovered, called the crown; the part concealed in the jaw, called the root; and a small portion, a circular border, lying between the root and the crown, called the neck of the tooth. Crown and root of tooth. Neck of the tooth.

44. The teeth are arranged into three divisions: eight teeth in the front, four in the upper and four in the lower jaw, with sharp edges for the purpose of cutting the food, hence called incisors (incido, to cut): on each side of these is a tooth, ridged for tearing food, a form of tooth possessed by dogs, and hence this tooth is called a canine tooth (canis, a dog): two of these are in the upper and two in the lower jaw: on each side of these but lying more backward are two teeth, the points of which being two, (bis, two) and sharp, like spears, (cuspides,) are called bicuspids, and are eight in number: and finally, on each side of these, lying still more backward, are broad flat teeth for grinding the food, hence called grinders, also molars, (mola, a grindstone): the term molar is sometimes applied to the bicuspids as well as to the grinders strictly so called, all these acting in grinding the food. Incisors. Canine. Bicuspids.

45. This arrangement of the teeth demonstrates that the food, after being transferred to the teeth by the lips, should be subjected to three processes, cutting, tearing, and grinding; in other words, as instruments devised by the Creator, are always for use, the truth, revealed to man in such arrangement of the teeth is that he, if wishing to fulfil the con- Deduction practical from this arrangement of the teeth.

CHAP. II.

ditions necessary to the preservation of his health, must cut, tear, and grind his food.

Motions required for cutting, tearing and grinding.

46. However adapted the teeth may be to perform the duties of cutting, tearing, and grinding the food, it is certain, that, without some contrivance, by which they can be moved one against the other, no cutting, tearing, or grinding can be effected. The motions required are realized by the agency of the two jaws in which the teeth are fixed.

47. In the cutting, tearing, and grinding the food, not only is a capability of being effectively moved necessary, but the power of moving must be bestowed so as to enable the teeth to act on the food. To afford the required power and motion of the jaws,

Upper jaw fixed.

one jaw, the upper, is fixed immoveably to the bones of the skull, whilst the other jaw is moveable. The upper jaw thus becomes the anvil, firmly fixed, on which the lower jaw, (plate 2, fig. 3,) the hammer, acts and works. The mode of the attachment of the lower jaw to the upper jaw wherein the lower jaw moves or articulates, and the shallowness of the articulating surface, necessary in order to allow of the varied movements in chewing, are striking exhibitions of adaptation of means to end, (plate 2, fig. 4).

48. To enable the lower jaw to move with efficiency, it is supplied with six pairs of muscles, *i. e.* bundles of flesh, endowed with the power of contraction and relaxation. Of these six pairs, four pairs raise the jaw, and two pairs depress the jaw, the balance of power being so much on the side of those which raise the jaw, because the depressed or depending condition of the jaw is one, which the lower jaw would take of itself. The muscles, which

Six pairs of muscles, four to raise the jaw, two to depress the jaw.

elevate the jaw, are immensely strong.* Plate 2, fig. 5, represents the powerful temporal muscle, passing under the bony arch (plate 2, fig. 6,) and fixed into a projection (plate 2, fig. 7,) of the lower jaw: plate 2, fig. 8, represents the powerful muscle, called the masseter, which is fixed into fig. 9, the angle of the lower jaw: plate 2, fig. 10 and 11, represent the two-bellied muscle, the digastric (δις, dis, two and γαστρικος, gastrikos, belonging to the belly,) a muscle which depresses the jaw.

49. The jaw joint, made by the contact of the lower jaw with a cavity in the temporal bone, (plate 2, fig. 4,) has between the two surfaces, *i. e.* the surface of the lower jaw and the surface of the temporal bone, on which the lower jaw moves, a piece of gristle: hence it happens in the action of the jaws, the action is made perfectly easy, by a contrivance, which, as the mechanician well knows, peculiarly facilitates the motion of a joint.

Moveable gristle or cartilage.

50. It is further worthy of remark, that the arrangement of the jaw joint and of the muscular fibres moving the lower jaw upon the upper, is such as to realize up, down, and sideways actions to the jaw, actions necessary to enable the teeth to cut, to tear, and to grind the food.

Arrangement of muscular fibres to ensure all necessary actions.

51. In order that the food may be effectually chewed it is necessary that it should be MOISTENED.

Moisture necessary to mastication.

52. Behind and above the jaw and before the ear is situated a large gland (plate 3, fig. 1,) called the parotid, (παρα, para, near, ωτος, otos, of the ear):

Parotid, submaxillary and sublingual gland.

* Van Swieten relates that he saw a man, who held a stick between his teeth with a resistance so powerful, that all the combined efforts of five men could not pull it away.

CHAP. II. under the lower jaw is situated a gland (plate 3, fig. 2,) called the submaxillary (sub, under, and maxilla, the jaw); and on each side under the tongue, plate 3, fig. 3, exhibits (a portion of the jaw having been removed in order to show the part,) a third gland, the sublingual (sub, under, and lingua, the tongue).

53. These six glands, three on each side, secrete the fluid called the saliva or spittle, and are hence called salivary glands. These pour out a large quantity of saliva. This is the case with the parotid especially, which, by its pipe or duct, called, from its discoverer, Steno's duct, (plate 3, fig. 4,) empties its supply into the mouth. The duct in its course perforates a muscle of the cheek (bucca, a cheek) called the buccinator, (plate 3, fig. 5,) and thus enters the cavity of the mouth. The secretory power of these glands is evidenced by the immense quantity of fluid poured from the mouth in salivation from mercury. Helvetius affirms that the quantity of saliva secreted by the parotid gland is so great, that a soldier, having received a wound in his cheek, which severed the salivary duct, wetted several cloths every meal with the fluid which flowed while he was eating. Four ounces and more of saliva have passed in twenty-four hours from a fistulous opening of the salivary duct.

Salivary glands.

Steno's duct.

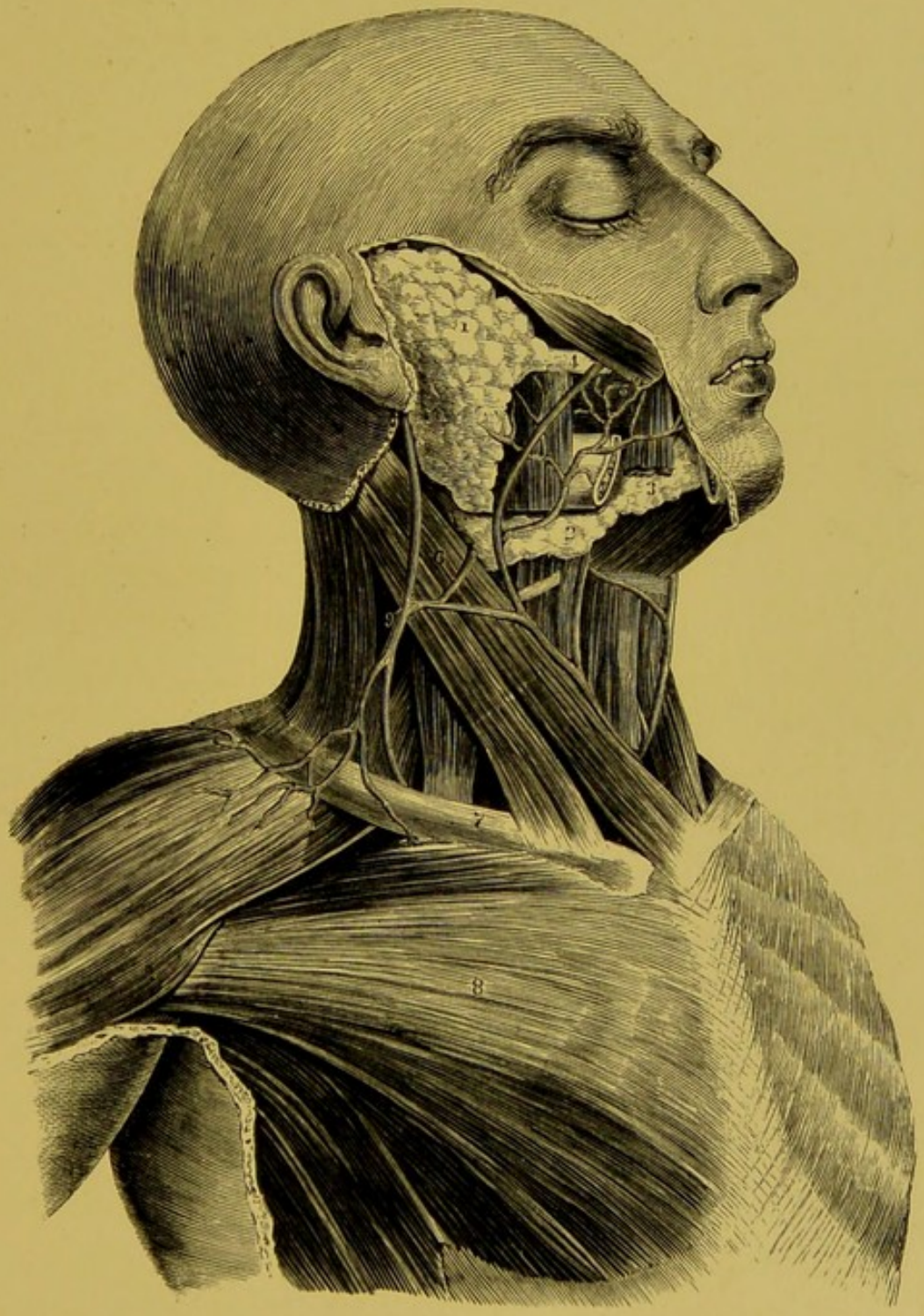
Buccinator muscle.

54. Not only do these glands supply the required moisture, but from their situation, it happens, that the very motion of the jaws, necessary in chewing, excites the glands to pour out the saliva essential for mixing with the food in chewing.

Motion of jaw excitatory of the glands.

55. Indeed the mere presence of food to a person hungry causes a flow of saliva into the mouth from

PLATE III.



these glands, giving a physiological reality to the old phrase "Water in the mouth."

55 *a*. The bony surface, extending from the teeth on one side of the upper jaw to the other side, is of an arched form and is called the palate. This part of the mouth cavity has to do its part in the process of chewing, and the mucous membrane, forming the lining of the arch, is abundantly endowed with glands, which pour out a viscid mucus, auxiliary to the saliva.

The palate and its glands.

56. The tongue is a part of great importance in connexion with the process of chewing.

The tongue.

57. The tongue is somewhat pyramidal in shape. The more moveable and sharp portion, the point, is called the apex; the thicker part behind is called the base or root.

Apex and root of the tongue.

58. The tongue is connected with all the surrounding organs, more especially with the hyoid bone, (plate 2, fig. 13, 14.) This hyoid bone may be regarded as the bony apparatus of the tongue. It supports the base of the tongue.

Hyoid bone.

59. The tongue, though in appearance single, is divided equally into two parts by a longitudinal line running down its middle, and hence called the median line.

Median line of the tongue.

60. The tongue itself is a mass of flesh, that is, it is an aggregate of eight collections of muscular fibres or threads, arranged in different directions, thus giving to the tongue, by the alternate contraction and relaxation of those fibres, that immense variety of motions, which the tongue needs in order to enable it to perform the varied duties allotted to it. Besides these four pairs of muscles there are, in the substance of the tongue itself, distinct mus-

Varied distribution of muscular fibres through the tongue.

CHAP. II.

cular threads, which run longitudinally, transversely and vertically, that is, in all directions, and which by consequence, on account of the peculiar power of muscular fibres, are capable of moving the tongue in all directions, thus imparting almost every variety of motion to the tongue.

Coverings of the tongue.

61. These muscular masses composing the whole tongue are invested with three coverings or coats. The outermost is thick and composed of a large number of globular pouches or sheaths; the central is like a beautiful net-work, hence called reticular (rete, a net); and the third, the innermost, is called the nervous papillary membrane, because through it certain elevations called papillae, (which contain the nervous points, the primary organ of taste), arise and are spread out.

Papillary membrane.

Headed lenticular and villous papillæ.

62. Over and throughout the surface of the tongue are distributed three classes of papillary elevations. The first class of papillæ, situated chiefly at the base of the tongue, and the largest, resemble, when magnified, little mushrooms with short stalks. These are called headed. The second class of papillae are small round eminences, a little convex, the borders of which lie contiguous to the surface of the tongue, and are called lenticular. Examined with a microscope, the convex sides of these lenticular papillæ are seen to be full of small holes or pores like the head or spout of a watering pot. These occupy the middle and the front portions of the tongue. The third class of papillæ, the smallest and the most numerous, occupy the whole of the upper surface of the tongue and even the interstices between the other papillae: these having a tufted character like velvet, are called villous (villosæ).

63. All these papillæ are for the reception of the nervous substance derived from four large nerves, *i. e.* instruments conveying the motion and the sensation power, of which two are from the fifth pair of nerves, which fifth pair proceed from the brain or the cerebrum, and two from the eighth pair of nerves, which eighth pair proceed from the little brain or cerebellum. These papillæ may be regarded as arising from the papillary membrane and the nerves of the tongue, and passing through the central reticular membrane, terminate in the sheaths or pouches of the outer membrane, constituting, in fact, the organ of taste.

Nerves from the cerebrum and the cerebellum.

64. These papillæ, the villous more particularly, possessing contractibility and elasticity, are capable of changing their state and form so as to adapt themselves to the various substances, brought in contact with them, and project (as Boerrhave remarks in his Institutiones Medicæ, p. 485—490) from the surface of the tongue when a person is hungry.

Papillæ project.

65. The tongue, endowed with so extraordinary a power of motion, moves about the particles of food taken into the mouth, presses them against the palate, mixes them with the mucus and the saliva of the mouth, and, finally, collects the cut, torn, ground, and salivated portions into a ball, in order to prepare for the commencement of the second series of changes under the second group of the phenomena of digestion, designated by the term Deglutition.

PRACTICAL DEDUCTIONS,

in connection with the preceding facts.

a. As the chief use of the teeth is to cut, tear, and grind the food, it is certain, that if any one neglect

CHAP. II.

to use the teeth for the purposes for which they were bestowed, he disregards an essential to healthy digestion, and must pay the penalty, sooner or later, in bad digestion, and in the host of evils, known under the name of "dyspepsia."

Dyspepsia caused by not chewing the food.

b. As the teeth are necessary to effect the proper change in the food, it is evident that infants, who have no teeth, or few teeth, should have food not requiring the exercise of teeth; and that aged people, who have lost their teeth, should eat food that is soft, or at least obtain properly constructed artificial teeth.*

Infants and old people should eat soft food.

c. In the situation of the salivary glands (plate 3, fig. 1, 2, 3), a situation by which every motion of the jaw stimulates these glands to discharge their contents into the mouth, is found an additional evidence to the necessity of well using the jaws, and thus fully exciting the glands, so as to cause a full supply of saliva to be applied to the food, which supply will take place only when the food is cut, torn, and ground.

Situation of the salivary glands shows that the food must be chewed.

d. In the facts, that the papillæ have the power of elevating themselves on the application to the tongue of their stimulus, food, and that the lenticular papillæ (62) have their convex sides full of small holes or pores, is found the explanation of the well known

Reason why food, before it can be digested, allays hunger.

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* The advertising cheap dentists should be avoided by every one. The majority of them are knaves. Some have gilded copper plates for the reception of the teeth: the gilding soon comes off, and the wearers of such teeth are poisoned by the copper. Others have silver plates for the reception of the teeth: these they get stamped as genuine at Goldsmith's Hall; after the stamping they gild these plates, and people are shown by these knaves the goldsmiths' mark, and think that they are quite safe, as purchasing genuine gold, whereas it is only silver golded.

fact, that a person, exhausted from the want of food, is relieved almost as soon as he takes food into the mouth, the finer portions being taken up through the small pores, and thus producing an impress on the brain, relieving the cerebral condition causing the sensation of hunger.

e. The fact, that the lenticular papillæ have these small holes around their margins, presents an additional evidence to the necessity of chewing the food, in order that, by an abundant supply of saliva, the finer particles of the food may be dissolved, and thus passing through the pores, may afford to the sense of taste all the delights which food is capable of affording: in other words, may give the delights connected with flavour.

Means for the perception of flavour.

f. The fact, that, in disease, especially fever, the tongue is coated over with a thick crust, demonstrates the absurdity connected with the giving of food in such a condition, since the papillæ are in a state unfit for the reception of the impressions, which, in health, are made by the food on the tongue.

Irrationality of giving food in fever.

g. Viewing the tongue as an absorbing organ, how appropriate appear the remarks of the Swedish philosopher:—Thus, "the tongue, the feeder and keeper of the entrance into the stomach and the viscera of the body, not merely prepares the table but also takes the first taste of the viands and begins the feast."

CHAPTER III.

On Swallowing or Deglutition, with practical remarks and deductions.

CHAP. III.

66. On looking into the mouth, a fleshy curtain is seen hanging at the back part of the palate: it is called the hanging veil of the palate, (velum pendulum palati).

Hanging veil of the palate.

67. At the centre of this curtain, the curtain itself presenting the form of two festoons, hangs a little fleshy tassel-like body, called, from its resemblance to a small grape, uvula.

Uvula.

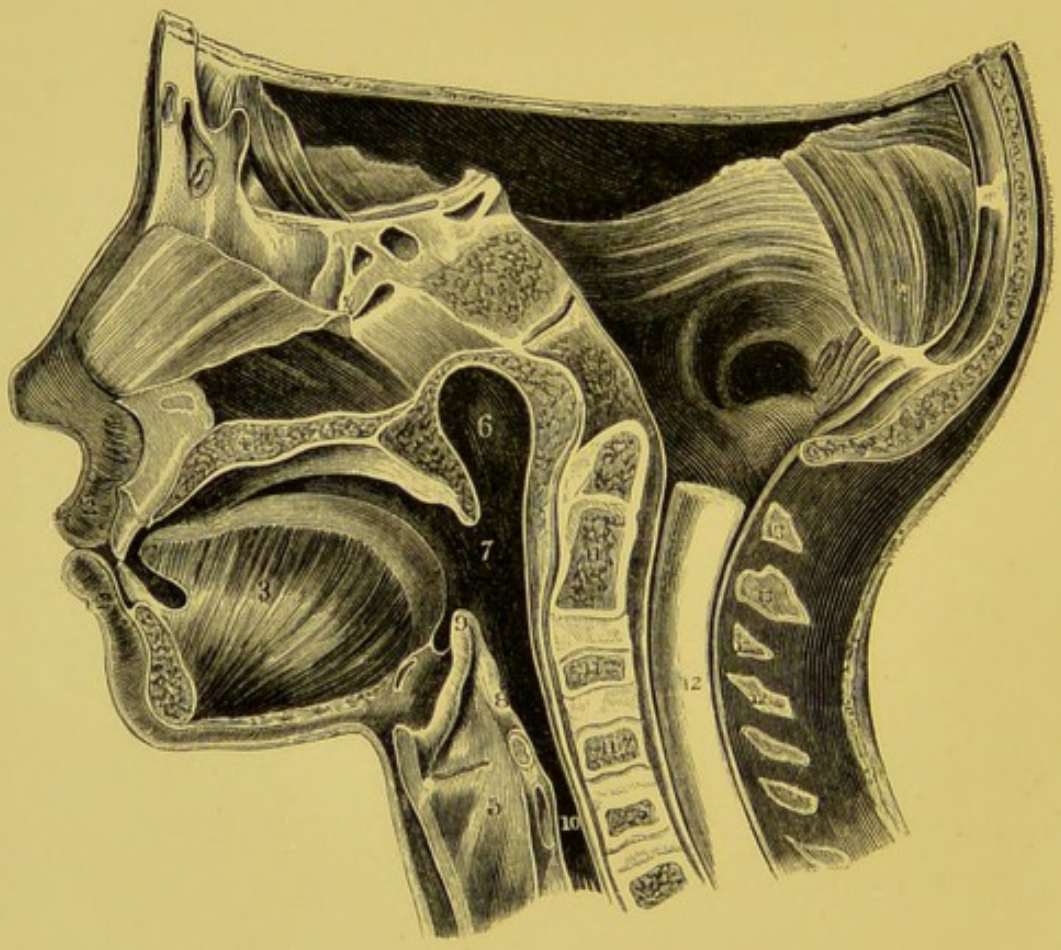
68. At the sides of the palate, the margins of this hanging veil seem to separate, presenting at each side in the part formed by the separation, a glandular body, called the tonsil: this body is, in reality, a collection of mucus-secreting glands, united together into a little body, which, being like an almond, (amygdala) is sometimes named the amygdala.

Tonsil.

69. On looking into the mouth is seen behind this curtain a chamber, designated the fauces, (plate 4, fig. 6.) This fauces is a chamber or cavity into which

Fauces.

PLATE IV.



terminate two passages from the nostrils, two from the internal ears, one from the mouth, one from the windpipe, and one from the passage leading from the mouth to the stomach. This last passage, this food pipe, has two names, the term pharynx being applied to the part nearest the mouth, namely, the part situated above the figure No. 10, plate 4; the term œsophagus, (οισος, oisos, food, and φαγω, phago, to eat,) or the gullet, to the part represented below the figure No. 10, plate 4, continuous from the upper part into the stomach.

Pharynx.

Œsophagus.

70. The pharynx and the gullet are the parts concerned in connection with the group of changes, forming that part of the process of Digestion, to which the term DEGLUTITION or swallowing is applied.

Deglutition.

71. At the front of the neck is seen the windpipe, and at its upper part can be felt a bony-like rim, (plate 2, figs. 13, 14,) called the os hyoides. This bony rim is connected with the base of the tongue. Below this bony rim are the chief gristles or cartilages, forming the commencement of the windpipe, called the larynx, (plate 2, fig. 15, plate 4, fig. 5,) the more narrowed portion of this tube being called the trachea, (plate 2, fig. 16). The trachea itself is composed of rings, three fourths of each ring, namely the front and the sides, consisting of gristle, the remaining fourth, *i. e.*, the hind portion, of fleshy substance. The trachea or windpipe, strictly so called, divides into two chief tubes, called bronchi, these dividing into still smaller tubes, and these into still smaller, and so until at last the windpipe has, as its terminations in the lungs, air cells. Through this windpipe and its branchings the air is distributed throughout the lungs (plate 1, figs. 21, 22,) during

Os hyoides.

Larynx.

Trachea or windpipe.

Bronchi.

Air cells.

CHAP. III. the act of inspiration, and is expelled from the lungs in the act of expiration.

72. The œsophagus or gullet is a membranous canal, reaching from the fauces to the stomach, (plate 1, fig. 5). It is funnel shaped. The broadest part, called the pharynx, or the bearer, from φερω, phero, to bear, being, as it were, the receiving or bearing vessel of the palate, (plate 1, fig. 5,) lies behind the windpipe, (71); indeed, the windpipe forms its anterior boundary, (plate 4, fig. 8). The posterior boundary is represented by the spine, (plate 4, fig. 11).

73. The pharynx and the gullet are a membranous canal, composed of five layers or coats. The outermost is membranous, and is continuous with the membrane lining the cavity of the chest interiorly; this membrane being called the PLEURA. The second layer or coat is muscular, consisting of fibres arranged in two directions, lengthwise (longitudinal) and circular. The third coat is cellular, and a similar layer is found in other parts of the intestinal tube. The fourth coat is nervous, and is supplied abundantly with vessels and glands, and is continuous with the interior membrane, both of the mouth and of the stomach. The fifth coat has a surface similar to that presented by velvet, hence called a villous coat, and is covered with a viscid humour.

Membranous coat of the gullet.

Muscular coat.

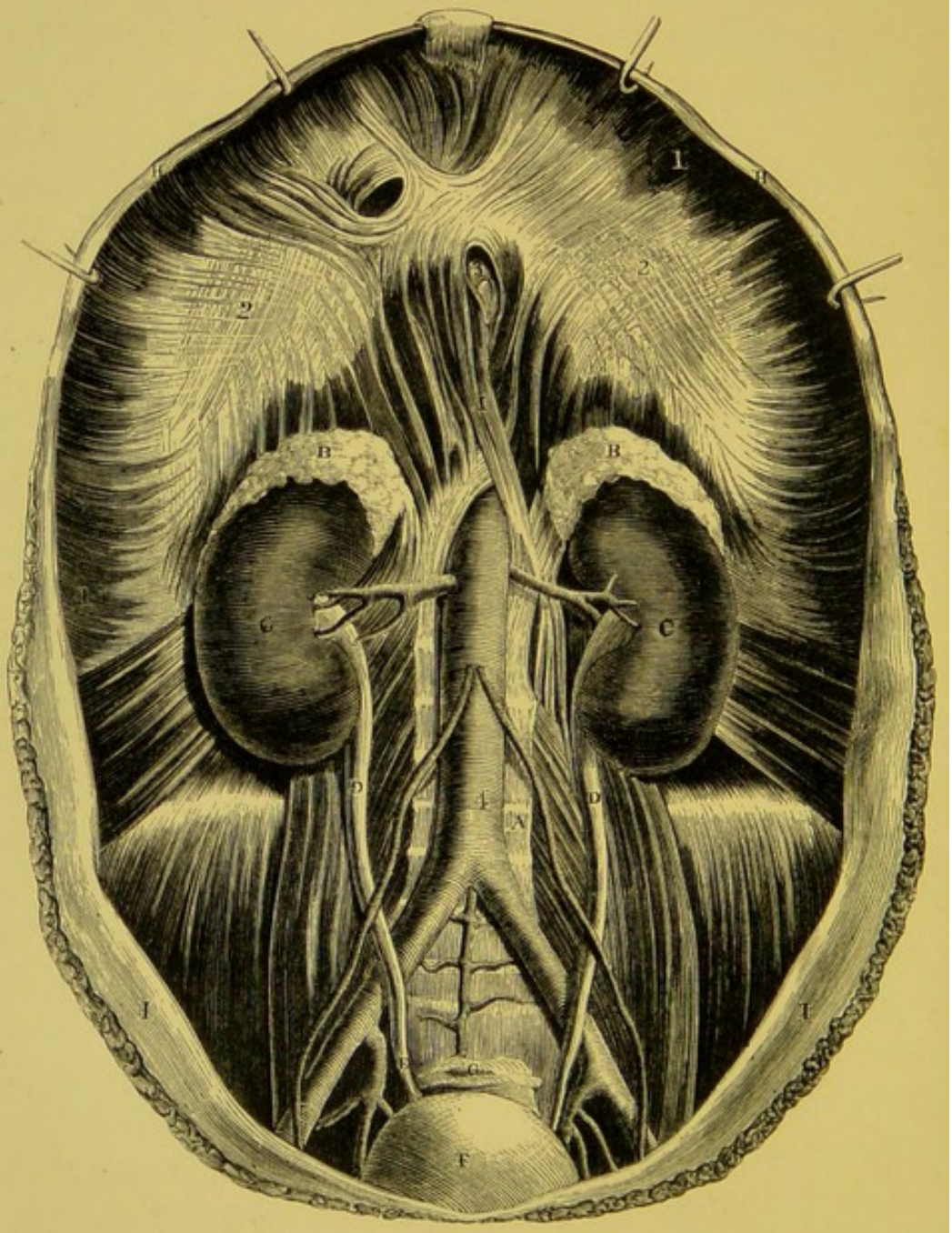
Cellular, nervous, and villous coats of the gullet.

74. The third and the fourth coats of the gullet have various longitudinal plaits or folds, being much wider and larger than the muscular coat, so that the gullet, where cut across, represents, from the intermingling of these plaits, the appearance of one tube embracing another tube.

75. The whole internal surface of the pharynx is covered with glands, which secrete a mucous fluid,

Mucous fluid.

PLATE V.



for the purpose of rendering easy the passage of the bodies swallowed.

76. In order to effect the act of swallowing, the pharynx and the œsophagus require to be dilated. To effect this dilatation, these parts are supplied with six pairs of muscles.

Six pairs of muscles.

77. To constrict or to contract the pharynx and the œsophagus one muscle is provided, which arises on both sides of the hyoid bone (71) and from the cartilages of the larynx, parts essentially connected with breathing. This muscle surrounds the exterior part of the gullet or œsophagus, and is hence called the œsophageus.

78. The origin, the attachments and the situation of this last muscle, and the additional fact, that the tongue and the larynx are both attached to the hyoid bone, show how intimately the actions of the gullet and of the windpipe, in other words, the actions of swallowing and of breathing, are connected together. To this may be added, as evidencing the connection between the action of the gullet in swallowing and the action of the lungs in breathing, the additional fact, that the œsophagus or gullet passes through the fleshy partition called the diaphragm (plate 1, fig. 24), at the part represented, (plate 5, fig. 3); this diaphragm separating the cavity of the chest from the cavity of the bowels. The diaphragm acts at the same time (synchronously) with the alternate action of the lungs in breathing, and imparts of necessity a corresponding action to the gullet.

Connection between the actions of breathing and of swallowing.

79. The œsophagus decreases in diameter all the way from the pharynx to the orifice of the stomach, (plate 1, fig. 8.)

80. The food has to be swallowed.

CHAP. III.

81. The tongue, after the food has been properly masticated, collects it from all parts of the mouth. The food has then to be passed into the pharynx.

Passage of the food into the pharynx.

To effect this passage, the tongue elevates its root; the lower jaw becomes fixed; the hyoid bone is drawn forward by the muscles which extend from the lower jaw to the hyoid bone; the windpipe is thus drawn forwards, and the morsel being passed under the hanging veil of the palate, is carried into the pharynx, the hanging veil of the palate preventing its return into the mouth, the pharynx being passive while the tongue is acting; but directly the tongue has acted, it raises and enlarges itself to meet the coming body: the food, in passing into the pharynx, has to pass over the windpipe, the windpipe, as already described, being in front of the gullet. If the food entered the windpipe, suffocation might be caused. To prevent this, a valve, called the

Epiglottis.

epiglottis, (επι, epi, upon, and γλωττα, glŏtta, the tongue,) fastened to the root of the tongue, closes down in the action of swallowing, and shuts the passage into the windpipe, forming, in so closing the passage, an arch over which the food passes safely into the pharynx. When the food arrives in the pharynx, it is carried thence down the gullet into the stomach by the action of the muscular coat (73) already described.

82. Of the muscular action as the cause of the food being carried down the gullet into the stomach, a striking proof is found in the fact that animals, which crop their food, their heads being bent downwards to the earth, carry the food upwards into their stomachs; a muscular action, as being the operative cause of swallowing, recognized in the old adage,

"One man can lead a horse to drink, but nine men cannot make him drink." CHAP. III.

83. So much indeed is the act of swallowing a muscular effort, that it has been found that a single action of the pharynx involves the concurrence of more than a hundred different muscles. Swallowing a muscular effort.

84. The œsophagus, having carried the food the whole length of itself, passes it by its muscular action through the orifice by which it ends in the stomach. This orifice is called the cardiac orifice, (plate 1, fig. 8, plate 6, fig. 2,) and is sometimes designated, from the peculiar puckered form of the folds, of which it is entirely composed, the ring of the œsophagus. Cardiac orifice. Ring of the œsophagus.

85. The food is passed slowly by the action of the œsophagus, that action consisting of a kind of spiral movement, into the stomach. Of this demonstrative evidence was afforded in the case of Alexis, see chapter V., paragraph 112, into whose stomach Dr. Beaumont saw the food working its way slowly from the œsophagus, in a kind of spiral gyre.

DEDUCTIONS.

h. The fact, that numerous glands pour out upon the surface of the pharynx and of the œsophagus a considerable quantity of mucous and other fluids (75) for the purpose of mixing with the food, demonstrates that any hurrying in the act of swallowing the food prevents the proper admixture with the food of this mucous, and the other fluids. Thus deprived of these fluids, evidently for the purpose of effecting some beneficial change in the food swallowed, the food is Necessary in order to mix the fluids passed into the gullet, the food should be swallowed slowly.

CHAP. III.

introduced into the stomach in a state unfit for the next series of changes connected with the process of Digestion, and thus becomes instead of a healthful stimulus to the stomach, a matter productive of injury, an injury manifesting itself in indigestion.

i. The fact, of the intertwining plaited arrangement of the lining membranes of the gullet by which they become closely applied and folded to each other, demonstrates that any hard, unchewed portions of food, carried down into and through the gullet, must tend, by inducing an unnatural condition of the gullet itself, to injure these plaited membranes, and thus become, by frequent repetition, the foundation of many of those pains in the centre of the back, and of the chest, which torment many dyspeptics: and further may give origin, in persons of an unhealthy (cachectic) habit of body, to that thickening of the lining membrane of the gullet, which ends not unfrequently, in permanent difficulty of swallowing, (dysphagia, δυς dus, bad, φαγω, phago, to eat,) which, when proceeding to its ultimate, produces death by inanition, the passage of the gullet becoming closed.

Evils of swallowing unchewed food.

j. This fact, the folded structure of the lining membrane of the gullet, demonstrates the quackery and the injuriousness of the common surgical practice of attempting to force down the gullet bodies, fish bones for instance, which have been incautiously swallowed. This practice exhibits a lamentable ignorance both of physiology and of the anatomical structure of the gullet. Physiological pathology ought to have taught surgeons that a foreign body retained induces a perpetually recurring spasmodic contraction of the gullet, which contraction they, in attempting to force the body down the gullet, must overcome by the force

Absurdity of forcing objects sticking in the throat down the throat.

with which they use their instrument; add to this the increased spasmodic contraction, induced by the instrument used in forcing the foreign body down, and the necessity of the enlightenment of the public on these points, in order to counteract the effects which must result from the ignorance of such surgical practitioners, becomes strikingly and painfully apparent.

Indeed, such practice is oftentimes the cause of the closure of the œsophagus, a condition ending in starvation.*

k. The first fact, that the food does not pass into the stomach directly it is swallowed, but is gradually and slowly worked into the latter organ by a kind of spiral gyre-like action of the gullet itself; the second fact, that the diameter of the œsophagus gradually lessens as it nears the stomach; and the third fact, that the aorta, the great arterial trunk of the body, (plate 5, fig. 4, plate 6, fig. 17,) lies close to the gullet, will explain why apoplexy so often attends the taking rapidly an immense quantity of food at public dinners. Persons, not habituated to the luxuries presented at these dinners, having such tempting varieties of food, swallow in haste what is

Cause of apoplexy.

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* Of this an instance has lately come under my notice. An interesting and intelligent married lady consulted me for an impossibility to swallow food. Intelligent was the countenance, but the eye had an anxious brightness, indicative of the dreadful changes going on in the system, caused by the deficient supply of food. She died, and the condition of the gullet causing this state, which ended in death, was brought about by the persevering efforts of a surgeon to force a fish-bone which she felt in her gullet down into her stomach. In such cases of swallowing hard pointed bodies the suggestion is "Let alone," subdue anxiety; the œsophagus will, it is not unlikely, digest the body, and, if not digesting, it will so far act upon it as to dislodge or enable it to be dislodged, especially when aided by the passage of soft food.

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before them. The gullet, not immediately emptying itself into the stomach, becomes distended; a pressure on the parts surrounding and in the neighbourhood of the gullet takes place; the flow of the blood through the aorta is impeded; arising from this impediment the vessels in some overworked and weakened part of the brain become ruptured, effusion of blood takes place, and, after some hours of stertorous breathing, the patient dies: apoplexy is the verdict of the coroner's jury, whereas the true verdict is "Died of excessively distending the œsophagus." The individual, thus self-sacrificed, might have eaten with safety, though not with benefit, quite as much as that which killed him, had he diffused the eating over a double space of time.

Advantages of sucking.

l. The interesting connexion already detailed (78) existing between the action of the gullet and the action of the lungs, explains why the infant should obtain its food by sucking, the action of sucking being one, in which the child creates a cavity in its mouth and fauces, when drawing the milk into its mouth in the act of inspiration. In sucking the child gives regular exercise to its lungs, and thus developes the powers of the general system, so intimately connected with the action of the lungs. From the absence of this exercise of the lungs, as well as, it is likely, in part from the nature of the food taken, children brought up by hand are not so healthy as those brought up by the natural method. From this view a deduction presents itself, namely, the advantageousness of trying, as far as possible, in bringing up by hand, to make the process similar to the natural method. The letting a child suck from a bottle is advantageous, it gives exercise to the lungs.

m. The connexion between the action of breathing and the swallowing apparatus will explain the essential benefit in aiding digestion, derivable from reading aloud and from public speaking. These not only give freedom of action to the circulation of blood through the lungs, but promote those actions of the digestive tube, subsidiary to healthy digestion.

Benefit to digestion from reading aloud.

n. It was noticed (77) that the muscle, called the œsophageus, which embraces and constricts the pharynx and the gullet, is tied to the hyoid bone, and the upper part of the windpipe; that the outside covering of the gullet is derived from the same membrane that lines the chest and covers the lungs, (the pleura); that the pharynx and the larynx are continuous; and that the gullet passes through the diaphragm, that partition already described, as that which bounds the chest at its lower part, and that which is called into action in every act of inspiration. These connexions between the breathing and the swallowing apparatuses cause the following results: the gullet transfers uninterruptedly through the stomach, the next part to the gullet in the intestinal tube, and thence through all the subsequent viscera, forming part of and connected with the intestinal tube, the alternate respiratory or breathing motions of the lungs. In fact, it has been well said, that "the œsophagus with its appliances and powers is like a running axis, provided with thongs and cylinders, whereby it excites, turns and whirls the abdominal wheel to the same reciprocal motions as the lungs."

Harmony between the respiratory and digestive movements.

CHAPTER IV.

On the Stomach and Chymification, with practical deductions in connexion therewith.

CHAP. IV.

86. The third group of changes connected with Digestion is associated with the STOMACH, the organ in which the œsophagus or gullet ends.

Situation of the stomach.

87. The stomach, (plate 1, fig. 8 and 9, and plate 6, A) is situated at the left side of the body, immediately under the diaphragm, in the part called the left hypochondrium,* and there lies obliquely between the spleen and the liver, extending transversely and obliquely forwards and to the pit of the stomach, this triangular portion embracing the pit of the stomach, being called the epigastrium.

Epigastrium.

Shape of stomach.

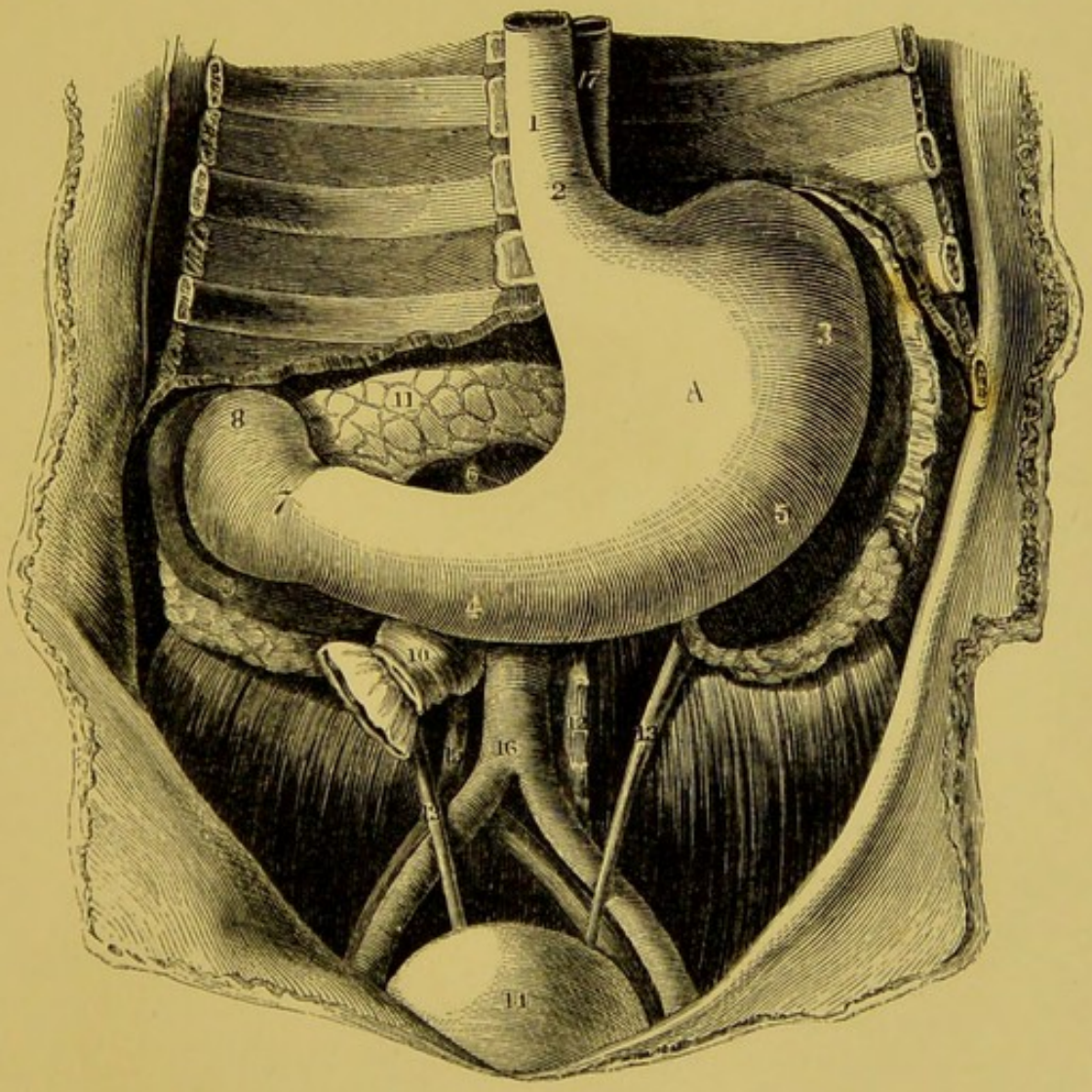
88. The stomach has a figure like that of a bag-

* It may be useful in order to make this term and other terms referring to position intelligible, to study the adjoined figure, which indicates the various divisions into which the surface of the body, more particularly in relation to the contents of the abdominal cavity, is divided.

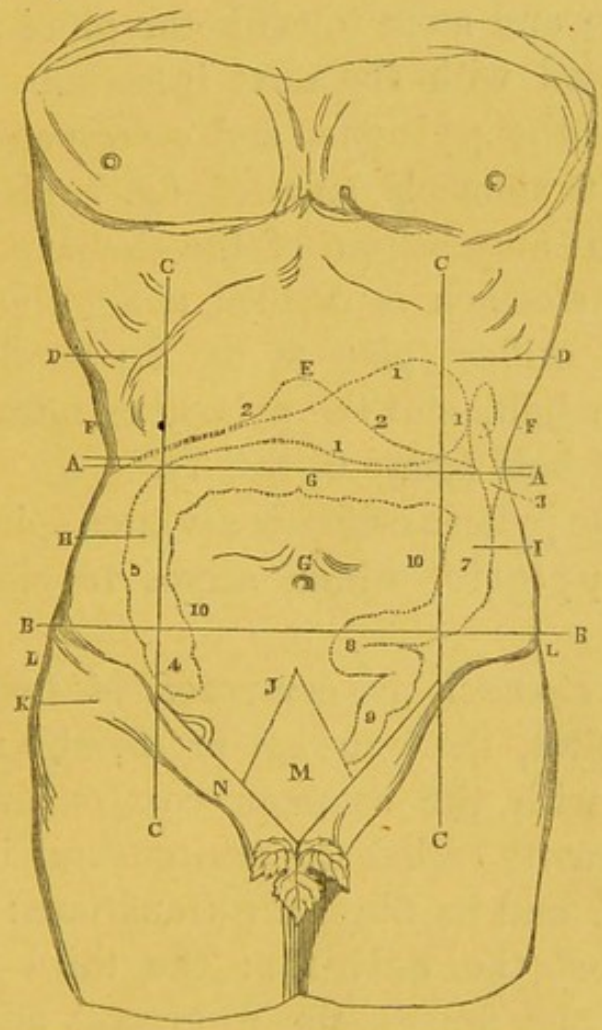
A line A A extends from one side to the other at the bottom of the chest; a second line B extends from the crest of the ileum bone, *i. e.*, one of the hip bones, to the crest of the other; passing through both these lines is the line C.

The figure E represents the epigastric region; that is, the region of the pit of the stomach; D F represent the two upper side regions, called

PLATE VI.



pipe, (plate 6, letter A,) being a membranous bag, oblong, curved, large and capacious at the end, namely, the end adjoining the diaphragm, this part being called its bulging or great extremity (plate 6, fig. 3,) and small and contracted at the other end (plate 6, fig. 4).



the hypochondria; G represents the umbilical region, or the region of the navel; H I represent the flanks, H the right flank, I the left flank, J the hypogastric region, the lower part of this region at M being called the pubic region; the letter N represents the groin.

The figures 1, 1, 1, 2, 2, show the situation of the stomach, occupying a portion of the left hypocondriac region, and a greater part of the epigastric region; 3, indicates the situation of the spleen; 4, represents the situation of the intestine, called the *cæcum;* 5, that of the ascending colon; 6, that of the transverse arch of the colon; 7, that of the descending colon; 8, that of the sigmoid bend of the colon; 9, that of the commencement of the rectum; 10, the portion of the abdominal cavity occupied by the small intestines.

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89. The stomach has two curves, a greater (plate 6, fig. 5,) and a smaller (plate 6, fig. 6).

Its openings.

90. It has two openings, called its orifices; the left being a continuation of the œsophagus, (plate 6, fig. 1, plate 7, fig. 1,) called the cardia (plate 6, fig. 2, plate 7, fig. 2,) and the right opening, situated lower and more towards the pit of the stomach and connected with the next intestine. This opening is called the pylorus, and corresponds in site to the pit of the stomach, (plate 6, fig. 7, plate 7, fig. 8).

Relative position of the two orifices.

91. From this position of the stomach, it happens that if the stomach is divided along the curvatures the cardiac orifice (plate 6, fig. 2,) would be found in the upper half, and the pyloric or intestinal orifice in the lower half (plate 6, fig. 7).

Pyloric valve.

92. At the pyloric orifice is a VALVE (plate 7, fig. 3,) called the pyloric, which serves to close the stomach.

The coats of the stomach.

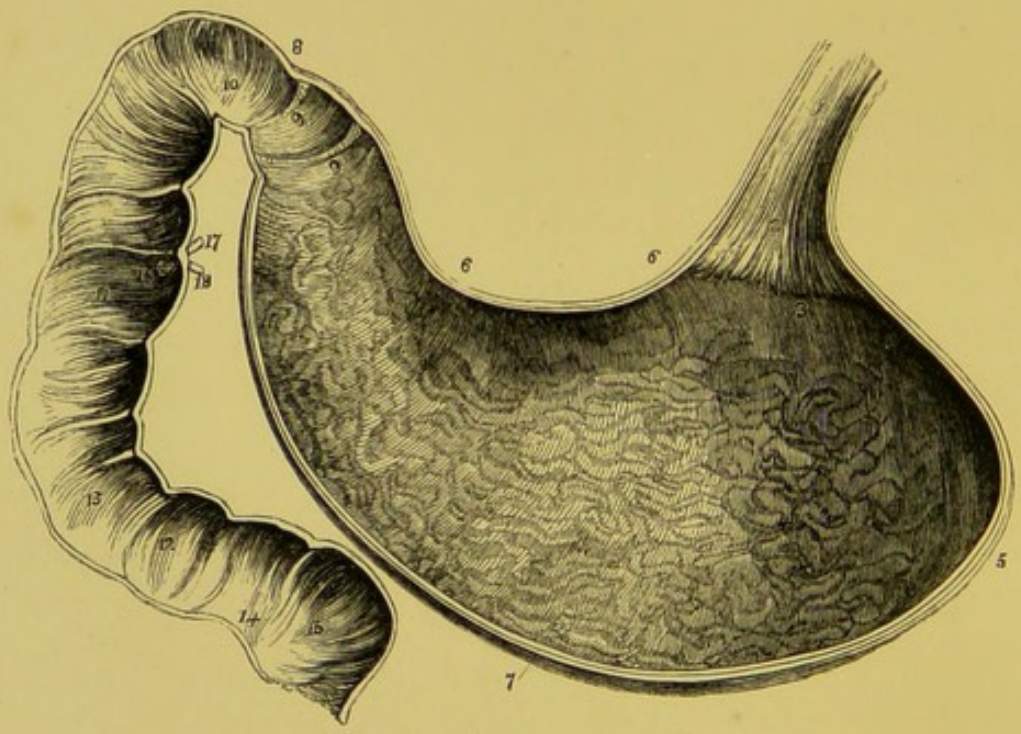
93. The stomach is composed of five layers or coats: the first, the external or membranous, being continuous with the common coat or lining of the abdominal cavity called the peritoneum, is called the peritoneal, and its fibres are transverse: the second coat is called the cellular: the third coat is the muscular: the fourth, the nervous: and the fifth, the villous.

The muscular coat.

94. The muscular coat is made of several layers of fibres, which may be grouped into two divisions, the outer plane or layer being composed of longitudinal, the inner plane of transversely circular fibres. Many of the muscular fibres are spiral, particularly about the pylorus. The fibres of the outer layer are often intersected by small oblique whitish, tendinous lines. The fibres of the inner

Its peculiar structure.

PLATE VII.



layer, when examined minutely, appear rather as segments of than complete circles, being intersected by great numbers of small white, very oblique lines, tendinous in appearance. These circles of fibres, as approaching the greater extremity of the stomach, gradually lessen in size, forming a kind of muscular whirlpool, the centre of which is in the middle of the great extremity of the stomach. All this peculiarity of structure has an important practical bearing in reference to Digestion.

Nervous coat.

95. The fourth coat, the nervous, has on its convex side, a large number of small vessels, which, having the minuteness of hairs, (capillæ,) are called capillaries. Besides the nerves in this coat are numerous vessels. The concave, *i. e.*, the interior side of this nervous coat, presents a spongy texture like fine cotton or wool, which contains a large quantity of glandular bodies, like little grains, hence called glandular granules, which appear to be the secreting organs of the peculiar fluid, called the gastric juice.

Glandular granules.

Villous, fungous coat.

96. The fifth coat has a velvety appearance, hence called the villous coat, called formerly the fungous coat. It is thin, porous, the pores corresponding to the glandular granules (95).

Rows of rugæ on the inner coats of the stomach.

97. The two coats, just described, the nervous and the villous, like the corresponding coats of the gullet, are of a greater extent than the coats external to them, and form large folds or wrinklings (rugæ,) (plate 7, fig. 4,) on the internal concave surface of the stomach. At the cardiac orifice (plate 7, fig. 2,) the rugæ are radiated, forming a kind of crown. Those over the greater part of the stomach are transverse, irregular and wavy, (plate 7,) becoming

CHAP. IV.

longitudinal at the pylorus where they terminate. Some longitudinal rugæ intersect the others.

98. At the pyloric extremity of the stomach the pylorus itself presents the figure of a ring transversely flattened, the inner edge running naturally into plaits or gathers like the mouth of a purse when closed. This arrangement of fibres enables the pylorus to act as a closing or sphincter muscle, and this part is hence very appropriately named the *pyloric valve*, (92).

The formation of the pyloric valve.

99. In health and when free from food the stomach is usually entirely empty and contracts upon itself.

100. The inner coat of the stomach in its natural, *i. e.* healthy and unstimulated state, is of a light, pale pink colour, and is constantly covered with a very thin, transparent, viscid mucus, lining the whole interior of the organ. The coat, so covered with mucus, is hence sometimes called the mucous coat.

Mucous coat.

101. The stomach is abundantly supplied with blood vessels, the chief vessels dividing and subdividing, and these sending cross branches one to the other, thus forming quite a net-work over the stomach, the nervous coat being that coat which, according to Ruysch, is most abundantly supplied with blood-vessels.

Blood-vessels of the stomach.

102. The nerves supplying the stomach are very numerous, dividing and spreading in different directions, forming bundles of nervous net-work, from which are sent off fine nervous threads or filaments to the inner coats of the stomach.

Nerves of the stomach.

103. The chief nerves of the stomach are derived from the eighth pair of nerves, called the PAR VAGUM, which nerve passes down the œsophagus from within

Par vagum.

the skull, in the form of two great cords, which unite round the upper orifice of the stomach, forming there a net-work or, as it is technically named, a plexus of nervous fibres.

A plexus.

104. Besides these nerves thus derived from the eighth pair, there are numerous branches of nerves from the great intercostal nerve, or, as it is called, the great sympathetic nerve, being so named because its branches being distributed to all the interior organs of the body, it combines all the organs, uniting them into one great sympathy. These by branches, which unite with the branches from the par vagum, establish a communication with that nerve, and thus bring the brain into connexion with the general digestive system.

Great sympathetic nerve.

105. When food passes into the stomach through the cardiac opening, the action of the vessels of the stomach is increased, the pale pink colour of the internal coat of the stomach becomes deepened, and little transparent drops are seen upon the surface of the stomach, this fluid being the gastric juice.

Food stimulus to stomach.

Gastric juice.

106. Pure gastric juice is a clear, transparent fluid, without smell, slightly saltish, and very perceptibly acid. Its taste when applied to the tongue, is similar to thin mucilaginous water, slightly acidulated with muriatic acid. It coagulates white of egg in a remarkable degree, is powerful in resisting the putrefaction of meat.

Characteristics of gastric juice.

107. Pure gastric juice will keep for many months without becoming fœtid.

108. The changes upon the food, which take place in the stomach, manifest themselves in the converting the various articles taken as food, into a soft poultice-like mass, in which all the individual articles lose

Formation of chyme.

CHAP. IV.

their identity, and become changed into a substance of a like nature, called chyme.

Chymification.

109. This group of changes is called Chymification.

110. Several agents are engaged in effecting this change.

111. The principal agent is the gastric juice. So numerous and so important are the facts connected with the gastric juice and its action, as to require for its consideration a distinct chapter.

CHAPTER V.

On the Gastric Juice, with axioms and practical deductions.

CHAP. V. Alexis St Martin, his accident and its results.

112. Alexis St Martin, a Canadian of French descent, of good constitution, robust and healthy, in his eighteenth year, was, while engaged in the service of the American Fur Company as a voyageur, accidentally wounded by the discharge of a musket. The accident occurred on the 6th of June, 1822. The injuries inflicted were very severe: the sixth rib was fractured and the anterior half was carried away: the fifth rib was fractured: the lower portion of the left lobe of the lungs was torn, as was the diaphragm, and the stomach itself was perforated. A portion of lung, lacerated and burnt, as large as a turkey's egg, protruded from the wound; and immediately below this was another protrusion, which proved to be a portion of the stomach. The food he had taken for his breakfast, poured out through an orifice large enough to admit the fore-finger.

By skilful surgery acting in accordance with a strong constitution, Dr Beaumont, under whose care

CHAP. V. Alexis came, succeeded in completing the closure of the wound into the chest.

113. During this period, as Dr Beaumont relates, for seventeen days all that entered his stomach by the œsophagus soon poured out through the wound, and nutritious injections per anum were the only means of support.

No action of the bowels for seventeen days.

114. During this period of seventeen days, no action of the bowels could be obtained, although cathartic injections were given, and various other means were adopted to promote the intestinal action.

Action of bowels after food retained in his stomach.

115. In a few days, after firm dressings were applied, and the contents of the stomach were retained, the bowels became gradually excited, and, with the aid of cathartic injections, a very hard black, fetid stool was procured, followed by several smaller ones, after which the bowels became quite regular, and continued so.

Process of healing.

116. The fourth week after the accident, the sides of the protruded portions of the stomach had adhered to the membrane (pleura) lining the rib (the costal pleura) and to the external wound. Cicatrization and contraction of the external wound commenced on the fifth week, the stomach becoming more firmly attached to the pleura and to the adjacent muscles situated between the ribs, (the intercostals). The orifice into the stomach exhibited no sign of closing. Fortunately for science, Dr Beaumont's attempts to close the aperture were ineffectual. By June 6th, 1823, one year after the accident, all the injured parts had become sound, except the aperture in the stomach and side: the perforation at this time being about two inches and a half in circumference,

food and drinks being kept in the stomach only by the application of a tent, a compress and a bandage.

117. The wound still improved, and in the winter of 1823-4, a *small fold or doubling of the coats of the stomach* appeared to be forming at the upper margin of the orifice, slightly protruding, and increasing till it filled the aperture, so as to supersede the necessity for the compress and bandage, which had hitherto retained the contents of the stomach. This valvular formation adapted itself to the accidental orifice so completely as to prevent the escape outwards of the contents of the stomach, when the stomach was full. At the same time this valvular formation was easily depressed with the finger, so as to enable the observer to SEE INTO THE INTERIOR OF THE STOMACH.

A valve formed so as to close aperture into the stomach.

118. The valve thus formed is strictly a slightly inverted portion of the inner coats of the stomach, fitted so exactly as to fill the aperture. Its free portion hangs pendulous, and fills the aperture when the stomach is full, and plays up and down simultaneously with the RESPIRATORY muscles when the stomach is empty.

Its action corresponding to the respiratory movements.

119. In the spring of 1824, Alexis had completely recovered his natural health and strength.

In May 1825, Dr Beaumont commenced his first series of experiments in connexion with the stomach of Alexis, and continued them till the autumn, at which time Alexis left him to return to Canada, his native place.

Return to Canada.

Alexis remained in Canada four years, married and had two children, working hard to support his family. In 1825 he engaged with the Hudson's Bay

CHAP. V. Fur Company as a voyageur to the Indian country, went out in 1827, and returned in 1828.

Having learned his place of residence, Dr Beaumont, at great expense, had him conveyed, in August 1829, with his wife and children, from Lower Canada to himself, at Fort Crawford, Upper Mississippi, a distance of nearly two thousand miles.

The aperture into his stomach still remained, and his health was good.

Experiments on Alexis.

120. Alexis again entered Dr Beaumont's service, and submitted to a second series of experiments, which were carried on uninterruptedly till March 1831: he performed the duties of a common servant, chopping wood, carrying burdens, &c., with little or no suffering or inconvenience to his wound.

Returns to Canada

121. In 1831, he returned again to Lower Canada with his family. They started in an open canoe, via Mississippi, passing by St Louis, Mo: ascended the Ohio river, crossed the state of Ohio to the lakes: descended the Erie, Ontario and the river St Lawrence to Montreal, where they arrived in June, and remained in Canada till October 1832, having been, in the midst of the cholera epidemic, safe from the ravages to which hundreds around them fell sacrifices.

122. In November 1832, Alexis again engaged himself to Dr Beaumont, joining him at Plattsburgh, New York, travelling with him to Washington, where he was subjected to experiments from November 1832 to March 1833.

123. Alexis had all this time enjoyed average good health, and had been engaged in athletic exercises, and living as other healthy people.

124. This history has been given with two objects:

first, to record the facts of the case; and second, to show that the experiments performed on Alexis, are to be considered as experiments on a healthy person.

125. These experiments have an intensity of interest associated with them, from the fact that never did an opportunity occur before of seeing what goes on in a healthy stomach,* and, it is likely, never will such opportunity occur again.†

126. From the experiments made by Dr Beaumont, numerous most important facts in relation to the digestion of food have been developed, and the following history, deductions, axioms and conclusions, have been drawn from the invaluable work containing these experiments.

It may be useful again to record the fact, that the great agent in the digestion of food in the stomach is THE GASTRIC JUICE.

Gastric juice, its character, how obtained.

127. Dr Beaumont obtained the gastric juice from

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* Dr Combe, in his preface to the English edition of Dr Beaumont's work, remarks: "Two or three other cases have, indeed, occurred, in which the cavity of the stomach was laid open by external wounds; but in none except that of Alexis St Martin, observed by Dr Beaumont, did perfect recovery take place while the opening remained unclosed. In all of them, death occurred in a longer or shorter time without affording any opportunity of observing the phenomena of really healthy digestion," p. 11, edit. 1838. The facts recorded 119, 121, sufficiently demonstrate that Alexis was healthy and strong.

† It is lamentable that the British Association has not taken steps to obtain Alexis for the purpose of submitting him to some further scientific experimenting. Physiological science and dietetics might obtain therefrom an almost incalculable mass of facts, pregnant with utility. This neglect on the part of the Association is one of the greatest blots on its history; and as the matter was brought before them, there exists no excuse for the neglect.

CHAP. V.

Alexis's stomach by the following method: Alexis was placed on his right side, the valve was depressed within the aperture; a gum elastic tube, of the size of a large quill, was introduced five or six inches into the stomach; Alexis was then turned on the left side, until the orifice became dependent. The fluid, immediately on the introduction of the tube, began to flow, first by drops, then in an interrupted and sometimes in a continuous stream. Moving the tube up and down, or backwards and forwards, increased the discharge.

Quantity poured out.

128. Four drachms to one and a half or two ounces, varying according to the circumstances and the condition of the stomach, were ordinarily obtained.

129. The time chosen for extracting the juice was early in the morning, when the stomach is empty and clean.

Sinking sensation caused by the extraction of the gastric juice.

130. This extraction of the gastric juice was generally attended with a sinking sensation,* and some degree of faintness at the pit of the stomach, a sensation sometimes so strong as to render it necessary to stop the operation.

131. Dr Beaumont found that, when one ounce and a half or two ounces of gastric juice had been

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* *Sinking at the pit of the stomach explained.*—Will not this explain the sinking felt by some dyspeptics, which requires the immediate supply of some article of food to prevent faintness? That is, may not the diseased state of the stomach cause the pouring out a portion of gastric juice, which becomes a source of unpleasant sensation?

This effect, produced on the feelings of Alexis by the production and the extraction of the gastric juice, demonstrates the absurdity of attempting to remove a sinking sensation by stimuli.

suffered to run out from Alexis's stomach, besides the sinking, he was affected by *dimness of vision* and *giddiness on rising.**

Dimness of vision and giddiness caused by the extraction of the gastric juice.

132. Besides the gastric juice, chymous fluids were extracted from Alexis's stomach. These were obtained by depressing the valve within the aperture, laying the hand over the lower part of the stomach and pressing upwards. In this manner any quantity was obtainable.

Other fluids discharged.

133. The gastric juice appears to be secreted from numberless vessels, distinct and separate from the mucous follicles of the stomach. These vessels, when examined with a microscope, appear in the shape of small lucid points, or very fine papillæ, situated in the interstices of the follicles. They discharge their fluid only when solicited so to do by the presence of aliment, or by mechanical irritation.

Gastric juice secreted by papillary vessels.

134. Pure gastric juice, when taken directly out of the stomach of a healthy adult, unmixed with any other fluid, save a portion of the mucus of the stomach, with which it is most commonly, and perhaps always combined, is a transparent fluid, inodorous, a little saltish, and very perceptibly acid. Its taste, when applied to the tongue, is similar to thin mucilaginous water, slightly acidulated with muriatic acid. It is readily diffusible in water, wine, or

Its appearance and characteristics.

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* *Dimness of vision in dyspepsia explained.*—Will not these effects produced explain the dimness of vision and giddiness connected with dyspepsia? And will not the fact that this faintness was produced by the application of an indigestible agent, namely, the tube, to the coats of the stomach, and that the gastric juice was poured out when no food was in the stomach to be acted upon, show the absurdity of attempting to relieve the symptoms felt by dyspeptics, by stimuli, since the discharge of the gastric juice is dependent upon a diseased action? Veratrum is very valuable in these cases.

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spirits; slightly effervesces with alkalies, and is an effectual solvent of all articles of food. It possesses the property of coagulating albumen in an eminent degree; is powerfully antiseptic, checking the putrefaction of meat; and is effectually restorative of healthy action, when applied to old fetid sores and foul ulcerating surfaces.

135. Saliva and mucus are sometimes abundantly mixed with the gastric juice. The mucus may be separated by filtering the mixture through fine linen or muslin cambric. The gastric juice and part of the saliva will pass through, while the mucus and spumous or frothy parts of the saliva remain on the filter. When not separated by the filter, the mucus gives a ropiness to the fluid, that does not belong to the gastric juice. The mucus soon falls to the bottom in loose white flocculi. Saliva imparts to the gastric juice an azure tinge, and frothy appearance, and, when in large proportion, renders it fetid in a few days; whereas the pure gastric juice will keep for many months, without becoming fetid.

136. The gastric juice does not begin to accumulate in the cavity of the stomach, until alimentary matter is received, which excites the vessels of the stomach to discharge their contents, for the immediate purpose of digestion.

Gastric juice poured out on the application of food.

Under such an application of food, the gastric juice is seen to exude from its proper vessels, and its exudation increases in proportion to the quantity of aliment naturally required and received. *A definite proportion of aliment*, only, can be *perfectly digested* in a *given quantity of the fluid*. From experiments on artificial digestion, it appears that the proportion of juice to the ingesta is greater than is generally

supposed. Its action on food is indicative of its chemical character. Like other chemical agents it decomposes or dissolves, and after combining with a fixed and definite quantity of matter, its action ceases. When the juice becomes saturated, it refuses to dissolve more; and if an excess of food have been taken, the residue remains in the stomach, or passes into the bowels in a crude state, and frequently becomes a source of nervous irritation, pain, and disease, for a long time; or until the vis medicatrix naturæ restores the vessels of this viscus to their natural and healthy actions—either with or without the aid of medicine.

Gastric juice combines only with a given quantity of aliment.

137. Dr Beaumont used the greatest diligence to discover the truths which the peculiar condition of Alexis' stomach rendered discoverable. The experiments he has recorded, as performed by him, amount to one hundred and eighty; and these experiments were performed with a freedom from bias extremely favourable to the discovery of truth. Indeed, Dr Beaumont seemed to have formed no theories before he began his experiments, but to have recorded simply what he saw.

One hundred and eighty experiments.

138. From these experiments numerous are the results.

To aid in their enumeration, and in their impression on the mind, it may be useful to embody the generalities connected with them under the following axioms.

AXIOMS.

Axiom 1. The gastric juice exercises its solvent power similarly on all alimentary substances.

Axiom 1.

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Axiom 2. Axiom 2. Chyme being a compound of gastric juice and of aliment, the stomach can by digestion dispose of a definite quantity only of aliment.

Axiom 3. Axiom 3. Minuteness of division and tenderness of fibre are the two grand essentials for speedy and easy digestion.

Axiom 4. Axiom 4. Generally speaking, vegetables are digested more slowly than meat and farinaceous substances, and require greater powers of the gastric organs.

Axiom 5. Axiom 5. Food that is solid is sooner disposed of by the stomach, than food that is liquid, and the nutritive principles of the solid food are sooner carried into the circulation.

Axiom 6. Axiom 6. The fat of meat is always resolved into oil before it is digested.

Axiom 7. Axiom 7. When solid and liquid substances are mixed at the same time in the stomach, the liquid is absorbed before any action takes place on the solid.

Axiom 8. Axiom 8. Bulk is nearly as necessary to the articles of diet as is the nutritive principle.

Axiom 9. Axiom 9. A considerable variety of diet seems necessary to man in a state of civilization.

Axiom 10. Axiom 10. A healthy stomach digests its contents in from one to three or four hours.

Axiom 11. Axiom 11. The sense of satiety is produced when the appetite has been gratified beyond the point of healthful indulgence. The pleasurable sensation of perfect satisfaction, ease, and quiescence of body and of mind, are the indications that enough has been taken.

Axiom 12. Axiom 12. Condiments, particularly those of the spicy kind, are, for the purpose of digestion, non-essential to the inhabitants of these climates.

Axiom 13. Coffee and tea, the common beverages of all classes of people, have a tendency to debilitate the digestive organs. Axiom 13.

Axiom 14. Persons who do not exercise much, require less nutritious diet than those who are in the habit of constant labour. Axiom 14.

Axiom 15. The motion of the stomach increases the flow of the gastric juice. Axiom 15.

Axiom 16. Hunger being dependent on the state of the brain, it may be developed in disease, and, as so developed, such hunger is a false hunger, and is not an indication of a need of food, any more than the hearing, in diseased states of the brain, of imaginary sounds, is an indication that such sounds should be obeyed. Axiom 16.

Axiom 17. In the febrile state very little or no gastric juice is secreted. Axiom 17.

Axiom 18. Undigested portions of food cause all the phenomena of fever. Axiom 18.

Axiom 19. Anger and other mental emotions cause bile to pass into the stomach. Axiom 19.

Axiom 20. Bile is never found in the stomach, in a state of health, except when oily food or fat food are taken, which causes the presence of bile in the gastric fluids. Axiom 20.

Several important facts and deductions will develop themselves in the consideration of these axioms individually.

139. Axiom 1. THE GASTRIC JUICE EXERCISES ITS SOLVENT POWER SIMILARLY ON ALL ALIMENTARY SUBSTANCES.

140. However various the articles taken as food into the stomach, the gastric juice completely destroys the identity of each article, acting by its solvent Gastric juice destroys the identity of every article.

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power: so that, viewed in this aspect, the ultimate principles of nutriment are probably always the same, whether obtained from animal or vegetable diet, realizing as true the assertion of Hippocrates, "There are many kinds of aliments, but there is at the same time but one aliment."

Chyme, a compound of gastric juice and aliment.

141. The greyish, poultice-like mass, obtained by the action of the gastric juice on the food, designated chyme, is a compound of gastric juice and aliment, and, using the chemical language of the day, may be described as a gastrite of whatever the gastric juice is combined with.

142. The most innutritious vegetable and the most animalized substance require the same action of the gastric solvent to effect the conversion into chyme.

143. Axiom 2. CHYME BEING A COMPOUND OF GASTRIC JUICE AND ALIMENT, THE STOMACH CAN DISPOSE ONLY OF A DEFINITE QUANTITY OF ALIMENT.

144. This axiom is illustrated by the following experimentation:—

Experiment.

Dec. 14, 1829. At one o'clock P.M. I took one and a half ounces of gastric juice, fresh from the stomach, after eighteen hours fasting, into an open-mouthed vial, put into it twelve drachms of recently salted beef (boiled) and placed it in a basin of water, on a sand bath, and kept it at about a hundred degrees (Fahrenheit) with frequent gentle agitation. Digestion commenced in a short time on the surface of the meat, and progressed in that manner uniformly for about six hours, when its solvent action seemed to cease. The meat was at this time nearly half dissolved; the texture of the central portion considerably loosened and tender, resembling the same kind of aliment, when ejected, partly digested,

from the stomach, some hours after being swallowed, as is frequently seen in cases of indigestion.

The vial, continuing in the same situation, its contents varied considerably in their sensible qualities. In twenty-four hours, the digested portions separated into a reddish brown precipitate, and a whey-coloured fluid.

I now separated the undigested from the chymous portion, by filtration, through thin muslin. When squeezed dry, it weighed five drachms, two scruples and eight grains, which, deducted from the twelve drachms of meat put in at first, leaves six drachms and twelve grains, digested in twelve fluid drachms of gastric juice.

145. From Dr Beaumont's experiments it appears that a given quantity of gastric juice acts on a definite proportion of aliment. In this experiment twelve drachms of gastric juice were required to digest six drachms twelve grains of aliment. The gastric juice then becomes saturated, and, when so saturated, the gastric juice is inadequate to produce any further effect.*

Deduction as to a cause of indigestion.

146. If chyme is a compound of gastric juice and aliment, *i. e.*, if gastric juice is a solvent and dissolves only a given quantity of food, it is evident that any quantity taken more than that which is

* The stomach itself, if the phrase can be used, seems to be aware of the necessity of not overloading itself. Dr Beaumont made the following interesting observations on Alexis's stomach:—

"The stomach will not admit of the introduction of food, even of a liquid kind, through the aperture of the cardia at a rapid rate. If a few spoonfuls of soup, or other liquid diet, be put in with a spoon or funnel, the rugæ gently close upon it, and gradually diffuse it through the gastric cavity, entirely excluding more during this action. When a relaxation takes place, another quantity will be received in the same manner.

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equivalent to the solvent power of the gastric juice, must remain unacted upon and indigestion must be the result.

As an additional evidence that gastric juice acts in a fixed relationship to quantity is the fact, that, in several experiments where chymification had ceased on the food taken out of Alexis's stomach, it *recommenced* on the addition of fresh gastric juice.

Digestion recommenced by the addition of fresh gastric juice.

147. Axiom 3. MINUTENESS OF DIVISION AND TENDERNESS OF FIBRE ARE THE TWO GRAND ESSENTIALS FOR SPEEDY AND EASY DIGESTION. The proofs of this axiom are to be found in the following experiments:—

Experiment on well chewed food.

148. Experiment 33. March 13, at one o'clock P.M. Alexis dined on roast beef, bread and potatoes. In half an hour the food taken was reduced to a mass resembling thick porridge. At two o'clock nearly the whole was changed into chyme, and at half-past four the chymificatiom was complete. The food in this experiment had been *broken down and divided* by the act of chewing.

Experiment on underdone and unchewed food.

149. Dr Beaumont tried, on another occasion, an experiment, the converse of this: at a quarter-past eight A.M. he suspended by a string two pieces of

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"If the valvular portion of the stomach be depressed, and solid food be introduced, either in entire pieces or finely divided quantities, the same gentle contraction, or grasping motion, takes place, and continues for fifty or eighty seconds; and will not allow of the introduction of another quantity until the above time has elapsed; when the valve may again be depressed, and more food be put in. Food and drinks will be received through the aperture no faster, even when the stomach is entirely empty, than they are ordinarily received through the œsophagus.

"When Alexis was placed so that the cardia could be seen, and he was allowed to swallow a mouthful of food, the same contraction of the stomach, and closing upon the bolus, was invariably observed to take place at the œsophageal ring."

rare roasted beef in the stomach and examined it each hour till twelve A.M., the beef showed an uniform but very slow process of digestion, the digestion being confined entirely to the surface of the meat.

Necessity to chew food.

150. These experiments demonstrate the essential necessity for masticating the food as a means of realizing minute division of the fibres or texture of the food, and also as imparting a sort of tenderness to the food.

Game most digestible.

151. Those foods, which possess minute fibres, will be best for digestion. Such are game and wild animals. Dr Beaumont found that venison was of all foods the most readily converted into chyme in Alexis's stomach. In one experiment, a breakfast was made of venison, pastry, cranberry jam and bread, and the whole was digested in an hour and thirty-five minutes. Birds and wild animals wander where they will. They give due exercise to the muscular fibres, and thus the flesh gains a peculiarity of structure, favourable to digestion.*

South-down mutton very digestible.

152. South-down mutton is famous for its digestibility, and its tenderness of fibre is dependent partly on the peculiarity of the breed, partly on the herbage, and partly on the range of feeding allowed to the animal, permitting and inducing much muscular exertion in order to obtain its food.

Chicken indigestible.

153. The axiom leads to the conclusion, that the flesh of young animals (chicken, for example,) is a food very indigestible. The fibres of all young

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* Beattie remarks on the freedom of birds:—

"Oh let them ne'er with artificial note,
To please a tyrant strain their little bill,
But sing what Heaven inspires, and
Wander where they will."

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animals are long and stringy; they have not attained their proper texture, and hence, if the adage is true, "tender as a chicken," the usual mental if not verbal adjunct to the adage is not true, "digestible as a chicken."

154. It is a practice too common for a "friend" to bring a chicken to some sick person. If the chicken be used to make broth and the broth only be taken, as the water dissolves only the gelatine or jelly of the chicken, injury does not result; but if the patient eats the chicken, it is not unlikely that a relapse of the disease, under which the patient has been labouring, will be produced.

Relapse caused by eating chicken.

155. How continually are illustrations presented in connexion with the dietetic treatment of the sick, of the necessity of attending to the exhortation, "Let your love be with wisdom."

156. On the grounds already brought forward (there are other grounds,) all young meats, such as veal, are to be avoided by the sick, by those labouring under chronic complaints, and hence the special directions, given by homœopathists in reference to diet, are founded on scientific data.

Veal to be avoided by the sick.

157. It is on the account, that incipient putrefaction, bringing about a disintegration of the particles of the meats, renders these particles more easily separable, that meat requires to be kept a short time after the animal has been killed in order to become easy of digestion. Hence it is that "hung" meat is so tender and easy of digestion.

Incipient putrefaction necessary to tenderness.

Hung meat.

158. A concluding evidence of the effect of minuteness of division and tenderness of fibre as intimately associated with and favourable to digestion, is to be found in the facts, that albumen, such as the white

of egg, if taken into the stomach, either very slightly or not at all coagulated, is perhaps as rapidly chymified as any article of diet; whereas, if formed into hard portions or coagula, by heat or otherwise, and swallowed in large solid pieces, the digestion is protracted.

White of egg hard boiled indigestible; soft boiled, digestible.

In the first state, the albumen is firmly coagulated and divided in the stomach; in the second, it is less susceptible of subdivision from its hardness.

159. The principle, embodied in this axiom, has relation to vegetable substances, as well as to animal; that is, they are more capable of digestion the more minute the state of division. Dr Paris, in his work on Diet, p. 78, states "that potatoes are better when boiled only so as to be rendered tender, and have their form preserved, than when boiled to a dry insipid powder."

Mealy potatoes digestible.

This statement of Dr Paris may lead to mistake. It is certain that mealy potatoes, though not preserving their form, are more digestible than potatoes not mealy which do preserve their form. Dr Beaumont's experiments demonstrate that vegetables, like animal substances, are more capable of digestion in proportion to the minuteness of their division. He found, that, when boiled or otherwise cooked to dryness so as to be readily mashed, potatoes are readily converted into chyme; when differently prepared, and boiled only so as to be rendered barely soft, moist and tenacious, with the shape preserved, entire pieces remain long undissolved in the stomach, and very slowly yield to the action of the gastric juice. Pieces of raw potato, when submitted to the operation of the gastric fluid in vessels kept warm by means of a bath, in the same manner, almost entirely resist its

Potatoes well boiled much more easy of digestion.

Raw potato not acted on by the gastric juice.

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action.* Many hours elapse before the slightest appearance of digestion is observable, and this only on the surface, where the external portions become a little softened, mucilaginous, and slightly farinaceous.

Colic from uncooked vegetables.

160. These facts in regard to vegetable substances, will explain why colics and other derangements of digestion are produced by eating uncooked or imperfectly cooked vegetables. Indeed, violent spasms, affecting different and remote parts of the system, often supervene on the introduction of crude or indigestible food into the stomach.

161. Axiom 4. GENERALLY SPEAKING VEGETABLES ARE DIGESTED MORE SLOWLY THAN MEATS AND FARINACEOUS SUBSTANCES AND REQUIRE GREATER POWERS OF THE GASTRIC ORGANS.

Raw vegetables pass undigested.

162. It is a curious fact that raw vegetables are sometimes allowed, even when the stomach is in a healthy state, to pass the pyloric orifice, while other food is retained there to receive the solvent action

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* These views are strikingly demonstrated in the following experiment. Experiment 95.

"February 3.—At twelve o'clock M., I put two equal and entire pieces of *parsnip*, ten grains each, one boiled and the other raw; the same kinds and quantities of *carrot;* and the same of *potato*, into four drachms of gastric juice, and placed them on the bath. At twelve o'clock M. on the fourth, the vegetables, taken out and wiped, or filtered as dry as when put in, showed the following result:—

"The piece of raw parsnip weighed three grains, the boiled one grain; raw carrot three and one-fourth grains, boiled half a grain; raw potato eight and a half grains; boiled *no entire particle could be distinguished;* a fibrous and farinaceous residuum of six grains remained on the filter. At twelve o'clock A.M. on the fifth, the pieces of parsnip and carrot were almost entirely dissolved, a grain or two of the raw carrot and fibrous centre of the parsnip only remaining. About a grain of the roughish-white farina of the boiled potato remained. The raw potato was a little softened and wasted on the surface, but weighed the same as at last examination, eight and a half grains.

of the gastric juice. Such bodies that leave the stomach in this state pass rapidly through the intestinal tube.

These bodies not undergoing digestion may, in delicate individuals, cause colics and bowel complaints.

163. Axiom 5. SOLID FOOD IS MORE EASILY DISPOSED OF BY THE STOMACH THAN FLUID, AND ITS NUTRITIVE PRINCIPLES ARE SOONER CARRIED INTO THE CIRCULATION.

164. This axiom affords an explanation of the benefit that some dyspeptics derive from living almost wholly on solid food. The stomach has less to do. Indeed it is quite clear that much injury is inflicted in the stomach by the too common practice of drinking much water at meals. It is far better to wait an hour or two hours after a solid meal before drinking liquids. A few years since a medical practitioner obtained some reputation in the treatment of dyspepsia, he allowing his patients no liquid at all: of his success in certain cases an explanation might be derived from the truths embodied in this axiom.

Dyspepsia treated by not allowing drinks.

164*a*. When to this axiom is added the fact, established by Dr Beaumont's experiments, that, when solids and liquids are mixed at the same time in the stomach, the liquid is taken up first, (axiom 7, 170,) the importance of dyspeptics living on solid food* with little drink, becomes further apparent, since the stomach is saved from the additional labour of taking up the liquid.

Liquids a burden to the stomachs of dyspeptics.

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* I have a patient who suffers from cancer, and she found she has always more pain in her breast when she takes liquids: she has very little pain when she makes a meal of solid food only.

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165. Axiom 6. THE FAT OF MEAT IS ALWAYS RESOLVED INTO OIL BEFORE IT IS DIGESTED.

166. The fat of meat being converted into oil before it is digested it may be inferred, that the oil would float on the surface of the contents of the stomach. This is the case. Dr Beaumont observed in Alexis's stomach, when Alexis fed on fat meat or butter, that the whole superior portion of the contents of the stomach, if examined a short time after eating, was covered with an oily pellicle.* This will explain how, when flatulence troubles a dyspeptic, it happens, that the wind brings up with it some rancidity. It will explain how fat disagrees with many weak stomachs, that is, the fat is separated in an oily form, but the stomach has not the power to digest it in this state.

Children not to eat fat.

167. Fat, too, is concentrated nutriment. Children, it is well known, very rarely like fat meat. Children want food in large quantities, not in concentrated forms.

168. This dislike to fat may therefore be viewed

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* "March 15.—At eight o'clock thirty minutes, A.M., breakfasted on *fresh sausage, light pancakes,* and a pint of *coffee.*

"At nine o'clock thirty minutes, examined, and found the stomach full of fluids, mixed with the aliment, and *a large portion of clear oil floated on the top,* and presented itself at the perforation of the stomach. At ten o'clock thirty minutes, I took out a portion,—found the cakes and particles of meat about half digested, with some oil, pure, bland, and limpid, rising upon the top, untouched by digestion. Placed it on the bath.

"At twelve o'clock M., examined stomach,—found no vestige of his breakfast, not a particle of oil was to be seen, nothing but pure gastric juice could be extracted, of which I took out twelve drachms.

"That portion of his breakfast taken out at ten o'clock and thirty minutes, was at this time almost completely chymified, a few small particles of oil only remaining. The chymous mass of a milky colour, and thick gruel-like consistence."

as a result of natural instinct, and should teach parents not to force children to eat fat: not, as the dogmatic phrase is, to make them eat "fair," *i. e.* fat and lean together.

169. Axiom 7. WHEN SOLID AND LIQUID SUBSTANCES ARE MIXED AT THE SAME TIME IN THE STOMACH, THE LIQUID IS ABSORBED BEFORE ANY ACTION TAKES PLACE ON THE SOLID.

170. This axiom is founded upon several experiments. In an experiment, in which, at half-past two P.M., Alexis dined on fresh beef, vegetable soup, and four ounces of bread: at half-past three, the soup appeared to have had its more fluid parts absorbed, for at this time it was much more consistent than when eaten. As Dr Beaumont states, the soup could not be digested until it was formed into a harder mass by the absorption of the watery part: and Dr Beaumont adds, if water were permitted to remain in the stomach, it would render the soup too liquid to be acted on by the gastric juice.

Experiment.

171. From this axiom and these views, the unscientific nature of the practice of drinking much liquid at solid meals is apparent; people think that water cannot do any harm. This is a mistake.

172. Axiom 8. BULK IS NEARLY AS NECESSARY TO ARTICLES OF DIET AS IS THE NUTRIENT PRINCIPLE.

173. Dr Andrew Combe relates that, in a conversation held with the spokesman of a party of Veddahs, or wild hunters of Ceylon, by Dr Combes's friend, Mr Marshall, the conversation originating in an enquiry, why the Veddahs always mixed the pounded fibres of soft or decayed wood with the honey, on which they fed when meat was not to be had, the

Quantity of food necessary.

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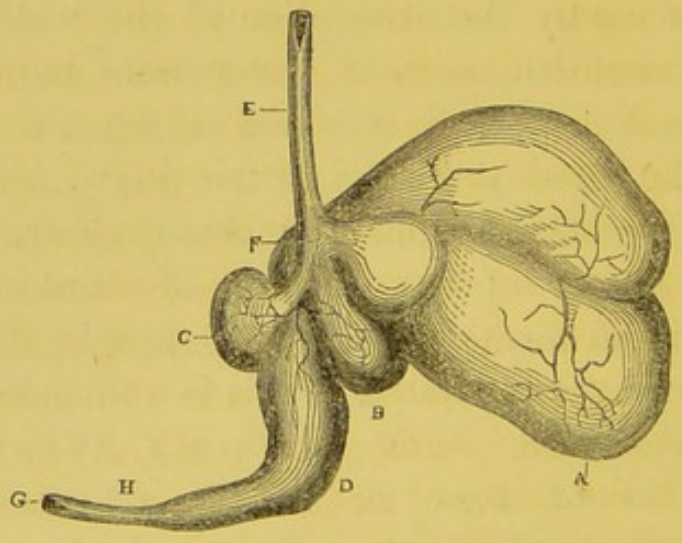
practical Veddah remarked, I cannot tell, but I know that the belly must be filled.

Too nutritive diet injurious.

174. Highly nutritive diet, *i. e.*, nutriment in a small compass, is not at all adapted to the human system; dogs fed on oil and sugar, convertible almost wholly into chyle by the digestive organs, become diseased, and die in a few weeks. Concentrated food, as Dr Combe properly remarks, is out of harmony with the organic structure of animals.

The Creator has constituted every animal with relation to its natural or proper food and no other, and if that be denied, it must of necessity suffer.

The cow, for example, has four stomachs,* especially adapted for digesting herbage, out of which it extracts its nutriment: but supposing that, as Dr Combe



* The arrangement of the stomach in the cow is the following:—A is the *paunch*; this, which is very large, is distributed internally into many partitions. At the right of the gullet E, and the front part of the paunch, is the second stomach, called the bonnet; this is the smallest of the stomachs. Next is the stomach C, called the omasus or the maniplus, which is at the right side of a small duct F, that conducts from the gullet into this stomach. The fourth, called the obomasus, is represented by D; this communicates with the third stomach by a small orifice, and opens into the duodenum G by a small orifice H, analogous to the pylorus.

inquires, by a chemical process, we were able to extract the nutritive essence from the grass or hay, and were to give it in a concentrated state to the cow, can any reasonable being even fancy that the cow would thrive as well as when it had the pleasure of cropping the grass for itself, and occupying its own stomachs to effect the preparation.

Absurdity of feeding a cow with the essence of hay.

The thing is absurd, and we may be equally certain, that, if the stomach and intestines of any animal are constructed by the Creator for the reception of a mixed bulky diet, that animal cannot thrive on pure and concentrated food. Magendie evidently overshoots the mark when he seeks for the explanation of the injuries, resulting from the use of concentrated food, in the supposed absence of a single chemical principle.

175. If highly nutritive diet is unsuitable to the system in health, it is far more unsuitable in disease. The stomach cannot digest the food when the person is labouring under disease, and the very concentration on which the excess of nutritiveness depends, is likely to induce a more injurious effect by excitement, which even if digested, the concentrated food will be sure to produce in the system; hence the absurdity of jellies, blancmanges, strong beef teas and other articles with which the tables of sick rooms are loaded by kind but unwisely kind friends. Indeed, little doubt exists that these preparations often become poison: they are penetrated by the odours of the sick room, and then, being taken, they carry into the stomach the impurity which previously was received only by the lungs. To an enlightened medical practitioner, there is hardly any prospect more painful than to see on a chair, on a level with the sick man's breath,

Concentrated nourishment injurious in disease.

Foods not to be kept in the rooms of the sick.

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oranges, and arrow root, and jellies and jams. No foods, not even water in large quantities, should be kept in the sick person's room. They absorb the poisonous effluvia. They should be taken into the room when wanted, and what is not needful for immediate use should be taken away.

Fallacy in the argument, that, because taking food in spite of the physician has done good in the old system treatment, therefore it is good so to do in homœopathic treatment.

176. In regard to nutriment in sickness, persons often declare, that, when the doctor had forbidden the patient to eat, he would eat, and became well. This has happened under the old system practice, but then the benefit in such cases arose, because the exhaustion of the patient was caused, not by disease, but by the depletory and exhausting medicines used by the practitioner; and the food given was like giving nourishment to an exhausted man. So that the benefit sometimes resulting from food given to the patients under the old system treatment, is not an argument proving that food is good in relation to disease, but its benefit, under the circumstances stated, shows the exhausting effect of that treatment.

177. Axiom 9. A CONSIDERABLE VARIETY OF DIET SEEMS NECESSARY TO MAN IN A STATE OF CIVILIZATION.

178. The advocates of vegetable diet have a strong case. They enlist our sympathies and even the poetry of our nature. The fact of killing animals is a practice against which most people recoil, and from this necessity the vegetarians would free society. The philosopher, however, does not coincide with these advocates. He is obliged, looking at the facts of human existence, viewing the human intestinal structure, viewing man living in various latitudes and exposed to varying contingencies, to allow, that all kinds of food are suitable to the human being, and further to acknowledge while the natives of the vast

Vegetable diet not the only diet.

plains of India live on rice, and live well, the Esquimaux influenced by the necessities, imposed by climate as well as by their circumstances, rejoice in fish, whale and sea blubber, animal oil and flesh.

179. To these general facts may be added those derived from the masticatory apparatus.

"Man is born polyphagous." All the organic and functional circumstances of his digestive apparatus demonstrate satisfactorily that he may appropriate indiscriminately materials from both kingdoms for his nourishment. Thus, although, originally, he may, without doubt, have derived nourishment exclusively from vegetable substances, and although there still exist wild tribes, who live upon plants and fruits, the notion of some physiologists, and of the philosopher of Geneva, that the human being was created herbivorous, and the notion of some others, that it was originally carnivorous, a notion still less founded upon fact, are not believed at the present day.

Man omnivorous.

The facts stated declare the truth; and comparative anatomy dissipates all doubts. In the first place, the medium structure of the masticating apparatus of man is a positive proof of his two-fold nature. What determines and proportions the mode and the extent of the movements of the lower jaw, the only one, in mammiferæ, which is moveable, is the arrangement of the surfaces which serve to unite this bone with the cranium. Now, the condyles of the jaw, and the glenoid cavities which receive these, have, in man, a transverse direction, whence results the possibility of the vertical motion of the jaw. Moreover, the depth of the glenoid cavity being not great, and the condyles of the jaw which this cavity receives being

Man omnivorous.

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covered with a cartilage, this two-fold circumstance permits of and facilitates the lateral movements. In fact, if it is remembered, that, in lowering the jaw, the condyle is carried a little forward, so as to slide upon the small tubercle, which in this sense forms the boundary of the glenoid cavity, to pass over it even, thus producing luxation, if the lowering is too considerable, it will be seen that motion backwards and forwards takes place in man, as well as in ruminating animals.

Thus while carnivorous animals have the power of vertical motion alone, the only one necessary in order to the cutting and tearing of their prey; while ruminating animals, on the contrary, have the masticating apparatus disposed merely for lateral and horizontal motion; man can, according to his pleasure, or his necessities, give to his jaw every kind of movement, and profit from the advantages of variety of foods.

Man's jaws have a vertical and horizontal motion

The arrangement, and the degree of energy of the various motive powers of the jaw, moreover, favour this prerogative of man.

Muscles of carnivorous animals peculiar.

In animals which feed upon flesh, the elevating muscles of the jaw, (temporal and masseter,) are very strong and large. The temporal cavity, considerably extended, rounded, covered with roughness, adds vigour to the temporal muscle by the multiplicity of points of insertion which it offers, and the zygomatic arch, being very convex above, augments, by this arrangement, the energy of the masseter muscle, to which it serves as a support.

Muscles of ruminants special.

In ruminating animals, on the contrary, the temporal surface, nearly smooth, is but of small extent; the muscles adapted to the lateral motions (external

pterygoid) are much developed, and the zygomatic arch is flattened, even a little depressed. It may be added, that, in animals not furnished with teeth this arch presents an arrangement the reverse of that in herbivorous animals; that there are some even, who, not masticating, have no vestige of the zygomatic arch.

Man combines all.

Man alone unites within exact limits, and by the effect of original organization, the various material characters which we have just enumerated. In him the temporal hollow is neither much rounded, nor perfectly flat; the ridgy appearances exist in him, but not very prominent, and without roughnesses; their extent moderately circumscribed supports a muscle not very large either in its mass, or in its configuration.

The zygomatic arch is almost straight, and the three kinds of muscles which terminate in the jaw, communicate to this, with equal energy, that variety of movements which, in man, denotes his omnivorous nature.

180. Axiom 10. A HEALTHY STOMACH DIGESTS ITS CONTENTS IN FROM ONE TO THREE OR FOUR HOURS.

The following tables present the relative digestibilities of different kinds of food, as demonstrated by experiments on food taken by Alexis. It may be granted that some of the experiments admit of dispute; yet, taken as a whole, the results approximate to accuracy, and will serve most practical purposes.

The influence of the state of the mind on the digestion, is most strikingly illustrated in one of the experiments.

TABLE.

Articles of Diet.	Mode of Cooking.	Meal.	With Bread or Vegetables, or both.			Remarks.
			Exercise.		Rest	
			Moderate.	Increased.		
			H. M.	H. M.	H. M.	
Tripe, soused, . .	Fried	Breakfast	1			
Pig's feet, do. . .	Boiled	—	1			
Venison steak, fresh, .	Broiled	—	1 35			
Codfish, dry, . . .	Boiled	Dinner	2			
Bread and milk, . .	Cold	—	2			
Turkey, . . .	Roasted	—	2 30			
Goose, wild . . .	—	—	2 30			
Pig, young . . .	—	—	2 30			
Hash, meat and vegetables,	Warm	Breakfast	2 30			
Oysters, . . .	Raw	Dinner	2 45	..	..	Oyster suspended in stomach during experiment.
Do.	Stewed	—	3 30	..	..	
Do.	Raw	Breakfast	3	..	..	Nothing but a little dry bread or cracker taken at these meals.
Do.	—	Dinner	3	..	..	
Do.	Stewed	—	3 30	..	..	
Beef, fresh, fat and lean .	Roasted	Dinner	3 30			
Do. do. . .	—	—	3			
Do. do. . .	—	Breakfast	2 45			
Do. do, . .	Broiled	—	3			
Do. do. . .	—	—	..	..	3 45	
Do. do. . .	—	—	..	3 30	..	Exercised till fatigued.
Do. do. . .	Boiled	—	4	..	..	Morbid appearance of stomach.
Do. do. . .	—	Dinner	..	3 30		

Beef, fresh, fat and lean, .	Boiled	Breakfast	3 38	..		Large proportion of fat.
Do. do. . .	—	Supper	..	..	4	Do.
Do. do. . .	—	Breakfast	..	..	4 30	Do., and in recumbent position.
Do. do. . .	—	Dinner	3 30			
Do. do. . .	—	—	..	..	4	
Do. do. . .	—	Breakfast	..	..	4 15	
Do. do. . .	—	—	3 30			
Do. do. . .	—	—	..	..	4 15	
Do. salted, . . .	—	Dinner	5 30			
Do. do. . . .	—	—	3 30			
Pork, recently salted, .	—	Breakfast	5 15			
Do. do. . .	—	—	4 30			
Do. do. . .	—	—	5 15	..	..	Became angry during experiment.
Do. do. . .	—	—	6	..	..	Unusullay full meal.
Do. do. . .	—	—	4 30			
Do. do. . .	—	—	4 30			
Do. do. . .	—	—	4 30			
Do. do. . .	—	Dinner	4 30			
Do. do. . .	—	Breakfast	..	4		
Do. do. . .	—	Dinner	..	3 30		
Do. fresh, . . .	Roasted	—	6 30	..		Unusually full meal.
Do. steak, . . .	Broiled	—	3 15			
Do. do. . .	—	Breakfast	4 30			
Mutton, fat and lean .	Roasted	Dinner	3 15			
Do. do. . .	Broiled	Breakfast	..	3		
Do. do. . .	—	—	3 30			
Do. do. . .	—	—	4 30	..	..	Morbid appearance of stomach.
Do. do. . .	—	Dinner	4			
Do. do. . .	—	Breakfast	4 30	..	..	Full meal, coarsely masticated.
Eggs, ...	Hard boiled	—	3 30	..	..	Bread, or bread and coffee, no vegetables used with the eggs.
Do.	Soft boiled	—	3	..	..	
Do.	Hard boiled	Dinner	5 30	..	..	Morbid appearance of stomach.

TABLE—*Continued.*

Articles of Diet.	Mode of Cooking.	Meal.	With Bread or Vegetables, or both.			Remarks.
			Exercise.		Rest.	
			Moderate.	Increased.		
			H. M.	H. M.	H. M.	
Eggs,	Hard boiled	Breakfast	3 30	..	..	Morbid appearance of stomach.
Do.	Soft boiled	Dinner	3			
Sausage,	Broiled	Breakfast	3 30	..	..	With soft boiled eggs.
Do.	—	Dinner	3			
Do.	Fried	Breakfast	4	..	..	Muslin bag containing same kind of diet, suspended during these experiments.—Morbid appearance of stomach also.
Do.	—	—	5	..	..	
Do.	Broiled	—	3 30			
Do.	—	—	..	4 15	..	Full meal—Severe exercise.
Fowls (hens),	Boiled	—	4	..	..	With bread and coffee.
Do.	—	Dinner	4	..	..	With bread and water.
Do.	—	—	4	..	..	Do. do.
Veal, fresh,	Broiled	Breakfast	4	..	..	Muslin bag suspended in stomach.
Do.	—	Dinner	4			
Do.	—	Breakfast	4			
Do.	—	Dinner	4 45	..	..	Morbid appearance of stomach.
Do.	—	Breakfast	..	3 45		
Do.	—	Dinner	4 30			
Do.	—	Breakfast	5 30	..	..	Morbid appearance of stomach.

	H.	M.
Soup, made of fresh muscular fibre of beef, and vegetables,	4	
Do. made of the hock, with vegetables,	4	15
Bread, buttered, for breakfast, with coffee, [morbid appearance of stomach,]	4	15
Bread buttered, for breakfast, with coffee,	3	45
Do. dry, for breakfast, with coffee,	4	
Do. dry, for dinner, with dry mashed potatoes,	3	45

Venison, tripe, and oysters digestible.

From these tables it appears that tripe and venison are the most digestible of meat; that oysters are very digestible more especially raw, stewed oysters* being less digestible than raw, though digestible nevertheless. Mutton is more digestible than beef: though beef is very digestible. Veal is not digestible: pork is still less digestible: pork fresh, roasted, took six hours and a half to be digested.

Scientific views of homœopathic dietetics.

Many interesting facts are represented by these tables: and from them abundant evidences are derivable, demonstrative of this, that the directions, issued by homœopathists in reference to diet, are based upon a solid basis, namely, the basis of the established relative digestibilities of different kinds of food.

Fowls not digestible.

It will be seen from these tables that fowls are not readily digestible, their digestibility being nearly in the same ratio as that which pertains to veal.

Digestibility of sago and bread and milk.

Of vegetable bodies perhaps no foods are so digestible as sago and bread and milk: The following experiments illustrate the high degree of digestibility in reference to sago. Experiment 34:—

October 20.—At nine o'clock, forty-five minutes, A.M., he breakfasted on one pint of *sago*, *boiled*, thick

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* It is remarkable what disparity of opinion exists in connexion with the digestibility of oysters. Some maintain the total indigestibility of oysters, others, the converse. The experiments on Alexis settle the question. How then is the discrepancy to be explained? Simply thus. Some one has eaten oysters when his stomach has been in a diseased state and he has found them indigestible. Henceforth he has a vengeance against oysters and gives them a bad name.

It is a common practise with consumptives to get up early, and to go to an oyster shop in the morning and take half a dozen oysters. Many maintain that much benefit has resulted. It is not unlikely: the early rising, the fresh air, the easy digestibility of oysters, tend to improve the general constitutional state.

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and rich, sweetened with *sugar*. Eleven o'clock thirty minutes, stomach empty and clean.

Remarks.—There was no acrimony of the gastric contents, or smarting of the edges of the aperture, during the chymification of this meal, as is usual in most vegetable and farinaceous aliments; it seemed peculiarly grateful to the surface of the stomach; rendering the membrane soft, uniform and healthy.

Experiment 37 adds its exemplification:—

Digestibility of sago.

October 21.—At nine o'clock, A. M., St. Martin breakfasted on one pint of *sago*, *boiled*, and sweetened with *sugar*. Ten o'clock, forty-five minutes, stomach empty and clean; no vestige of the sago remaining; no acrimony of the gastric contents, or smarting of the edges of the aperture, during the chymification of this meal.

In regard to milk and bread, Experiment 6 is highly instructive:—

Digestibility of bread and milk.

September 30.—At seven o'clock, thirty minutes, A. M., he breakfasted on *bread* and *milk*, and continued his usual exercise. Eight o'clock, thirty minutes, stomach nearly full of milky fluid, pulp of bread and coagulæ. Nine o'clock, contents of stomach considerably diminished since last examination —took out a portion, nearly chymified; very little fine coagulæ perceptible; bread in small particles, reduced to a greyish soft pulp; the menstruum of a whitish whey-colour and consistence. Nine o'clock, thirty minutes, chymification complete: stomach empty and clean.

The facts in regard to sago, demonstrate how suited is this food to patients in a state of convalescence.

181. Axiom 11. THE SENSE OF SATIETY IS PRODUCED WHEN THE APPETITE HAS BEEN GRATIFIED

BEYOND THE POINT OF HEALTHFUL INDULGENCE. THE PLEASURABLE SENSATION OF PERFECT SATISFACTION, EASE, AND QUIESCENCE OF BODY AND MIND IS THE INDICATION THAT ENOUGH HAS BEEN TAKEN.

182. "There appears to be a sense of perfect intelligence conveyed from the stomach to the brain centre, which, in health, invariably dictates what quantity of aliment (responding to the sense of hunger, and its due satisfaction) is naturally required for the purposes of life; and which, if noticed and properly attended to, would prove the most salutary monitor of health, and effectual preventive of, and restorative from disease. It is not the sense of satiety, for this is beyond the point of healthful indulgence, and is nature's earliest indication of an abuse and over burden of her powers to replenish the system. It occurs immediately previous to this, and may be known by the pleasurable sensation of perfect satisfaction, ease and quiescence of body and mind. It is when the stomach says enough, and is distinguished from satiety by the difference of the sensations—the former feeling enough—the latter too much. The first is produced by the timely reception into the stomach of proper aliment, in exact proportion to the requirements of nature, for the perfect digestion of which, a definite quantity of gastric juice is furnished by the proper gastric apparatus. But to effect this most agreeable of all sensations and conditions—the real Elysian satisfaction of the reasonable epicure, timely attention must be paid to the preliminary processes, such as thorough mastication, and moderate or slow deglutition. These are indispensable to the due and

Enough and satiety.

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natural supply of the stomach, at the stated periods of taking food; for if food be swallowed too fast, and pass into the stomach imperfectly masticated, too much is received in a short time, and in too imperfect a state of preparation, to be disposed of by the gastric juice."

There is further no doubt, that an individual could eat more before feeling this enough sensation if he would well masticate his food, because the sense of satiety is produced before the reception of the proper amount, by the irritation which the unchewed particles of food produce on the stomach.

183. Axiom 12. CONDIMENTS, PARTICULARLY THOSE OF A SPICY KIND, ARE NON-ESSENTIAL FOR THE PURPOSE OF DIGESTION TO THE INHABITANTS OF THESE CLIMATES.

Condiments not needful.

184. Dr Beaumont maintains, that condiments afford no nourishment; that they do not aid digestion; that, though they may excite a debilitated stomach to action, they produce in the end an increased debility of the organ. Present relief is afforded at the expense of future suffering, in the organic, what so often happens in the "moral" system: "Peace, peace, when there is no peace."

Vinegar and salt useful.

185. Vinegar and salt are to be regarded as exceptions. Both assist digestion; vinegar by rendering muscular fibre more tender, and both together by producing a fluid having some resemblance to the gastric juice.

186. From these views and statements the reason becomes apparent, why homœopathic practitioners forbid the use of condiments; they prove that such forbidding is a result of scientific precision and not of empirical positiveness.

187. It is interesting to notice that the majority of condiments are the products of warm climates, of tropical countries. Curry powder is a condiment of India, and the condiments in these tropical countries are useful to the inhabitants. The Hindoo lives principally on rice: such unstimulating food requires a stimulus, which the peppers of India afford.

188. Axiom 13. COFFEE AND TEA, THE COMMON BEVERAGES OF ALL CLASSES OF PEOPLE, HAVE A TENDENCY TO DEBILITATE THE DIGESTIVE ORGANS.

189. Dr Beaumont infers from his experiments, that phenomena are produced in the stomach after taking strong tea and coffee, very similar to those exhibited after taking intoxicating liquors.

190. Dr Andrew Combe tries to obviate the powerful antagonistic bearing this has on the tea-total scheme, by adding, in a note to the observations of Dr Beaumont, "It is an assertion proving merely that too much is bad, weak tea may be good enough, although 'very strong' tea is pernicious." Tea and coffee injurious.

191. Without discussing this question further, the facts of Dr Beaumont afford the complete justification of the directions of the homœopathic practitioners,* who forbid the use of tea and coffee to their patients, and recommend the use of cocoa, milk, and milk and water.

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* "Some professedly homœopathic chemists advertise and sell 'HOMŒOPATHIC COFFEE' and 'HOMŒOPATHIC TEA.' These traders, not content with the position and the profits which homœopathy, through its legitimate channels, affords them, pander to a popular desire, and taking advantage of the opportunity of coming in contact with numerous individuals, a contact gained only by means of homœopathy, use that opportunity to invalidate the truthfulness of the very practitioners through whose recommendations they live and pecuniarily prosper: for how can the public reconcile the two facts, that homœopathic chemists

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192. Axiom 14. PERSONS WHO DO NOT EXERCISE MUCH, REQUIRE LESS NUTRITIOUS DIET THAN THOSE WHO ARE IN THE HABIT OF CONSTANT LABOUR.

193. This axiom has many practical bearings.

Different persons require different supplies of food.

It teaches the necessity on the part of persons leading sedentary lives, to live on a sparer diet than those who are actively engaged in open air duties. It teaches the absurdity of the man, who has little or no out door exercise, and is satisfied with a small quantity of food, denouncing his neighbour, who has hard labour and much out door exercise, for eating a larger quantity. Where there is little exhaustion, the supply need be small. It teaches that young people, who are growing, and in continual exercise, require an abundant supply of simple food.* It teaches that old people, who have little or no exercise, and who have no increase of bodily frame, should take but little food, and that of the most digestible character. It teaches, that, in sickness, where but little exercise is taken and no labour is

The reason why persons of different ages and of different occupations require differing klnds of food.

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sell coffee and tea, while the practitioners who recommend the patients to these chemists, forbid the use of coffee and tea? As to any coffee or tea being 'homœopathic,' except to *diseased* states, (such is not the application of the term by these chemists,) the idea is as false as it is erroneous."—*Domestic Homœopathy, by* John Epps, *M. D.*

* Dr Southwood Smith weighed eight of the men employed in feeding the fires of the Phœnix Gas Company in London, before they began and after finishing their work, which latter lasted one hour. The temperature of the atmosphere at the time was sixty degrees, and the barometer stood at 29.25. The loss sustained during that short time amounting to 2 lb. 8 oz. in the lowest of the eight, and to no less than 4 lb. 3 oz. in the highest. The general result was, that the men employed in that work lost from 2 lb. to 5 lb. weight twice a day by perspiration alone. In extreme cases like this, the necessity of a proportionately large supply is self evident; without it the men would perish in a week. —*Philosophy of Health,* p. 393, vol. 2.

gone through, food should be taken in very small quantities, and of the lightest quality. CHAP. V.

194. Axiom 15. THE MOTION OF THE STOMACH INCREASES THE FLOW OF THE GASTRIC JUICE.

Of this axiom some facts demonstrative will be presented in the chapter on the movements of the digestive tube.

195. Axiom 16. HUNGER BEING DEPENDENT UPON A STATE OF THE BRAIN, IT MAY BE DEVELOPED IN DISEASE, AND, AS SUCH, IS A FALSE HUNGER.

196. Brachet has proved by experiments, that, when the nervous communication between the stomach and the brain is cut off, the feeling of hunger instantly ceases even when a moment before it was ravenously strong. Hunger dependent on the brain.

197. The first proposition in this axiom has been demonstrated by the observations of phrenologists, and has an important practical bearing, because, if hunger so depends, then the desire for food, or more strictly the appetite of hunger is, when the brain is in a diseased state, to be regarded as not at all indicative of a want of food, but as indicative of a state of disease; and the enlightened physician exercises his judgment and decides whether the demand of the patient is or is not to be listened to; and, though medically ignorant and partizan coroners* may try to obtain verdicts of died by starvation, As hunger depends on disease of brain, its impulses are not always to be listened to.

* The following verdict was given in the case of Mr Cordwell, who was a patient that had been under the care of Dr Curie, but who, by some busy-body, was transferred to the care of an apothecary, in whose hands he died. A coroner's inquest was held, and the verdict given, *without hearing* what Dr Curie would have said upon the subject, was the following:—

"The jury are of opinion that Henry Cordwell died from exhaustion, caused by loss of blood from the intestinal canal, produced by natural

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against physicians, who do exercise their judgment, such physicians will still persist in using their judgment on the point in question, being satisfied, that, in so exercising their judgment, they are using the highest and noblest power of the mind in meeting a question, pregnant with life or death, according as it is wisely or unwisely answered, to the patient.

198. The feeling of hunger being developed in disease, is no more indicative of a need of supply than is the hearing of imaginary sounds, produced in diseased states of the brain, any reason why the sounds should be obeyed. The physician understands this: his skill consists in the judging whether or not the hunger depends upon the disease or on the restoration of the healthy condition of the system, calling for a supply. It is most difficult sometimes to decide; granted—but what is skill? what but working the way through difficulties?

Skill necessary to decide whether the hunger be the dictate of returning health or of disease.

199. In typhoid cases, in particular, hunger is sometimes felt, and, in typhoid cases, under the old system, food, and especially wine, is oftentimes given, and it is said with success. The homœopathist, who can use his weapons rightly, never needs to give food or wine or brandy in typhoid fevers, while the tongue

The non-necessity of food in typhoid cases.

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disease: and in complying with what the jury believe to be their bounden duty, in returning their verdict in strict accordance with the sworn evidence of the medical gentlemen who have been called as witnesses, the jury cannot refrain from expressing the strongest feelings of disgust and indignation, at hearing it proved by the testimony of the nurses, that the afflicted gentleman had been cruelly exposed to a system of starvation, while in a state of the most extreme debility, during at least ten days previous to his death; he having, during that long time, been allowed nothing but cold water, by the advice of his medical attendant."

Of this Mr Wakley, the coroner for Middlesex, expressed his approbation, he having refused to hear Dr Curie.

is coated. It is true he is met with the statements of the benefits which resulted in some given case from the use of wine and other stimuli. But these cases, are cases in which the life power has been exhausted under the old system treatment by the depletory measures, whether by purging, leeching, bleeding, or other means, and then the stimuli do good, not because a scientific treatment of the disease needed such aids, but because the life power exhausted by the injurious treatment, required an auxiliary: so that the deduction of the advocates of wine in these cases is a testimony not to the scientific character of this part of their treatment, but to the miserable and destructive empiricism of that treatment.

The explanation of its apparent utility in some cases.

200. It is true, that, in certain forms of typhus fever, where semi-starvation has preceded the attack, some kind of food in very small quantities and of a liquid form may be useful. The utility of food in these cases does not depend upon the food being necessary for the cure of typhus fever, but because the constitutional state, in which the febrile has gained its position, is one, which was produced by a previous deprivation of food.

Food useful in some cases of typhus subsequent on semi-starvation.

201. It may be added as a fact, further confirmatory of the evil of giving food to patients labouring under fever, that the very worst typhoid fevers are often preceded by and attended with a voraciousness of appetite.

Voracious appetite often a precursor of fever.

202. Dr Beaumont asserts, "When the stomach is unusually debilitated, food is frequently retained twenty-four hours or more, and is sometimes the cause of most distressing symptoms, producing, particularly in children, convulsions and death."—P. 61, *liber cit.*

Food not digested in a debilitated state of the stomach.

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202*a*. Indeed experience has given abundant evidence of this. I have known cases of inflammation of the brain, the treatment of which was proceeding most favourably, the patients after having been insensible had recovered their senses, and their power to notice, and which have been made to terminate fatally by some unwise mother, aunt, uncle or grandmother, giving the patients some (so called but miscalled) nourishment.

203. Axiom 17. IN THE FEBRILE STATE LITTLE OR NO GASTRIC JUICE IS SECRETED.

Experiment proving that gastric juice is secreted in fever.

204. The experiment on which this axiom is founded was performed March 16th. The villous membrane of Alexis's stomach was red and dry. He complained of headache, pain and distress at the pit of the stomach, lassitude and loss of appetite. On introducing the tube into the stomach, no clear gastric juice could be obtained. A little acrid fluid and frothy mucus only could be extracted.

Unscientific character of the proceeding of giving food in fever.

205. This axiom and this experiment completely establish the absurdity, the unscientificness of giving food in fever. The agent, the gastric juice, which is the efficient cause in digestion, is absent; how can the action of digestion be completed? The worker is not there, how then can the work be done? It is hence evident that it is absolutely necessary to withhold food from the stomach in febrile complaints. It can, being undigested, afford no nourishment, but is actually a source of irritation to the organ, and, through it, to the whole system, increasing the fever and perilling the life. "No solvent," says Dr Beaumont, "can be secreted under these circumstances, and food is as insoluble in the stomach as lead would be in ordinary circumstances."

206. It should ever be remembered, that before food can be nutritive, two conditions must exist; first, that the food is by its nature, suited to the stomach; and, second, that the stomach is in a state, suited to act on the food. In fever, it is certain, from this experiment of Dr. Beaumont, that the stomach is not in a state suited to act on the materials, taken into that organ, and consequently this condition, necessary to the realization of nutriment out of the food being absent, food, instead of being nutritive, is poison to the recipient.

Why food cannot be nutritive in fever.

207. Axiom 18. UNDIGESTED PORTIONS OF FOOD PRODUCE ALL THE PHENOMENA OF FEVER.

208. Dr Beaumont observed that there is always disturbance of the stomach when more food has been received than there is gastric juice to act upon it: *i.e.*, a condition induced similar to that which is present in fever, namely, that the gastric juice not being able to act on the undigested food, the stomach is irritated, just as if food had been introduced into the stomach when the system was in the febrile state.

Food undigested causes fever.

If to these facts is added the fact, already referred to, that the gastric juice combines with only a given quantity of aliment, it becomes apparent that in weak stomachs and in persons labouring under disease, the supply of gastric juice being diminished by the state of disease, the evils of taking a large quantity of food must be indeed great.

209. Axiom 19. ANGER AND OTHER MENTAL EMOTIONS CAUSE BILE TO PASS INTO THE STOMACH.

210. The experiment, on which this axiom is founded, is the following. On March 12, at nine A.M. Alexis breakfasted on fat pork, bread and potatoes. At one P.M. the contents of the stomach were

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Anger causes bile to enter the stomach.

of a thin gruel-like consistence, and considerably tinged with yellow bile. This tint Dr Beaumont ascribes to a fit of violent anger, which occurred in Alexis at the time of taking out the parcel, and Dr Beaumont considers that when bile is found in the stomach, it is an indication of either mental or corporeal disease.

211. It is a common opinion that bilious people are ill-tempered: in connexion with this axiom originates a query, whether the ill temper does not make them bilious rather than the biliousness making them ill-tempered; in other words, may not the ill temper cause the bile to enter the stomach, and thus changing the properties of the chyme, altering its homogeneous quality, retard and otherwise disturb the due egress of the chyme into its destined receptacle, the next gut, the duodenum, thus causing the common phenomena, known under the name of biliousness.

Adage, "A merry heart doeth good like a medicine."

212. From these facts and views may be understood how true is the old adage, "A merry heart doeth good like a medicine." How necessary it is, as a means of health, to cultivate good temper.

213. Axiom 20. BILE IS NEVER FOUND IN THE STOMACH IN A STATE OF HEALTH; OILY FOOD AND FAT FOOD CAUSE THE PRESENCE OF BILE IN THE GASTRIC JUICE.

Oily food causes bile to be present in the stomach.

214. Dr Beaumont states, "I have observed that when the use of fat or oily food has been persevered in for some time, there is generally the presence of bile in the gastric fluids. Whether this be a pathological phenomenon, induced by the peculiarly indigestible nature of oily food, or whether it be a provision of nature to assist the chymification of this particular kind of diet, I have not as yet satisfied

myself. Oil is affected by the gastric juice with considerable difficulty. The alkaline properties of the bile may render it more susceptible of solution in this fluid, by altering its chemical character. Irritation of the pyloric extremity of the stomach with the end of the elastic tube, or the bulb of the thermometer, generally occasions a flow of bile into this organ. External agitation, by kneading with the hand on the right side, over the regions of the liver and pylorus, produces the same effect. It may be laid down as a general rule, however, subject to the exceptions above mentioned, that bile is not necessary to the chymification of food in the stomach."

Irritation of the pylorus and external agitation over the stomach cause a flow bile into the stomach.

215. Dr Combe says, "There is one form of impaired digestion in which the fat of bacon is digested with perfect ease, where many other apparently more appropriate articles of food oppress the stomach for hours. It would be interesting and useful to ascertain, whether, in these cases, bile is present in the stomach, and also to discover indications by which we could predicate whether bacon will or will not be suitable. As yet, although I have often seen the fat of bacon being easily digested by a weak stomach, I have not been able to distinguish by the symptoms, prior to experience, the cases in which it ought to be allowed. In many cases it proves extremely indigestible. Possibly this may have some relation to the presence or absence of bile."

Bacon in some cases of indigestion suitable.

CHAPTER VI.

On the remaining agencies in connexion with the Digestion of the Food in the Stomach.

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216. An agent, next in importance to the gastric juice in effecting the digestion of the food, is the

Motion of the stomach.

MOTION OF THE STOMACH.

217. The structure of the muscular coat (95) shows

Great variety of motions.

that it must have a variety of actions. The motions of the stomach seem to commence at the cardiac orifice, the folds of the inner coats of the stomach being there radiated, (plate 7, fig. 2): from this point to the pylorus, where the fibres become longitudinal, the fibres of the stomach are continually acting, during the change of the food into chyme, in a never-ceasing gyre; thus causing the stomach continually to act on the food, carrying it, when acted upon, to the pylorus, producing in this action a spiral movement, or, as it is called, a worm-like, vermicular or peristaltic motion.

218. The wonderfully varied muscular structure of the stomach enables it to perform an almost innumerable variety of movements. In fact, the stomach,

regarded as a whole, may be looked upon as made up of innumerable little stomachs, represented by the peculiar fibrous and tendinous lines already described, (94). Dr Beaumont, who saw the actions of Alexis's stomach, relates that the mixture of articles of food is perfectly heterogeneous at first, and is kept in constant agitation by the churning motions of the stomach. He adds, as already recorded, the first effect of the introduction of food is to irritate the gastric papillæ, thus exciting the discharge of the gastric juice, and stimulating the muscular fibres of the stomach.

Chyme becomes more stimulating as digestion proceeds.

The vermicular motions, being excited by mechanical irritation, not only carry the things taken to all parts of the stomach, but mix the aliment uniformly with the gastric juice, which is constantly being secreted in proportion to the quantity of food taken into the stomach. Some stimulus seems to be necessary to continue the motions of the stomach after chymification is accomplished, in order to effect the complete discharge of the chyme into the lower bowels. And it appears highly probable that the compound fluid of gastric juice and aliment, or chyme, by its acquired acid properties, affords this stimulus, and thus rendered a stimulus propagates the contractile motions of this organ, even after the mechanical irritation of the crude food ceases. This fluid acquires new chemical properties, becomes more acid and stimulating, as chymification advances, until the process is complete. "When the chyme is all transferred to the duodenum, the motions of the stomach cease."

219. By this action in part, it happens, that food, when taken into the stomach, is diffused over the whole villous surface, and excites the gastric vessels generally to excrete their fluids copiously.

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220. The subjoined important observations by Dr Beaumont on the muscular actions of the stomach, although in part embodied in the previous statements, are so full of practical bearings as to deserve record.

Description of the movements of the stomach.

221. "The human stomach is furnished with muscular fasciculi, bundles or bands so arranged as to shorten its diameter in every direction. By the alternate contraction and relaxation of these bands, a great variety of motion is induced in this organ, sometimes transversely and at other times longitudinally. These alternate contractions and relaxations, when affecting the transverse diameter, produce what are called vermicular or peristaltic motions. The effect of the contraction of the longitudinal fibres is to approximate the splenic or cardiac and the pyloric extremities of the stomach. When they all act together, the effect is to lessen the cavity of the stomach, and to press upon the contained aliment, if there be any in the stomach. These motions not only produce a constant disturbance, or churning of the contents of this organ, but they compel them, at the same time, to revolve around the interior from point to point, and from one extremity to another.* In addition to these motions, there is a constant agitation of the stomach, produced by the respiratory muscles.

222. These contractions and relaxations of the muscular fasciculi do not observe any very exact mode.† Their motions are modified by various cir-

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* Swammerdam relates that the stomach of the louse is in continual agitation, being hardly a moment at rest.—*Bib. Nat.*, p. 71.

† The motions in the stomach of the Silurus fish are very extraordinary, and illustrate the view, that the stomach in its actions is to be regarded as an infinity of little stomachs. Hartmann, who observed

cumstances, such as the stimulant or non-stimulant property of the foods taken, the healthy or unhealthy state of the internal coat of the stomach, by exercise and by repose, &c. &c.

Order of revolutions of the food.

223. The ordinary course and direction of the revolutions of the food are; first, after passing the œsophagus ring the revolutions proceed from right to left, along the small arch; thence, through the large curvature, from left to right. The bolus, as it enters the cardia, turns to the left, passes the aperture, descends into the splenic extremity, and follows the great curvature towards the pyloric end. It then returns, in the course of the smaller curvature, makes its appearance again at the aperture in its descent into the great curvature, to perform similar revolutions.

224. Such I have ascertained to be the revolutions of the contents of the stomach, from being able to identify particular portions of food, and from the fact, that the bulb of the thermometer, which, in the experiments on Alexis has been frequently introduced during chymification, invariably indicates the same movements. These revolutions are completed in from one to three minutes. They are probably induced in a great measure by the circular or transverse muscles

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these motions, states, that the motions begin in particular spots, not far from the pylorus, contracting vortically to three different points, and afterwards extended back from the same points through the same vortexes with a kind of regular contraction and dilatation. These motions of these reciprocating vortexes set in motion the rest of the upper part of the stomach as well as the intestine adjoining the pylorus. On pressing the spots mentioned they seemed to rise into the same kind of rhythmical motions, which continued at short regular intervals, and this took place even *when the stomach was cut into pieces.* The spots described were occupied by innumerable nerves, lying like twisted cords, without any membranous covering on the external surface of the stomach.

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of the stomach, as indicated by the spiral motion of the stem of the thermometer, both in descending to the pyloric portion, and ascending to the splenic.* These motions are slower at first than after chymification has considerably advanced.

225. While these revolutions of the contents of the stomach are progressing, the trituration or agitation of the food is also going on. There is a perfect admixture of the whole injestæ, during the period of alimentation and chymification. There is *nothing of the distinct lines of separation* between *old* and *new* food, or of the peculiar central or peripheral situation of crude, as distinguished from chymified aliment,

Old and new food all mixed.

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* The accuracy of these views is demonstrated by the following experiment on Alexis:—

January 30.—At six o'clock, thirty minutes, A.M., weather cloudy and damp; wind N.E. and light; thermometer thirty-nine degrees; stomach empty, clean, and healthy; temperature immediately before rising, ninety-nine and a half and ninety-eight and three quarter degrees; rose slowly. At nine o'clock, temperature of stomach a hundred and one and a half and a hundred and three quarter degrees, rose quick; extracted three drachms of gastric juice; it came slowly, the last mixed with yellow bile. He breakfasted on *beef-steak*, *bread*, and *coffee*. At eleven o'clock, stomach almost empty; temperature a hundred and one and a quarter and a hundred and a half degrees. When the bulb of the glass tube descended towards the pyloric extremity, the stomach evidently contracted upon it, and drew it forcibly down. If left free to its own motions, the tube would sink to the pylorus, the whole length of the stem, ten or eleven inches, and then rise again of its own accord. When drawn above this point of apparent contraction, into the splenic end of the stomach, towards the perforation, the motion of the bulb was reversed, in a direction towards the fundus of the stomach, not inclining, however, to make its exit at the perforation, but took a sort of irregular motion, revolving the tube from right to left, so as to turn it completely round in the space of ten or fifteen seconds. This motion was not always present, nor constantly continuous when present, but interrupted, and alternate with the appearance of contraction at the pyloric end, and distinctly evident only from about one and a half to three hours, or more, after eating, and at a time when the chyme was most rapidly leaving the gastric cavity.

(said to have been observed by Philip, Magendie and others, in the experiments on dogs and rabbits,) to be seen in the *human* stomach, at least in that of the subject of these experiments. The whole contents of the stomach, until chymification be nearly complete, exhibit a heterogeneous mass of solids and fluids; hard and soft; coarse and fine; crude and chymified; all intimately mixed, and circulating promiscuously through the gastric cavity, like the mixed contents of a closed vessel gently agitated or turned in the hand.

226. If a mouthful of some tenacious food be swallowed, after digestion is considerably advanced, it will be seen passing the opening, to the great curvature; and, in the course of about one and a half or two minutes, it will re-appear, with the general circulating contents, more or less broken to pieces, or divided into smaller pieces, and very soon loses its identity.

This agitating motion has the effect, and is undoubtedly designed, to break up the bolus, as well as to separate the external and chymified portion of the particles of food, and allow the undigested portions to come in contact with the gastric juice, their proper solvent. If the motions were simply revolutionary, the central portions would retain their situation, until the outer, or chymified part, had passed into the duodenum, in successive parcels, which, it is evident, would very much retard the process of digestion.

227. As the food becomes more and more changed from its crude to its chymified state, the acidity of the gastric fluids is considerably increased—more so in vegetable than animal diet—and the general contractile force of the muscles of the stomach is aug-

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mented in every direction, giving the contained fluids an impulse towards the pylorus.

228. It is probable, that, from the very commencement of chymification—from the time that food is received into the stomach—until that organ becomes empty, portions of chyme are constantly passing into the duodenum, through the pyloric orifice, as the mass is presented at each successive revolution. I infer this from the fact that the volume is constantly decreasing.

Chyme continually during digestion passes into duodenum.

This decrease of volume, however, is slow at first; but is rapidly accelerated towards the conclusion of digestion, when the whole mass becomes more or less chymified. This accelerated expulsion appears to be effected by a peculiar action of the transverse muscles, or rather of the transverse band, as described by Spallanzani, Haller, Cooper, Sir E. Home, and others, in their experiments on animals. This band is situated near the commencement of the more conically shaped part of the pyloric extremity, three or four inches from the smaller end. In attempting to pass a long glass thermometer tube, through the aperture, into the pyloric portion of the stomach, during the latter stages of digestion, a forcible contraction is first perceived at this point, and the bulb is stopped. In a short time there is a gentle relaxation, when the bulb passes without difficulty, and appears to be drawn quite forcibly, for three or four inches, towards the pyloric end. It is then released, and forced back, or suffered to rise again, at the same time giving to the tube a circular, or rather spiral motion, and frequently revolving it completely over. These motions are distinctly indicated and strongly felt, in holding the end of the tube between the thumb

Action of the transverse band at the pylorus.

Motion of the thermometer put into the stomach.

and the finger: and it requires a pretty forcible grasp to prevent it from slipping from the hand, and being drawn suddenly down to the pyloric extremity. When the tube is left to its own direction, at these periods of contraction, it is drawn in, nearly its whole length, to the depth of ten inches: and when drawn back, requires considerable force, and gives to the fingers the sensation of a strong suction-power, like drawing the piston from an exhausted tube.

Motion of the thermometer put into the stomach.

This ceases as soon as the relaxation occurs, and the tube rises again, of its own accord, three or four inches, when the bulb seems to be obstructed from rising further; but if pulled up an inch or two, through the stricture, it moves freely in all directions, in the cardiac portions, and mostly inclines to the splenic extremity, though not disposed to make its exit at the aperture.

229. Above the contracting band, and towards the splenic portion of the stomach, the suction or grasping motion is not perceptible; but when the bulb is pushed down to this point, it is distinctly felt to be grasped, and confined in its movements.

All motions cease when the stomach is empty.

230. These peculiar motions and contractions continue until the stomach is perfectly empty, and not a particle of food or chyme remains; when all becomes quiescent again.

Pain produced if the thermometer is allowed to be drawn to the pylorus.

231. If the bulb of the thermometer be suffered to be drawn down to the pyloric extremity, and detained there for a short time, or if the experiment be repeated too frequently, it causes severe distress, and a sensation like cramp or spasm, which ceases on withdrawing the tube, but leaves a sense of soreness and tenderness at the pit of the stomach.

232. The peculiar contractions and relaxations,

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mentioned above, succeed each other, at irregular intervals of from two to four or five minutes. Simultaneously with the contractions, there is a general shortening of the fibres of the stomach. This organ contracts upon itself in every direction; and its contents are compressed with much force. The valvular portion of the stomach is firmly thrust into the aperture, closing the orifice, preventing the egress of aliment, and obstructing the view of the interior. During the intervals of relaxation, the rugæ perform their vermicular actions, the undulatory motions of the fluids continue, and the alimentary and chymous masses appear, revolving as before, promiscuously mixed, through the splenic and cardiac portions.

How the stomach presses on its contents.

233. All these facts, taken together, will rationally admit of the following explanation.

The longitudinal muscles of the whole stomach, with the assistance of the transverse ones of the splenic and central portions, carry the contents into the pyloric extremity. The circular or transverse muscles contract progressively, from left to right. When the impulse arrives at the transverse band, this is excited to a more forcible contraction, and closing upon the alimentary matter and fluids, contained in the pyloric end, prevents their regurgitation. The muscles of the pyloric end, now contracting upon the contents detained there, separate and expel some portion of the chyme. It appears that the crude food excites the contractile power of the pylorus, so as to prevent its passage into the duodenum, while the thinner chymified portion is pressed, through the pyloric valve, into this intestine. After the contractile impulse is carried to the pyloric extremity, the circular band, and all the transverse

Course of the chyme from the stomach to the duodenum.

muscles become relaxed, and a contraction commences in a reversed direction, from right to left, and carries the contents again to the splenic extremity, to undergo similar revolutions.

234. In addition to these actions of the stomach another class of actions remain to be noticed.

235. The synchronous action of the œsophagus, with the respiratory motion of the lungs, has been noticed (78).

Synchronous action of the stomach and of the lungs.

236. It appears that a correspondent synchronism of action takes place between the stomach and the respiratory motions of the lungs. The connexion of the diaphragm with the œsophagus or more strictly with the stomach, this being a continuation of the œsophagus, would induce the synchronism of action referred to; but when to this is added, that the stomach is connected with the underside of the diaphragm and consequently must be moved at each inspiration and each expiration, the undoubted existence of the synchronism becomes more apparent. If to these relationships is added the additional fact, that this external coat of the stomach is continuous with the common coat lining the abdominal cavity, *i. e.* the cavity containing the stomach, the correspondence of action between the respiratory motion of the lungs and the actions of the stomach, becomes still more satisfactorily established. Add to this the fact, that the valve in Alexis's stomach was seen by Dr Beaumont to pass up and down simultaneously with the action of the respiratory muscles, (118).

237. This synchronism of action is not a matter of mere deduction. It has been demonstrated as a matter of fact. Dr. Beaumont states as a result of personal observation of the action of Alexis's sto-

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mach: "In addition to these motions, there is a constant agitation of the stomach produced by *the respiratory* muscles." Paragraph 101.

The heat of the stomach.

238. A third agent, auxiliary in the chymification of food, is the heat of the stomach.

239. The average temperature of the human stomach is 100°, as indicated by Fahrenheit's thermometer.

240. The essential necessity of temperature, as connected with the conversion of the food into chyme, is evidenced by the fact, established by numerous experiments, that when the gastric juice was used so as to act on the food out of the body, the action was extremely slow, unless the vessels, containing the gastric juice and the food, were kept at a temperature nearly the same as that of the human body. Then the action of the chymification of the body took place almost as quickly as when the action took place in the stomach itself.

241. The digestion of the food does not, according to Dr. Beaumont, cause any increase of the temperature of the stomach: though, according to some experiments, an increase of temperature takes place at the pyloric orifice.

Three agencies in chymification.

242. So that it appears from all these views and statements, that three agencies are concerned in effecting the chymification of the food: first, the solvent power of the gastric juice; second, the motions of the stomach; and third, the warmth of the stomach.

PRACTICAL DEDUCTIONS.

o. If the stomach has actions to perform on the

food, which ought to have been performed in the mouth or the gullet, it is certain that injury must result: as injury always occurs when any part is called to perform a duty, which does not properly belong to it. Unmasticated food, as demonstrated in the experiments already recorded, is food in a state unsuited to the stomach. Those, therefore, who, to use a common but expressive phrase, bolt their food, who eat ravenously, must impose labours on the stomach, which though the stomach may perform them, must injure that organ over-laboured in the performance. It is true that the effect is not felt immediately; hence many gluttons boast that these excesses do them no harm. But mark these violators of their constitution in connexion with the stomach, when attaining their forty-fifth year: then all the over-loadings of the stomach with unchewed food rise up against them, and record, in the bitter language of dyspeptic sufferings, the injuries done.

Injury if the stomach has to do what the mouth and teeth ought to have performed.

p. If the stomach is habitually over-distended, a condition of it must at length be induced contrary to the natural state, which, being unnatural, will be indicated by distressing sensations. Heister remarks, that, in persons addicted to gluttony, the stomach is unusually large. It appears likely, that the pains and the sensations of sinking, which such persons experience, depend on the unnatural enlargement thus induced, causing a condition of the nervous tissue, contrary to the natural condition, and consequently sensationally unpleasant.

Over-distension of the stomach in gluttons.

q. As digestion is carried on in the stomach viewed not as one organ, but as composed of numerous little stomachs, (218,) it is evident, that, if the stomach is continually unduly expanded, the little stomachs can-

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not perform what they have to do, and consequently indigestion must result.

Pain after taking food in cases of indigestion.

r. The peculiar increased vascularity of the internal lining of the stomach, produced directly food is introduced into the stomach, (105,) will explain why, in cases of indigestion, pain is produced by the taking of food.

The nerves of the stomach are in a morbidly susceptible state, and the impressions, associated with the increased flow of blood to the mucous coat, produce an unpleasant state, not because there is a too great flow of blood to the stomach, but because the nerves are diseasedly modified.

Delay of food in the stomach essential.

s. As all the actions of the stomach, and all the changes consequent upon and connected with these actions, are necessary to the proper change of food, and as, in completing these actions, the food must be delayed, or rather detained, a certain time in the stomach, until all the changes necessary are effected, any means by which the food is hurried out of the stomach into the next intestine must be injurious. Viewed in this respect, how unscientific and how injurious must be the practice (common with many) of taking "dinner pills," as they are called, immediately after dinner, with the view of helping digestion."

"Dinner pills" injurious by hastening the food from the stomach.

The chyme, under such conditions, is not perfected: imperfectly formed chyme is carried into the duodenum, and thus a long series of injurious agencies are created, since the chyme not perfectly formed must cause every action, that subsequently takes place in the successive portions of the intestinal canal, to be more or less out of order or abnormal.

t. From the correspondence between the respiratory motions of the lungs and the vermicular action of the

stomach, it becomes clear, that any practice, which impedes the free action of the lungs, must impede the proper action of the stomach, and must tend to induce the derangement of this important organ.

Any practice impeding the free action of the lungs must impede digestion.

u. Tight lacing must, in this point of view, be highly prejudicial to digestion.

Tight lacing.

v. From the immense supply of nerves to the stomach from the Par Vagum, and also from the Sympathetic system of nerves, the powerful influence which the mind must exert on the stomach and the stomach on the mind must be apparent.

Influence of mind on the digestion.

w. The effect of strong mental emotions on the stomach all appreciate: very good news, or bad news received in the midst of a meal, will extinguish appetite. The death of an object beloved will take away all desire for food. What boarder at a school eats his breakfast heartily on the morning of the day when he is to return home for the holidays?

Strong mental emotions take away appetite.

x. Hence it must be highly unwise to devote the mind immediately after meals to any abstruse study.

No abstruse study after a meal.

y. Hence the fact, that much mental emotion, or the intense pursuit of any object, will suspend hunger, is easily explained. The intense action of the brain suspends the nervous energy of the stomach. How often does it happen that a man in the intense pursuit of riches, when told that his meals are ready, puts them off, saying he is too busy: Nature submits to the violation for a time, but, at length the digestive system suffers, and a gastric fever seizes the man of greed, and, in a few weeks, the fruits of his excessive labour are eaten up in the necessities of a sick room, and in the consequent neglect and disarrangement of his concerns.

Intense mental exertion suspends hunger.

z. How wise is the remark viewed in reference to

CHAP. VI. Scripture proverb.

the action of digestion, "Let your moderation be known unto all men."

a a. Equally unwise is it, soon after a hearty meal, when the stomach is engaged in the performance of a duty, to use any violent muscular efforts.

Violent exercise after a meal injurious. Hunter's experiment of the dogs.

The experiment of John Hunter with the two dogs is quite conclusive on this point. He fed two hunting dogs with the same food, and with the same quantity. One he took out to hunt. The other was allowed to lie down before the fire. On returning from the coursing he killed both dogs: the one, that had been in the pursuit of game, had the food in the stomach quite undigested: whereas the dog, who had had rest, had no food at all in his stomach; it had digested and passed away into the duodenum. How many a person has suffered and died from hurrying directly after a meal to reach a steam boat or railway carriage.

Moderate exercise after meals aids digestion.

b b. Moderate exercise does good. Dr Beaumont has established by his experiments that moderate exercise after meals conduces considerably to healthy and rapid digestion. Dr Beaumont considers that gentle exercise increases the circulation of the system and the temperature of the stomach. The increase is about one and a half degrees. This increase, Dr Beaumont thinks, aids the solvent power of the gastric juice.

Dr Beaumont found that "exercise sufficient to produce moderate perspiration, increases the secretions from the gastric cavity, and produces an accumulation of a limpid fluid within the stomach, slightly acid, and possessing the solvent properties of the gastric juice in an inferior degree." This is probably a mixed fluid, a small proportion of which is gastric juice.

c c. The situation of the heart in relation to the stomach (plate 6, fig. 17,) will explain why derangements of the stomach are so frequently attended with palpitation of the heart. If the stomach be over distended with food or be distended with wind, the action of the heart must be more or less interfered with. And here it may be added that palpitation and other affections of the heart *when complicated with affections of the stomach* are often curable, because the affections of the stomach constitute the chief existing cause of the diseased manifestations in connexion with the heart; whereas, when uncomplicated, they are often more difficult of cure.

Palpitation connected with indigestion easily curable.

CHAPTER VII.

On Chylification, and the organs concerned in the process, with Practical Deductions.

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243. The next series of changes, connected with and forming part of the digestion of the food, is associated with the first of the small intestines, the DUODENUM.

Duodenum.

244. The duodenum is the first portion of that part of the intestinal canal, strictly called the intestines.

245. Heister remarks, "The intestines are large and long membranous canals, reaching from the stomach to the anus. Their length is usually six times* the height of the individual they belong to."

Length of intestines.

246 They are connected and continuous, and are fastened to the spinal column by means of a spread out fan-like process of the tissue investing the cavity of the belly, called the peritoneum (περι, peri, around,

Peritoneum and mesentery.

* In children the intestines are ten to twelve times the length, in adults five to six times the length, of the individual. In the animals that chew the cud, the ruminants, the intestines are twenty-seven times the length of the body.

and τεινω, to stretch). This fan-like extension of the peritoneum is called the mesentery. P. VII.

247. Though strictly one continuous tube, the intestines are generally considered to be six. Six intestines.

248. Three of these are named small intestines, namely the duodenum, the jejunum, and the ileum; and the other three, namely, the cœcum, the colon and the rectum, are designated large. Small intestines. Large intestines.

249. Of the small intestines, the first is called the DUODENUM, (duo two, and denum ten,) because it is about twelve inches in length.

250. This intestine begins at the pylorus, (plate 6, fig. 7, plate 7, fig. 9,) and at first ascends a little, (plate 6, fig. 8, plate 7, fig. 8,) then descends (plate 7,) then ascends (plate 7,) and then runs transversely to the left kidney. Course of the duodenum.

251. The course is very remarkable, and the coats and the cavity of this intestine are larger than the coats and the cavities of the other small intestines.

252. The innermost coat or lining membrane of this intestine is puckered up into folds, (rugæ) forming little valves or valvules, lying transversely across the intestine and parallel to each other, hence called connivent valves (valvulæ conniventes), (plate 8, fig. 14, 15). These are few in number at the commencement of the duodenum, but become very numerous in the portion of the duodenum nearing the next small intestine, the jejunum. Wrinkles or rugæ. Connivent valves.

253. Numerous glands are found in this intestine, they are called BRUNNERIAN, and secrete a thin fluid. Brunnerian glands.

254. Into the duodenum open at a point about three or four fingers distance from the pylorus, two tubes, one from the gall bladder and the liver, called the common bile duct, (plate 7, fig. 17,) (ductus Tubes ending in the duodenum.

CHAP. VII. Bile and pancreatic juice.

choledochus), and one from the sweet-bread gland (pancreas), the pancreatic duct, (plate 7, fig. 18). The bile duct carries the bile; the pancreatic duct, the pancreatic juice, into the duodenum, (plate 7, fig. 16).

255. These two fluids are highly active in effecting the changes destined to be effected in the chyme, which passes into this intestine from the stomach.

Bile.

256. The bile is a fluid, secreted by the liver; the pancreatic juice is a fluid, secreted by the pancreas.

Liver, its site and connexion.

257. The LIVER (plate 1,) is a large organ of a reddish colour, situated in the abdominal cavity at the right side and extending to the pit of the stomach. The upper surface of the liver is convex and smooth; it lies in close contact with the diaphragm (plate 1, fig. 24, plate 5, fig. 1, 2,) and, by its shape and smoothness, the actions between it and the diaphragm take place with ease.

The ligaments binding the liver.

258. The liver is connected firmly with the diaphragm by strong bands, called ligaments; it is connected with the navel also by a strong ligament, which, being round, is called the round ligament.

Granules that secrete the bile.

259. The liver is composed of several kinds of vessels, the branchings of which are multiplied in a most extraordinary manner, and by the interlacings of the fine hair-like, called capillary, extremities of their branchings, form an innumerable multitude of fine and pulpy granules, which are the parts of the liver that secrete the bile, and which appear, when seen through a microscope in clear water, to be thick villous little bags or follicles.

Vena portæ, the vessel that carries to the liver the blood from which bile is made.

260. The bile is secreted from the blood, brought to the liver by a large vein, called the vena portae. This large venous trunk is made up of innumerable

veins, which arise in the intestines, the spleen, the rectum, and the principal abdominal organs.

261. The blood, which these vessels bring to the liver, is loaded with impurities; and it is from this blood, thus loaded with impurities, that the glandular bodies of the liver make bile; *i. e.*, they purify the blood, and from the very impurities make the valuable fluid, the bile.

262. This bile, formed by the glandular bodies, is, immediately after its formation, collected in another set of vessels, called the biliary pores, (pori biliarii), which unite their branchings so as to form one common trunk, called the hepatic duct.

Biliary pores.

263. This hepatic duct, soon after the commencement of its course, joins a pipe or duct, which comes from the gall bladder. This duct is called the cystic duct.

Cystic duct.

264. This cystic duct contains some beautiful spiral valves: they have been described as resembling the turns of a snail's shell, and their presence in the duct, it is likely, prevents the return of the bile when once, after being perfected, it has passed from the gall bladder.

265. These two ducts, namely, the hepatic and the cystic, unite to form a common trunk, called the choledic, (χολη. Chole, bile,) or common bile duct. (Plate 7, fig. 17).

Choledic or common bile duct.

266. This common bile duct proceeds to the curvature of the duodenum, (plate 7,) and opens into the cavity of the intestine by a longish orifice, rounded above and contracted below, (plate 7, fig. 16).

267. The gall bladder, resembling a pear in shape, lies in a depression on the concave side of the liver. This gall bladder is a depository of the bile until it is

Gall bladder or depository for the bile.

CHAP. VII.

wanted for use. This bile lies in the gall bladder until the chyme enters the duodenum; at its entrance the gall bladder contracts and forces its contents into the duodenum.

268. The bile that passes direct from the liver enters continuously the duodenum: the bile of the gall bladder, called cystic bile, enters the duodenum only when the gall bladder is full, or when the stimulus of the chyme excites the gall bladder to discharge its contents.

Gall bladder perfects the bile.

269. The delay of the bile in the gall bladder seems to be connected with some process, which takes place in the gall bladder, by which the bile is perfected. Heister maintains that the bitterest portion of the bile is secreted by the gall bladder.

270. The use of the bile, according to this exact anatomist, is to attenuate the chyle, to mix the oleaginous with the aqueous parts, to stimulate the intestines, and, in part, to alter the acid of the chyle.

Uses of the bile.

Boeerhave remarks—"The cystic bile resists acescent matters, and, by its admixture with other things, gives them a similar power of resistance; it is saponaceous and detergent; it makes oils miscible with water; it dissolves and thins resins, gums, and viscid substances, and renders them uniform, if it be rubbed with them."

Liver, a purificatory organ.

271. The liver, regarded as a great purificatory organ, has an immense interest associated with it. "I do not think," writes the profound Swedish philosopher, "there is in the whole body another such sewer and turbid gulph of humours as the vena portæ. The impure stream passes through this sewer, is carried successively through finer and finer strainers into myriads of glands, which secrete the bile."

272. The other fluid, poured into the duodenum, in connexion with the conversion of chyme into chyle, is the pancreatic or sweet-bread juice.

Pancreas, its situation.

273. The pancreas is a large flat gland (plate 8, D) of a fleshy colour, situated behind the stomach and extending from the duodenum to the spleen. Its length is eight to nine inches; its shape is that of a dog's tongue; it is made up of numerous soft glandular molecules, so combined as to present the appearance exteriorly of one mass.

Pancreatic duct, its course.

274. Running along the middle of the breadth of the pancreas is a particular duct, in which several smaller ducts end laterally, almost as the veins of a leaf may be seen to terminate in the chief central vein.

275. This duct is very thin, white and almost transparent. It pierces the coats of the duodenum at the same spot with the common bile duct, (plate 7, fig. 18).

Pancreatic juice, its character.

276. The fluid secreted by the pancreas is slightly saltish, limpid, abundant, continually secreted, and resembles very much the saliva—it is neither acid nor alkaline. It is, in fact, a saliva.

Universal menstruum.

277. By the mixture of the pancreatic juice and the two kinds of bile, the universal salivary menstruum or dissolving agent is formed, which is tempered and adapted, with infinite variety, to every necessity and demand of the intestines digesting, and of the food to be digested.

278. "The pancreatic juice is the first cause, the hepatic bile is the second, and the cystic bile is the third."

An analogy subsists between the fluids acting on the food in the stomach so as to make chyme, and the fluids engaged in acting on the chyme in the

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Relations of the three juices.

duodenum to make chyle; the saliva and the gastric juice are engaged in the one, and the salivary juice of the pancreas and the bile are engaged in the other, elaborating the chyme in the duodenum.

279. The effect of the admixture of the bile and of the sweet-bread juice with the chyme is to cause a change in it, by which it is separated into two portions; a nutritive and a feculent.

Chyle.

280. The nutritive portion presents itself in the form of a milky-like fluid called chyle.

PRACTICAL DEDUCTIONS.

d d. The close connexion between the liver and the diaphragm demonstrates, that the liver is subjected to the motions which the lungs undergo in the chest; that is, its actions must accord with the respiratory actions. Such being the case it becomes evident, that any conditions, which interfere with such accordance, must be injurious to the health. Such an interference is presented in the wearing of tight-fitting trowsers, of tight belts. Such an interference is induced, when the practice is adopted of tying round a person's waist preparatory to running, a tight handkerchief.

The reason why tight lacing is injurious.

e e. The fact that irritants, passing through the duodenum, cause the bile to flow into the duodenum, which bile, when there is nothing in the duodenum to be mixed with it, itself becomes an irritant, demonstrates how injurious purgative medicines, which cause a flow of bile, must be to the lining membrane of the intestine.

Injury of purgatives.

f f. And this fact, that purgative medicines cause a flow of bile, demonstrates how absurd is the common

belief, expressed in the argument, that, because the bile irritates as it passed through the bowels, how bilious the individual was and how bad was the state of the bile; whereas the truth is, that the bile irritates because it passes as bile and not as a part of the natural evacuations formed by it, when mixed properly with the nutritive and non-nutritive portions of the food. CHAP. VII.

CHAPTER VIII.

Defæcation and its course in connexion with the Small and the Large Intestines.

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281. The remaining series of changes, connected with and forming part of the digestion of the food, are associated with the remaining intestines, namely the jejunum and the ileum, (small intestines;) the cœcum, the colon and the rectum, (large intestines).

282. The jejunum and the ileum form the principal part, so far as length is concerned, of the intestinal canal. Considering the jejunum as commencing at the last curve of the duodenum, and the ileum as terminating at the beginning of the large intestine, the length of the two is equal to four to five times the length of the human body.

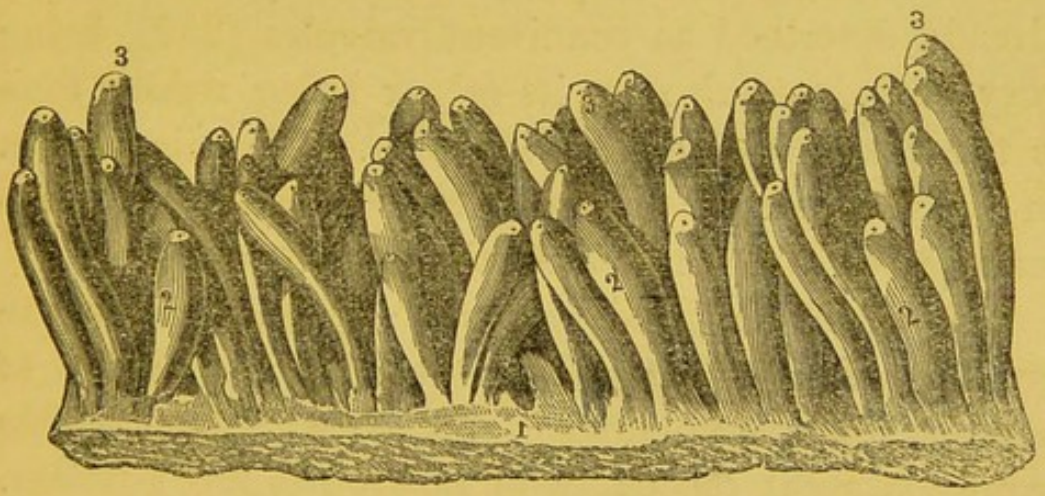
Length of the small intestines.

283. Being of this length they occupy, as represented in the wood cut at page 33, a considerable portion of the abdominal cavity, namely, the region of the navel, a portion of the lower belly, a portion of the loins, and a portion of the cavity of the pelvis.

Their site.

284. They present the most numerous foldings and exhibit great variety of position in their course (D D, wood cut page 10). Tortuous course.

285. These intestines have the same coats as those constituting the stomach and the duodenum. The mucous coat of these intestines supplies a considerable secretion of a mucous fluid, this fluid being poured out from innumerable points so fine as to create a velvety or villous appearance, technically known under the name of "villosities." These villosities, as viewed through a microscope, are represented in the subjoined wood cut.* Mucous fluid poured out from the points in the villous membrane.



No. 1, represents the mucous coat of the intestine cut through; No. 2, represents the villosities or projecting points; No. 3, represents the little opening, presented at the extremity of each villosity or prolongation of the mucous membrane. The mucous fluid poured out from these points has an

* This wood cut represents a portion of the *villous* coat of the small intestines as viewed through a microscope. 1, the mucous coat of the intestine: 2, 2, the villous projections: 3, 3, the orifice presented at the end of each prolongation or projection.

CHAP. VIII. important use in perfecting the nutritive and other matters passing through the intestinal canal.

286. When the mucous membrane becomes diseased, the nature of the fluid secreted from these points becomes altered, and according to the diseased modification will be the nature of the secretion: in many cases flatulence seems to be generated.

Flatulence.

Jejunum, why so named: its site.

287. The jejunum, the second of the small intestines, is so named, because, in examinations of bodies after death, it is generally found empty (jejunus, empty). Its situation is chiefly above the navel, and its length varies from fifteen to sixteen spans.

288. The jejunum is particularized by the valvules, already described as connivent valvules (252), being very abundant, also by its colour being redder than is the colour of the next intestine. The diminution in the number of these valvules indicates the commencement of the next intestine, the ileum.

Commencement of the ileum.

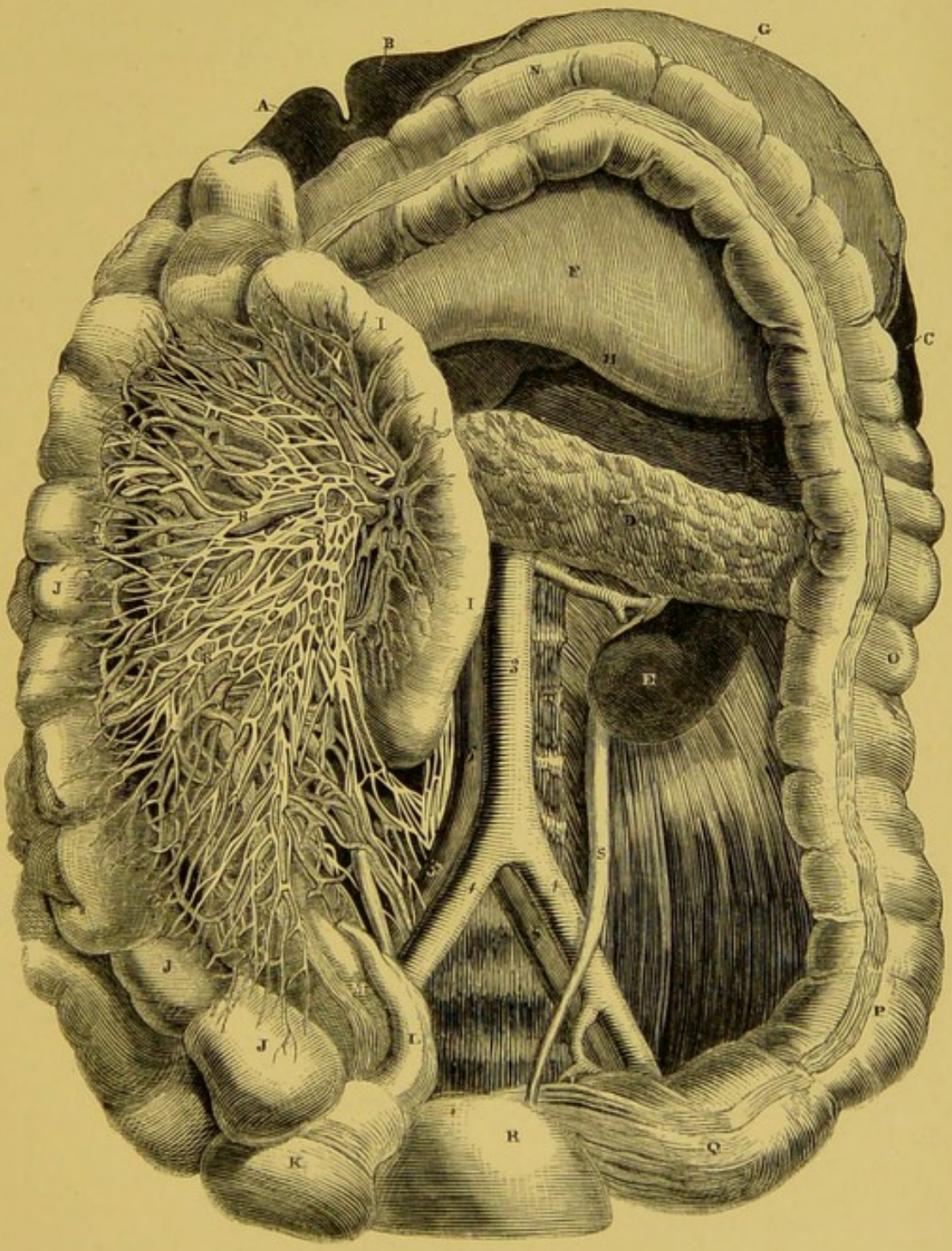
289. The small intestines are characterized by the great number of arterial and venous vessels and of nervous fibres branching over their substance. This supply is great especially in relation to the jejunum. In plate 8, I represents the duodenum; J J, a bundle of the small intestines: 8, represents the branches of nerves, named the superior mesenteric plexus; these branchings distributing themselves among the mesenteric arteries and the mesenteric veins supplying these intestines; the arteries being represented in plate 8, by the vessels with circular lines; the veins, by the vessels with longitudinal lines.

Nerves and blood vessels.

Connivent valvules.

290. The connivent valvules by their forms and position causing them to be hanging down as folds on the internal surface of these intestines present an extended surface, over which the portions of the food,

PLATE VIII.



both nutritive and feculent, have to pass in traversing the intestinal canal, and consequently afford a greater number of points, at which the contents of the intestinal canal are subject to the actions, dependent upon the peculiar powers connected with these parts of the canal.

The ileum, its site.

291. The third small intestine, the ileum, so called because, situated below the navel, it lies near the bones of the ileum.

Its length.

292. Its length is greater than that of the jejunum, being from fifteen to twenty spans in length. Its commencement is indicated by the relative absence of the connivent valvules, and its termination is in the first large intestine, the cœcum.

293. The termination of the ileum in the cœcum is in a very peculiar manner, it ending at the left side of the colon, forming thereat a peculiar valvular formation, called the valve of the colon, (valvula coli,) exhibited 4 4, plate 9.

Valve of the colon.

294. This valve has the appearance of a thick membranous muscular band, elliptic and floating, being constituted of a fold of mucous membrane, of cellular tissue, and of muscular fibres. It is frequently named the ileo-cœcal valve.

Ileo-cœcal valve.

295. It seems to have a function in relation to the large intestines and their position to the small intestines, similar to that which the pyloric valve (92) exercises in relation to the stomach and its position to the small intestines.

Analogy between this valve and the pyloric.

296. The large intestines are three.

The cœcum.

297. The first is the blind gut or cœcum, being so called because it appears to have no opening: to be in reality a bag, surrounding the termination of the ileum and the commencement of the colon.

CHAP. VIII. The cœcum, its site and length.

298. Its length is about three or four fingers breadth. It is situated under the right kidney. Indeed it, as stated, can scarcely be considered as a distinct intestine, but rather the extremity of an intestine, being similar to a round, short, broad bag, with its base beneath and its mouth above, having a worm-like appendage, (plate 1, 14, plate 8, L); this vermiform appendage, being about three lines in diameter.

Fluid formed in the appendage.

299. In this appendage are some glands, showing that some fluid is secreted there which passes thence into the cœcum. Seeds and other bodies have been found after death in this appendage, these bodies having caused ulceration and death.

Formation of the ileo-cœcal valve.

300. This bag-like intestine is represented, in plate 9, as surrounding and embracing the termination of the ileum (1) and the commencement of the colon (2). Indeed, at the place where the cœcum joins the colon, a portion of the circumference of both is depressed, forming on the inside a large fold (4, 4), which advances into the cavity of the intestine. It is open in the middle. The extremity of the ileum is, as it were, grafted into the opening of this fold, and is strongly united at both sides by the mutual adhesion of the transverse fibres of the two intestines, making by the two folds or lips, which form an opening like a button hole. The upper border of these folds or lips adheres to the intestine, the other is free and floating in the cavity of the cœcum. The ring thus formed is in truth a valve. As Dr Mason Good observes, (*Study of Medicine*, vol i., page 9,) "In the more perfect classes of animals, the division between the large and the small intestines is distinctly indicated by a muscular valve, formed jointly of the

Ileo-cœcal valve, its form and uses.

PLATE IX.

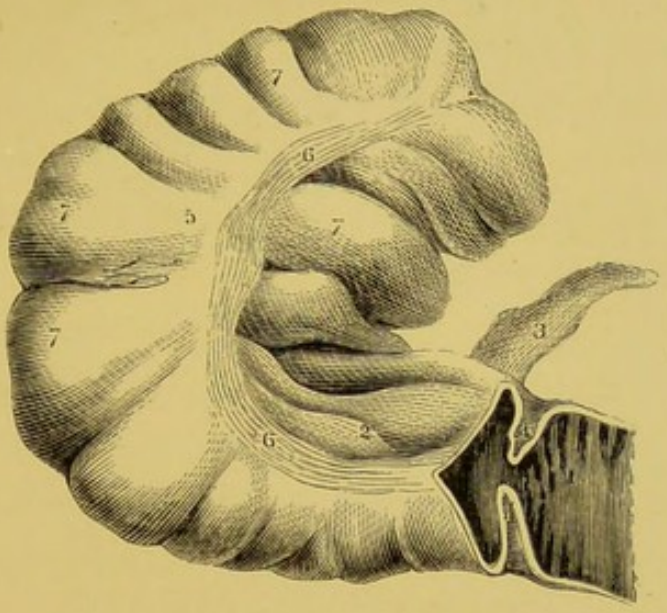
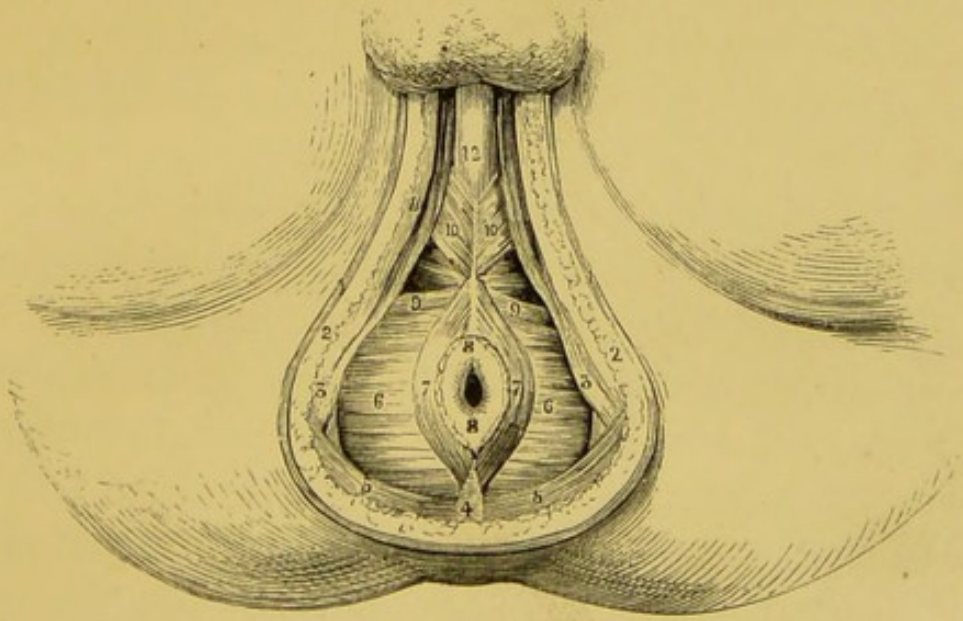


PLATE X.



coats of the colon and of the ileum by a short natural passing within (introsusception) of the terminating portion of the latter into the commencing portion of the former; the important use of which is to moderate the flow of the contents of the smaller intestines into the latter, and to prevent a regurgitation of fæces into the former." *

Colon.

301. The second large intestine is the colon.

Its site.

302. Its length varies from five to seven spans, and, in its course, it forms as it were a circumference round the small intestines, (plate 1, fig. 13, 15, 16, 17, plate 8, N O P).

Its size.

303. It is the largest of the intestines.

Bands.

304. It has three bands or ligaments, running on its convex surface and ending in the vermiform process or appendage. One of the three is seen in plate 8. These bands compress the colon into bag-like folds (sacculated) (7, 7, 7, 7, plate 9,) and elevations.

Appendages.

305. Besides these bag-like folds and bands, the colon has, hanging from its surface, fatty appendages.

Connivent valvules.

306. The interior membrane of this intestine presents very large connivent valvules, which correspond to the folds externally, being formed internally in correspondence with and equal to the elevations externally.

307. This intestine has more numerous and larger glands than those present in the cœcum. It ends in the sigmoid flexure, (plate 1, fig. 18, plate 8, P),

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* This lengthened detail of this valve has been given, because this valve has much importance in relation to the injuries inflicted by purgatives.

CHAP. VIII. which corresponds in situation to the left inguinal region, and lies in a cavity, formed by one of the bones of the bony basin (pelvis,) which supports the bowels.

308. This cavity, being formed chiefly by the Iliac fossa. ileum bone, is called the iliac fossa.

309. The last intestine is the rectum.

310. This intestine is so named because it lies Rectum. straight (rectus, straight,) upon the sacrum, the rump bone, the bone lying wedged in between the hips at the bottom of the back bone. The intestine itself is not straight but curved.

311. This intestine begins opposite to the last bone of the vertebræ of the back. It is about twelve Its course. inches in length. It descends towards the right side of the cavity of the pelvis: it then passes horizontally, bending obliquely downwards and forwards from three to four inches: it then bends so as to form an angle, turning on itself backwards and downwards. It is capable of great distension, even to the size of a large bladder. Its extremity is called the anus.

312. The coats of the rectum are the most thick and fleshy of all the intestines. These characters apply specially to the muscular coat, represented (1, 1, 1,) in the subjoined wood cut.* This muscular coat presents two layers of fibres, the external being longitudinal and the internal circular.

313. The wood cut represents the rectum deprived

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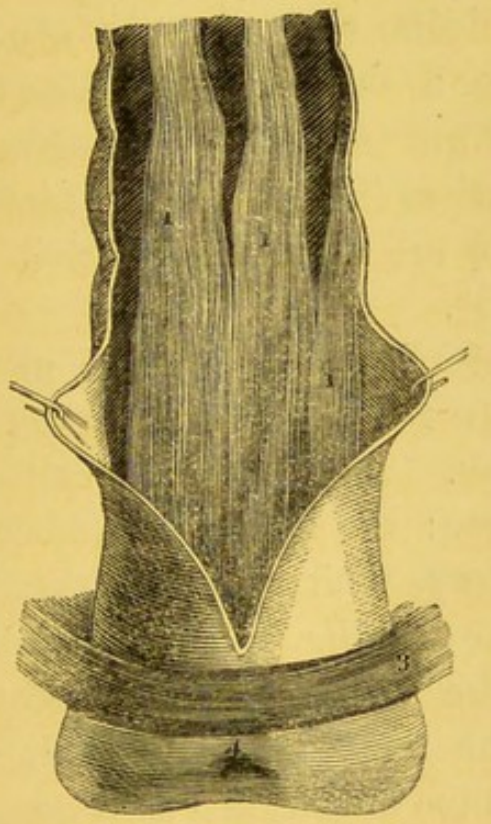
* This wood cut (p. 113) shows the intestine *rectum*, deprived of its outer, the peritoneal, coat. 1, 1, 1, represent the muscular bands of the gut, meeting together: 2, the swelling of the rectum near its termination: 3, the folds of the elevator muscles of the anus: 4, the opening at the anus.

of its peritoneal covering, thus rendering visible the longitudinal muscular fibres. No. 2 represents the enlargement of the rectum near its termination in the anal opening, (4). CHAP. VIII.



314. On account of the thickness and the largeness of the coats of the rectum, it happens, when the rectum is empty, that its interior surface, *i. e.* its mucous coat, falls into *folds* or rugæ, which are called the columns of the rectum. This structure has a practical importance, since surgeons, ignorant of this structure, fancy, because they may experience some difficulty in passing bougies into the rectum, strictures to exist in the rectum: whereas, not unfrequently, these impediments arise from modifications of the lining membrane of the gut. To this it may be added, that, in many cases, these ignorant men produce by the use of their bougies and other me- Columns of the rectum.

CHAP. VIII.

chanical means, adopted by them to get rid of these imaginary strictures, the very strictures, non-existent till they used their means.

315. The mucous coat of the rectum is thicker and more vascular than in any other part of the large intestines, containing many distinct mucous follicles, which secrete a mucus, that preserves the internal surface of the gut in a state of healthy moisture.

316. The absorbents of the rectum are numerous, and there are a few vessels that take up chyle, called lacteals.

317. The arteries, carrying the nutritive blood to the rectum, are remarkable, being derived from three distinct sources. These vessels, called the hæmorrhoidal, are three: the *upper*, derived from the inferior mesenteric artery, which supplies the lower intestines generally; the *middle* hæmorrhoidal, which come from one of the divisions of the great artery in the pelvis; and the *lower* hæmorrhoidal, from an artery that has its course on the pelvis, a bone, forming part of the bony basin, supporting the contents of the belly and the pelvis.

Hœmorrhoidal vessels.

318. The veins of the rectum are very tortuous and numerous, and form between the mucous and the muscular coats of the gut quite a network of vessels. The hæmorrhoidal veins help to form the inferior mesenteric vein, which, with the superior mesenteric vein, the vein from the spleen (the splenic) and the gastric vein, compose by their union the great portal system vein (260) already described as supplying the liver with that blood, from which the bile is formed.

Rectum veins numerous.

319. As the blood is supplied to the rectum from such various sources and in such abundance, the reason why, in diseased states, blood is discharged from these

vessels, is apparent, and also why, in cases of severe constipation, blood often passes at the time of the evacuation of the bowels.

Blood often discharged from the rectum.

320. The external surface of the rectum has a great resemblance to the external surface of the gullet. It is smooth and polished without any elevations and without the longitudinal depressions, so evident in the colon; the only marks it presents being parallel, dependent on the powerful muscular fibres described, as, in part, forming the gut.

321. To facilitate the action of the rectum in the reception and the expulsion of the fæces, it is imbedded in fat, a condition specially favourable to the objects to be realized, as such a padding, so to describe it, allows of the distension of the gut and of its restoration to its original shape and position when it has expelled its contents.

Rectum imbedded in fat.

322. In the rectum the fæces accumulate and lose their thinner parts by absorption. Little doubt can exist that the fæces are moulded in the colon and in the rectum, more especially the upper part of the rectum. This is rendered probable by the form of the fæces varying in different animals, and these forms correspond to the intestinal cavities: thus the horse has very large cavities in the colon, and has correspondingly formed fæces. Add to this the additional fact, that properly formed fæces were realized in persons, who, not having the power to have food passed through the gullet, were fed by nutritive injections into the bowels. When the fæces have accumulated in sufficient quantity they excite the rectum to action and a sensation is experienced, causing a desire for their expulsion. The escape of the contents is prevented by two muscles which close

CHAP. VIII. Retention and expulsion of contents of the bowels.

the anus: the *external* closing muscle or sphincter* (represented 7, plate 10): the *internal* closing muscle, or sphincter (plate 10). When the will submits to the desire to expel the contents of the gut, several agencies operate in effecting the expulsion. The muscular fibres of the rectum act: the diaphragm acts, the contraction of which is followed by the inflation of the lungs: the muscles of the windpipe close the epiglottis, (the valve at the top of the windpipe) and prevent expiration: the abdominal muscles, which act in opposition to the forcing down of the diaphragm and compress the bowels and force them backward and downward: and, last of all, the two muscles, lifting up the anus (elevators of the anus) (represented 6, plate 10), press the rectum forwards and upwards, and, diminishing the curve of the rectum, aid in the expulsion. The force, thus produced, is greater than the resistance of the sphincters, which close the anus: the anus is dilated and the contents of the rectum are expelled, in other words DEFÆCATION takes place.

PRACTICAL REMARKS.

g g. The fact, that the small intestine, the jejunum, is so called because it is generally found jejune or empty, implies that the other intestines ought to be found containing their contents, *i. e.* not empty—

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* It is interesting to notice that the intestinal tube commences by a sphincter muscle, the orbicular muscle of the lips, and it ends with a sphincter muscle.

indeed the intestines ought to have therein matters— intestines wholly empty would indicate disease rather than health. In patients dying of Asiatic cholera the bladder is found empty. This is regarded as a sign of disease; and so with an empty intestinal tube; indeed many reasons exist for the belief that the presence of contents in the bowels is essential to the intestinal actions connected with life.

h h. As wind is generated in the intestines (286), and as such generation is dependent upon a diseased state of the lining membrane of the bowels, the absurdity of the opinion, so generally prevalent, of using medicines to expel mechanically the wind, is apparent. Since supposing that these medicines do expel the wind, which is very questionable, if they do not alter the diseased state, causing the generation of the wind, they do mischief. The great object should be to discover a medicine, which will remove the diseased state itself. Homœopathy supplies such means. Some of the fatal cases of diseased stomach, that have come under my medical treatment, are those of patients, who have taken during former years large quantities of ginger and other similar agents to get rid of wind and pain in the stomach.

i i. As the act of defæcation is one in which the diaphragm is particularly active, it is certain that tight lacing must interfere with this act, because impeding the free action of the diaphragm, and this tight lacing must act injuriously by weakening the abdominal muscles.

CHAPTER IX.

On Absorption.—The Peritoneum. The Mesentery. The Lymphatics. The Lacteals. The Mesenteric Glands. The Receptacle of Chyle. The Thoracic Duct.

CHAP. IX.

Organs in the belly, separated from the walls of the belly.

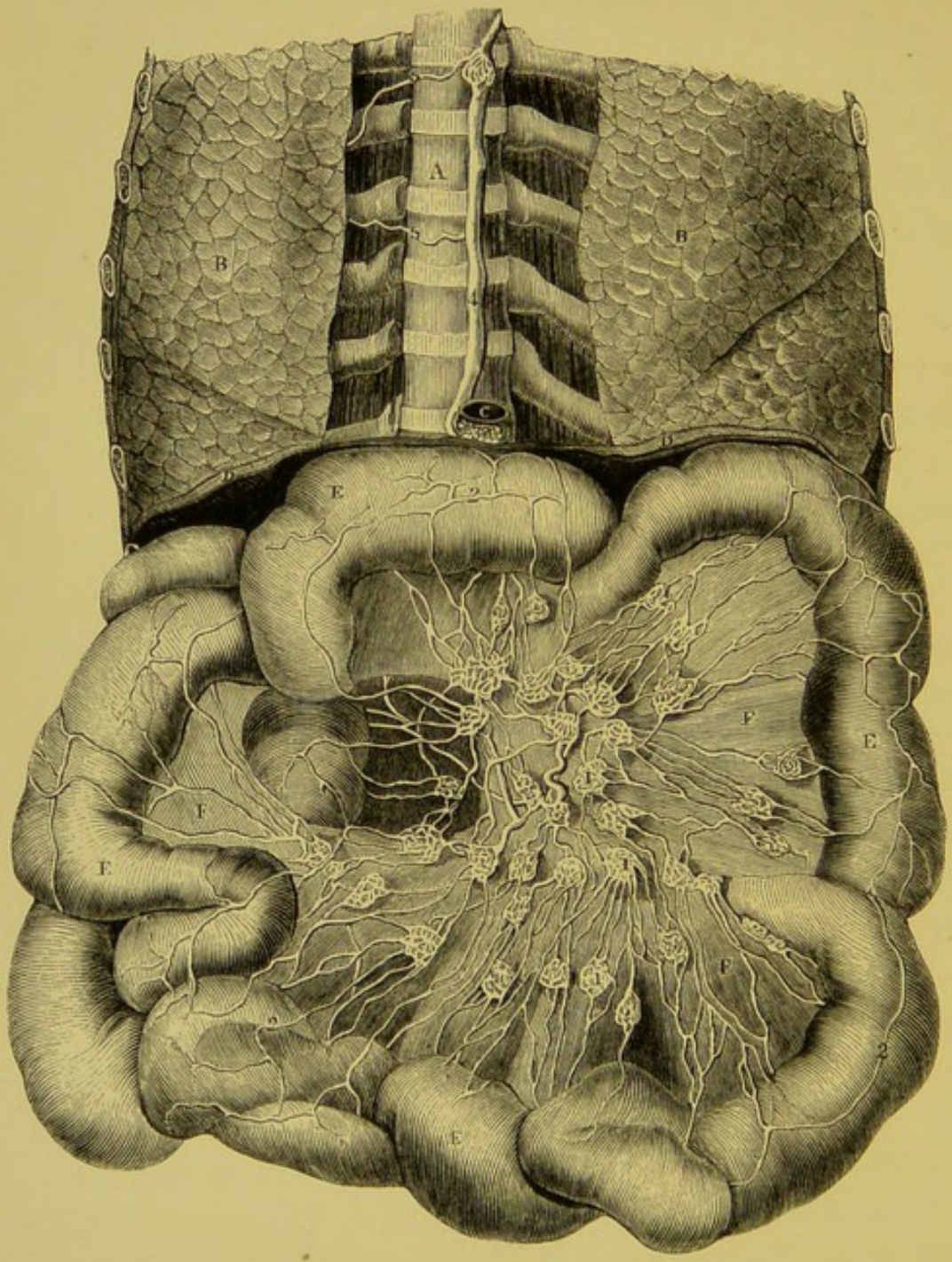
323. The organs, contained in the cavity of the abdomen, many of which have been already described, do not lie in direct contact with the fleshy walls of the belly, which enclose them. They are separated from these walls by a fine serous membrane of great extent, and, in appearance, transparent.

The peritoneum.

324. This membrane being stretched (τετωνα tetona) about (περι peri) these organs, is called the peritoneum. It forms a large bag, of which the internal surface lies in contact with itself or with the serous fluid it secretes. The external surface adheres to the abdominal walls and the whole superficial extent of the organs contained in the abdominal cavity.

325. Of this peritoneal investment a portion fastens itself to the spinal column, proceeds forwards and embraces at its opposite border, by means of a large outspreading of itself, the whole of the small intes-

PLATE XI.



tines, and thus, being situated in the midst of the abdominal cavity and in the midst of the intestines, is called mesentery (μεσος mesos middle, and εντερον enteron, intestine). CHAP. IX.

326. The mesentery, (plate 11, F F F,) being thus strictly nothing but a portion of the peritoneum, nothing but a large fold of that membrane, fixed by a very narrow border to the spinal column, is composed of two layers, which are united only to a short distance from the intestine enclosed. This union ceasing and the layers becoming separated, a space is formed between these layers, a sort of triangular channel, which allows the mesentery to dilate itself freely. Mesentery. Composed of two layers, with an intervening cavity.

327. Of this mesentery, the part holding the great bundle of small intestines (plate 11, E E E,) (this part being at one end connected with the spine,(plate 11, A) at the point formed by the lumbar vertebræ and bound down thereto,) is very broad and much plaited, and, when viewed as a whole, forms, as Winslow has remarked, a kind of spiral roll: this part is more strictly the mesentery.

328. The peritoneum, which holds the cœcum in its place, is called the meso-cœcum; that retaining the colon in its place, is called the meso-colon; and that, retaining the rectum, is called the meso-rectum. Meso-cœcum. Meso-colon. Meso-rectum.

329. Between the folds of the mesentery are found certain glandular bodies of the form of lentils, called mesenteric glands; also blood vessels, both venous and arterial. Mesenteric glands.

330. The nature of these glands and of these vessels is peculiar.

331. The body is sustained by the absorption of fine fluids.

CHAP. IX.

Absorbents diffused throughout all the body.

332. The organs, which take up these fluids, are called absorbents.

333. These organs have not any distinct cavity of the bodily system appropriated to them, but occupy all parts of the system.

Lymphatics and glands.

334. The absorbent system consists of an immense number of vascular tubes, called lymphatics, and of little glandular egg-shaped bodies, known under the name of glands, (plate 11,* 1 1 1, plate 13, 1 2 3).

Lacteals, chyliferous vessels.

335. Of these lymphatic vessels, those that arise from the internal surface of the intestines are called lacteals or chyle bearing (chyliferous), being charged with the absorption of chyle as the contents of the bowels pass along their cavity. As the colour and the consistence of chyle approach to the colour and the consistence of milk, these receive the name of *lacteals*.

Lacteals.

The lacteals seem to elaborate the chyle.

355*a*. It seems further, that, in the act of receiving the chyle, the chyliferous vessels seem to impress on the chyle a kind of elaborating or perfecting process, of which the proof is, that, if the chyliferous fluid is examined in any part of its course, the qualities possessed by it in the first ramifications through the mes-

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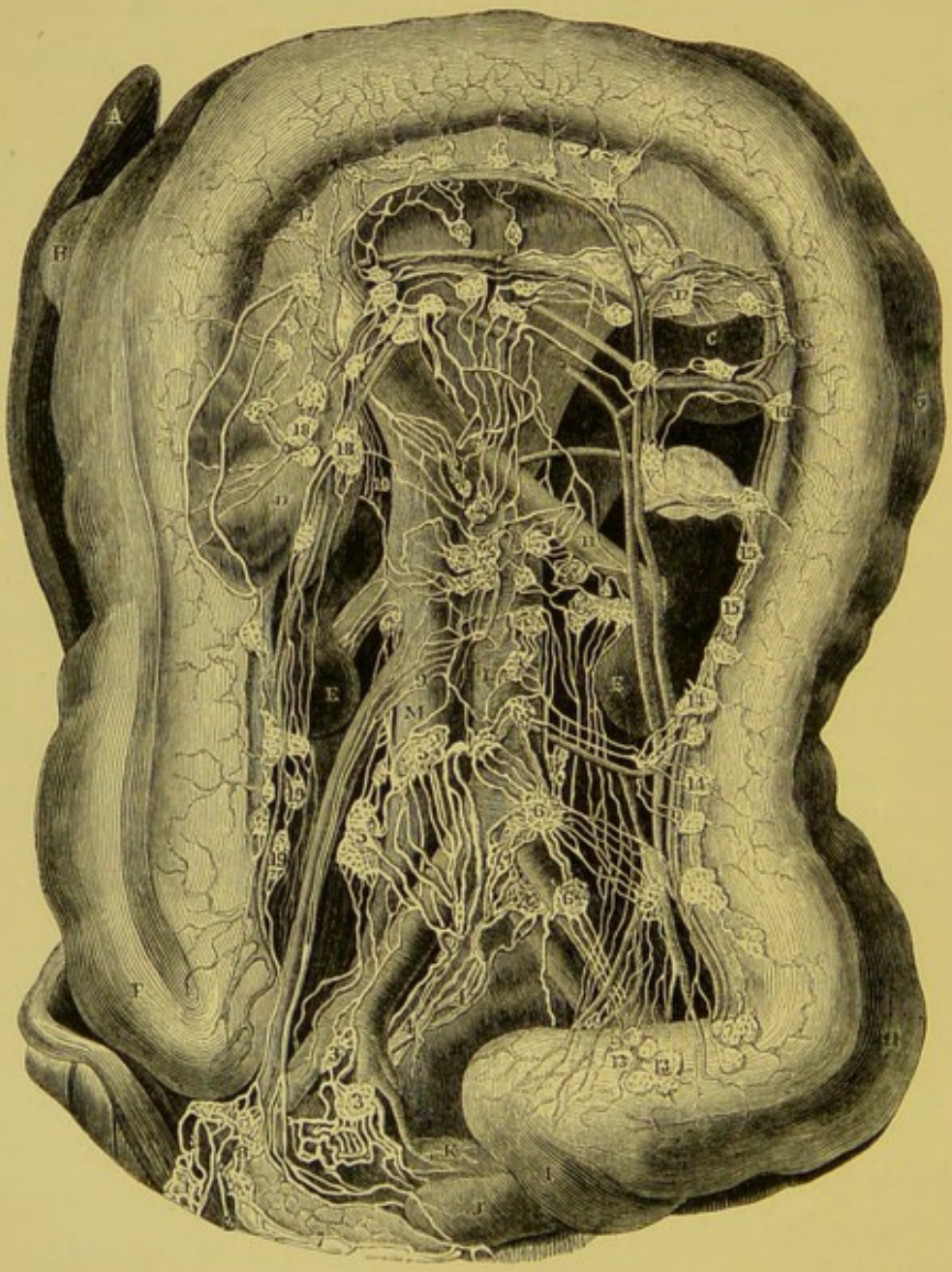
* In this plate (11), the anterior abdominal boundary has been removed to show the surface of the mesentery and a portion of the small intestines. A, represents the spinal column to which the mesentery is fastened; B B, represent the lungs; C, the great artery of the body, the aorta, cut away; D, a section of the diaphragm; E E E E, a bundle of the small intestines; F, the mesentery. 1 1 1 1, the mesenteric glands; 2 2 2, the lymphatic vessels proceeding from the small intestines to the mesenteric glands; 3, mesenteric glands round the aorta; 4, the thoracic duct.

PLATE XII.



entery, are not found in the other parts of the chyliferous system of vessels. This circumstance presents an analogy to the action of the roots of plants, which, in choosing the materials in the earth suited to their nature, communicate thereto a special elaboration, which makes of these materials a nutritious matter. The mesenteric glands seem to have a similar relation to the chyle in perfecting it: they seem, as it were, to add the finishing change to the chyle, so as to make it fit to form part of the animal being: they complete it.

336. The lymphatic vessels,* which originate from

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* In this plate (12) these vessels are exhibited. A, the liver thrown back; B, the gall bladder; C, the spleen; D, a part of the mesentery; E E, the kidneys; F, the cœcum; G, the descending colon; H, the sigmoid flexure; I, the rectum; J, the womb; K, the vagina. 1, the inguinal glands; 2, the lymphatic vessels proceeding thence; 3, the external iliac glands; 4, the lymphatic vessels between these glands; 5, glands on the iliac vein and the inferior vena cava; 6, glands around the crural artery and the aorta; 7, lymphatic vessels proceeding from the womb; 8 9, lymphatics from the ovary; 10, 11, 12, lymphatics; 10, from the liver; 11, from the left kidney; 12, from the spleen; 13, glands at the origin of the rectum and conveying vessels from the sigmoid flexure; 14, 15, glands of the mesocolon; 16, glands and lymphatic vessels of the descending colon; 17, glands and lymphatic vessels of the right extremity of the transverse colon; 18, the glands at the commencement of the mesentery; 19, glands and lymphatics of the ascending colon.

CHAP. IX.

other parts of the body, are those to which the name of lymphatics is more strictly appropriated, as they carry transparent lymph, (plates 12 and 13).

Lymphatics and lacteals are similar.

337. The vessels, having the names of lacteals and lymphatics, are both absorbents, and the two sets of vessels are exactly correspondent in texture and in arrangement.

338. Besides the glands and the chyliferous vessels contained between the folds of the mesentery, there are found between these folds the vessels which supply the intestines with arterial blood from the heart, called mesenteric arteries, and the vessels which carry the venous blood back to the heart, called mesenteric veins, (plate 8).

Mesenteric arteries and veins.

339. Besides these vessels and glands the mesentery is abundantly supplied with nerves derived from the intercostal nerves and the par vagum (plate 8).

Mesenteric nerves.

340. The lacteals or chyliferous vessels have their place in the coats of the intestines and in the mesentery, being most abundant in the small intestines. Heister observed a few proceeding from the duodenum. A few are to be met with in connexion with the colon and the rectum.

Lacteals of two kinds.

341. The chyliferous or lacteal vessels are of two kinds: those, which run from the intestines to the mesenteric glands, and those which run from the glands to a receiver or receptacle, in which they end, called the receptacle of the chyle (receptaculum chyli). This is more visible in some of the lower animals.

Lacteals very numerous in man.

342. The number of these vessels in man at the point of their connexion with the intestine is very great. They form a beautiful network. As they leave the intestine, they increase in size and become

fewer in number. They unite together, and, following the course of the mesenteric arteries, ramify themselves throughout and in the mesenteric glands.

Mesenteric glands.

343. The mesenteric glands are about a hundred. Their form is, as already stated, of an irregular lenticular shape, and vary in size, the largest being found near the spinal column, where the mesentery is fixed to that column.

Lacteals have valves.

344. The lacteals have semilunar valves, these valves being double and placed opposite to each other. They prevent the flowing backwards of the chyle.

345. The lacteals themselves may be divided into three classes. Those of the first class arise from the villous surface of the intestines, and particularly of the small intestines, by a great number of roots extremely fine, like a fine hair, (capilla, a hair,) hence called capillary. Boerrhave put forth the idea, that animals have roots within them, which are these capillary vessels, or the villi, which villi, Beclard has described equally appropriately as the radicles of animal life. These roots form a beautiful network between the coats of the intestines, which network surrounds almost the whole circumference of the intestinal canal between the muscular and the external coats. This network of lacteals forms two planes of ramifications, lying separate between the folds of the mesentery until they approach the mesenteric glands, where they unite.

Lacteals of the second class.

346. After this union, the lacteals of the second class present themselves, adopting a different arrangement, distributing themselves throughout the whole extent of the mesentery, having most extraordinary branchings and unions (anastamoses).

Lacteals of the third class.

347. The lacteals of the third class are the lacteals,

CHAP. IX. which, as they proceed towards the spinal column, decrease in number but increase in size, and, after running along the descending aorta to between the extremities of the small muscle of the diaphragm, terminate in a kind of cistern, already referred to under the title of the receptacle of the chyle (plate 13, fig. 8).

Thoracic duct. 348. The thoracic duct, (plate 11, fig. 4, plate 13,* fig. 9,) of which the receptacle of the chyle is

Its situation. the commencement, begins at the front surface of the second and third lumbar vertebræ, just at the opening where the aorta penetrates the diaphragm. It passes into the cavity of the chest between the aorta, which is at its left side, and the vein, which passes up the spine, called the vena cava, (plate 8, fig. 6) which vein is at its right. The course of the duct is vertical and it is at times twisted. It sometimes divides itself into many branches, which again re-unite. Its whole length is seen in plate 13, figs. 8 8 9 10.

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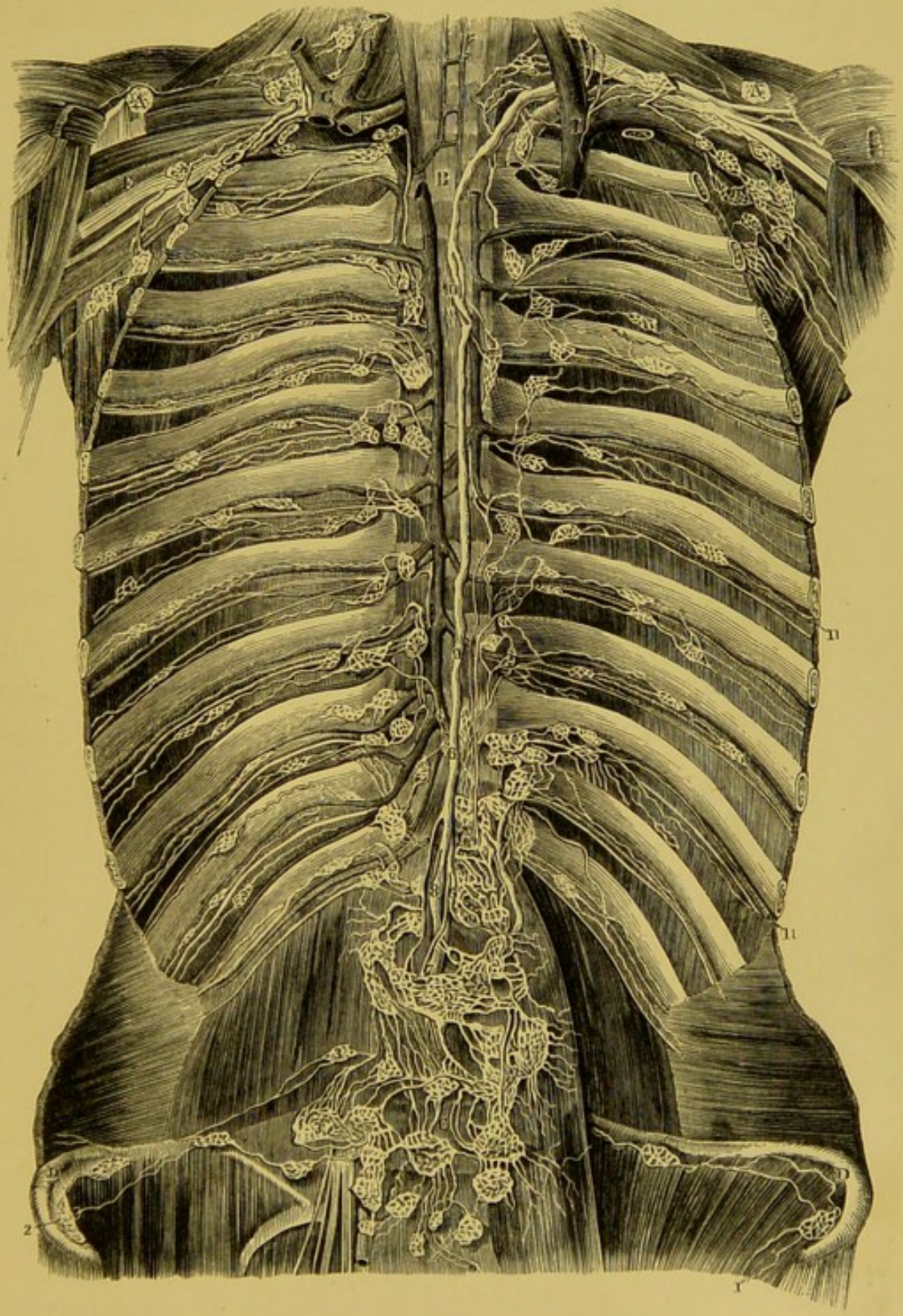
* In this plate (13) are exhibited: A, the collar bone cut away; B, the vertebral column or spine; C, the rump or sacrum bone; D, the bony crest of the ileum; E, the artery of the armpit, called the axillary artery; F, the sub-clavian artery cut asunder; G, the external jugular vein cut across. 1, the lymphatic vessels proceeding from the glands of the cavity of the pelvis; 2, lymphatic glands; 3, lymphatic glands; 4 and 5, glands behind the aorta and the vena cava; 6 and 7, the thoracic duct; 8, the receptacle of the chyle; 9, the thoracic duct; 10, the dilatation and the inclination of the thoracic duct; 11, lymphatic vessels and glands in the spaces between the ribs.

PLATE XIII.



Structure of the receptacle of chyle.

349. This receptacle of chyle is placed in the centre not only of the mesentery, "of which the sphere of action is circular, but is, in one sense, in the centre of the universal body."

350. The receptacle of the chyle, (plate 14, fig. 8,) is a kind of membranous bag, composed of very thin coats, its cavity being divided by fine membranous divisions. It is chiefly at the lower part of the receptacle that the lacteals are inserted.

Structure of the thoracic duct.

351. The thoracic duct is to be regarded as the continuation of the receptaculum chyli, and is a canal which receives the chyle from the lacteals and the lymph from the lymphatics, and conveys them through the chest to the left subclavian vein.

352. The duct itself is composed of a fine thin transparent membrane. Throughout its whole extent are valves, which prevent the reflux of the chyle, and at its termination in the subclavian vein there are two semilunar valves, opposite to each other.

Papillæ, or villous coat of the intestine.

353. The relations which these parts bear to each other in reference to the absorption of the chyle may be summed up thus. The fungous or villous coat of the intestines consists of an immense multitude of fine papillæ, full of pores. These pores may be regarded as little mouths, the papillæ being endowed with a special sensibility to detect the chyle. These mouths are continually imbibing the nutritive fluid that passes along the intestinal tube. The particles of chyle being globular pass with ease into the little mouths fitted to receive them. These uniting form the cellular coat of Albinus, which, as the Swedish philosopher remarks, appears to resemble "a conglobate gland thrown into a plane."

354. "As soon as the nutritious particles approach,

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Nutritive particles taken up.

both the internal villous or fungous coat, and the glandular vascular or nervous coat, receive them joyfully and throw open their manifold doors, avenues and receiving rooms, and hailing them as welcome guests, transmit them through innumerable channels and passages into the chambers appointed for them, that is, into the cellular coat."

Lymph nutritive.

356. The lymph, which is gathered from all parts of the body, seems to be in many respects nutritive. The fact that persons who are badly fed, live upon their own substance, being nourished by themselves, demonstrates that the lymph is nutritive. These vessels seem to take up all the fat of the body; and it

Cod liver oil.

may happen that the cod liver oil owes its efficacy to the two circumstances; first, that its oily particles are easily appropriated by the lymphatics; and, second, that the infinitesimal quantity of iodine contained in the oil may, in certain cases of consumption to which iodine is homœopathic, act homœopathically curative.*

357. The lymphatics are very numerous, they are diffused all over the body and constitute a most beautiful network.

357 *a*. Those connected more particularly with the digestive system and organs in the belly are extremely well marked, and their position, together with the position of the thoracic duct, are exhibited in plate 12, and plate 13.†

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* The old-system practitioners, not knowing how to decide in what sphere of cases of phthisis cod liver oil is curative, give it in all cases, and cause the death of numerous patients by occupying the time, that, wisely used, would have led to the restoration of the patient, in administering the cod liver oil, and, in so administering, neglect the use of the right means.

† The immense number of those and their wonderful arrangement are seen in plate 12, and plate 13.

358. The milky-like fluid, the chyle, a fluid holding the first rank among the fluids taken up by the absorbent vessels, is the chief source whence the materials for the reparation of the various parts of the bodily frame are obtained. It is carried into the blood through the thoracic duct, this duct having its termination at the junction of the internal jugular and subclavian veins, a course seen in plate 13, where, below the letter B, the thoracic duct is seen tending towards the left to its termination. The chyle mixed with the blood, circulating in these veins, is carried forthwith to the right side of the heart, is passed thence through the lungs: thence it, as perfected blood, is passed through the left side of the heart, and is carried through the arteries to all parts of the body; and from it, as converted into blood, all the different parts of the body are renewed, each class of secreting vessels, distributed through the body, separating and manufacturing from it its special products.

Chyle carried into the blood.

PRACTICAL REMARKS.

jj. The facts, that the intestines are supplied with so great a multitude of blood vessels, that the chyle has to pass through the mesenteric glands, and that a healthy state of these glands is essential to effect the changes in the chyle necessary to its perfection, show that means should be adopted to keep up a free circulation through the vessels of the bowels, and to prevent diseased conditions of the glands themselves. As the application of cold tends to produce congestions in the vessels of the body and congestions in the

Why cold tends to produce atrophy.

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glandular tissues, the injuriousness of letting little children wear petticoats and clothing that scarcely reach to the knees is apparent. Mesenteric diseases, which end in atrophy and death, are thus produced: and this happens particularly with scrofulous children, who are specially liable to diseases of these glands. Such children are almost certain to suffer from such diseases, if they have happened to have had the usual treatment for mesenteric and almost every other affliction, namely, calomel exhibited: it is impossible to number the thousands of children that have been killed by calomel and unclothed bellies.

Walking a means of health.

k k. To keep the blood vessels of the abdominal organs in a healthy state exercise is essential: nothing will supply the place of exercise, and there is no exercise equal to walking.

Purgatives preventing the absorption of chyle.

l l. As all the contrivances of the intestinal tube tend to retain the chyle in the tube until an opportunity has been afforded to the absorbent vessels to take it up, how injurious must be the administration of purgatives, which, by their action, carry rapidly through the intestinal tube the contents of the tube, and thus remove the chyle from the action of the absorbents.

CHAPTER X.

Concluding General Remarks on the similarities of the various parts of the Intestinal Tube, in reference to structure, fluids, movements, and the powers affecting the movements.

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359. Such are the various parts of this interesting intestinal tube: the tube contrived for the digestion of food, so as to provide nourishment for the individual.

360. In comparing the various parts of this tube, more particularly the stomach and the intestines, many points of similarity present themselves, showing that, though the parts of the tube are distinct in functions, there is that unity about the whole, which constitutes the entire intestinal apparatus as one tube. Similarity of structure.

361. The number of coats to the stomach and the intestines is the same; namely, the common peritoneal coat, the cellular coat, the muscular coat, the nervous coat, and the internal or villous coat. Coats similar.

362. The arteries supplying the stomach and the intestines are the same or continuous. Arteries similar.

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Veins similar.

363. The veins of the stomach and of the intestines have the same direction, namely, towards the liver, (321).

Glands similar.

364. The glands in connexion with the stomach and the intestines are similar in structure, and tend to the same central point, the receptacle of the chyle.

Intestines an elongated stomach.

365. Taking all these points of similarity into consideration, the intestines may be viewed, as has been well stated by the Swedish philosopher so often quoted, " A continued, consecutive, or elongated stomach."

A similarity in the fluids.

366. A similarity between the different parts of the intestinal tube is exhibited not only in the points enumerated, but also in relation to the fluids supplied to each part in carrying on the process of digestion.

Fluids poured into the intestinal tube modified salivas.

367. All the fluids poured into the intestinal tube, may be regarded as modified salivas. Thus in the mouth, the first fluid is that specially called the saliva, this being limpid and watery in the front part of the mouth; the second fluid is the mucus of the palate, that of the pharynx and of the œsophagus, much thicker in consistence; the third fluid is the gastric juice of the stomach, potent in its energies; the fourth embraces two fluids, the more active juice, the bile, tempered by the milder saliva, the pancreatic juice; the fifth fluid is that secreted by the brunnerian glands in the duodenum; the sixth fluid is the mucus poured into the small intestines; the seventh fluid is the salivary fluid generated in the vermiform appendage; the eighth is the fluid poured into the colon; and the ninth fluid is the mucus, poured out so abundantly into the rectum. While each part of the intestinal tube has its special fluid,

destined to fill some part in the process of digestion, there is an unity of character about these fluids that mark the oneness of the whole intestinal tube. CHAP. X.

368. Another point of view in which the similarity between the various parts of the intestinal tube exhibits itself, is in relation to the movements connected with the stomach and with the intestines. Similarity in movements.

369. The wonderful muscular actions of the stomach have been fully detailed 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237. The movements of the stomach.

370. Not less wonderful are the muscular actions connected with the intestines. The intestines have many circular fibres, or segments of circular fibres, which contract the intestine, that is, diminish its diameter, and longitudinal muscular fibres, which shorten the intestine, and are thus made by the action of those two sets of fibres alternately to contract and dilate. When they dilate, they at the same time extend or lengthen, and when they contract they at the same time retract or shorten. The actions of the intestines are always from above downwards. Muscular movements of the intestines. Alternate contraction and dilatation.

371. These actions cause the intestines to have a gyre-like motion, alternate and reciprocal. The motion of the intestines being in this gyre, that is, in a constant flux and reflux from one surface to the other, is designated, from its similarity to the motions of a worm, (vermis,) vermicular. Gyre-like motion.

372. The order of the actions is thus: the stomach moves in its gyre from the cardiac to the pyloric orifice; the small intestines from the pyloric orifice to the valve of the colon; and the large intestines from the valve of the colon to the sphincter, or closing muscle of the anus; TO AND FRO. Order of the rectum.

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Order different in the small and the large intestines.

373. Important is it to remember that the order of motion is not the same in the large and in the small intestines; for "while the duodenum, the jejunum and the ileum are, in their onward career, wreathing their volumes forwards to the valve of the colon, the cœcum and the colon wreath theirs backwards to the same point. It thus happens that the small and the large intestines both meet with their extremities in the ileo-cœcal valve, that is, in the cœcum as a centre: they meet during the expansion (diastole) of the intestines: they mutually recede from the valve during the contraction (systole) of the intestines."

Effect induced on the contents of the intestines by this motion.

374. The intestines, "in the exercise of this their gyre, induce on their contents a kind of endeavour or gravitation from their centres to their circumferences, and next from these circumferences to the centre of the circle, thus producing a perpetual mingling of both alimentary and excrementitious materials, by which actions these materials apply themselves closely to the openings of the chyliferous canals and pass through the pores, which there meet and open for them, to their ultimate destination.

Actions of intestines synchronous with actions of the lungs.

375. Not only does the stomach present extraordinary muscular actions, but its actions take place in accordance, *i. e.*, synchronously with the action of the lungs. The same exists in relation to the actions of the intestines, which take place synchronously with the respiratory movements. This is seen in examining the lower orders of animals. In the snail, the intestines wind circularly to the apex of the shell, closely following the spiral windings of the shell, and after a circumgyration they return to the border, where they discharge the fæces.

376. "The abdominal muscles expand and contract the abdomen synchronously with the expansion and the contraction of the lungs, and communicate their forces and reciprocations to the peritoneum, and by it, as well as by means of the diaphragm, to the stomach and the intestines."

Similarities.

377. Another point of view in which the similarity between the different parts of the intestinal tube becomes apparent, is the existence of distinct demarcations at different parts of the canal. Thus, at the commencement of the tube, namely the mouth, is a sphincter or closing muscle; at the mouth and between it and the pharynx is the valve, the hanging veil of the palate; at the end of the œsophagus, there is a valve-like formation at the cardiac orifice in the stomach; at the ending of the stomach in the duodenum is the well marked valve, the pyloric; at the ending of the small intestines is the ileo-cœcal valve; and, at the termination of the intestinal tube, there is the sphincter or closing muscle.

The demarcations at distinct parts of the intestinal tube.

General sum of actions.

378. To sum up the whole of these actions in reference to the carrying on the contents of the intestinal canal through the whole of the tube.

Summary.

379. The food is taken into the mouth, there to be cut, torn and ground, to be mixed with the salivary fluids, to be acted upon by the tongue: thence it is passed under the hanging veil of the palate into the pharynx, there to be mixed with the mucus of the pharynx, and to be carried by the muscular actions of the pharynx and of the œsophagus or gullet into the stomach. In the stomach it is subjected to the various actions already so fully described, being mixed with the gastric juice, and being there aided by the heat and the motions of the stomach, is converted into

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chyme: from the stomach the chyme is passed through the pylorus into the duodenum, there to be mixed with the bile and the sweet-bread juice and to be converted into chyle, portions of which are taken up by the lacteals of the duodenum. The two portions, the nutritive and the non-nutritive, of the contents of the duodenum, are expelled by the motions of the duodenum into the jejunum. This intestine receives the materials, rolls them onward, selecting from them the chyle, the intestine in its motions applying the materials to the innumerable pores, the openings of the chyliferous vessels. This intestine seems to carry on its contents with great rapidity, hence, as already explained, it is generally found empty (jejune). The ileum receives the materials passed into it from the jejunum and imbibes the chyloid drainings and juices. The spiral forms, which this intestine makes in its motions, are more frequent, and the gyre-like movements are shorter; and from this it may be that the convolutions of this intestine are specially liable to become knotted together, constituting the disease called ileus, also the iliac passion, in which the vermicular motion of the intestine is arrested.

Action of cœcum.

380. "The cœcum is connected with the ileum above and with the colon beneath: it is the common hall, the place of meeting of these two intestines: the goal of the gyratory course of the small intestines and the starting point of the outward career of the large intestines."

Action of colon.

381. Every time the ileum expands it forces its extremity and its contents into this cup-like intestine; and the colon moving up to meet it, receives and swallows its ejections. The valve of the colon opens and shuts the door, and also guards against and forcibly prevents the reflux of materials from the lower into

the higher intestines. The colon, which, as already noticed, has a greater size and a greater thickness of coats and strong ligaments, channelling the intestine itself into great furrows, has these structures to enable it to act powerfully on the materials that pass into it, so as to extract every thing extractible from these materials, and to be able to propel on the contents to the rectum. The rectum was noticed as being supplied with powerful muscles, which enable it to expel the hardened fæces, deprived by this time of all nutritive particles; and these being expelled the sphincter muscle closes the anal aperture.

Action of rectum.

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m m. The history of the process of absorption of the chyle, the history of the movements of the intestinal tube, the history of the various valves in the various parts of the intestinal tube sufficiently demonstrate, that the contents of the intestinal tube should pass slowly and regularly through the tube itself. Any rapidity of transit of these contents must of necessity prevent the absorption of the chyle, must produce irregularity in the movements of the tube itself, must prevent a proper admixture with the various juices that are poured into the tube, and must, as inducing all these deviations, cause irritation of the tube itself, and thus affect the general system, and, by consequence, the health. As purgatives produce this rapidity of transit, their injuriousness is apparent.

Injury from purging.

n n. The peculiar double gyre-like motions of the two principal portions of the intestinal canal, that from

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the stomach to the cœcum being forwards and onwards from the stomach towards the cœcum, and that from the cœcum to the rectum being backwards from the rectum to the valve of the colon, gyres realizing the forcing of the contents of the ileum (where this intestine expands into the cœcum,) on to the colon, which by the action, connected with the gyre moving in the opposite direction, moves up to meet the ileum and receives and swallows the contents of the ileum, (381) show how likely it is that purgatives must do injury, as causing by their irritation this harmonizing action to take place irregularly, and thus cause diseased states. Cases are recorded where plum stones and other bodies have been found in the cavity of the vermiform appendage, and also in ulcerated portions of the rectum. Little doubt exists that these bodies have been prevented passing by the irregular action, induced by the irritation produced by purgatives, and not having been passed they have been forced into the vermiform appendage, or being detained have produced ulceration in the cœcum and have been lodged in the ulcerated parts.

Purging a cause of death.

o o. These facts and these views, connected with the motion of the intestines in carrying on their contents, sufficiently explain the reason, why, in diseases of the intestines attended with inflammation, such peculiar sensations and often such excessive pain and tenderness are present. How painful it is to press against any body a sore finger, or any sore part; and how severe must be the pain, produced in an inflamed intestine continually in motion as the intestines are, and grasping as they do the intestinal contents in passing them forward. How painful must be the condition induced at the cœcum, supposing, as not

Tenderness in intestinal disease.

unfrequently happens, that the ileo-cœcal valve is diseased, and when the peculiar action of the ileum moving onwards to meet the colon, the colon moving backwards, (thus allowing the colon to grasp the contents,) what must be the pain as these contents are passed through an inflamed aperture? And further, as every diseased state produces a modification of the nervous system, how easily appreciable is the fact of the variety of sensations, connected with the various diseased conditions of the intestinal tube.

p p. The dependence of the efficiency of the changes which take place in the intestinal tube, upon the circumstance of the free action of the intestinal tube in reference to the vermicular movements already described, clearly establishes the necessity of allowing no mechanical interference with the movements of the tube contained in the intestinal cavity. Hence the injuriousness of bandaging the bowels, either by trowsers or tight stays or abdominal belts. Hence the cruelty to the horse of making the belt under his belly tight, as it is when the weight of his body in part is made to counter-balance the badly arranged weight in the vehicle the horse has to draw. Hence the injuries that are likely to result from the tying handkerchiefs tightly round the belly: a practice too common among boys at school.

Tight trowsers injurious.

NOTICE TO READER.

[This history of the process of Digestion and of the various circumstances connected with it, will, it is hoped, be mastered in its details by the reader before proceeding to the examination of the second part of this work. The understanding thereof forms the basis on which the views contained in the second part are builded: and the basis being understood, the superstructure, raised on that basis, will obtain a fixity of tenure, which no sophistry will be able to loosen, and will enable him, who has gained the knowledge thus conveyed, to adhere to a course of treatment for Constipation which will be sure to reward him with its cure, and by consequence with a freedom from disease.]

PART II.

CHAPTER XI.

Constipation and its varieties. Costiveness. Confined bowels. Irregular action of the bowels. Delayed and imperfect action of the bowels. Strangulated hernia. Intussusception of the bowels. Constipation, as to its cause. Constitutional diseased state. Evidences of this as the cause of Constipation. Conditions inducing this diseased state.

382. It may be regarded as the rule, THAT THE INTESTINAL DIGESTIVE MACHINE COMPLETES ITS REVOLUTION *once* IN *twenty-four* HOURS. Expressed in other words, the food, taken into the digestive tube, is, in that period of time, carried on through the whole tube, undergoing, in its carriage onwards, the changes necessary to render the food supportive of life. In the course of the gyre-like motion, by which the food is carried through the described extent, all the changes, required to impart nutritiveness to those portions of the food, destined for nutrition (those portions being absorbed) are effected, while the non-nutritive portions, destined for expulsion, are moulded into a mass, which is rendered of such a consistence

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Twenty-four hours the usual time for the expulsion of the fæces.

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by the fluids, poured into the bowels, aided by the various agencies in connexion with the intestines, that its expulsion is attended with a sensation of relief.

Deviations dependent on a constitutional diseased state.

383. Any deviation from the rule stated, where such deviation occurs primarily, (that is, unassociated with acute disease,) being attended with inconveniences, modifying the state of health, may be regarded as resulting from a *constitutional diseased state*, affecting the intestinal tube. The deviations from the normal or regular state are various, and have distinctive characteristics.

384. Deviation first. The most common deviation is that, in which the action of the bowels takes place once in twenty-four hours, but the results of the action are hard and cause pain. This condition, called

Costiveness.

COSTIVENESS,

presents two varieties; one, in which the actions are hard, cause pain, and are *large;* another, in which the actions are hard, cause pain, and are *small.*

385. Deviation second. The deviation, next in commonness, is that, in which the bowels do not act more than once in *forty-eight* or *seventy-two* hours or even more. This condition may be designated

Confined bowels.

CONFINED BOWELS.

386. Deviation third. A deviation, not at all unfrequent, is that, in which the bowels act, at first, with difficulty, the actions being confined and costive, but subsequently, act relaxed, the confined and costive state preponderating. This deviation may be designated as

IRREGULAR ACTION OF THE BOWELS.

387. Deviation fourth. Another deviation is that, in which the bowels act daily, but require *a great length of time* to complete the action. This condition of the action of the bowels, designated

DELAYED AND IMPERFECT ACTION OF THE BOWELS,

Delayed and imperfect action of bowels.

presents two forms: one, in which the patient continues to expel only small portions during a lengthened period, extending sometimes to *half an hour;* another, in which the action is *soon* completed, but a *want to relieve* is felt for some time after.

388. Deviation fifth. Another deviation is that in which the bowels present no action for a week or nearly as long, and, in some cases, longer. This condition, designable as

INACTION OF THE BOWELS,

Inaction of bowels.

embraces two varieties; one, in which there is a total *absence of want** to relieve the bowels; another, in

* This condition is, in many cases, not indicative of disease: many persons, apparently in perfect health, have no action of the bowels for a week. Dr Edward Johnson remarks:—"Every medical man of any considerable practice knows that there are many persons whose *habit* it is to have their bowels relieved once a week. A few years ago these cases were very numerous indeed, and they are only less so now because the public mind has been so impressed by medical men with the importance of having the bowels emptied every day, that most persons, rather than suffer their bowels to be confined, will take medicine every day. Still these cases are even now sufficiently numerous to prove my point. Some years ago I had a patient at Stepney Green, a lady, whose habit it was, from childhood, to have the bowels relieved *once a fortnight;* and if they were emptied oftener she felt weak and exhausted. Only last year, I had at my house a clergyman, whose habit it was to have his bowels relieved, and that very scantily, only once in *three weeks.* And I have met with multitudes of persons, whose bowels were only relieved once in the week, *until they were told,* on their first application to a medical man, that it was very dangerous to suffer this to be the case. Or perhaps they were told that this constipated condition of the bowels was the cause of the

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which there is *a want to relieve, felt frequently*, but attended with *no* result.

389. All these states are manifestative, in a greater or a less degree, of a *want of expulsive power in the rectum.*

390. It appears, that, in a majority of individuals, affected with any of these deviations, the contents of the bowels are carried forward efficiently until reaching the sigmoid flexure of the colon. When they have passed through this portion of the intestinal tube and have gradually entered the rectum, the rectum is, by the approach of its appropriate stimulus, *i. e.*, the intestinal content, stimulated to contract, and, in its contraction, grasping the content, expels it. In the case, however, where the bowels do not act or act imperfectly, this inaction being connected with and dependent on the diseased constitutional state affecting specially the gut, the stimulus from the intestinal content is not sufficient to cause the expulsive effort to be effective, or if effective, great difficulty attends thereupon.

Inaction connected with rectum.

391. Some cases of constipation, or more correctly of non-expulsion of the contents of the bowels, are dependent upon mechanical obstruction; *i. e.*, the intestine becomes entangled, and its bore becomes obliterated by a stricture obliterating the bore of the intestine. In some cases the stricture is formed of the part through which the intestine has passed, such entanglement being designated *strangulated hernia.* Other cases present the mechanical obstruction in the condition, wherein one portion of the intestine passes

Strangulated hernia.

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malady for which they consulted him; and that if they would get rid of that malady and avoid it in future, they must keep their bowels daily open."—*Results of Hydropathy*, p. 118, by EDWARD JOHNSON, M.D.

into another portion, the intestine being in this case said to be *intussuscepted*. Other cases present the mechanical obstruction in the condition, where the intestine becomes obliterated by the thickening of the intestinal coats, or by the formation of a transverse band, causing a stricture. Other cases present the mechanical obstruction in the condition wherein the enlargement of surrounding organs, as, in some cases, of enlarged and hardened womb, causes a pressure on the gut.—See appendix.

Mechanical obstruction of the bowels; different modes.

392. In all these cases the bowels cannot act or can act only imperfectly, because a mechanical obstruction impedes. Such constipation is not the constipation here treated of. The constipation here considered is one, not dependent on mechanical causes; it is a constipation, dependent upon a modification of the vital powers, associated with the carrying forward movements of the intestinal canal.

The constipation here treated of.

393. Constipation, taking the term as embracing all the various deviations noticed, (the mechanically caused constipations excepted,) is dependent on a *constitutional diseased state*, affecting either the whole or special parts of the intestinal tube.

394. For such constipation the only cure consists, not, as is virtually held by the majority of practitioners, in the mere removal of the accumulated contents, such accumulation being only a consequence, an effect; but in the removal of the constitutional diseased condition, the cause; the removal of which will invariably effect a cure of the result of that constitutional diseased state, the constipation.

Cure of constipation consists in the removal of the constitutional diseased state.

395. In presenting these views and making these statements it is not denied that constipation may be *relieved*, *i. e.*, its manifestation may be made tempo-

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rarily to cease by purgatives so called; but it is promulgated, that cure can be effected only by the removal of the diseased constitutional state.

396. This dependence of constipation on a diseased constitutional state is demonstrable by many facts.

397. Fact first. In the *Medico-Chirurgical Transactions* (vol. xxv.) is an essay by Mr Curling, in which twelve cases of ulceration of the duodenum, (249) *subsequent* to BURNS, are recorded. It is certain that the burn could not have directly thus affected the duodenum, *i. e.*, could not by direct action have locally produced the injury at the part. How then did the ulceration take place? A constitutional diseased state was excited by the burn; and a transfer of this constitutional diseased state, induced in the skin by the burn, must have taken place, and thus the lining membrane of the intestinal tube became affected.

Ulceration of the duodenum.

398. What took place in these cases of burns may take place under other agencies, and a constitutional diseased state may be developed, having in its manifestation, not ulceration as in the cases of the persons burned, but a condition of the intestinal tube, non-exhibitive of the usual regularity of action in connexion with that tube.

399. Evidences of the existence of this constitutional diseased state as causing constipation are found in the facts, recorded in a subsequent chapter, where the constitutional diseased state, as causing the constipation, is exhibited in process of cure before the constipation has ceased, though when that constitutional diseased state is cured, the constipation invariably ceases, although no means, except those acting on the constitutional diseased state, have been used.

Diseases cured before the constipation ceases.

400. As illustrative of the dependence of constipation on constitutional diseased states, the following established fact has an interest. Let a person, liable to headache and who does not take homœopathic medicines, be constipated for three days, and a headache is the invariable result. Let the same person be placed under homœopathic treatment, that treatment, not having reference chiefly to the constipation but primarily to the constitutional diseased state, of which the constipation is simply a manifestation, and it *will* happen, though his bowels remain inactive for a period longer than three days, he will have no headache,* the reason being that the medicines, though not to that time effective in removing the constipation, have been effectively acting on the constitutional diseased state, and thus prevent the occurrence of the

Headache prevented by taking homœopathic medicines though the bowels do not act for a week.

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* This fact (for it is a fact,) ought to teach those imperfect homœopathic practitioners, who begin their treatment with patients, who have been in the habit, before coming under homœopathic treatment, to take purgative medicine, by the administration of, as they say, merely a little castor oil, to pause ere they persist in a practice, which does injury to the homœopathic cause, as implying, which is not a true implication, that homœopathy is by its means incapable of meeting this difficulty. Such procedure by such practitioners is the more painful, because the necessity of it results from an ignorance of the appropriate homœopathic remedies, and in justifying themselves they attach to homœopathy a degree of impotence, which impotency is not in homœopathy but in their ignorance of homœopathy.

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inconvenient result, namely, the headache, usually attendant on the constipation.

401. These views will meet a common question, frequently put by persons coming for the first time under homœopathic treatment, "Suppose the bowels do not act for three or four days, as I hitherto never have had an action without purgatives, and not having an action am sure to have headache, what shall I do for the headache?" The answer is to be found in the fact, already referred to and established now beyond doubt by a lengthened experience, that, though the bowels do not act for a week, there is no headache. This absence of headache, as stated, proves that the medicine is curing the constitutional diseased state, and consequently the headache, which, like the constipation, was one of the manifestations of that state, does not occur, although the constipation is present.

Constipation present in many diseased states.

402. Most are aware of the fact, that constipation is a symptom, present in the greater number of diseased states: that is, the special diseased state affecting the constitution shows, as one of the evidences of its so affecting the constitution, an inactive state of the bowels; and it is not a matter of wonder that the routine practitioner, whose want of a well grounded general education has allowed his mind to remain in that illogical state, which causes him to mistake a *coincident* for a *causant* condition, should devote his chief attention* to the removal of the constipation.

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* It is not a matter of wonder that medical coroners, such as the medical coroner for Middlesex, should, when holding inquests, got up by partizans of allopathy, turn lecturer on purgatives, and declare that the first thing in every diseased state is "to clear out the bowels." Such exhibitions of untrained thinking are to be lamented, especially by those so fond of tauntingly charging homœopathists with treating symptoms,

403. Another fact, illustrative of the dependence of the constipation on a constitutional diseased state, is presented by Mr Haden in his valuable work on Colchicum. He relates what appeared to him as very extraordinary, that, all the curative* effects of Colchicum are gained without the bowels being acted upon; *i. e.*, the constitutional diseased state was removed without a previous activity of the bowels.

Mr Haden's remark on the action of Colchicum.

404. Constipation, it would appear, occurs principally in the large intestines, more especially at the cœcum, at the sigmoid flexure, and in the rectum. The rectum seems to be less a receptacle of the fæces than a conveyer of the fæces. In the majority of cases, when the fæces enter the rectum from the last portion of the sigmoid flexure, the rectum at once contracts, carries forwards or draws forth from the last portion of the sigmoid flexure the feculent portion, and carries it on to expulsion. In numerous cases of constipation, the rectum has lost its power and that power is very great, of grasping the intestinal contents, and the cure of constipation is not, as the old system practice would indicate, to irritate the whole intestinal tube from the mouth to the anus by an irritant poison, called a purgative, but to select the

Constipation affects principally the large intestines.

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of which treating of symptoms the practice of trying to remove constipation by purgatives followed by the vituperators of homœopathy is an apposite illustration. In pointing out the mote, which they conceitedly suppose they see in their brother's eye, they discover not the beam in their own eye.

* The amount of curative power connected with Colchicum Mr Haden considers to be great. He considers Colchicum, in the form of powder, "to be a remedy of great efficacy in controlling the action of the heart and arteries, and therefore as a substitute for the lancet in the treatment of inflammatory diseases and of those acute and chronic complaints, which are designated diseases of excitement."—*Practical Observations on the Colchicum Autumnale*, by Charles Thomas Haden, 1820. Preface, p. 5.

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remedy suited to the general constitutional diseased condition, and thus restore to the rectum its grasping power on the intestinal content.

405. It is imagined by many that the hardness of the fæces is the cause of the bowels being inactive. This is not so. The fæces ought to acquire a certain solidity before expulsion. Indeed the fæces have or ought to have lost nearly the whole of their fluid portions before reaching the rectum. The proof of this is found in the fact, that the forms in which the fæces in different animals are moulded before expulsion are so various: thus exhibiting that they have passed through certain moulding cavities in the intestinal canal, their form representing the interior forms not more of the rectum than of the other intestines.* Even the partially relaxed actions of the cow show the moulding into form, which the intestines exercise on the intestinal contents.

Fæces formed into shape in the intestinal cavity.

406. Want of grasping expulsive power of the rectum is a chief condition associated with constipation, and that want is dependent for its manifestation on a general constitutional diseased state.

Form of fæces caused by a stricture not a proof that the rectum moulds the fæces.

407. Many causes may act in producing this state,

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* The fact is put forth in support of the view, that the rectum is the chief agent in moulding the intestinal contents, that, in cases of stricture of the rectum, the shape of the expelled contents is modified according to the form of the stricture. But this does not prove that the rectum is the only intestine that moulds the fæces: it proves that if the moulded fæces have to pass through a part, of which the natural formation is altered, such alteration will modify the shape of a soft body passing through it.

which seems to depend on an exhaustion or suspension of the nervous power of the rectum, a kind of palsy of the muscular fibres of the gut itself.

Constipation a symptom in a majority of diseased states.

408. That constipation is to be regarded as a manifestation of general constitutional disease is evidenced, as has been already pointed out, in the acknowledged fact, that constipation is a symptom of a majority of diseased states, especially in the first stage of their progress. But the evidence from this fact is strengthened by the additional evidence derivable from another fact, that, if the diseased state is not cured, then the state opposite to constipation, diarrhœa, is exhibited: in other words, the diseased state proceeding in its action, causes another development of itself, the diarrhœa. This fact has a considerable importance, inasmuch as it shows that the constipation itself cannot be regarded as *the* diseased state, or as the cause of the symptoms: for how could the diarrhœa be produced, the other symptoms remaining apparently the same, were the constipation itself the diseased state?

409. CONSTIPATION IS NOT A PRIMARY DISEASE.

Constipation an absence of action.

410. Constipation is the absence of action in a given way; and that absence of action is caused by a special constitutional diseased state, which suspends the harmonizing actions of the various parts of the human frame, of which suspension the constipation is one manifestation. The homœopathist recognizes this, and treats the constipation not as, *per se*, a disease, but as a part of a whole, and thus, in so treating the constipation, refutes the taunt, made against homœopathic practitioners, that they treat symptoms only; a taunt, coming with a bad grace from those, who, in allopathically treating constipation by purgatives,

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demonstrate (it is worthy of repetition,) that they themselves are guilty of that with which they charge others, namely, treating symptoms only; for what else is the treatment of constipation by exhibiting a purgative?

411. An evidence of the view, that constipation is a result of a constitutionally diseased state and not a primary disease, is found in the fact, that constipation is so frequently produced by medicines which create a constitutional diseased state. Thus what is a cause of constipation more frequent than the employment of purgatives, *i. e.*, medicinal means used for the purpose of curing constipation? It is a fact, recognized upon the least consideration, that all purgatives act by unusually stimulating (to take the least injurious view of their action,) the intestinal tube. This unusual stimulation is, like all unusual stimulation, followed by a deficiency of power of action, and this deficiency of power of action being a state induced by the purgatives, must be attended with the induction of an alteration in the natural condition of the intestinal tube; and this alteration, itself a diseased condition, manifests itself in the very constipation for the removal of which the purgatives were given.

Frequent employment of purgatives a cause of constipation.

412. Even in those cases where purgatives, allopathically administered, have removed constipation, such removal has not been effected by the action of the purgatives as purgatives, but by the action of the purgatives being in homœopathic relationship to the diseased states on which the constipation is dependent; and all the cures could have been effected without the injuries produced by the purgative actions of the medicines given.

413. Another evidence, that constipation is merely a manifestation of a general constitutional diseased state, is found in the view put forth first by Mr Abernethy, that the *secretions of the bowels cause or create the fæces.*

Mr Abernethy's remark.

414. Mr Abernethy remarks, "Indeed I think it probable that the profuse discharges which sometimes follow the continued exhibition of purgatives, consist of morbid secretions from the bowels themselves, and not of the residue of alimentary matter detained in those organs. Mr Abernethy further relates as illustrative, a case of a child born fat and healthy, but which having the œsophagus impervious no food could pass into the stomach. The child lived for thirteen days and died of starvation, its skin hanging like a loose garment which could be folded and lapped over its limbs. Yet notwithstanding the child took no food, it passed at first the usual evacuation from the bowels, and, during eight days, one or two alvine evacuations, in quantity, colour, and consistence not distinguishable from the stools of children who take food in the usual manner.* After the eighth day the discharges, per anum, became more scanty and less frequent, but they continued to the last."—*On the Constitutional Origin and Treatment of Local Diseases*, p. 35 and 36. Ninth edition, 1827.

Case of a child dying of starvation.

415. If this view of Mr Abernethy be correct, it is not asserted that it is, the *absence* of secretions,

* I am attending at the present moment, Feb. 1854, a lady who has no passage for food through her gullet. She is nourished by injections into the rectum. I was not consulted till the gullet was impervious, at which time she was rapidly sinking because the injections were rejected almost as soon as injected. Homœopathic treatment succeeded so far as to enable her to retain the food injected and perfect fæces are formed in the rectum.

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which secretions when present manifest themselves in an alvine evacuation, must depend upon the existence of a general constitutional diseased state, preventing the development of these secretions.

Dr Johnson's view, that fæces are secretions from the bowels.

416. This view of the dependence of the fæces on the secretions of the bowels has been presented lately under another form by Dr Edward Johnson. He does not refer to the idea of Mr Abernethy, published nearly thirty years since, though this idea would afford the foundation for the amplified ideas, which Dr Edward Johnson puts forth, namely, that *none of the food taken is ejected from the body*, but that all is absorbed, all is consumed, and that the fæces are really the intestinal secretions, moulded into a mass and expelled.

417. Dr Edward Johnson further maintains, that, when the bowels do not act, it is because no secretions are manufactured in the bowels; that is, in reality, there is, in constipation, a general constitutional diseased state, which causes the constipation, *i. e.*, the non-secretion* of the secretions, which, secreted and moulded, constitute the fæces. The views both of Mr Abernethy and of Dr Johnson have an interest as showing that both have recognized, unwittingly perhaps, that constipation, *i. e.*, the absence of fæces, depends on a constitutional diseased state.

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* This view of Dr Edward Johnson, if correct, exhibits strikingly the absurdity of administering purgative medicines, since all these purgatives can do is to cause not the cure of the general constitutional diseased state, causing the constipation, but simply the development of unnatural secretions, produced by the irritation of the lining membrane of the bowels.

418. A consideration of some of the causes that operate in producing a want of expulsive power of the rectum, will still further illustrate the existence of a general constitutional diseased state as the cause of constipation.

Curvature of the spine a cause of constipation.

419. A not unfrequent cause of constipation, *curvature of the spine*, shows the connexion of constipation with a constitutional diseased state, curvature of the spine being, in the majority of instances, a manifestation of a general constitutional diseased state. As a condition resulting from such a state, it itself acts specially as second in succession, in causing a constitutional diseased state which produces *its* results. It is likely that the curvature produces pressure on the spinal nerves, and modifies also the nervous communications with parts of the great sympathetic system of nerves, and, thus causing an imperfect supply of nervous power to the rectum, produces the constipation.

Dr Harrison's mild but efficient treatment of spinal curvature.

420. To Dr Edward Harrison* the world is indebted for the establishment of the immense amount of disturbance of bodily functions, produced by curvature of the spine. He thus writes, "A curvature in the dorsal or back vertebræ, whether protuberant or lateral, generally displaces the liver and deranges its

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* It is interesting as illustrating the law of progress, that Sir Benjamin Brodie, who was the most violent opponent of the views of Dr Harrison, and who, despising the mild but efficient, because scientific means, that Dr Harrison employed for the cure of spinal curvatures, used the most violent agents, namely, issues, setons, blisters, &c. &c., has now, at the end of a practice of upwards of thirty years, been obliged to acknowledge that such practice was unwise, unsuited, and injurious. This recognition of his error is honourable; it would have been still more to the credit of Sir Benjamin, if he had added to this recognition of his error the amende honorable to Dr Harrison, whom he designated, for advocating what Sir Benjamin Brodie has now acknowledged as true, a quack, &c.

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secretions. The biliary secretion is defective in quantity and pale coloured, the countenance assumes a sallow hue, the appetite fails and the food is not properly digested. The abdomen is tumid and painful, the bowels are *obstinately constipated*, and hœmorrhoids often prevail to a great extent."*

Proof of the dependence between constipation and curvature of the spine.

421. As a proof of the dependence of constipation on curvature of the spine, the fact has been established by the practice of Dr Harrison, that the bowels become quite regular as the curative treatment of the spinal curve proceeds. It is found, that, as the patient's spine begins to be curatively acted on, and the pressure on the spinal nerves, caused by the curve, is in process of removal, the actions of the body take place with regularity; a fact, demonstrating the absurdity of attempting to remove the constipational state by purgatives.

Harrison's Spinal Institution.

422. In the Harrison Spinal Institution, the fact is presented, that patients, who, before they came under the treatment there adopted, never could have an action of the bowels except by the aid of the most powerful purgatives, have their bowels act every day after they have been a few weeks in the Institution, in that time gaining in part the removal of the diseased state causing the constipation.

423. An evidence of the dependence of constipation on a general constitutional diseased state is afforded in the fact of the occurrence of constipation in the last two months or the last month of pregnancy. Many imagine that the constipation, then and thus

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* For a clear and an interesting description of the treatment, devised by Dr Harrison, the reader is referred to a work, entitled Spinal Curvature, its Theory and its Cure, by George N. Epps, Surgeon to Harrison's Spinal Institution. Piper and Co., Paternoster Row.

developed, is dependent upon a mechanical cause, namely, the pressure connected with the enlarged state of the womb. This mechanical effect cannot be considered as the primary cause of the constipation, since all pregnant women are not constipated. The real cause seems to be that the action connected with pregnancy suspends to a certain extent the power of the rectum, *i. e.*, in individuals not healthy. It produces a development of a diseased constitutional state, of which the inaction of the bowels is an indication. It is not denied that the constitutional diseased state being present, the mechanical pressure, exercised to a certain extent on the parts within the pelvic basin and on the rectum, as one part of the pelvic contents, may add its effects to constitutional effects developed under the pregnant state in persons unhealthy. The production of constipation as a manifestation of constitutional diseased state developed by pregnancy, is no more to be disputed than is the existence of this constitutional diseased state as exhibited in the peculiar diseased appetites, prevalent in unhealthy women during pregnancy.

Constipation of pregnant women.

424. The dependence of constipation in pregnancy upon a general constitutional diseased state exhibits the cause of the injuriousness of the practice of administering purgatives, castor oil in particular, in pregnancy, since this exhibition of purgatives does nothing to remove the state on which the constipation depends, but not unfrequently injures the mother or the child, or both, and sometimes causes premature delivery, and even in some cases death.—See a case in appendix.

Injuriousness of administering purgatives in pregnancy.

425. A kind of paralysis of the muscular fibres of the rectum as causing constipation, is induced by many causes, these causes operating in exhausting

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or suspending the nervous power imparted to the rectum.

Cause of inactivity of the muscular fibres of the rectum.

426. One cause, not unfrequently productive of this state of the rectum, and one not generally recognized, is connected with the *genital* system. The nerves, which supply the genital organs, are intimately connected with the nerves which supply the rectum and the sigmoid flexure of the colon: the blood vessels, which supply the rectum with blood, have an intimate relationship with the vessels which supply the genital organs. The nerves, supplying the muscles of the rectum and of the part, the perinæum, between the gut and the genital organs, have a constant community of action. It is hence easy to comprehend how the over-excitement of the genital organs by sexual or other excess, produces, by exhausting the nervous energy,* a loss of expulsive power in the muscles of the rectum, thus causing the rectum not readily to respond to the stimulus of the fæcal matter. Accumulations are thus caused in the rectum and constipation is manifested.

427. In some cases the paralysed condition extended so far as to affect the closing or sphincter muscle of the gut. Then the fæces escape.

Aged persons subject to constipation.

428. It is a fact well known, that, in old people, constipation is a condition, very frequently present. Old age is attended with a diminution of the vital power, and among the parts, one, that manifests this diminution, is the rectum.

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* It is not uncommon to find the bowels become inactive after marriage. E. H., 1638, 1852. On the other hand, it is not at all uncommon to find the bowels, which, in continent males about forty, have been inactive before marriage become more active after marriage. Mr P., 457, country book.

429. In the case of constipation, resulting from the exhausted contractile power of the gut, it is certain, that the only means of cure must be the removal of the diseased constitutional condition, and that the common method of rousing the gut to action by irritating purges is as vulgar as it is barbarous, as futile as it is cruel: a practice, however, almost universally followed by allopathic practitioners, and defended by them as a part of scientific, of rational medicine.

CHAPTER XII.

On the unscientific character of the method of attempting to relieve constipation by purgatives.

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Removal of constipation by purgatives unscientific.

430. If constipation depends upon a constitutional diseased state, and is, as such, merely a result, a manifestation of such diseased state, the attempt to remove it by means which *force* an *opposite* state, this state, thus induced, having no recognized scientific relationship to the diseased state, causative of the constipation, is destitute of all scientific character, and, by consequence, of all certainty of result.

Uncertain also.

431. This want of certainty is exhibited in the well-known fact of the almost total inefficiency of purgatives for the cure of constipation.

Injurious also.

432. The practice is not only inefficient but is productive of much suffering, and, in many cases, of irremediable injury.

Empirical.

433. It is a practice essentially empirical. It is a practice, in pursuing which, the medical practitioner takes a stand no higher than that taken by the most illiterate pill vendor: in fact, in so practising medicine, the

medical man gives a basis on which the former can and does build his pretentious appeal to the public: his plea being the necessity for the sake of health to *make* the bowels act.

Employment of purgatives founded on no law.

434. The attempted removal of constipation by purgatives is empiricism. The practice wants the basis of all science, a law. It treats an effect, and neglects the cause. To meet a symptom by its opposite is a mode of medical practice extremely easy, and being easy, the fact, that this mode is adopted by the majority of medical practitioners, admits of a ready explanation. Scientific practice requires industry and skill: administration of purgatives practice requires not much of either. To *cure* constipation requires a knowledge; first, of the special general diseased state, on and in which the constipation in each given case rests; second, of the special medicine suited to the special diseased state, constipation being one manifestation of that special diseased state; and third, of the law regulating the action of the medicine in relation to the diseased state. To gain and to apply all this knowledge imply labour and skill. The mental labour, necessary in order to gain an accurate knowledge of the pure effects of medicines, *i. e.*, their pathogenetic effects, so as to realize the medical picture of symptoms each medicine is capable of producing, is by no means little. Labour and accurate observation so as to gather together all the phenomena of the diseased state, presented in the picture of symptoms of the disease, are necessary; and skill is required, the knowledge of the homœopathic law, "Similia similibus curantur," having been obtained, to select the appropriate remedy, *i. e.*, the one having a homœopathic relationship to the special diseased state.

Labour and skill in curing homœopathically.

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Cure results from homœopathic treatment.

435. The homœopathist, having gained by his industry the required information, finds the power is awarded to him of selecting a remedy, which being suited to the individual aggregate of symptoms, with which the special constipation is allied, and of which it is one symptom, he, in the administration of the selected remedy, acts scientifically, and by its administration, acts curatively, *i. e.*, removes the *whole* of the diseased state, and, in that whole, the constipation, a part.

Ignorance of old-system practitioners of the effects of the medicines they prescribe.

435*a*. The old system practice has its laxatives, its purgatives, its drastic, *i.e.*, in plain English, its violent purgatives. Its advocates boast that its calomel and blue pill act specially on the liver: its saline purgatives act, say they, more on the exhalent vessels of the intestines: its aloes, say they, acts specially on the rectum. But what do all these assertions amount to? To the recognition of only one point of action of the medicines; whereas the calomel, the saline purgatives, the aloes, have each a wider range of special actions, of which the old system practitioners are, in a great measure, ignorant. Had these actions been known to them, (they are known to homœopathists,) they would have understood, that these medicines are remedies only when used in diseased states, which have the opposite of constipation, namely diarrhœa, as a symptom, *i. e.*, they are primarily curative of diarrhœa and not of constipation.

Some few old-system practitioners recognize the absurdity of purging.

436. It is hardly to be expected that the mere drug vendors among medical men will shake off their prejudices respecting the treatment of disease by purgatives. It is pleasing to find that some enlightened physicians and surgeons recognize the absurdity of attempting to remove disease by the removal of constipation by purgatives. Dr Edward Johnson observes, "If my

views be correct, it will be seen that, in constipation, the reason why the bowels do not discharge their contents is not because they are unable to do so, but because they have *no contents* to discharge. The error is not in the expulsive function of the bowels, but in the *manufacturing* function of the secreting arteries. No stool is formed, and *therefore*, and therefore *alone*, no stool is expelled. I speak thus roundly and sweepingly to illustrate my principle the more clearly. I say *no* stool is formed—but this is not quite true—at least, not in the majority of cases. For whenever a mild dose of medicine is taken, a small stool will generally be produced. This happens because the alvine secretion is hardly ever *wholly* suspended. It generally *goes on*, but goes on very slowly. There is, therefore, almost always *some small amount* of secretion within the bowels, which is not expelled, however, because its amount, weight, or bulk is not yet sufficient to cause the bowels to exert their expulsive power—just as there is always *some* urine in the bladder, which, however, is only expelled when its amount has become sufficient to induce that viscus to contract upon its contents. The effect, then, of a gentle dose of medicine is merely to irritate the bowels to contract *prematurely* upon their contents, which contents however would have been equally expelled, *without the medicine*, had time been allowed for them to accumulate sufficiently to induce the bowels (by their bulk or weight) to expel them." The remarks that follow are valuable. "Nothing is gained, therefore, by these gentle doses of medicine, except a very *unnecessary and very hurtful degree of irritation* inflicted upon the bowels. I may illustrate what I mean by an allusion to the pregnant condition of the uterus. Let it alone,

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and, at the end of nine months, that is, when its contents have arrived at a certain amount of bulk and weight, it will contract and expel them. But you *may*, by certain irritating drugs, cause it to contract, and expel its contents prematurely. But this irritation and premature contraction and expulsion can only be obtained at the expense of great injury to the system —so great, in most instances, as to involve the lives of both mother and child. The injury, in both instances, that is, of the uterus and bowels, is of the same *kind*. It only differs in *degree*. Every premature expulsion of the fœculent contents of the bowels, is a sort of *miscarriage* of the bowels effected by artificial means. These artificial means do a certain amount of harm to the bowels, of the same *kind* as that done to the uterus when artificial means are used to effect an ordinary miscarriage. It only differs in *amount*.

"Because, therefore, every gentle dose of medicine is answered by a certain amount of secretion, it by no means follows that the *secretion* was *produced* by the medicine. The medicine does no more than expel it —and that, too, prematurely and unnecessarily.

"But whenever a *strong* dose of medicine is given, it is generally answered by a very copious but *liquid* evacuation. Yet here again the *object* of the medicine is *not* achieved. For, both in the case of the gentle dose and the strong dose, the object is to *produce*, to *make*, to *manufacture*, stool; to excite the secreting vessels to renew their suspended functions. In neither case is this object effected. In the case of the gentle dose, the object obtained is merely the premature and unnecessary expulsion of a certain amount of fœculent matter, which, however, was already pro-

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duced and deposited in the bowels. In the case of the *strong* dose, the object obtained is merely the secretion, exfiltration, or outpouring of the serum of the blood into the bowels. Their mucous membrane is made, as it were, to SWEAT. These watery motions are not motions at all. They consist merely of the watery parts of the blood, poured out by the capillaries, and tainted with the *odour of stool* by admixture with the fœculent gases always present in the large intestines, and with whatever small amount of true stool the bowels may happen to contain.

"Great relief is sometimes experienced by a copious discharge of this kind. But this merely arises from the diminution thus effected in the *volume* of the blood. The engorged capillaries are relieved of a part of their load, and the whole system feels and *is* lightened. A part of the oppression is removed. The capillary system has been *bled*—but only bled of its watery contents.

"Neither the strong nor the gentle dose of medicine, therefore, contributes anything towards the *cure* of constipation—because they contribute nothing towards the removal of its *cause*. Both the strong and the gentle dose do, what is called, open the bowels. But the next day they are as constipated as ever, and indeed *more so*. To attempt to restore the secreting powers of the bowels or of the liver by thus artificially spurring them to unnatural actions, is like attempting to recruit the exhausted powers of the horse by spurring his sides till they bleed. You may thus urge him on, from time to time, to a desperate and brief acceleration of speed, but it is only at an increased expense of energy, and only tends ultimately to a more rapid exhaustion of his powers.

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"In habitual constipation we have seen that the error lies in the too *tardy manufacture* of the fœculent matter. The quantity secreted from the blood is *deficient*. A sufficient quantity of secretion is not sent *out* of the bowels because it has never been sent *into* them. The object of our remedial practice, therefore, should be to increase the quantity manufactured —to cause the secreting vessels to secrete *more*, by removing the cause which has arrested their secretion. But instead of this, we have gone on teazing and fretting and inflaming and whipping the bowels for a fault which is *not theirs*. The doctor cries to the bowels, 'Expel! expel!' and the tortured and grumbling bowels reply (or would if they had a tongue), 'We can't! we can't! because——we have nothing to expel!'

"In a word we have all along been labouring to bleed a gate-post; and have been whipping the post with great perseverance, because it would yield no blood.

"He who would cure constipation must address his remedies, not to the *expulsive* powers of the bowels, but to the *secreting* powers of the arteries. Deficiency of stool is only an indication of a deficiency of secreting power. This last is the *cause* of the disease called constipation, and this cause must be removed before the disease, which is the effect of this cause, can cease. The secreting powers must be *restored*. This done, there will be no difficulty whatever, on the part of the bowels, in expelling the secretion, whenever this shall be deposited within them in sufficient quantity. But to endeavour to *restore* the enfeebled secreting powers by a process of *forcing*—by the daily administration of irritating drugs—is just as

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sensible practice as it would be for a man to endeavour to *restore* the exhausted powers of his jaded horse by the incessant application of whip and spur.

"The frequent exhibition of aperient medicines, not only cannot cure constipation, but it will increase the constipation of those who have it, and produce it in those who have it *not*. How constantly does it happen that those who begin by one dose every week, end by a dose every night!

"Again, it frequently happens that delicate persons always feel best when their bowels are rather confined —better with four or five stools a-week than with seven or eight. This is clearly intelligible. For, the stools being a secretion from the blood, like the urine, perspiration, &c., whenever the amount of this secretion is *disproportioned* to the strength of the body, it will produce the same languor and sense of exhaustion which is always produced by excessive perspiration— or an excess of any other secretion.

"One evacuation daily is proper for a person in robust health, because he is well filled with blood, and his strength will bear it. But in the thin, pale, delicate, and weakly, especially if they be small eaters, I am quite certain that seven dejections in the week is *more* than enough. It is a greater demand than the system can easily supply; and when medicine is given to force this number of stools in the week, it only produces exhaustion and all its consequent mischiefs."

437. The hypotheses of Dr Edward Johnson, namely, that the fæces are not the non-nutritive portions of the food but the secretions from the arteries of the intestines, and, that, in constipation, there is no secretion, and, consequently, that there is no stool, are not at the present moment subjects for confutation

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Dr Johnson's hypothesis a mistake.

or confirmation. All that need be remarked in relation to these views is, that Dr Johnson mistakes an effect, the non-secretion by the arteries, for a cause. He ought to have proceeded one step further in the succession of phenomena, and then the diseased state, causing this want of secretion, would have presented itself as the cause of the constipation: *i. e.*, he would have been led to the general constitutional diseased state. Still his remarks are valuable (hence their record), as showing that an old system practitioner has recognized the unnecessariness and the injurious character of the system of employing purgatives for the removal of constipation: as showing that he recognizes the employment of purgatives as purely antipathic and palliative, and not curative.

Palliative measures exhibit a low state of medical skill.

438. Palliative measures exhibit a low state of medical skill and a lamentable want of knowledge of the power of remedial means.

439. Palliative remedial means are to the body organic what expediency but unjust measures are to the body politic: temporarily alleviative but permanently destructive: temporarily relieving an inconvenience to make it hereafter more troublesome.* The employment of these mere palliative measures to the organic body diseased exhibits an absence of the knowledge of the mode of treatment proper for the bodily disease, like as the employment of expediency measures to the body politic shows the want of qualification on the part of the professed statesman for his political duties in the absence of the knowledge of true political science.

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* Borrowing is a refuge of weak minds, who wish to sacrifice the *future* for the *present*.—Gilbart on Banking.

440. The scientific practitioner, (and the homœopathic is pre-eminently so, he practising according to a law,) tries, in attempting to remove the constipation, to remove the diseased state, which causes the intestinal inaction, and thus, in removing the antecedent condition, he removes the consequence, the constipation. Removal of the cause.

441. What would any one think of the man, who, because his watch stopped from some imperfection in the machinery, and having determined that it should go, places a machine so as to make the hands on the face of the watch go round, *i. e.*, to perform their movement. It is granted that the hands do go round, and that the watch to appearance does go; but he, who did as described in order to realize the end sought, would be regarded as foolish, simply because he neglected to put away the interior cause, which originated the stopping of the watch. Turning the hands of the watch to go.

442. Equally absurdly acts the man, who, because the intestinal canal does not cause its actions to be manifested regularly, determines to make the canal show an action by means, which do not remove the interior diseased state causing the inaction. He may say the bowels are moved; the intestinal clock goes round: so did the hands of the watch go round.

443. A man cannot get over a stile because his lower limbs are troubled with contraction. It is kind to help him over the stile, but it is scientific to cure the contraction, which hinders him performing the action of getting over the stile. And it is a truth, that, however numerous the occasions on which he is lifted over the stile, such liftings do not add ought to his power to get over the stile unaided. Illustration.

444. It is true that the superficial observer, seeing the watch go, might be satisfied because the hands

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of the watch moved; that the person, who saw the man over the stile, might be satisfied, because, knowing that the man could not, at a time that is past, get over the stile, and now seeing him over, he might infer that he had gotten over; so those who look to great curative effects from mere opening the bowels may be satisfied, but not he who looks at the treatment of constipation in a scientific point of view.

445. It is true it may be pleaded, that the man is helped over the stile only till such time as he is enabled to get over by himself: such a pleading would be effective, were it not that the means used to help him over the stile happened to be, as happens when constipation is treated by purgatives, the very means, preventive of the use of the means, which would be effective in removing the contraction, which prevented him getting over the stile.

Temporary use of purgatives not justifiable.

446. If the purging removed the diseased state on which the constipation depends, there would be some ground for the exhibition of purgatives: though, even then, it would be improper to employ these means as purgatives, because as homœopathic remedies they would remove the constipation, without the injury resulting from the purging.

Fungus.

447. A fungus grows on the tree. You knock off the fungus and the fungus ceases to appear because knocked off, but this does not cure the diseased state of the tree, which afforded the condition necessary to the development of the fungus.

Polypus.

448. A polypus grows on the nose. You remove the polypus; the polypus is no longer apparent, but this removal of the polypus does not remove the diseased condition of the tissue lining the nose, the condition necessary to the development of the polypus.

449. Worms exist alive in the stomach and the bowels. The unscientific practitioner gives emetics to expel the one and purgatives to get rid of the other. Perhaps he succeeds: the worms no longer appear. But he does not remove either the diseased condition of the stomach, which causes the stomach, as John Hunter has explained, to secrete a gastric juice of a kind that allows the worm to live in the stomach, or the diseased condition of the mucous membrane of the bowels, that causes the mucous membrane to secrete a mucus, that allows the worm to exist in the bowels.

Removal of worms does not cure the diseased state.

450. The fungus again appears: the polypus again grows: the worms again irritate: all, because the means were palliative and not curative: were empirical, not scientific, and consequently not resultive.

451. Equally empirical and equally unscientific is the employment of purgatives as purgatives for the cure of constipation and for the cure of diseases.

452. The practice of giving purgatives for the cure of diseases is founded upon an assumption, that the constipation is the key-stone that binds all the other symptoms of the disease together, whereas it is merely one of the many stones that go to form the diseased structure. No doubt its presence arrests the attention; and vulgar minds are apt to notice that which is most apparent: cultivated minds penetrate deeper, and discover that that which is less obtrusive is often the more important.

Constipation not the key-stone of the diseased arch.

CHAPTER XIII.

On the injuries resulting from the employment of purgatives: Epilepsy, Blindness, Dyspepsia, Chronic Inflammation of the Bowels, Hernia, Descent of the Gut, Stricture of the Rectum, Diseased Bladder, Descent of the Womb, excessive Monthly Discharge, excessive White Discharge, and Death caused by purgatives.

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453. Constipation of bowels being dependent upon a general constitutional diseased state, and purgatives not having, *per se*, that is, in their character as purgatives, any essential relationship to that general constitutional diseased state, it might be inferred, that their employment, being, as it is, unscientific, must be productive of injury.

Purgatives injurious.

454. The injury, necessarily resulting from the employment of purgatives, will be rendered more apparent in the reply to the question, what is the action of the medicines, called purgatives?

What purgatives are.

455. Purgatives are medicinal substances that irritate the intestinal tube, and cause by their action a *destruction of the natural form of the fæcal evacuation:*

a fact of itself demonstrative of the unnaturalness of their action.

456. Though in repetition of previous statements, it may be again recorded, that the intestinal tube is made up of membranes (muscular, cellular, nervous and mucous), abundantly supplied with blood vessels, nerves, and secreting and absorbing vessels. This intestinal tube is excited to the actions, necessary to carry onward through the whole of its extent the substances passing through it, by the stimulus imparted by these very substances in their transit. The natural contents of the tube constitute the appointed stimulus to excite the action of the tube containing. These contents are the nutritive and the non-nutritive portions of the food and the fluids which are poured into the tube. They stimulate the intestinal tube to the proper action, just as the heart is stimulated to contract by the blood passing through it, just as the bladder is stimulated to contract by the urine contained in it. And when these contents are in a proper state, and the intestinal tube itself is in its natural condition, the tube is excited to a regular action, manifested in the regular relief of the bowels at a given period.

Contents of the bowels their natural stimulus.

457. If from any cause, these contents of the intestinal tube deviate from their regular character, the effect of such deviation is manifested usually in the more rapid action of the bowels, and in the discharge of the contents of the bowels in the form of actions, or evacuations having a consistency less than is natural to the intestinal contents. The individual is purged. He has *diarrhœa.*

Contents of tube rendered unnatural, diarrhœa caused.

458. This relaxation or diarrhœa is oftentimes a result of taking cold, and the irritation induced,

Diarrhœa from cold explained.

CHAP. XIII. manifested by the diarrhœa, is indicated by the pain, which almost invariably, to a greater or less extent, attends the diarrhœa. Just as when a person takes cold in the head, an increased discharge of fluid takes place from the nostrils, and the discharge, being augmented in quantity and, concomitant therewith, altered in quality, has with such augmentation, so concomitanted, acquired an irritating property.

459. Varying is the degree of the irritation of the lining membrane of the bowels, and varying are the amount of pain and the character of the discharge. It may be the slight watery almost painless diarrhœa, Dysentery. or it may be the dysenteric slime and blood, attended with agonizing abdominal and rectal pains and cramps of the thighs.

460. Such is natural purging.

Diarrhœa from purgatives. 461. Artificial purging is induced by the employment of purgatives. A purgative is strictly an irritant to the bowels. It, a foreign and an indigestible body, poisons the intestinal membrane. The stomach and the bowels, to protect themselves from the poison, hasten to expel the poison from their cavities and pour out a large quantity of fluid, in part, the effect of the irritation from the poison itself, in part, it may be, the effect of an effort of nature to sheathe, by pouring out an augmented mucous secretion, the intestinal membrane itself from the action of the irritant.

The natural contents themselves rendered poisonous. 462. Any natural contents of the bowels are, by the increased action of the stomach and of the bowels, thus induced, prevented (their expulsion being too speedy,) undergoing the appropriate changes: so these contents, in themselves natural, are rendered, the requisite changes not being effected in them, irritating to the bowels: add to the irritation thus in-

duced, that induced by the excessive and unnatural secretions poured out, as already noticed, from the lining membrane, add to these the irritation from the purgative poison itself, and a sufficient explanation will be afforded of the injury that must result to the lining membrane of the bowels, and to the system, from the operation of a purgative in forcing an action of the bowels.

Purgatives are so by causing disease.

463. Purgatives are purgatives because *they cause disease*, *i. e.*, they irritate, because they are poisons to the intestinal tube. They excite unnaturally, and, like all bodies exciting unnaturally, they inflict injury. By this excitation, they cause the bowels to have an excessive action, or, to use the usual language, deceptive indeed of the true conditions induced by the purgatives, they cause the bowels *to be opened.* A reaction subsequent to the excitement invariably occurs; and the intestines pass, the excitement not being kept up, into a state of inaction. Hence constipation almost invariably follows purgation. Hence the necessity, on account of the induced inaction, of increasing the dose of the purgative in order to excite the intestines to a fresh action.

464. Purgation is intestinal tube stimulation by poison. The bowels gradually become habituated to this stimulation, and, at last, the intestinal tube will not act without the artificial stimulus: hence some assert that they never obtain an action of the bowels without medicine.

Irritation bad.

465. It is true some purgatives, because less irritating, are less injurious than are others; but with regard to all, it is a truth, that they are purgatives, because they irritate the intestinal tube.

466. All irritation is injurious.

CHAP. XIII. Stimulation good.

467. Stimulation is useful. Even then, however, the only appropriate stimulation in relation to the intestinal tube, is that which results from the contact of the natural contents of the intestinal tube.

Reason of the injuries from purgatives.

468. Purgatives create unnatural secretions in the bowels. In creating these they irritate. When the great length of the intestinal tube is considered, when the connexions of the intestinal tube with the other parts of the human system are taken into calculation, when the fact is remembered, that the purgative, in acting as a purgative, must pass throughout the whole length of the intestinal tube, irritating the whole of the intestinal mucous membrane, the injuries that must result, sooner or later, from the employment of purgatives, will present themselves to every unbiassed mind.

469. The mucous membrane becomes diseased. The foundation of the direst forms of dyspepsia is laid. Chronic inflammation of the intestines is caused. Innumerable modifications of disease are developed; and death is not unfrequently caused.

Pain produced by purgatives shows their injuriousness.

470. One would think that the pain produced by purgatives would lead all to discover their injuriousness. Pain, all allow, is an evidence of the existence of disease; and yet, though when purgatives are taken, they produce the most violent pains, few recognize that the development of this pain proves that the purgatives excite intestinal disease. Let the same amount of pain and of diarrhœa be produced by natural causes, as is produced after the taking of purgatives, and how earnest would be the endeavour on the part of most to remove the effects, which they would be inclined to ascribe, from the severity, to inflammation of the bowels.

471. The deaths, produced by purgatives, are very numerous.

472. The medical periodicals give not unfrequently cases illustrative. The cases are given not as illustrative of deaths caused by purging, but as cases of obstruction of the bowels which have terminated fatally: whereas in the majority of these cases death was caused, not wholly or principally by the obstruction in the bowels, but by the irritation induced by the violent purgatives given to remove the obstruction, which irritants, being detained by the obstruction at the part obstructed, induce inflammation and render the obstruction permanent, and cause death; and because inflammation and ulceration are found after death at the obstructed part, the unskilled observers refer the deaths to the inflammation and the ulceration consequent on the obstruction, whereas the obstruction became fatal in consequence of the inflammation induced by the purgatives.—See appendix.

Death from obstruction of the bowels caused by purgatives.

473. Opinion in these matters is mighty. When a person is poisoned by purging, if the poison has been administered by a legally qualified though oftentimes really unqualified practitioner, no notice is taken of the result. The death is referred to disease, whereas it is the result of exhaustion, consequent on the excessive irritation by the purgative of the intestinal lining membrane. In fact it is death by cholera, medicine made: for as Asiatic cholera kills by the exhaustion from purging produced by natural causes, so violent purging by medicine is a fatal process, the agent being miscalled medicinal.

474. It is impossible to calculate the injuries which have been inflicted by the employment of purgatives. Purgation is poisoning: it is because purgatives pro-

Purgation is poisoning.

CHAP. XIII. duce disease that they form one chief resource of the old system practitioners. These purgatives act allopathically in relieving disease; the artificial disease induced by the purgatives suspending, for a time, the previously existing natural disease. Hence the allopathists praise purgatives. They exalt, in so doing, an injury. They praise their own destructive operations.

475. Their mistakes, and their laudation of these mistakes, do not prevent the injuries continually resulting from the employment of purgatives. Of these injuries, the cases published in the appendix present but a faint exhibition, though, it is hoped, that this exhibition of the injuries from purgatives will create an impression on the unbiassed intelligent mind, sufficiently deep as to leave recorded thereon these truths, PURGING IS POISONING, and, IF HEALTH IS DESIRED, ABSTAIN FROM PURGING.

476. The cases recorded have, except when otherwise noted, come under the author's care or knowledge.

Epilepsy caused by purging.

477. EPILEPTIC attacks have been often induced by the employment of purgatives. It is common to give purgatives to prevent the attack, and this, on the ground, that, before the approach of an attack the bowels not unfrequently become confined. The illogical practitioner foolishly imagines, that, by inducing the opposite state of the bowels he will prevent the attack. Experience proves that he does not succeed; and this because constipation of the bowels is not the cause of the attack; but is merely one of a series of phenomena, preceding the attack. The series, it is granted, may be interrupted while the irritation of the bowels produced by the purgatives is kept up,

but directly the irritation ceases, the series again proceeds, and the attack is present. In some cases, it recurs even while the bowels are being acted upon. Indeed, in many cases, the purging brings on the attack. The irritation produced by the purgatives disturbs the equilibrium of the system. It weakens the life power; and by thus weakening the life power renders the diseased state, specially associated with the epileptic seizure, more easily influenced by the cause, excitative of and essential to the attack.—See appendix.

Blindness caused by purging.

478. BLINDNESS and other injuries of the eyes have followed the employment of purgatives. The most striking case of the late Dr Davis, Professor of Midwifery, is painfully exemplificatory of the effect of purgatives.—See appendix.

Consumption caused by purging.

479. CONSUMPTION has been not unfrequently developed from the effects of purgative medicines. It is a well known fact, that a majority of persons have tubercles in their lungs. These tubercles, if unexcited, lie dormant until old age, and are then discovered after death; but if, by the action of medicinal agents, the powers of the system have been weakened, these tubercles often assume an activity, which proceeding produces phthisis. Among the medicinal agents, producing this debility, none are more effective than purgatives, and many a person has been destroyed not simply by the purgatives acting as such, but by the debility induced, allowing the diseased tendency in the tubercles to be developed.

480. PALPITATION OF THE HEART, in the same manner, has been not unfrequently a result from purging.

481. It is, however, in regard to the digestive

CHAP. XIII. system, that the injuries, in connexion with the employment of purgatives, develop themselves. The stomach and the intestines are the receivers of those poisons, and consequently on their tissues the injurious actions are sure to be felt.

Dyspepsia caused by purging.

482. Hence DYSPEPSIA, that name for an almost infinity of states of wretchedness and of misery, is a most common effect of the employment of purgatives; (see cases of Robert Side and Mary Godwin, appendix).

Chronic inflammation of the bowels caused by purging.

483. CHRONIC INFLAMMATION OF THE LINING membrane of the bowels is another diseased state, produced in a majority of cases by the habit of taking purgatives.

484. Cardialgia is caused by drastic purgatives, Dr Mason Good asserts, p. 120, vol. i.

Constipation after purging.

485. The well known fact of CONSTIPATION AFTER PURGING, one would have thought would have led medical men to see the evils and the uselessness of purging; as the very state, which the purgative was given in order to remove, is induced. Cases illustrative are given in the appendix.

Injury from turpentine given to expel worms.

486. What ruin *turpentine*, as a purgative for the expulsion of worms, has caused.

487. This is illustrated in the case of Mary Gill, (appendix,) who was so injured by purging with turpentine, that she could scarcely stand; in the case of William Ives, (appendix,) whose bladder was seriously injured; in the case of Mary Jane Sheppard, (appendix,) who, since purging with turpentine, has felt as if her bladder was continually distended; in the case of George Hull, (appendix,) who, since he was purged by turpentine for worms, has had a dripping of water for ten minutes after he has passed his

water; in the case of George Bromley, (appendix,) in whom epileptic fits were excited by the purgative action of turpentine, given him under the idea that he had the tape worm; in the case of Tubal Cain Hammond, who has had a pain and a difficulty in passing water ever since he was purged by turpentine; in the case of William Judd, where death after much suffering and lingering disease connected with the kidneys, was caused by turpentine given to expel worms, &c. &c. CHAP. XIII.

488. One of the most painful and dangerous of intestinal diseases has been induced by the use of purgatives. This disease is exhibited by griping pain, vomiting, costiveness, accompanied with retraction of the navel and spasms of the muscles of the belly. It is a disease attended with the most agonizing pain and with very great danger. Danger in the use of purgatives.

489. It is called ileus; and, in relation to this disease, Dr Mason Good notices among its causes, "Drastic purgatives in an over dose, as scammony, black hellebore, and colocynth," p. 162, vol. i., edition 4th. Hundreds of children have been killed by the intussusception of one intestine into the other, by the irritating doses of scammony given for the vulgar purpose of expelling worms. Ileus.

490. It seems not illogical to conclude that the fatal cases of inflammation of the bowels connected with the presence of the stone of some plum, some pea, some other seed, or glass bead, in the vermiform appendage of the cœcum, may have resulted from the irritation and consequent irregular action induced in the corresponding movements of the ileum and of the colon towards each other at the mutual place of meeting, the ileo-cœcal valve; and thus

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Fatal diseases produced by the action of purgatives.

the pea, seed, or bead, not passing, has been forced into the vermiform process, and there, irritation being excited by the purgatives, ulceration has been caused, and, at length, the irritation being still persisted in, death.

Hernia.

491. HERNIA has been produced by the action of purgative medicines.—See case of Sarah Weldon, appendix; also case of Mr B., appendix.

Bearing down of the gut.

492. BEARING DOWN OF THE GUT has been produced, in numerous cases, by purgatives. From taking salts when young, in the case of Mary Nash.—See appendix.

Descent of the gut.

493. The DESCENT OF THE GUT has been caused by the taking of purgatives, such as Hooper's pills. Case of Frances Hughesdon, appendix; as also in the case of a patient at Derby, appendix.

Piles produced by purgatives.

494. The PRODUCTION OF PILES by purgatives is a well known result; illustrated in the cases of John Buckingham, appendix; of Frederick Barrett, appendix.

Stricture of the rectum.

495. STRICTURE OF THE RECTUM and subsequent death have been produced by the exhibition of purgatives. The case of Mrs B., (see appendix,) presents a real tragedy.

496. Intense pain in the back, and discharge of blood from an eruption, have been caused by the exhibition of purgatives: this is illustrated in the case of Martha Rycroft, appendix.

Women special sufferers from purgatives

497. Women are special sufferers from the action of purgatives. As a general rule, the twenty-four hours regularity of action of the bowels is not so operative in women as in men; and it seems, further, that they do not suffer much inconvenience from the non-existence of this regularity. The prevalence of

the notion, that the bowels must be acted upon every day, has induced many women to have recourse to purgatives, and they have suffered in consequence.

Organs connected with the generative system injuriously acted on.

498. The organs connected with the GENERATIVE system are those in which the injury is manifested: these organs, being in close neighbourhood to the intestinal tube, are specially liable to be acted upon injuriously by purgatives.

499. Thus the womb is situated in the vicinity of the large intestines, and from this propinquity a general opinion prevails, that some connexion or sympathy exists between the large intestines and this organ. Hence aloetic purgatives, which are supposed to act principally on the large intestines, are the means to which principally the old system practitioners have recourse in order to bring on and promote the monthly discharge from the womb.

500. It may be inferred from this and other reasons that this organ will suffer much from the employment of purgative medicines. It does so: in fact there is little doubt, that a common and one of the most troublesome affections to which women are subject, namely, the BEARING DOWN OF THE WOMB, either actual descent of the organ, or a sensation as if such were the case, is produced, in nine cases out of ten, by the employment of purgative medicine.

Bearing down of the womb.

501. Single and married women have this affection, but it is more frequent with married women who have had children. The reason of which is not simply, that the bearing of children tends to produce this state; but it is because medical men have a most absurd, but almost universally followed practice of purging women after their confinement.

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Injury from purging after childbirth.

502. What is the effect of this injurious practice? It must be remembered that the womb has been enlarged to a great extent to contain the fœtus. The fœtus being expelled, the womb has to contract, and to restore itself to its natural form and size. To effect this and to produce milk, Nature, as it were, concentrates all the energies of the system to the breasts to give the milk for the infant, and to the womb to restore it to its proper state. The action of the bowels is properly suspended; a suspension not at all injurious, more particularly since, for the first few days after confinement, the mother takes nothing but very light food. The unthinking medical practitioner interferes with this beneficial suspension of action, and gives his purgative medicine to undo the very thing, which Nature is beneficially doing. He purges; *i. e.*, he excites the intestines, draws the life power away from the womb to the bowels: Nature's healthful operations at the womb are wholly or in part suspended, and the womb never recovers its proper healthful condition, which it would have done, had it not been interfered with; and the result is that the individual bears about with her, oftentimes for the remainder of her life, a sensation of bearing down of the womb. This comes from treating a natural condition as a diseased condition.—See appendix.

503. The following case is illustrative.—"October 1852. I was sent for to visit a lady at Hampstead labouring under a low fever. She had been confined about a fortnight. The surgeon who attended her, having been informed that she was subject to profuse bleeding after childbirth, gave her, when the "waters" had escaped, a dose of spurred rye. In less than an

Injurious effect of spurred rye.

hour the child instead of coming slowly into the world came, as the lady expressed it, head body legs and arms all at once. She felt, ever since she took the spurred rye, pain at the side of the bowels, (the ovary is enlarged).

"The surgeon, finding the bowels were confined, gave her castor oil, which so purged her that she was brought to the lowest state, and a diarrhœa was established.

"He tried but failed to arrest the diarrhœa. When I saw the patient first she had great tenderness in the belly, intense fever, thirst, profuse sweats at night, excessive diarrhœa, pain at her side, and she could not by any possibility draw a full breath.

"The diarrhœa, the peritoneal inflammation, the fever were cured, but the ovarian enlargement and disease arising from the use of the spurred rye troubled her for a considerable time."

Excessive menstrual discharge.

504. EXCESSIVE MENSTRUAL DISCHARGE has often been caused by the employment of purgatives.—(See appendix).

505. Not only is the womb affected injuriously by the use of purgative medicines but the mucous membrane, that lines the passage leading to the womb, is injuriously affected.

506. To a majority of women what a trouble is the white discharge (leucorrhœa). This is often the result of purgative medicine, since the passage leading to the womb sympathizes with the intestinal passage.

Excessive white discharge.

507. EXCESSIVE WHITE DISCHARGE, so weakening to the female constitution, has often resulted from the employment of purgatives.—(See appendix).

508. Many a strong person has been made a wreck

CHAP. XIII. of by the employment of purgatives. Case of Henry M^{c}Kowan, appendix; case of Ann Baker, appendix. Death has been caused very frequently by the action of purging, indeed patients have been purged to death; case in appendix. How many can say as Frances Goyder said, p. 821, 1846, "I have been under Dr K. of Westminster, and have been almost killed with medicine."

508 *a*. Indeed the injuries from purgatives are innumerable.

CHAPTER XIV.

The history of the employment of purgatives for the cure of diseases. The fallacies of Dr Hamilton. An explanation of the apparent success of his treatment.

509. It may be asked, How is it to be accounted for, if the employment of purgatives is so unscientific and so injurious, that this employment of them has become so general, and that, on such employment in the treatment of disease, so much reliance is placed by the old system practitioners?

History of the introduction of purgatives.

The best answer to this question will be obtained by a short history of the introduction of purgatives as means employed for the cure of diseases.

510. It is interesting to note, that the employment of these means, viewed as based on any well conducted series of observations, has not half a century's duration.

511. In the year 1805 was published by Dr James Hamilton, a work entitled "*Observations on the Utility and Administration of Purgative Medicines in several Diseases.*" In the preface to the first edition of this

CHAP. XIV. Dr Hamilton's doctrine.

work the author remarks—"As the doctrine which I maintain, with respect to the exhibition of purgative medicines, may have the appearance of novelty:" It is thus apparent, that the use of purgatives as a means generally to be used in the treatment of disease, was deemed by Dr Hamilton a novelty, and as such to require some defence.

512. In the preface to the work he refers "to the practice which I have endeavoured to introduce, p.xvii. eighth edition; and he refers to the fact that a number of intelligent young gentlemen, who attend the hospital, have *become converts* to the free exhibition of purgative medicine." The idea at once suggests itself, that conversion implies a previously existing belief, and that the belief, adopted on conversion, is a new belief. He adds further that his mode of treatment has been subjected to what almost all *new* modes of treatment are subjected, "to hasty and mistaken criticism."—See periodical, p. xxiii. preface. A remark implying that the mode of treatment was new.

513. Dr Hamilton remarks—"In mature years, the body is generally moved once in twenty-four hours; and the fæces, although soft, preserve a form too well known to require description; they are of a yellow colour, and they emit a peculiar odour. When, therefore, the fæces are evacuated less frequently than the age of a person demands; when they are indurated; when their natural colour and odour are changed, derangement of the stomach and bowels is indicated, and the approach of disease, if disease has not already ensued."

514. He adds—"The propulsion of the contents of the intestines is effected by means of a vermicular, or, as it has been called, a peristaltic motion of the

bowels from above downwards; hence torpor, or loss of tone in the muscular coat of the intestines, by which this motion is thought to be interrupted, is understood to be the cause of much distress; to remedy which tonic or stimulant medicines are employed. Be this as it may, I am inclined to think, that the symptoms referred to loss of tone, proceed, on many occasions, more directly from the impeded peristaltic motion, the consequence of constipation."

Dr Hamilton's doctrine.

515. He further remarks—"There is certainly nothing new in the position, that the loaded state of the intestinal canal commonly induces general bad health. But when I allege, that this state accompanies and aggravates other symptoms of fever, and that it is the *immediate cause* of certain disorders incident to children and young people, I know that I *advance opinions in which there is considerable novelty*, but in which, I trust the following sheets will satisfy the medical reader, there is an equal degree of soundness. For I have learned, that the due regulation of the alvine discharge constitutes much of the prophylactic part of medicine, and teaches the propriety of advising those who wish to preserve good health, or to recover it when it is impaired, to attend carefully to this circumstance." These latter views are correct, but the difference between Dr Hamilton's and the homœopathist's is in relation to *the means*, by which this due regulation is to be obtained and preserved: and also as to the constipation itself, whether it itself is not rather a result than a cause of disease.

516. As to the use of purgatives, Dr Hamilton remarks, pp. 20-21—"Modern physicians have two objects in view in administering purgative medicines; the one to empty the bowels, the other to increase

CHAP. XIV. the secretion of fluids into the cavity of the intestines, or, in other words, to induce purging."

Dr Hamilton's doctrine.

517. Dr Hamilton refers the benefits derivable from purgatives not to the *relaxing of the bowels*, but to the unloading of the bowels.

518. He then refers to the treatment of *scarlet fever* by purging. He remarks that the febrile state in scarlatina is more apt to induce costiveness.

519. In cynanche maligna complicated with scarlet fever, Dr Hamilton recommends the restricted use of purgative medicines—

"The restricted use of purgative medicines, however, to the extent of unloading the bowels only, does not increase this debility, while it relieves the symptoms of the general fever; and may thus prevent either its termination in cynanche maligna, or alleviate the attack."

Huxham's remarks.

520. He quotes Huxham in justification of the use of purgatives—"Huxham, in a dissertation on the malignant ulcerous sore throat, London, 1757, remarks, p. 297: 'However improper purging might be at the beginning of this distemper, gentle easy cathartics, as rhubarb, manna, &c., were necessary at the end to carry off the putrid colluvies of the intestines, which otherwise protracted the feverish heats, and occasioned great weakness, want of appetite, tumid bellies, and great obstruction of the glands. But in general, p. 295, after a purge or two, the sick soon recovered a keen appetite, strength and spirits; many, however, required frequent purging.'"

521. This view of Huxham respecting the putrid accumulations is one which influences most practitioners at the present day. The putrid secretions are nothing more or less than the secretions of the diseased

lining membrane of the bowels, and just, in the same manner, as the tongue cleans itself as the disease, which caused it to be unclean, is in course of cure, so will the bowels cease to discharge diseased secretions.

Dr Hamilton's doctrine.

522. He then notices the use of purgatives in *marasmus*. He thinks that the languor and lassitude which precede marasmus, indicate that a torpid state or a weakened action of the alimentary canal is the cause of this disease.

Purgatives in marasmus.

"From this proceed costiveness, distension of the bowels, and a peculiar irritation, the consequence of the delay of the fæces, and I have accordingly been long in the habit of employing purgative medicines for the cure of this marasmus; the object is, to remove indurated and fœtid fæces, the accumulation perhaps of months; and, as this object is accomplishing, the gradual return of appetite and vigour mark the progress of recovery."

523. This accumulation of months, put forth by Dr Hamilton, is a delusion.

524. After giving a very accurate description of the disease, Dr Hamilton remarks—"The slightest attention to the history of the disease evinces, that costiveness precedes and accompanies the other symptoms. Costiveness induces the feculent odour of the breath, disordered stomach, depraved appetite, and impaired digestion. These preclude a sufficient supply of nourishment, at a period of growth when it is most wanted: hence paleness, laxity, flaccidity, the nervous symptoms, wasting of the muscular flesh, languor, debility, the retention of the menses, the suspension of other excretions, serous effusions, dropsy and death."

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Dr Hamilton mistaken.

525. Dr Hamilton might just as well have stated, that the slightest attention to the history of the disease evinces that depraved appetite precedes and accompanies the other symptoms; and so with any other symptom attendant upon the course of the malady.

526. Costiveness, according to Dr Hamilton, causes these states. But in this he is mistaken. He should have asked, "What preceded the costiveness?" If costiveness be the cause, why should not costiveness cause chlorosis in all women. There is a special constitutional diseased state, which originates the chlorosis, of which one symptom, but not at all a constant one, is constipation. If Dr Hamilton had asked the question just propounded, he being endowed with the logical acumen, possessed by his educated countrymen, would have found in the research, that the costiveness was indeed a consequent of a previously existing state, and not the primary state itself. To assert, as does Dr Hamilton, that the costiveness, the mere manifestation of a diseased state, is the cause of all the effects connected with that diseased state, is not more absurd than would be the assertion, that, because the hour hand of a clock does not move, that this is the cause why the clock does not work out the right time.

527. Dr Hamilton then notices the value of purging in the treatment of *vomiting of blood.*

528. He considers that this vomiting of blood depends upon constipation of the bowels.

529. He refers to a discharge of blood by the anus when the patient is at stool: this discharge being unaccompanied with hemorrhoidal or local affection or with pain. In these cases he recommends the use of purgatives: aloes in particular.

Dr Hamilton's doctrine.

530. He then records his views as to the benefit of purgatives in hysteria. He details the symptoms connected with hysteria:—"Among the symptoms which mark the hysteria constitution, shifting pains in the abdomen, flatulence, constipation at one time, at another vomiting and purging, together with acid and fœtid eructations, are conspicuous.

"The sensation of a ball wandering through the abdomen, and ascending to the stomach, and from thence through the œsophagus to the pharynx, is a prominent symptom among those which immediately precede, and give warning of the approach of the fit.

"Convulsive motions of the muscles of the abdomen, which is thereby greatly contracted and drawn inwards, accompanying the paroxysm; upon the cessation of which, a murmuring noise throughout the abdomen is frequently heard."

531. He further remarks—"These symptoms undoubtedly denote a preternatural affection of the stomach and alimentary canal. In my opinion they afford conclusive evidence that this affection is primary, and that the other multifarious symptoms of hysteria depend upon it.

"I may add, by way of caution, that, in hysteria, as well as in chlorosis, and vomiting of blood, the full exhibition of active purgatives is frequently necessary to procure even moderate evacuations from the bowels; and that this exhibition must be continued from day to day, until such time as the fæces are natural, or until the disease ceases."

532. In reference to St Vitus's dance, Dr Hamilton remarks—"The approaches of chorea are slow. A variable, and often a ravenous appetite, loss of usual vivacity and playfulness, a swelling and hardness of

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Dr. Hamilton's doctrines.

the lower belly in most cases, in some a lank and soft belly, and, in general, a constipated state of the bowels, aggravated as the disease advances, and slight irregular involuntary motions, of different muscles, particularly of those of the face, which are thought to be the effect of imitation, precede the more general convulsive motions, which now attract the attention of the friends of the patient."

533. He adds—" If my conjectures were well founded, the first and principal object of practice would be to remove the constipated state of the bowels. In pursuance of this object, I began to try the effects of purgative medicines, given regularly in moderate doses."

534. To Dr Hamilton such removal of the constipated state of the bowels might be the first and the principal object of practice: and to have such an object was pardonable, he and the old system practitioners having no means of acting direct on the chorea state as a whole, and, of removing, as parts of the whole, the constipation and other indications of diseased condition of the lining membrane of the bowels. The homœopathist possesses such means, and hence he cures the chorea, and, if constipation has attended the disease, he cures the constipation as a part of the whole, the chorea.

535. Dr Hamilton then refers to the efficacy of purgatives in tetanus. He reasons thus in favour of purgatives:—

"In the first place, it appears from the history of tetanus, that it often approaches in a *gradual* manner; hence it is probable that the attack is generally preceded by symptoms of bad health, although these may not be always observed. We learn from the

history of tetanus, that an uneasy sensation or tenseness about the pit of the stomach is among the first symptoms, and is at the same time a permanent one of tetanus; and that as this is aggravated, all the other spasms are increased in the frequency and severity of their attack. The history further shows that the body is obstinately constipated throughout the whole of the disease. CHAP. XIV. Dr Hamilton's doctrine.

"These circumstances, which present themselves with great uniformity, make it exceedingly probable, that the functions of the stomach and intestines are materially deranged, previous to the attack, and during the prevalence of tetanus, and *point out the propriety of using purgative medicines* in the treatment of it.

536. They prove rather that a constitutional diseased state has been developed, in which the tetanic condition becomes developable.

536*a*. Dr Hamilton's argument for the use of purgatives in tetanus, that the bowels are always obstinately constipated in the disease, amounts to nothing, for there are other symptoms of the disease that are more constantly so than is the constipation.

537. It is known to all that tetanus is associated with a special condition of the nervous system, and it is known further, that excess in drinking induces *the* condition of the system, which being called into special action by a wound, especially in tendinous parts, causes an attack of tetanus. The constipation is merely a symptom of this special condition of the nervous system. To remove that without removing the whole of the special condition of the nervous system will not cure tetanus. The homœopathist cures tetanus, because he treats it as a whole: and,

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Dr Hamilton's doctrine.

in thus curing it without seeking at all to act specially on the bowels, he cures the constipation attendant upon the disease.

538. Dr Hamilton then refers to the use of cold bathing in dyspepsia, and expresses his belief that much of the benefit results from the purgative action of the cold bathing.

538 *a*. He concludes by giving cases illustrative of the use of purgatives in these various diseases.

539. This lengthened analysis of the work of Dr Hamilton on purgatives has been given, because it seemed proper to give a review of the best arguments in favour of the use of purgatives in diseases, and thereby to give an explanation of their present extended employment in the old system practice.

540. Since the time of Dr Hamilton, the employment of purgatives has extended widely. Little doubt can exist that Dr Hamilton's work tended very much to aid such extension. From the history given, it will appear that half a century has not passed since the introduction of purgative medicines.

Purgative medicines introduced within the last half century.

541. The above history of Dr Hamilton's observations demonstrates this, that he regards an accumulation of fæcal matter to be the cause of the diseased states, which he describes, and that the cure consists in the removal of this accumulation.

542. Even were these views adopted, it is quite clear that, with the aids which homœopathy presents, no need for purgatives exists; since medicines, homœopathic to the diseasd state, establish regularity in the bowels, and remove the state on which intestinal accumulations depend.

543. The very fact of Dr Hamilton placing so much stress on the use of purgatives, *until the* STATE *causing*

the accumulation is removed, proves that he unwittingly recognizes that the accumulation is not the cause, but the state of the intestinal canal which causes the accumulation.

Constitutional diseased state removed by homœopathic remedies.

544. This state the homœopathist recognizes, and he maintains that that state, which is a constitutional diseased state, can be removed by the appropriate homœopathic medicines.

545. Accumulation of fæcal matter is an effect: if in the removal of the effect the cause is removed, then cure results; but not by the mere removal of the accumulation, but by the removal of the state causing the accumulation. Hence, in the cases of cure published by Dr Hamilton, the medicines used were effective in removing the condition causing the accumulation, in other words were homœopathic. But how numerous have been the cases where the removal of the accumulation by the purging, although most diligently persevered in, did not effect a cure, and for this reason, that the medicine used, although an established purgative, did not act homœopathically in curing the diseased state on which the fæcal accumulating tendency rested.

Cure not effected by purgatives.

546. It is not denied that Dr Hamilton did service by his labour in relation to purgatives; *i.e.*, the means he used were, in the absence of the knowledge of the homœopathic law and of the homœopathic medicines, far superior to the means previously employed in the diseases which he treated.

547. All the benefits which Dr Hamilton points out as worthy to be sought for by the use of purgatives, the homœopathist realizes by the use of homœopathic medicines. He can remove the inaction of the bowels, by removing the diseased state on which

CHAP. XIV. the inaction depends, and this without the injuries arising from the employment of purgatives.

Cure effected if the medicines given were in homœopathic relationship to the malady.

548. The cases of cure recorded by Dr Hamilton, can be explained by the fact that the medicines given were in homœopathic relationship to the maladies.

549. This is demonstrable even with the knowledge at present possessed by homœopathists of the pathogenetic effects of the medicines Dr Hamilton used: the success he obtained depended not upon the employment of purgatives as purgatives, but, upon this, (it is worthy of repetition), that the purgatives he employed were medicines that had relationships homœopathic to the diseased states, and thus cured these diseased states, not, because they acted as purgatives, but simply as homœopathic medicines: their purgative action was merely the point of view in which Dr Hamilton but not the diseases, using a personification, viewed them. In fact, he cured, but added purging as a superogatory work in the cure.

550. Cures having been effected by the means Dr Hamilton employed, and medical men finding by experience the inefficacy of the means hitherto used for the cure of many of the diseases, in which Dr Hamilton successfully employed purgatives, were led to adopt the purgative treatment,* which gradually ex-

* The author of this work in negativing the use of purgatives has had to overcome the prejudices of early medical education. The medical gentleman, Dr Durie, to whom he was articled, was a great admirer of Dr Hamilton, and was a steady advocate of purging. He had the duty of well purging everybody early impressed on his mind, and, this impression was strengthened greatly by the fact, that his teacher practised on himself what he recommended to others, and he took the bitter purgative draughts, not an unfrequent occurrence, with a truly stoical composure. The writer believes that this medical gentleman killed himself by the employment of purgatives. He died suddenly, it is thought, of ulceration of the stomach. Peace be to him!

tended its range, until almost all medical men in their practice have realized the adage of the celebrated and original Dr Hamilton himself, who used to express his belief by modifying, with perhaps not very good taste, but expressing strongly his view, a scripture quotation, "Fear God and keep your bowels open is the whole duty of man."

CHAPTER XV.

The arguments urged in defence of and justificatory of the employment of purgatives. The non-necessity of purgatives in the cure of either chronic or acute diseases. Absurdities connected with the employment of purgatives.

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Employment of purgatives sanctioned by custom:

551. Though evidences of the injuries resulting from the employment of purgatives must have been perpetually presenting themselves during the last half century, a period during which such employment has been so general, and though the unscientific character of the method of treating diseases, which consists in the employment of these medicinal agents, is demonstrable, the practice of administering purgatives has become so general as to have established itself as one among the many matters, which are fixed in the popular belief.

Supported by arguments.

552. Matters, which have so fixed themselves, have, in obtaining this firm tenure, surrounded themselves with arguments and incidental circumstances, which, generally known and appreciated, are deemed quite justificatory of the fixedness of the tenure of the belief itself.

Popular belief in favor of the utility of purgatives unsound.

553. In endeavouring therefore to set aside, as is proposed, a popular belief in reference to the practice of administering purgatives, it is essential to consider the various arguments and views, deemed by those, holding the belief, as justificatory of the practice. And as the belief in the supposed utility of purgatives is based upon arguments, deemed by most to be sound, it will be necessary to consider these arguments; and if these, as usually put forth and depended on in relation to this practice, can be shown to be founded upon unsatisfactory bases and in direct opposition to the laws, regulating the functions and establishing the actions of the digestive tube, on which tube the purgatives are by their advocates supposed specially to act, the existing belief will be shaken, and an opening will be made, by which a more correct belief will have an opportunity afforded it of gaining admission into the public mind.

Argument first.

554. ARGUMENT *first*. An argument, deemed powerfully supportive of the practice of exhibiting purgatives, is presented in the subjoined extract from a letter from a patient, who, in the year 1844, was under the author's care for the cure of epilepsy:—

"Dr P., of E——, was here a few days ago, and I told him that you had directed me to avoid laxative medicine entirely. In answer he said, that more or less laxative medicine was indispensable as there were *accumulations* in the system, which a natural stool would not carry away, and, until these were removed, I would not feel well."

The accumulation theory.

555. The answer to this accumulation theory and the practice thereupon founded was thus given: The accumulation theory, viewed, *per se*, is a fallacy. The stomach and the intestines were made for the

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purpose of receiving food, to digest it when received, to carry it forward, when digested, through the tube, and nature has, in the arrangements for so digesting the food and for carrying it forward, acted quite efficiently to prevent accumulations. To suppose otherwise would be to recognize the blasphemy, that the intestinal tube was not properly made by its great Contriver. Such tube is not a dead machine. It is a living instrument, adapted by an allwise hand to do a certain work. It is not a mere sewer, but a tube, endowed with life, having in itself a power of moving its contents continually onwards. If it does not perform its work, that is, carry on to expulsion the to be expelled portions of the food, such non-performance depends on the existence of some diseased state, of which this non-performance is a symptom: and this diseased state cured by the employment of the appropriate homœopathic remedy, the non-performance, the manifestation of the diseased state, will cease, and the bowels will act, and that, without the administration of a particle of medicine, designated purgative.

The intestinal tube not a dead machine.

Inaction of bowels an evidence of disease.

556. The accumulation fallacy has one of its main supports in the fact, that, when a purgative medicine has been taken, a great discharge not unfrequently takes place from the bowels. The occurrence of this discharge indicates to the superficial thinker an accumulation, whereas the greatness of the discharge is dependent upon the irritation of the intestines, caused by the action of the purgative poison, this poison exciting the secreting vessels, spread over the mucous membrane of the intestinal tube, to increased action.

557. The accumulation theory has derived some strength from the idea, that the fæces are something unpleasant, and not only unpleasant, but injurious.

Erroneous ideas in reference to the fæces.

These ideas, which are erroneous, when viewed in relation to the deduction derived from them, that therefore it is wise to empty the bowels, as unloading unpleasant and injurious matters, are deemed by many to have great potency. Hence, it happens, that, if a patient dies of any disease, and fæces are found in his bowels, some, who deem themselves very sapient, exclaim, "See the effect of not having given purgatives: see here are fæces in the bowels." To such hastily conceived and ejaculatory uttered thoughts, another thought arises, *What else than fæces has any one a right to expect to find in the bowels?* Is not urine found in the bladder after death? Should not these individuals, who thus ejaculate because fæces are found in the bowels, be equally energetic in exclaiming, "See, here is water in the bladder;" and, in complaining in reference to the symptoms attendant on the death of the patient, having urine in his bladder, they should add, to keep up a parity with their reasoning in reference to the fæces contained in the bowels, "See, here is the effect of not emptying the bladder."

Purgatives do not cure disease.

558. A proof perfectly demonstrative of the unsoundness of the accumulation theory is found in the fact, that purgatives, though removing the supposed accumulation, do not cure disease: if suspending for a time diseased actions, they do not remove these actions. Does not every one, who has seen much of the treatment of diseases, know, that diseased states proceed in their injurious course, notwithstanding the bowels are forced to act daily? A fact, which could not present itself, if the removal of supposed intestinal accumulations was so essential to the cure of diseases; a fact, which continually manifests itself

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in the circumstance, that hardly a patient presents himself or herself for homœopathic treatment, who has not been personally subjected to violent purging, or if not to violent, at least to continuous purging, and yet such has been the destitution of benefit, that that very destitution drives him to seek homœopathic aid.

559. If there exists any accumulation of fæcal contents, such is dependent upon a constitutional diseased state: cure it, (which purgatives in their character of purgatives never can,) all accumulation will cease.

560. It is indeed a vulgar view, this of unloading the organs of the body. It is the introduction of mechanical agencies where vital agencies develope the powers that are active. It is a negation of the truth, that the human body is a vital machine.

Argument second. Natural that the bowels should act daily.

561. ARGUMENT *second.* It has been urged in favour of the use of purgatives, that *it is natural that the bowels should act daily.* This proposition may be regarded as a truism. But, when from this truism, it is argued, as it often is, that, as, in disease, the bowels do not act, and as purgatives make them to act, I should be neglecting the use of a means, suited to cure the disease, if I did not give purgatives, the argument is unsound; and not the less so though put forth by men, whose logical attainments ought to enable them to detect the unsoundness.

Fallacy of this argument.

562. The fallacy of this argument becomes readily apparent. One might just as correctly argue, that, because it is natural to a man to use his legs daily, a patient, afflicted with rheumatic gout, and, as such, unable to move his legs, should be *forced* to rise up

and walk. Such a practice has been recommended; but its cruelty is so apparent, that no medical man would, in these times, dare to practice it.

Unnatural to expect a man afflicted with rheumatic gout to rise up and walk.

563. Facts innumerable prove, that the excitement of the action of the bowels by purgatives, when, from the action of disease they have been inactive, does not effect the cure of disease. The means supposed to be necessary for relief are used, but the end sought is not gained.

Argument third.

564. ARGUMENT *third.* Another argument, brought forward as justificatory of the use of purgatives, is embodied in the common expression—"*I always feel better when my bowels act regularly.*"

Betterness felt when bowels act.

565. This embodies an axiom which none will dispute, any more than they will the axiom, equally logical in its parts, "I always feel better when I am well." Of the fact, that a person always feels better when the bowels act regularly, there is no question. But the deduction drawn from the fact, that, when the bowels are not regular, purgatives are to be used in order to realize the betterness, has a fallacy embodied in it.

566. The legitimate deduction is—"Get the bowels to act of themselves and then the betterness will result." When regularity of the action of the bowels is *thus* arrived at, the bowels act, because the diseased state, which prevented their action, has ceased to operate, and, ceasing to operate, the action of the bowels, the natural result, when the intestinal canal is not affected with disease, takes place. Such action is an indication of such deliverance, and as the individual feels better because of this deliverance, he is led to consider the improvement to depend on the action of

Legitimate deduction from the fact.

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the bowels, that being the result which appeals most prominently to his senses. It truly is the indication and not the cause of the deliverance.

Forcing the bowels does not remove the diseased state.

567. In forcing the bowels to discharge their contents by purgatives, the old system practitioner does not realize the condition, necessary to relief from the disease: he removes by force a condition of the bowels dependent on a diseased state, and mistakes such temporary removal for a curative process.

Not denied that the action of purgatives produce temporary relief.

568. The homœopathist does not deny, that the action of a purgative, manifested in inducing a forced expulsion movement of the bowels, is sometimes attended with apparent benefit. The person purged is relieved; but the relief is dependent, not on the action of the bowels, but on the irritation, induced by the purgative, suspending for a time, by the irritation induced, the diseased action proceeding in some other part of the system. And this power of suspension is great, since the wide extent of the lining membrane of the intestine affords a surface on which a great amount of counteraction can be induced.

569. This argument implies, that, as the person is always better when the bowels act, and, that, therefore, if from any cause the bowels do not act, and they being forced to act the individual becomes better, that, therefore, it is essential to realize this betterness to give purgatives. Still the fallacy in this argument few seem to have the power of detecting. Few minds are capable, or, if capable, will take the trouble of distinguishing between benefit as *connected with* and as *resulting from* the action of the bowels.

570. Coincidence most minds regard as causation. They have never fully recognized what Dr Thomas Brown, in his "Philosophy of the Human Mind,"

(lecture vi., p. 35, Tait's edition,) has thus expressed— "Power, in short, is significant, not of anything different from the invariable antecedent itself, but of the mere invariableness of the order of its appearance in reference to some invariable consequent; the invariable antecedent being denominated a cause, the invariable consequent an effect."

571. Not having appreciated the exact relation between cause and effect, not having worked out the mental exactnesses necessary to distinguish between *coincidence* and *causation*, these persons argue thus: my bowels act: I obtain relief: therefore my bowels acting are the cause of the relief; this is syllogism first. The second follows, "I am not well: my bowels do not act: I will force them to act by purgatives and I shall be well." Coincidence and causation.

572. The syllogism does not prove its soundness by the result, for though the bowels are forced to act, the individual is not cured.

573. Still it is allowed, that, when in the course of a disease, the bowels have been inactive, and, at length they act, great relief is obtained. But, in this case the benefit was not the cause of the relief; it was a circumstance coincident with the action of the bowels.

574. The cause of such coincidence is easily worked out. The patient was diseased: one phenomenon of that disease was inaction of the bowels: the patient takes the appropriate homœopathic remedy; and, as that remedy effects the cure of the diseased state, the constipation, one manifestation of the diseased state, ceases, the bowels act, and the patient feels a great relief. But the relief was felt before the bowels acted; but the action of the bowels being the mani- The cause of such coincidence.

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festation most apparent to the individual, *that* he recognizes as the cause of the relief, whereas it is merely a coincident circumstance.

575. Another form, under which this third argument in defence of the employment of purgatives is not unfrequently put forward, is "*If my bowels were right I should be right directly.*"—See appendix.

The bowels made right only by the appropriate remedy.

576. The correct statement would be, "If my bowels were right it would be because the disease having been made to cease by the appropriate remedy, there remains nothing to prevent the action of the bowels, and as the diseased state which caused the inaction is removed, relief is experienced." The bowels being open is not, as is generally supposed, the cause of the relief, any more than the hour and the minute hand of a clock moving round, and, in so doing, showing the right time, are the cause of the watch showing right time. Such manifestation of right time proves that the machinery has had nothing to impede its free action: and supposing that something wrong in the machinery had prevented the hour and the minute hand showing the right time, and that something wrong being removed, the hour and the minute hand being rendered correct became exhibitive of the right time, then, though the observer might be justified in asserting that the watch goes right, yet he would be committing a mistake in reasoning if his argument run thus, that the hands moving correctly constituted the cause of the watch showing the right time. It is true the correct movements of the hands of the watch constitute a circumstance, coincident with the restoration of the proper state of the watch, and might be considered by the superficial observer, ignorant of the interior machinery of the watch, as the cause of the

correct time. So in reference to the action of the bowels and the relief therewith concomitant: the intestinal clock has now assumed its twenty-four hours regularity of action: a regularity which it had lost; the regularity is regained by the removal of the diseased state: the superficial observer that did not recognize the diseased state, does recognize the regularity of the intestinal clock, and he refers to this recovered regularity the cause of the relief.

Will the medicine act on the bowels?

577. In connexion with the view, embodied in the observation just quoted, is another observation, "*Will the medicine act on the bowels?* This question is to be answered thus: the medicine given will not act primarily or specially on the bowels, but it will act curatively in the relation to the disease, of which, as an aggregate, the inaction of the bowels is a part, and the disease being cured, or in process of cure, the bowels will act of themselves.

Mr Haden's views on the action of colchicum.

578. Mr Haden, in his valuable work on Colchicum, when referring to the use of this remedy in inflammatory affections of the chest, notices with astonishment the fact, that all the good effects of the colchicum are obtained *without* the action of the colchicum on the bowels as a purgative. This, which was to Mr Haden a fact presenting difficulty, is a testimony to the scientific accuracy of the views already stated, namely, that a disease can be cured before any action of the bowels is produced; and is an evidence that the betterness, attendant oftentimes on the bowels acting, is not a result of the bowels acting, but is a concomitant circumstance therewith connected.

Argument fourth.

579. ARGUMENT *fourth*. It is argued in favour of the employment of purgatives—"I have such a feel-

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ing of stoppage: I feel as if there was something in the way: if I take a purgative, the obstruction will be removed and I shall be well."

580. This argument, in reality another form of the third argument, is put forth frequently by individuals, who labour under chronic inflammation of the pyloric portion of the stomach.

581. It is not denied that this feeling of stoppage is frequently relieved by the exhibition of a purgative. But the relief does not prove the existence and the removal of any stoppage. The sensation is merely a symptom of the diseased state of the pylorus, and the relief is gained by the production of one or other of the following conditions. The purgative may, by the irritation it excites, subdue temporarily the irritation connected with the disease, and thus afford temporary relief: or, the purgative, by causing the contents of the stomach, (the stomach being irritated by the purgative), to pass more rapidly from the stomach into the duodenum may lessen the period of time, which, without this hastening, the food would have taken to pass through the pyloric opening, and thus relief is afforded to the feeling of stoppage: a relief, it is true, but attended with the injury of making the food to pass out of the stomach before it is properly digested.

Relief does not prove the existence and the removal of stoppage.

582. That this sensation is unconnected with any want of action on the part of the bowels is proved by the well established fact, that persons who have felt this sensation to the day of their death, have presented, when examined after death, a stomach perfectly empty and an intestinal tube, free of feculent matter. The cause of the sensation was the pylorus in a state of disease.

Sensation unconnected with want of action of the bowels.

583. Many persons declare that they often obtain relief from a pain, occurring about two hours after taking food, by the employment of a purgative pill.

Action of pills explained.

584. It is granted that they are relieved, but how is the relief obtained? The pill, as previously explained, causes, by the irritation it excites, a more powerful expulsive effort of the stomach, and thus hastening the transit of the contents of that organ, shortens the duration of the irritation, induced in the stomach by the digestion of the food taken. It is also true, that the pain is oftentimes increased while the contents are passing: the pain is severe but it is soon over: and the pain ceasing, the relief is agreeable to the sufferer, and the purgative pill, to him the apparently relieving agent, is regarded with approbative complacency. Such temporary increase of pain may be submitted to in the case of a surgical operation, which once done is not again necessary, but this action of the stomach being a daily action, the use of purgatives in order to obtain relief exhibits the vulgar, the empirical necessities forced upon the allopathist, he, not knowing any certain method of curing by direct action the diseased state of the stomach causing the pain. He obtains relief, but in reference to such relief continually repeated, the remark of Hannibal in reference to his victory over the Romans is applicable, "another such victory and we are undone."

Sensation of fulness in chronic disease of the mucous membrane.

585. It is worthy of notice that a similar sensation of fullness is felt in the bowels in the case of chronic disease of the intestinal membranes. In this diseased state there is a sense of distension, and the sufferer imagines that this sensation would be relieved by the emptying of the bowels.

586. The fact is, that, in most cases, there is nothing

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in the bowels that is unsuited to the bowels, to empty. The sensation depends on a diseased condition of the intestine, and though purgatives sometimes temporarily relieve this condition, the relief is obtained, not from the effect of the purgative in its character as a purgative, but from the action of the purgative, having a homœopathic relationship to the diseased state of the intestine, and thus having the power of producing a state similar to that existing in the intestinal tube produces relief. Even in such case the benefit gained is attended with an injury, namely, that derived from the action of the purgative as a purgative, an injury not to be permitted or justified, since by homœopathic remedies the whole amount of benefit gained can be gained without the injury.

587. Sensations do not always indicate the means of relief. It is a well known fact that persons, who have had a limb removed, have had the sensation of pain in the limb which no longer forns part of them.

Argument fifth.

588. ARGUMENT *fifth*. It is argued in favour of the employment of purgative medicines, that a confined

Constipation precursory of a diseased state.

state of the bowels often *precedes the development of a diseased state*, and that such a precursor indicates that purgatives should be employed to prevent the development of the diseased state, precursored by the confined bowels.

589. Such is the argument. Its value is now to be ascertained.

590. It is a fact, that, in epilepsy, it often happens

Epilepsy preceded by constipation.

that the sufferer a few days before the epileptic seizure, has his bowels confined. The common practice is to purge the individual, and this is adopted under the

idea, that, by removing the constipation by the exhibition of purgatives, the seizure will be prevented.

591. Has success attended the practice? No. If for a short time the attack has been suspended, it is only for a short time, and it came notwithstanding all the purging, however violent it may have been, and comes with a greater severity, caused apparently from the enforced delay.

592. The mistake in connexion with the argument put forth originates in the undue importance attached to the precursory constipation. The constipation, it is granted, is one precursor, but it is one of many precursors. Besides it is not a precursor *causant* of, but a precursor *coincident* with, the attack.

Constipation only one of many precursors of epilepsy.

593. If sufficient attention were paid to the course of the development of the attacks of this distressing disease, many deviations besides that of the state of the bowels would be detected. The superficial practitioner recognizes that which is recognized most easily, and it is consequently to constipation of the bowels that medical and popular attention is most powerfully drawn. The deviations from the natural regularities of the system would be found to be numerous, and the special deviations in relation to the state of the bowels would be found to be but one link in the chain of phenomena preceding the attack, and, viewed relatively, perhaps not an important link. Its want of importance, or, rather its low scale of importance, is proved by the fact, that the alteration of the state of the bowels by purging does not stop the progress of the malady or permanently arrest the attack.

Peculiar dryness of the hair often precedes epileptic seizure.

594. It is a fact, that a peculiar dryness of the hair often precedes an epileptic seizure. So great is this dryness that the writer has known patients, afflicted

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with epilepsy, who noticed, that, before an attack, they could not brush their hair down or make it smooth. How absurd would it have been for such patients to imagine that, by wetting the hair, they would prevent the attack of epilepsy. Not more absurd than is the practice because the bowels are confined before an attack of epilepsy, that to force the bowels to act is the best remedy to prevent the epileptic seizure.

595. The same inaction of the bowels precedes, in numerous cases, the development of that common affection, known under the name of "sick headache." Here purgatives are with the mass, medical and non-medical, the means most frequently resorted to, and the more violent the action the higher is the estimation in which the purgative agent is held. But does not daily experience prove the ultimate inefficiency of purgatives in such a condition? Does not every homœopathic practitioner have cases of such headache coming under his care in which purgatives have been employed and employed in vain? The mistake rests, as in the case of epilepsy, in considering the one link in the chain of causant phenomena, connected with the headache, as the whole chain. The majority recognize, as was stated, the inaction of the bowels, but they ought to inquire for that which caused the inaction itself; and that, successfully found and treated, would cause both the inaction of the bowels and the epilepsy itself to cease: but such inquiry requires patience, time, skill, and what is more difficult, a knowledge of the pathogenetic effect of medicines.

Sick headache preceded by constipation.

596. The fabulist declares, that, once a fly sat on a chariot wheel while it revolved, and beholding the amount of dust caused by the rotation of the wheel,

exclaimed "What a mighty dust I am raising." There was a coincidence between the fly sitting on the chariot wheel and the dust being raised. The mistake of the fly was in making a coincidence a cause. CHAP. XV.

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597. ARGUMENT *sixth.* A main argument in favour of the employment of purgatives is, that their employment is a means of *purging the system*, or, as the buccaneers in medicine put forth, of purging the *blood.* Argument sixth.

598. How many take purgatives every month or even oftener to cleanse the system, to clear out the bowels, to purify the blood. They argue for the practice, as tending to remove the grossness of the system; and some actually maintain, that, if they did not physick themselves when in health, diseases, when attacking them, will find such a suited resting place in their grossness, that it will be next to an impossibility to dislodge the enemy.* Such balderdash is uttered by people, who consider themselves in the possession of sense. How such people can utter such absurdities is wonderful. Such utterances may serve as a cloak for the cunning of some Morrison pill seller, or may be used as a cover to hide the rascality of some Ægis of life advertiser, but that such utterances That purging purifies the blood. Grossness of the delusion.

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* A kind of superstition lurks in this reasoning; a superstition somewhat similar to that expressed by Philip, king of Macedon, who, having heard in one day three items of good news, the birth of a son, a great victory by one of his generals, and that he himself had carried the prize at the Olympic games, prayed—"Great Jupiter! in return for so many blessings, send me as soon as possible some slight misfortune."

CHAP. XV. should be sanctioned by those who have no interest but to preserve their health is indeed lamentable.

599. Such profiters upon human ignorance may and do talk of purifying the blood by their purgings. In so talking they (what care they!) beg the whole question, namely, that purgatives do take away impurities. How do they know that purgatives do not take away purities? With reckless audacity, they presume on the ignorance of the public so far as to ascribe a selective property to the purgative* that it shall know, in the darkness of the intestinal tube, purity from impurity, and knowing shall select the one from the other, leaving the purity untouched, and carrying away the impurity alone. Can deception go further? Can credulity be further stretched?†

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* They urge the name of purgative: to purge is to cleanse, say they: and does not this prove the value of purgatives? Such is the force of a name, that many believe that purgatives do cleanse. How many have been ruined by this term injuriously influencing their minds. Like as many have been destroyed by the cleverness of that man, who gave to beer the name of "stout." The sick believed they would stouten themselves by taking stout and have died of diseased liver, the consequence of taking stout.

† A young Scotch gentleman consulted me some years since when the Morrison pill mania was at its height. He had, in taking these pills, found that one pill of No. 2 exercised a power on the bowels equivalent to three pills of No. 1. Careful of his money, and priding himself on his shrewdness, he thought he might save somewhat by having two boxes of pills No. 2, instead of a box of No. 1 and a box of No. 2.

Calling on the pill vendor he asked for two boxes of No. 2. The man asked why he wanted two boxes of No. 2. The young gentleman told the reason. Oh, said the pill vendor, you do not understand: pill No. 1 goes into the blood, gathers all the impurities and pours them into the stomach: pill No. 2 goes into the stomach and carries all the impurities away.

This was too strong a draft on the Scotchman's credulity: too great an insult to his common sense. Disgusted, he came to me for advice, and related the circumstance as deciding him to leave the mode of treatment, of which he had been the subject.

600. They assert in defence of this purifying action of their purgatives, that the discharge from the bowels is, when their purifying medicines are taken, so offensive. But here again they beg the whole question, for how do they prove that the offensiveness is not a result from the injury done to the intestinal tube by the diseased action induced therein by the action of their purifier, which is in reality a poison or a collection of poisons?

Offensiveness of the secretions caused by purgatives.

601. That such offensiveness depends upon such an action admits of little doubt. The purgative alters the natural state of the secreting vessels existing in the mucous membrane of the bowels. This alteration thereof causes an alteration in the secretion from the vessels themselves, and as this alteration is connected with the production of an unnatural state of these vessels, the result is offensiveness of secretion; so that that which these buccaneers in medicine put forth as a proof of the efficacy of their means is, in reality, a demonstration of the injuriousness of these very means.

602. That an alteration in the state of the lining membrane of the intestinal tube is the cause of offensive discharges from the bowels is evidenced daily in diseases of the intestinal membrane. What can be more offensive than the diarrhœal discharges present in the last stages of phthisis? Also in those occurring in the last stage of diseases after the thrush has appeared in the mouth, an appearance, in such states, generally indicative of the ulcerative process having established itself in the bowels.

Diseases of the intestinal membrane a cause of offensive evacuations.

603. If such offensiveness may result from a diseased action of the lining membrane of the intestine, why should it not happen that a diseased state, induced in the intestinal canal, by the poisonous trash

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given by these buccaneers, may cause the offensive evacuations, subsequent to the exhibition of this poison by these "blood purifiers."

Purgatives said to produce bilious stools.

604. In connexion with this argument about purifying is a statement, frequently put forth in favour of purgatives, that they produce "bilious stools," and, that, because they produce such stools, the purgatives must be highly valuable; that is, they are beneficial because they cause the bile to pass. So far from this discharge of bile as bile being an evidence of benefit, it is, in reality, an evidence of injury done. Bile ought never to flow except when the chyme enters the duodenum. The entrance of the chyme into the duodenum affords the stimulus, appointed by nature, to cause the bile to flow from the gall bladder. If the bile flows into the duodenum at any other time, or under any other circumstances, such flow depends upon an unnatural stimulation, and such unnatural stimulation purgatives excite.

Bile ought as bile to be seen only in the duodenum.

605. Bile ought never to be seen, as bile, in any part of the intestinal canal except the duodenum: if, as bile present in any other part, it is, instead of being a proper stimulant to the intestinal tube, an *irritant*. It is an acrid body as thus presented. Yet, such is the want of logical power in the majority, and even amongst medical men, who ought to be able to reason accurately, this very excessive irritation, induced by the action of purgatives in causing the discharge of bile as bile, is brought forward as an evidence of the benefit resulting from the employment of purgatives.

Acridity made to pass away.

606. "See what acridity is made to pass away," is an observation often put forward.

607. Every one knows that the spittle in the mouth is one of the most harmless of fluids; but if the

spittle, from some ulceration or wound in the cheek, passes through to the *outside* of the cheek, it is acrid and irritating to the cheek. Just as rational would it be to maintain that the excessive irritation caused by the spittle, when escaping to the outside of the cheek, is a benefit, as to maintain that the irritation caused by the bile appearing as bile in the parts where it ought not so to appear, is a benefit, is an evidence of the value of the agent that causes it so to appear. Such irritation is a demonstrative proof that the purgative has caused the bile to be discharged without its proper admixture with food, or chyme, and, that, in travelling as bile along the intestinal canal, it causes distress.

Argument seventh. Want of cooling medicine.

608. ARGUMENT *seventh.* "*I want some cooling medicine*" is a phrase, which embodies another argument urged by many in favour of the employment of purgatives.

609. That such an utterance affords no argument in justification of the employment of purgatives, a small amount of investigation will demonstrate.

What causes the heat?

610. The question presents itself, What causes the heat that renders the cooling necessary? and, consequent on this question, follows another, If cooling is required, is the use of irritants forcing the bowels to act, the rational mode of effecting the end sought?

Injury produced in this cooling.

611. Purgatives act as such by producing irritation in the lining membrane of the bowels. In inducing this irritation the life power is directed in excess to the intestines. The result of such excess directed to the intestines is a diminution of action in some other parts of the body, and, as in the state connected with the condition, which indicates the necessity of cool-

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ing, the part affected had the life power modified in connection with it, the excess of action, excited in the intestines by the purgative, causes this modification in some cases temporarily to be suspended, and the state described as "cooling" is attained; and because the end sought is gained, and, because the diseased state induced in the lining membrane of the intestines by the purgatives is not visible or immediately apparent, the injury inflicted by the purgative is disregarded, the relief gained is looked upon with complacency, and the purgative obtains a reputation for effecting what the individual wanted, a cooling.

Unnatural heat an indication of disease.

612. The existence of an unnatural heat in any part or parts of the body indicates, as just hinted, the existence of a diseased state, of a modification of the life power, which modification can be properly met only by the appropriate remedial agent, chosen according to the homœopathic law, and the modification will be made to cease without any injury to the constitution: the individual will have the diseased condition, which caused the unnatural heat, to cease, and thus he will be scientifically, and, consequently, safely and permanently, cooled. Whereas, in the cooling produced by purgatives, the diseased state not being removed by the purgatives, the feverish irritation will again be developed, and purgatives must again be administered to induce a repetition of what is vulgarly called the cooling.

Argument eighth.

The smell of the body fæcal when the bowels are long confined.

613. ARGUMENT *eighth.* As an argument for the necessity of purgatives it is asserted, that, when the *bowels are confined for a length of time the smell of the body is fæcal.* This smell, it is intimated, depends on the absorption of the fæcal matter, which, it is

argued, could not have occurred, if purgatives had been used.

614. This argument embodies assertions, wanting proof. It is a well known fact, that the bowels have been confined for weeks without any such fæcal smell being caused.

Supposed fæcal smell caused by the diseased state of the body.

615. Even if the smell of the body in such cases of delayed action of the bowels was fæcal, such a coincidence would not prove that the inaction of the bowels was the cause of the smell, unless it could be positively demonstrated, that no other deviation from the natural state save the one, non-action of the bowels, existed. The cause of the fæcal smell is to be found in the diseased state of the body, which causes the bowels to be confined. The confined condition of the bowels is only one among many conditions, resulting from the diseased state, and those ascribing to this condition the peculiar smell, refer to one effect of the diseased state what truly results from the whole of the diseased agency.

Proof wanting that fæcal matter is absorbed.

616. Besides, what proof exists that fæcal matter is absorbed? Even in cases where the calibre of the intestinal tube is obliterated, and where the fæces are rejected from the mouth, there is no fæcal smell, except that resulting from the fæces rejected from the mouth.

617. That the fæcal smell, when present, and, it is believed that its asserted presence is, in most cases, an imaginative rather than a real presence, is not dependent on the constipation of the bowels, is evidenced by facts which have come under the writer's notice. In some cases of palsy, which have come under homœopathic treatment after the old-system treatment (blistering, leeching, purging,) had been

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tried in vain, the smell of the paralytic patients, although the bowels were regularly active, has been so offensive, that those, who most loved the patients, have found it difficult to remain in the room where the paralytics were. Add to this, how common is this smell in atrophied children, who have diarrhœa much more frequently than they have constipation.

618. Corroborative of the view that the fæcal smell does not depend upon the mere confined state of the bowels, but upon the diseased state, of which the confined state of the bowels is but one symptom, the fact stands forth, that different diseased conditions are indicated by special smells. Writers on insanity maintain, that, the insane have a peculiar smell; so marked, that such smell is an indication by which the insanity of such person so smelling can be certainly known. Under the erotic orgasm, it is held, that the persons so affected, have a peculiar smell. These smells depend on special bodily conditions. Why then should the fæcal smell be referred to the inaction of the bowels, and not rather to a general bodily diseased state, which causes, among other effects, the inaction? Indeed, the writer has found the smell decidedly fæcal in scrofulous caries of bone occurring after amputation.

Diseased conditions indicated by special smells.

619. The deduction, that the fæcal smell depends upon the retention of the contents of the intestinal canal, owes its origin to what cannot be admitted as an established fact, namely, that the fæces *in* the intestinal canal are offensive. Much reason exists for doubting that the fæces in the intestinal canal are offensive.* It is allowed that the fæces are offensive,

Questionable deduction.

* The opinion that the fæces have a fæcal smell in the body is held by

when expelled into the air; but, when expelled, they are placed in new conditions; *i. e.*, they are exposed to conditions, not present when the fæces are contained in the intestinal canal: they are exposed to the air; and, it is not unlikely, that such exposure causes the development of effluvia, which without actual contact with the air would not be given out. Indeed it seems to be a somewhat similar condition, when persons pass offensive flatus; for, in such case, air has been generated in the intestines, and it is not unlikely, that the offensiveness of the flatus depends not on the fæces, *per se*, being offensive, but because they have been subjected to the action of the air generated in the intestinal tube.

620. If the fæcal smell of individuals, in whom the contents of the bowels are retained in obstinate constipation affords the idea, that the smell depends on the retention and the consequent absorption of the intestinal contents, is an argument for purging, it certainly affords an argument much stronger against purging. For, if injury results from the mere retention of the fæces, how much must the injury be augmented, if, in addition to the natural contents of the bowels being retained, the violently active purgatives,

Injury augmented by the retention of purgatives in the body.

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many. Mr John Hilton, a highly talented surgeon, attached to Guy's Hospital, holds this opinion. In referring to the discharge from fistulous ulcers he maintains, *Medical Gazette*, p. 225, 1851, vol. i.—"That, when an abscess forms in any situation near the abdominal walls, and the abscess opened, the discharge is offensive."

This view, which has some interest, does not militate against the view already given; for the fact, that the abscess referred to was *fistulous*, indicates that it has an opening, and through that opening the air* can gain entrance, and when not fistulous the secretion itself might be offensive.

* Why are water closets in such request? Because the water excludes the air and thus prevents much offensiveness.

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administered by the old-system practitioners to force the bowels to act, are retained as well. If the retention and the absorption of the natural contents of the bowels be injurious, how tenfold more so must be the retention and the absorption of both,* not only from their own injuriousness, but from the effect, not at all improbable, that they, by their irritation, may excite the absorbents to take up more fæcal matter, that is, supposing the absorbents do take up fæcal matter, as is supposed in the argument put forth in connexion with the fæcal smell.

621. As a conclusion to this consideration of the arguments usually put forth in favour of the employment of purgatives in diseased states, is the demonstration, that inaction of the bowels is to be regarded as a natural result of diseased state, and that therefore the employment of purgatives is not necessary.

Purgatives unnecessary.

622. The fact is granted, because it is a fact, that the bowels are often inactive during the course of disease. This suspension of the action of the bowels in diseased states is one circumstance, but it is only one of many circumstances. Another circumstance, especially prominent in acute diseases, is that in these diseases the *appetite is suspended.* This suspension of appetite is an utterance of Nature, "Feed not;" which utterance being attended to, little or no inconvenience will result from the mere inaction, however much may be the inconvenience resulting from the disease.

Appetite suspended during disease.

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* Every year's experience strengthens the belief, long entertained by the writer, that the greater number of cases in which death occurs in connexion with stoppage of the bowels, the individuals die, not from the stoppage, as is supposed and complacently asserted, but from the inflammation and consequent ulceration, and not unfrequently mortification, produced by the purgatives, used to force a passage. (Appendix).

Gastric derangement caused by the introduction of food when the stomach cannot digest it.

623. Experience demonstrates that the disturbed states, called *gastric derangement*, occurring during the progress of a disease, and which are generally referred to inaction of the bowels, are not at all the consequences of inaction, but are effects arising from the introduction of food into the stomach under circumstances, in which Nature declares by the loathing of food that the stomach cannot digest it. Hence food, which, under different circumstances, would be nutriment, becomes poison. Of the impossibility to digest food in diseased states proof was afforded in the experiments on Alexis. These experiments establishing, first, that, in fever no gastric juice can be extracted, not even on the application of the alimentary stimulus; and second, that food, in the febrile condition of the stomach, remains undigested for twenty-four or forty-eight hours or more, increasing the derangements of the whole alimentary canal, and aggravating the general symptoms of the disease.

No action of the bowels without food.

624. The axiom may be presented, "WITHOUT FOOD THERE IS NO ACTION OF THE BOWELS."

625. Of this axiom the demonstrative proofs are numerous. The infant in the womb receives nourishment through its mother's circulation, and not through the digestive process, and consequently there is no action of the bowels while in the womb, no food being received into the stomach. And, even, though the intestines have formed in them a peculiar matter, which may in some respects be regarded as fæcal, yet there is no action of the bowels, even after the child is born, till the child takes its mother's breast, that is, till it takes food into the stomach. Then the gyre-like motion, which carries on the contents of the bowels, is communicated to the intestinal

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tube in its whole extent, and the contents of the bowels, called the *meconium*, are expelled: in other words, *digestion of food is followed by action of the bowels.* The recognition of these views has an important bearing, as at once forbidding the absurd, the injurious custom of giving physic to the poor little just born infants. These physic givers would seem to think that the first business of life is to take physic, and little doubt exists, that the pains which the little sufferer manifests, produced, it is said, by the wind in the bowels, is produced, in many cases, by the injury resulting from the employment of the purgative, which itself produces the wind, charged as the producer of all pain.

Cruelty of physicking infants.

626. Another demonstrative proof of this axiom is to be found in Alexis's case. The injury from which he suffered was such, that, for seventeen days, all that entered the stomach by the gullet passed out through the wound in the stomach, and the only way of sustaining him was by the aid of nutritive injections by the anus, until compresses and adhesive straps could be applied so as to effect the retention of the food. It is interesting to notice the effect of this non-retention of the food in the stomach. Dr Beaumont states, "During this period no alvine evacuation could be obtained, although cathartic injections were given, and other means were adopted to promote them."

Alexis's case.

While the food escaped from stomach no action of bowels.

627. What happened subsequently in this case is still more demonstrative of the axiom under consideration: Dr Beaumont adds, "In a few days after dressings were applied and the *contents of the stomach retained*, the bowels became *gradually* excited: that is, directly food entered the intestinal canal, the intestinal gyre was put into motion and the action of the

Food being retained the bowels became gradually excited.

bowels took place, and took place, as it ought according to the law of intestinal action, *gradually*.

Additional demonstration.

628. The following fact gives an additional demonstration to the truth of the axiom: A gentleman one day in the country looking over an estate, was prevented dining till past nine o'clock in the evening, not having eaten since ten in the forenoon. To his astonishment he did not have an action of the bowels the same night, or on the following morning, as was his constant practice, namely, an action morning and night, but the next action of his bowels took place about the usual time the following night.

Inaction of the bowels sometimes beneficial.

629. If therefore in acute diseased states, the voice of nature is listened to, and, while the loathing of food remains no food is taken, nothing but water or gummed water, the inaction of the bowels would be an evil, only as exhibitive of a diseased state, of which it is a symptom, and, which, together with the other symptoms of the diseased state, will disappear when the remedy, homœopathic to the diseased state, is administered.

Inaction of bowels in disease a benefit.

630. Indeed the grounds are not few which indicate that the inaction of the bowels, while the diseased state endures, is a benefit rather than an injury. When a part of the body is in a state of disease, there seems to be a partial suspension of the activity of the life power in all other parts of the body except the part diseased. Great efforts seem to be made in the part diseased to free it of the state affecting it. This, to a certain extent, suspends other actions, and the bowels are the organs, which, in their inaction, show not unfrequently the effect of the irregular activity of the life power. To *force* the bowels to act is therefore to interfere with the series of actions,

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necessary to be gone through in order to effect a cure, and *this* interference with the life power, though sometimes affording temporary, that is, palliative relief, often exhausts the life power itself, and prevents it, even when afterwards guided in its action by the appropriate medicine, so readily effecting a cure.

Food not to be given in acute diseases.

631. It is maintained that the inaction of the bowels in acute diseases is not in itself a matter of moment: that no danger results from or is caused by it, if the rule be attended to of giving no food. It is maintained further, that, directly the disease is subdued, the bowels will act of themselves.

In some diseases desire for food.

632. But it may be argued and is argued, that, in some diseases there is not a loathing but a strong desire for food, and that such being a fact the arguments, that if in disease there is no appetite no food should be given, and, that if no food is given no injury will result from the inaction of the bowels, are not perfect. It may be said, and truly said, that in diseases which have been treated under the old system where the patient has been forbidden food, and where the patient has taken food notwithstanding the directions to the contrary, he has got better, indeed has rapidly recovered.

Morbid appetite indicated by the state of the tongue.

633. These facts are recognized as true, and are explicable. In reference to the first fact, the strong desire for food is a morbid appetite, which is indicated by the state of the tongue, and food taken under such circumstances generally causes the disease to be fatal. In reference to the second fact, the desire for food depends not on the presence of disease, but on the exhaustion of the physical, organic, and vital power by the depleting measures, employed by the old-system practitioner, in the treatment of dis-

ease; and hence the want is a natural want, and the supply of that want saves the patient from death.

634. To conclude: If purging be so beneficial as is asserted by the old-system practitioner, why do medical men try to arrest natural purging or diarrhœa, when present in the course of disease? They seek to produce artificial purging, but deprecate the production of natural purging. When Nature gives them their delight, immediately they interfere with Nature, and try to arrest that which, effected by their own agents, they rejoice in. In such cases they give medicines to bind, they give *astringents*,* as such medicines are called. These exhibitors of purgatives administer purgatives to get rid of some diseased state: *i. e.*, they give irritants which cause an increased secretion from the mucous membrane of the bowels, this increased secretion being the result of a diseased action, induced in the mucous membrane. They applaud their own proceedings, and condemn others who do not adopt similar proceedings. Directly however Nature causes an increased secretion from the bowels, they immediately interfere and use their chalk mixture,† and other agents to arrest the

Absurdity of the old system practitioner in arresting diarrhœa.

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* The allopathists, it is worthy of repetition, are perpetually taunting homœopathists with treating symptoms only. What is this trying to arrest diarrhœa by astringents, but the doing the very thing which they charge against homœopathists, namely, treating symptoms? The homœopathist treats, when diarrhœa is present, not the diarrhœa as a symptom, but he collects from the aggregate symptoms the disease that is present, of which the diarrhœa is a part of the whole, and meeting the whole disease by a homœopathic remedy acting on the whole aggregate, removes the diarrhœa, a part of that aggregate.

† The son of a tradesman was attacked with diarrhœa. The apothecary did all he could to arrest the diarrhœa, but was unsuccessful. A physician was called in, and they mutually agreed that the recovery was doubtful. The action of the bowels at length ceased: the end they

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action of the bowels. But if the one kind of purging is beneficial, surely it is inconsistent to arrest the other. Indeed it is dangerous, for very often when success attends their efforts, the diseased state which caused the diarrhœa is rendered permanent, and the foundation of incurable chronic disease of the intestines is laid.

Care admitted to be necessary in suddenly arresting diarrhœa.

635. It is true that enlightened old-system practitioners declare that care must be taken in arresting a natural purging, a diarrhœa, too suddenly. They allow that injury may result from such sudden arrest; but when constipation occurs, (in many diseases as much a natural effort in one direction as the diarrhœa is in the other,) they do not adopt the same argument and say—Be not in a hurry to force the bowels, wait a little and the constipation will cease: they purge.

Purgatives only temporarily relieve constipation.

636. But purgatives do not cure constipation: they relieve; but as soon as the effects of the purgatives have ceased, the bowels become more confined than they were before: this is always the case unless the purgative happens to be homœopathic to the diseased state, causing the constipation. In such a case, there was no need of producing purging, because such medicine would have cured the constipation without inducing the amount of irritation manifested in purging.

637. The allopathists put forward the theory, that inflammation is the cause of constipation; and yet purgatives, given for the cure of constipation, pro-

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sought for was obtained. Not acting for eight hours, the apothecary, who had attended the family twenty years, thinking eight hours was a long time to be without an action of the bowels, gave a purgative; diarrhœa again came on, and the youth, aged eighteen, died of the consequent exhaustion.

duce irritation and, in many cases, inflammation of the lining membrane of the intestinal tube. To add inflammation to inflammation indicates an inconsistency in connexion with allopathic theorists: to the homœopathist the matter has less of inconsistency.

638. In the cases where the allopathist cures constipation by medicines he deems purgative, but which really are homœopathic, and act by their homœopathic relationship, he, though curing, produces injury, causing disease of the lining membrane of the intestinal tube. What a mass of intestinal misery and of health destruction is connected with the employment of purgatives, as embodied in the too frequently heard declaration, "He always requires very strong medicine to act on him."

Disease caused by the employment of purgatives.

639. The arguments, already brought forward in justification of the employment of purgatives, have relation to the action of these medicines as removing the constipational state. Another view, in justification of the employment of purgatives in disease is put forward, has relation to another mode of action; it is the general argument that purgatives act as depletory measures—or, as it is expressed by one of the most violent and most rude of the vituperators of homœopathists—

Depletion argument.

"One of the apparently strongest arguments, brought forward by unbelievers in the powers of medicine to prove their assertions, is the *great diversity in the practice* of medical men. But this argument is merely specious, and will not bear the slightest scrutiny. It is more especially in the treatment of *inflammatory* and *febrile* diseases that this diversity exists, and in these diseases, precisely, the indication is one which may be attained by a variety of means. DEPLETION is the *indication*, and depletion may be *equally* produced by the action of local bleeding, of large blisters, of purgatives, of diuretics, or of diaphoretics: thus we find, that the physicians who, in the treatment of pneumonia, in England, rely partly on bleeding and partly on purgatives; in France, entirely on bleeding, or on the application of large blisters; in Germany, partly on

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bleeding and partly on critical evacuations, urinary or cutaneous;—all arrive at the same end—the depletion of their patient, though by different methods."—*Lancet*, vol. i. 1844, p. 165.

640. This depletion argument is a melancholy evidence to the unscientific and injurious nature of the old-system treatment: inasmuch as the argument virtually testifies to the fact, that the old-system practitioners have no means of acting on diseased states directly, and hence they act indirectly by depletion. They do injury to the bowels to relieve an injury that is being inflicted on some other organ of the body. They excite a riot in Bristol in the hope that it may suspend a riot in London—they think that a riot excited in the bowels is a satisfactory mode of quieting a riot existing in the head, forgetting at the same time that the human body is the field on which both riots are carried on.

641. Indeed, "purge, purge," is the cry from the very beginning of a human being's existence. First of all, the meconium of the just born infant has to be purged out. This, it would appear, is the first welcome which the attendant thinks he must offer to the little being he has helped into the world; forgetting altogether that the Creator has provided in the first portions of the mother's milk a proper means for the expulsion. Purge, purge, is the constant cry during childhood, youth, and adult age; and purge, purge, is the last cry; indeed too often it is the last act in life's drama.

CHAPTER XVI.

On the use of auxiliary means to promote the removal of Constipation. Obeying the call to relieve the bowels. Soliciting the bowels after breakfast. Moderation in the use of food. Sponging the body with cold water. Drinking a tumbler of cold water. Friction to the spine. The exercise of walking. Reading aloud.

642. A truth, ever to be remembered in connexion with all efforts to realize a right end, to carry out a proper aim, is this, that the tendency to the natural order is the greater tendency; or, in other words, to adhere to the primal form is stronger than the tendency to attain to other forms; or, to express the fact otherwise, that to the normal rule nature tends more than she does to the abnormal deviation. CHAP. XVI. Tendency in nature to adhere to the normal form.

643. If this had not been appointed as a verity in nature, then monstrosities would continually occur. Each tree would no longer adhere to its own shape. It might happen that the nose would not cease to grow and the fingers might continue extending.

644. This truth ought to encourage every individual in all legitimate efforts to be made in establishing Regularity of bowels the natural tendency.

CHAP. XVI. regularity of the bowels. He should remember there is a greater natural tendency to regularity than to irregularity of the bowels.

645. The fact, however, meets the attention that the circumstances, in which man is placed in large cities, are oftentimes such as tend to interfere with the regularity with which the functions of the body should be performed.

Necessity of obedience to the laws of man's physical and organic being.

646. Civilization is an immense blessing, but civilization is not as yet sufficiently influenced by a knowledge of and an obedience to the laws of man's physical and organic being. The consequence results, that the customs of society exercise an injurious influence on the bodily and even on the mental constitution, and this injurious influence is exhibited in deviations from the normal state, which would be much more frequent and much more earlily induced, were it not for the strong tendency in nature to keep to the right, the normal line.

647. One form in which this injurious influence exhibits itself has reference to the action of the bowels.

Means to preserve regularity in the actions of the intestinal tube.

648. It may therefore be useful to point out the means, by which civilization may be made to march more in harmony with the human constitution in relation to the actions of the intestinal tube, so as to preserve regularity to the actions of that tube.

Obey the call to relieve the bowels.

649. A means most efficient to prevent constipation and to aid in its cure when it is present, is the *obeying the call to relieve the bowels.*

650. If any bodily action is inclined more than any other to regularity, such action is the action of the bowels. The reason of such inclination is to be found in the facts, that the intestinal tube has a fixed LENGTH and a fixed ACTION, and consequently the

intestinal food journey may be expected to occur in a fixed time. So that regularity of the bowels is a condition, of necessity associated with the bowels.

A fact that the bowels of most persons act at a fixed time every day.

651. As a fact illustrative of this regularity, is the circumstance that the bowels of most people act at one fixed time every day; most commonly after breakfast.

Illustration.

652. In a public institution, with which the writer has an official connexion, the patients recline continually. They do not rise even for the purpose of relieving the bowels. As several are in the same ward, it becomes a matter of convenience and of comfort that all the patients should relieve the bowels at the same time. It is a fact that they do do so, so that at one hour all the patients effect relief from the bowels. And to this fact may be added the additional fact, as an evidence of the efficacy of the treatment at that institution, that, though many of these patients before they entered the institution, were subject to such severe constipation, that the most powerful purgatives were ineffectual to their relief, yet, in a short time after their admission into and treatment at the institution, the regularity referred to appeared.

Solicit the bowels to act after breakfast.

653. A second means of great efficiency in preventing constipation, is *to solicit the bowels after breakfast.*

654. It is a fact, that, taking food into the stomach in the morning excites the action of the stomach, and that causes the peristaltic action of the intestines to be excited, and there is generally a want to relieve within half an hour after breakfast. Indeed the action induced in the stomach by the food is transferred, as has been in previous chapters already explained,

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through the intestinal tube, and thus the rectum is excited to act.

655. It does not seem difficult to understand why, after breakfast, the desire to relieve the bowels is generally felt. The stomach during the hours of night has had rest, and, consequently when food is introduced into the stomach in the morning, the action induced is energetic, and this powerful vermicular action induced in the stomach is transferred equally energetically through the whole intestinal tube, thus exciting the rectum to discharge its contents.

Sometimes beneficial that the action of the bowels take place when going to bed.

656. In some cases where there is a weakness of the lining membrane of the rectum so that it descends with the action of the bowels and without aid will not return, it is often advantageous to regulate the time of the action of the bowels so that defæcation shall take place at night just before going to bed. The individual assuming in bed the horizontal posture any irritation from the state of the gut is prevented, while an opportunity is afforded by the posture and the rest to the gut to recover its natural tone. In these cases it will be useful to take a hearty meal about seven o'clock in the evening, fasting, if possible, from a late and a light breakfast to the evening meal. The peristaltic action of the bowels will, by the action induced in the stomach by the food, be powerfully awakened, and such action will be transferred through the intestinal tube and will cause the bowels to act in a few hours.

657. To revert to the action of the bowels after breakfast. This solicitation of the bowels should be persevered in, even though, at first, ineffectual: perseverance will bring its reward, *i. e.*, regularity of action.

658. A third means, actively efficient in ensuring regularity in the action of the bowels, is *moderation in the use of food.*

Moderate use of food.

659. Moderation in the use of food applies both to the quantity of food taken, and to the times at which the taking of food is repeated.

660. As Dr Beaumont has demonstrated, a given quantity of aliment requires a given quantity of gastric juice for its change into chyme, and, if more than the proportioned quantity of food is taken it remains in the stomach undigested, producing irritation and other inconveniences, it is certain, that any irritation, thus induced, must interfere with the regular action of the intestinal tube: in some cases, causing a too frequent action of the tube, manifested in purging, which is sure to be followed by inaction, and, in other cases, producing constipation directly.

Dr Beaumont's demonstration.

661. Let the irritation produced by taking food in too large quantities be frequently induced, permanent irregularity of the action of the intestinal tube takes place, and constipation results.

662. Constipation is often induced by the injury done to the stomach by the *too frequent taking of food.*

Too frequent taking of food injurious.

663. It is a fact, as proved by the experiments of Dr Beaumont on Alexis, that three to four hours are, in the adult, the average time that simple food, that is food easily digestible, takes to disappear from the stomach. If therefore persons have their meals at intervals too near, the stomach never has repose: it is always engaged in digesting. It happens thence that the intestinal tube is in a state of perpetual action, its powers become exhausted and constipation results.

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664. With adults five hours at least should intervene between one solid meal and another: and many persons, who take food oftener and are constipated, will find an efficient auxiliary in removing the constipation is the lengthening the intervals between the meals.

665. The habit of taking little portions of food between meals is a great cause of constipation. If the article taken be only an apple, or a few strawberries, or a bun, or a biscuit, the process of digestion has to be gone through with each, and thus the stomach has no rest, and what is worse the apple, or whatever has been taken, is half digested when the next meal is taken, and, thus, half digested and fresh food, *i. e.*, food not at all digested, are mixed together in the stomach: people, so disturbing their stomachs, are almost constantly troubled with wind.

Apples, buns, biscuits, &c. between meals, injurious.

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666. A fourth means, auxiliary in preventing and relieving constipation, is *sponging the body, especially the* BELLY, *with cold water.*

Sponging the belly with cold water beneficial.

667. The sitz bath is a valuable auxiliary. No doubt can exist that the water treatment has been peculiarly successful in the cure of many severe cases of constipation: and though some part of the efficacy depends on the various excellent hygienic and dietetic means combined in such treatment, a considerable part of the efficacy is connected with the water part of the treatment, and it is not unlikely that the views developed in this work may lead to a correct estimate of the exact amount which the water treatment occupies in the cure.

668. Added to the sponging of the body in the morning may be the soap-lathering the bowels, also

between the thighs to the gut behind, with warm soap lather on going to bed at night: after well lathering by means of a soft flannel or worsted stocking, washing off the soap with *warm* water and rubbing dry with a well dried towel.

Warm water preferable at night.

669. Warm water is to be preferred at night, because there is not the same reactive power in the evening, after the exhaustion from the fatigues of the day, as there is in the morning, when cold water can be used with safety.

670. This soap-lathering with warm water is especially serviceable in the constipation after delivery, or rather as preventing the constipation so likely to occur after delivery.*

Drinking a tumbler of cold water in the morning while dressing.

671. A fifth means, efficient in aiding the action of the bowels, is the *drinking a tumbler of cold water in the morning while dressing.*

672. The water should not be taken at one draught. It should be taken by sips.

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* A very experienced monthly nurse remarked to a physician—I have attended upon ladies in their confinements, when treated according to the old system and according to the homœopathic system, and I am quite satisfied, that they get up better under the homœopathic than under the other. Still there is a difficulty in relation to the homœopathic, and that is the bowels. I have seen much inconvenience result from the inaction of the bowels.

Dr Hering relates in regard to this inaction of the bowels after delivery, "Nothing should be given for the constipation in childbed, even though it last a fortnight, as it is at all times a very good sign, and promotes the strength of the patient."

Many will hesitate in adopting Dr Hering's view. With some modifications, however, it is substantially correct. It is no doubt desirable that the bowels should act after confinement before the contents by detention become so indurated as to be difficult and painful to expel. The soap-lathering will be found, when used twice a-day, highly useful as an auxiliary.

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Friction to the spine.

673. A sixth means by which the action of the bowels is favoured is *friction to the spine.*

674. The friction should be down the spine from the nape of the neck to the lowest part of the back-bone. The friction should be continued for five minutes.

675. The remarks on the causes of constipation present the reason of the efficiency of friction in these cases. (See Chapter XI.)

Exercise of walking.

676. A seventh means by which the action of the bowels is favoured is the *exercise* of *walking.*

677. As the action of the diaphragm and of the abdominal muscles constitute a chief agent in the process of defæcation, it is quite certain, that a free exercise of the abdominal muscles and of the diaphragm, essential to the imparting to these parts a fullness of power, must be highly effective in aiding the establishment of regularity in the action of the bowels.

Physiology of walking.

678. Walking is one of the best means of strengthening the abdominal muscles and thereby aiding defæcation. In walking the leg is raised, first one leg then the other leg. To raise the leg it is necessary previously to elevate the hip of the side on which the motion of the leg takes place. This raising of the hip is effected by the contraction of the muscles of the belly, in which contraction, they press upon the bowels and aid the peristaltic movement.

Reading aloud.

679. Exercise of the lungs, by expanding the chest and calling the diaphragm into action, aids the action of the bowels: hence *reading aloud* is very valuable as an agent aiding in the act of defæcation.

680. Any impediment to the free action of the

abdominal muscles, of the muscles of the lungs or of the muscles of the diaphragm must be injurious—hence tight-lacing is decidedly injurious and impedimental to the action of the bowels, as such a practice impedes the action of all the parts named, and ultimately weakens the abdominal muscles, and thus lessens their expulsive power.

681. In connexion with the action of the abdominal muscles as aiding the relief from the bowels, it has been found, that friction to the bowels has a most beneficial influence in preventing constipation.

Friction a preventive of constipation.

682. Of late years an important practical application of muscular action, in connexion with the restoration to and the preservation of health, has been developed by the Swedish philosopher and poet, Ling. He has reduced the modes of application to a system, which has received the name of LINGISM. This system has of late received the name of KINESIPATHY.

Kinesipathy.

683. Some of the movements, which the practisers of this method of treating diseases have devised, have a good effect in relieving constipation. The movements most effective are connected with the placing the body so as to put forward the abdomen by bending the chest backwards and then using a kind of shampooing on the abdominal surface, following the course of the colon and the sigmoid flexure.

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684. An eighth means useful in preventing constipation is the *non-eating of suppers.*

Non-eating of suppers.

685. One efficient agent in helping to remove the state of the bowels, which tends to the production of constipation, is to give perfect rest and inaction for some time to the stomach. When a person takes a hearty supper, *i. e.*, makes a meal of that meal, the

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process of digestion is going on the greater part of the night. It thence happens, that, in the morning by the time of the breakfast meal, the stomach has not had its full repose. The stimulas to the action of the bowels which would, under a different circumstance, have originated from the taking of the morning meal, is much lessened: the action of the stomach is languid, and languid is the stimulation conveyed from the stomach to the intestinal tube.

686. The only supper, which persons, liable to constipation should take, should be a roasted apple, a few figs, or a cup of cocoa.

687. The essential point is to do nothing at night, which may prevent the eating, or take off the full effect of eating a substantial breakfast.

A substantial breakfast beneficial.

Precautions against bearing down of the gut.

688. One of the most painful and the most troublesome of diseases in connexion with the intestinal tube is the descent of the gut.

689. A *ninth* means of great benefit in connexion with the cure of this disease is *a regulation of the time*, at which the bowels can be made to act.

690. The following letter received from a very intelligent patient puts the matter in a very clear light: it shows also the futility of cutting away piles:—

L———t, Jan. 14th, 1854.

DEAR SIR.—Late in the year 1839 or early in 1840, I became subject to hæmorrhoids, or rather to *prolapsus ani*, of which I suffered much for more than a year. In the early stage of the complaint, almost any degree of excitement would bring on copious bleeding. I used, under advice, cold water with an enema every morning, and a cold ablution of the lower part of the body after the bowels had acted, and also an astringent application; but without benefit. In the mean time the application of a few leeches stopped the bleeding.

Early in 1841 I removed to London; and as I continued to suffer severely, I consulted an eminent surgeon, who advised the use of Ward's

paste, but as this was equally without effect, I submitted in the spring of that year, to the removal of the parts, consisting then of three clusters; one of which was removed with a ligature, and the two others were shortly afterwards removed with a knife. The benefit lasted for some months; but I afterwards became nearly as bad as I had been at any time, and the complaint continued more or less troublesome without anything more being done till the close of 1847, when a portion of the hemorrhoids was removed with a knife. The relief was very partial, and, in different degrees, I still suffered from this cause till I came under your treatment last year.

The first advice you gave me on this subject was on the 1st of July—"Take one globule *sepia* one day, *phosphoric acid* next day, so four times then wait a day after each, and so four times: then wait two days after *sepia*, and one day after *phosphoric acid*, and so three times." You added that if decided improvement did not result, you must see me. I begun to take the medicine on the 5th July, and continued it till the 18th August.

I did not record the symptoms *regularly* during the period of taking these medicines; but I made several memoranda. Without noting the *times* at which the bowels acted on the 6th, 7th, and 8th of July, I made a memorandum applying to the 7th, 8th, and 9th—"Suffered of piles early in the morning, but got better on rising." And again, the following note was made—"The piles were worse all the time I was taking the second course of medicine, and at the end of that time became better. Always they were better if the bowels acted only once in 36 or 48 hours.

On the 30th of August I consulted you personally, when you prescribed medicines for the glandular state of the neck, but you ordered none for the ailment now described. In regard to this, you advised me to get the bowels to act in the *evening*, so that, after such action, the body might rest in a recumbent position. To effect this, you advised me to dine about seven or eight o'clock. The bowels did not act on the day I saw you, but did so in the afternoon of the next day, (the 31st.) I did not dine so late as you advised; for, on changing my dinner hour from three to five o'clock, I soon brought the bowels into the habit you had directed; and, after the habit was formed, I again dined at my usual hour, my custom being to take only two meals a-day. On the 1st Sept. the bowels acted just before going to bed, and I suffered much of piles in the morning. On the 3rd the bowels acted about eight o'clock, and I was free from piles all night. On the 4th the bowels acted about the middle of the day, and I had freedom from piles in the night. On the 5th, 6th, and 7th, the bowels acted just before going to bed, and the piles came on in the morning. On the 8th the bowels acted about the same time, but the like effects did not follow. On the 9th, after an action of the bowels just before bed-time, the piles came on again in the morning. The experience now obtained was sufficient to suggest that I

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must obtain an action earlier in the evening. On the 10th, therefore, this action took place about three hours before going to bed, and with the desired effect. A few days further experience showed I was in the right track, and I found, as a *general* condition, that when the bowels acted from two to three hours before retiring to bed, I was free from inconvenience during the night and the following day. I did not *always* find that deviations in time led to inconvenience, for *occasionally* the action has taken place about ten o'clock, and I have not suffered. When considerable improvement was experienced, and as a motion once in twenty-four hours was usually costive, I tried the effect of going thirty-six and occasionally forty-eight hours, and I have not found that the action taking place in the early part of the day has led to inconvenience.

I wished, before submitting this statement to you, to ascertain the effect, at the present time, of the bowels acting immediately before retiring to bed. I tried the experiment last Monday, and the same symptoms followed early in the morning which I had observed in the early part of September, and it was about two days before I quite recovered from the relaxation of the parts thus induced. I should say that the relaxed portion of the bowel *always* comes down when alvine action takes place, and that I am not aware of any diminution in the quantity of the descent. The remarkable and valuable benefit I have obtained from your advice is, that, by attention to the times when the bowels act, I avoid the frequent pain and almost constant weakness of having the bowel descend at other times than when the evacuation of the bowels takes place.—I remain, dear Sir, your's very sincerely,

C. B———.

JOHN EPPS, Esq. M.D.

This patient adds in another letter:—

The descent of the gut is so far improved as seldom to occur except when the bowels act, and this whether the action takes place in the morning, middle of the day, or evening. The variations of time occur from the occasion not happening *usually* under thirty or thirty-six hours, as at a shorter interval the motion has been generally *costive*, and it has seemed better to avoid this condition by so easy means. Thus, by a simple observance of nature, you have enabled me to realize a condition of ease and comfort which has been aimed at before by other means, both medical and surgical, without effect, leaving me in a state which, before consulting you, often rendered life a painful burden.

691. These auxiliary means have been useful in other cases. It will be well to add another fact of considerable importance. In these cases the individual after the contents of the bowels are expelled feels a strong desire, (almost like the feeling of urging in

an opposite state of the bowels in dysentery), to urge again and again to expel more. To this feeling he should not give way: if there is anything to pass, let it pass, but without any effort: *i.e.*, let the sphincter ani relax itself but let not the gut be urged down.

Additional views in cases of obstinate constipation.

692. In connexion with these auxiliaries some additional views may be noticed having reference to a *tenth* means. These views will be developed in connexion with a question which has often been put, *What will you do in cases of obstinate constipation, where no medicine or even enema seems effective in relieving the bowels?*

693. Such cases are, indeed, very rare. Indeed the writer has not met with more than six cases in the course of the sixteen years that he has practised homœopathy.

The use of mechanical means rarely requisite.

694. In such cases mechanical means must be made use of to remove the accumulation in the rectum, for, in these cases, the accumulation is in the rectum, and, the gut has lost its contractile power: a collection of feculent matter takes place in the gut, which needs removal by mechanical means: just in the same manner as when, as happens in some diseased states when the bladder becomes distended, and it is impossible for the patient to expel the contents, the medical practitioner uses the mechanical agency of the catheter to draw off the water.

Case requiring mechanical aid.

695. The following case, as exhibiting the conditions under which mechanical aid was used, is deserving of record.

696. I was consulted at the latter end of April 1852, by Mrs ——, who appeared dying. She had been treated by a surgeon and by a physician. Get-

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ting worse and worse, her family sought, as a last resource, the aid of homœopathy. Her state was one of great danger. Every portion of food swallowed caused an agonizing pain in the gullet. She has a pulsating tumour below the pit of the stomach. She can lie only on the left side. I prescribed for her: she derived benefit.

697. On May 5th, 1852, I was sent for in haste to see her as her children feared she was dying. When I reached her house, she was screaming. She stated that she had suffered more pain in the anus from the want of relief from her bowels than that of four child-births. Her bowels had not been relieved for a week. An enema had been used but the instrument was unsuited. Although she suffered so much at the gut, she acknowledged that the pain at the gullet was better and the pulsating tumour was less troublesome, and the patient herself was lying on her *right* side, which she had not been able to do for a great length of time. Though in this great agony her pulse was better, *i. e.*, stronger. She would not recognize the improvement: her cry was "the bowels." All this pain (which caused herself and her family so much alarm,) I tried to make her understand to be an indication of improvement. The expulsive power of the rectum was paralyzed, and, it is likely, that, previously to the improvement of her state, the rectum was so deficient in sensation as not to recognize the accumulation in it. Now her state had improved, the rectum had recovered its *sensational* power but not as yet the *expulsive* power. I tried to illustrate it to her by the fact, that, when a paralysed limb is recovering its power, sensations of pricking, "pins and needles," are felt in the limb. This patient had for years taken large

Bowels not relieved for a week.

The rectum had recovered its sensational but not its expulsive power.

quantities of ginger for spasms in the stomach: indeed she, by this ginger and other means, had exhausted the contractile power in the muscular coats of the intestines.

Injury from the use of ginger.

698. She was an uneducated woman and so were her relatives: she wished not to wait. I therefore passed my finger into the rectum and removed a large quantity of feculent matter.*

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* In maintaining the necessity of using the mechanical agency of the finger to relieve the rectum when excessively distended with fæces, in the same manner as the catheter is used of necessity in cases where the bladder is distended by the urine, it is not maintained that the necessity in the former case ever attains the same amount of urgency as it does in the latter.

The reason why this amount of urgency cannot be attained is to be found in the facts, that the kidneys are perpetually secreting a fluid, the urine, and as the liquid tribute is continually forwarded to the bladder, a rupture of the bladder or of the uterus must take place if relief is not afforded; whereas, in the case of the intestinal canal, there is satisfactory evidence to establish, that, in case of disease, the secretions from the lining membrane of the intestines do not take place, at least, in any quantity, and, consequently, if food is not taken, the distention from accumulated contents in the rectum is not likely to be injurious.

If it is argued, that the secretions, that may be formed in the intestines when disease is present, are unhealthy in their character and consequently ought to be removed, the reply is, that this is not a reason why the contents of the intestinal tube should be

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699. Such is an instance where mechanical means may be used. Had the woman been a strong minded woman, and had she not been so exhausted by the long continuance of her disease, I should have waited longer without having recourse to this mechanical aid. Delay would have been wise, and, it is believed, effective.

700. In such a case the advocates of purgatives say "why not give purgatives?" Simply because the patient has already exhausted the contractile power of the gut, and to excite the jaded gut to action would require such a powerful irritant, that, fatal disease would, it is likely, have been developed in the intestines by the purgative agent as it traversed the intestinal tube.

Disease developed by powerful irritants.

701. The urgency to relieve the bowels in cases of severe disease is a sign of improvement, and experience establishes that it is better, in relation to the future action of the bowels, even when such urgency is pressing on the patient, to avoid, in a very great majority of cases, the use even of an enema.

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forced away. The crust, which covers an ulcerated surface, is unhealthy, but who would be so foolish because the scab and the crust are unhealthy, to attempt to tear off the crust so as to expose the sores and the ulcers they cover.

CHAPTER XVII.

Cases of Cure.

702. Dr Jeanes, in his work on the "Practice of Medicine," makes the following observations:— CHAP. XVII.

Dr. Jeanes's observations.

"The medicine which is properly adapted to remove the morbid condition of the system, is the proper remedy for the constipation or costiveness which is connected with and forms part of such morbid condition. And it frequently happens, that there occurs, within a few hours after the administration of a proper homœopathic remedy, a stool of more normal character than has appeared for a great length of time: and, afterwards, the bowels continue regularly and properly to discharge the fæces. A list, therefore, which should contain all the remedies that have proved themselves useful in removing constipation or correcting costiveness, would embrace a large proportion of the materia medica. I am unable at present to prepare a list so perfected as to be of utility, which is the less to be regretted, because the collateral symptoms will be found more positive guides to the remedy peculiarly suited to the case, though this remedy must also be adapted to remove the constipation, a fact which can be readily ascertained by a reference to our materia medica. But since constipation and costiveness are frequently the original and

CHAP. XVII. predominant symptoms, I shall mention a few of the articles which have most frequently or strongly signalised their power in the removal of these affections; at the same time advising, that it should be borne in remembrance, that however frequently these remedies may succeed under the circumstances just mentioned, or where they are suited to correct the whole disease, of which constipation and costiveness are a part, yet that they must inevitably fail, where they are not so adapted, as these affections, however troublesome, are but subordinate to the general morbid condition."

Important truths.

703. These observations express important truths, which will readily receive the sanction of readers of the preceding pages, in which the dependance of constipation on constitutional causes has been so fully detailed.

704. At the same time, it is impossible to ignore the fact, that there are diseases of the intestinal tube on which constipation and its concomitants constitute the most troublesome and the most notice-attracting phenomena, and which are these for which medical aid is sought. Add to this, there are many diseases of the rectum, which are special to it, and which originate in conditions, associated with the constipational state.

705. It will therefore be advantageous to record, in this chapter, individual cases of cure, and, in the appendix, illustrations of the special constipations belonging to special remedies will be given in full.

706. It is believed that this record of cases*

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* The names of the patients are given, also the pages in the writer's case books in which the cases are to be found, as perhaps in future years

of cure, will be highly valuable to the public and to the medical practitioner. The former will find the cases of constipation, adapted to each medicine, sufficiently clearly adumbrated by the cases given: the latter will discover the beautiful illustration which these cases afford of the homœopathic law, "Similia similibus curantur," and will thus be strengthened in his faithful adherence to the law. CHAP. XVII.

707. The first group of cases will embrace constipation generally: a second group will present cases of descent of gut: a third group will present cases of the successful treatment of piles; and the fourth group will embrace some cases of fistula and other diseases of the rectum.

Group first.—CASES OF CONSTIPATION GENERALLY. Group first.

(1) *Constipation attended with palpitation and night sweats.*

Patrick Kennedy, (p. 977, case book 1850,) aged 36, married, consulted me Sept. 23, 1850.

He complains of palpitation of the heart, of a sensation of tightness at the chest, of confined bowels, and of sweats at night.

Kali carbonicum, 4/12 to be taken during the week. Kali carbonicum.

Sept. 30, 1850.—The palpitation is slightly lessened: the bowels are less confined: he still sweats at night.

Kali carbonicum, 4/12 in less doses.

Oct. 14.—The palpitation is better: the bowels act regular: the sweats have ceased.

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it may be interesting to refer to these cases. The cases to which names are appended are *public* patients, *i. e.*, those who have received gratuitous advice. The names of *private* patients have not been given.

CHAP. XVI. (2) *Constipation with pain at heart, palpitation & nightsweats.*

Margaret Marshall, (p. 1185, case book 1850,) aged 44, married, the mother of two children.

She is troubled with a red scurfy rash on the leg, which itches much at night: she has pain at her heart and palpitation: the food lies heavy at the chest, the uneasiness extending to between her shoulders: one chief trouble is the constipation of the bowels, which is constant, and the actions from their largeness and hardness cause pain: the patient sweats both by night and by day: her legs swell.

Kali carbonicum. *Kali carbonicum* was administered, 4/12 the first week, 4/30 the next week, and 3/12 the third week.

When she consulted me on Sept. 24, about a month after the first consultation, the improvement of her health was manifested in the following particulars; the itching has not troubled her: the pain at, and the palpitation of, the heart are lessened: the tongue is cleaner: the food lies lighter: the bowels have acted very much better, and do not pain her. She was delighted at the improvement in the state of her bowels.

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(3) *Constipation with affection of the heart.*

John Kent, (p. 959, case book 1850,) aged 40, married. This patient was under treatment for a pain at the pit of the stomach attended with a peculiar sensation at the same place, which sensation when it comes on, affects him with fright, followed by shiverings: he has pain under the ribs at the right side.

Bryonia. While under treatment his bowels became very confined, which *bryonia* did not relieve. On Sept. 14 the pain was very severe, he having shooting pains in his side: he sleeps badly: wakes up with fright: has palpitation of the heart.

Lachesis 4/12, to be taken in the course of the week. The palpitation became better: the shooting pains lessened and the bowels acted regularly. CHAP. XVII. Lachesis.

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(4) *Constipation attended with sciatica.*

Mary Phair, (p. 1316, case book 1850,) aged 52, married, the mother of fourteen children.

She consulted me in September for sciatica: the pain extends from the hip to the foot, and the pain is always increased when the action of the bowels takes place: the smarting pain, present when the bowels act, is like as if she was suddenly electrified.

The actions of the bowels are large and costive: the water is pale and in large quantities: she has pain across the loins.

Lycopodium 8/12, in the course of four days. Lycopodium.

Sept. 24.—The bowels now act pretty well: the water is in less quantities and of a natural colour.

Lycopodium was continued, in less doses.

Oct. 2.—The bowels have recovered their proper activity.

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(5) *Constipation attended with a modification of the urine.*

John Lee, (p. 1085, case book 1847.) In this case the bowels were confined, and the urine did not pass with freedom. *Lycopodium* effected a cure. Lycopodium.

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(6) Mary Pond, (p. 220, case book 1848.) In this case the constipation of the bowels was attended with thickness of the urine. *Lycopodium* ij./12, one-sixth of a globule every six hours effected a cure. July 1. Lycopodium.

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(7) Ann Finch, (p. 697, case book ——.) In this case the bowels were confined: the skin was dry:

CHAP. XVI. the belly was swelled and half a gallon of water was passed. *Lycopodium* 4/12, was prescribed on Jan. 16.

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(8) *Constipation with extremely small fæcal portions.*

Sarah Sidnell, (p. 1674, case book 1850,) aged 60, mother of twelve children, now a widow.

Between two or three years since a fire occurred in the house in which she lodged, and she had to stand for nearly two hours in nothing but her night dress, without shoes or stockings, on the stones: she caught a severe cold and has never been well since: she has been under the care of many doctors at the dispensaries: she has been an out-patient at the London hospital (she lives at the east end of London); but, as she says, "*they will not hear me*,"* and have done me no good.

She has been affected for years with a sensation as of something across the belly: for the last few months she has been unable to pass the stools: the actions, when they do occur, are like little peas: she feels a want to relieve but has no passage: her appetite is good, but she dares not eat animal food: she has a burning at the place where she feels the sensation in her belly, this burning extending to the back: it is agonizing like as if the flesh was being scorched with iron bars. *Sepia* was prescribed.

Sepia.

Dec. 9.—The peculiar sensation in the belly is lessened: the burning is almost gone: *she had been in bed for weeks before she consulted me last week.*

Ordered *sepia.*

Dec. 20.—The patient still feels the want to re-

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* Query, does not this explain the immense number of patients these hospital physicians profess to see in a day? They do not hear them.

lieve the bowels but without effect: the water is scanty: after food she feels agonizing pain over the belly: she has a severe pain at the right hip. CHAP. XVII.

Ordered *colocynth*, one globule every four hours. Colocynth.

Dec. 27.—Her bowels have acted once a-day, the excessive difficulty attendant on obtaining an action has much lessened: the actions themselves are still in the form of small lumps: the agonizing pain is still felt after food: she has had headache through the head. Ordered *nux vomica*, 4/12. Nux vomica.

Jan. 4, 1851.—The bowels are now regular, acting once a-day: "*she has not been for years like this:*" her food causes her less agony: she says "I am a new creature:" the burning has occurred once but has lasted much less long: she states that "for years I could not lie on the left side, now I can lie for an hour together. Ordered *nux vomica*, 4/30. Nux vomica.

Nux in this case completed the cure, but *sepia* gave the curative direction. At a period, subsequent to this, she had constipation and *sepia* made the bowels act daily; eight globules were taken in a fortnight and relief was obtained.

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(9) *Constipation with descent of gut (prolapsus) in a child.*

Mr Cumming stated, Jan. 26, 1853, that his child, for whom I prescribed about a month since, who had been troubled almost from birth with the gut coming down after each action of the bowels, is now nearly well.

I had ordered the child *sepia;* and the gut which came down, as stated, now came down only once in twelve days. Sepia.

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(10) *Constipation with ineffectual desire to relieve.*

James Greave, (p. 704, case book 1846.) This

CHAP. XVII. patient has, March 30, 1846, been troubled with constipation for some time: he has a feeling of wanting to relieve the bowels, but the effort is attended with no effect, his bowels being confined.

Sepia. He was ordered half a globule of *sepia* every eight hours till he had taken four globules. His bowels were rendered regular in their action.

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(11) *Constipation with action once a week.*

Elizabeth Harrison, (p. 1806, case book 1851.) This patient came under treatment in December 1851. She had previously been under the care of two physicians; one declared she was consumptive, the other that she was asthmatic: her age is 26, she is married, and has two children. She complains of a severe cough, particularly troublesome, when she goes into the cold: food lies heavy at her chest, and she vomits her food invariably: she has pain between her shoulders: she is low spirited and cries: *her bowels are always confined*, and, when they act, pain is caused: they would not act oftener than *once a week or a fortnight* unless she took opening medicine: she nevertheless frequently has the want to relieve the bowels, but without effect: her water escapes from her when she coughs. Dolorem habet in coitu. The nails of this patient decay.

Sepia and Causticum. Ordered *sepia* and *causticum* on alternate days.

Dec. 23.—The cough is better: the food lies easier: she has not vomited since she took the medicine: the pain between the shoulders has lessened, but having desisted a few days at the conclusion of her medicine, the pain has not been so well: her bowels act very much better, indeed they act every day and no blood, as was the case, is caused by the action: the water

escapes less. Dolor in coitu diminuitur. The nails have not shown any increase of the tendency to decay. CHAP. XVII.

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(12) *Constipation with neuralgia of head and face.*

Harriet Cole, (p. 286, case book 1847.) This patient complained of severe face ache and head ache attended with confined bowels, having a want to relieve the bowels, the want not being attended with any relief: this was on June 8, 1847.

Sepia 4/12, half a globule every eight hours, removed the head ache, the face ache and the confinement of bowels. Sepia.

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(13) *Constipation with cracks (rhagades) of the lips.*

David Ainsworth, (p. 62, case book 1843.) This patient suffered from constipated bowels, attended with cracked lips and foot sweat: he consulted me on Sept. 12, 1843. *Sepia* produced the most beneficial effects. Sepia.

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(14) *Constipation with darting pain in the gut.*

Sarah Vigors, (p. 1711, case book 1847.) This patient suffered from constipated bowels attended with a darting pain in the gut, Sept. 2. *Sepia* 7/12, taken in sixteen days, effected a cure. Sepia.

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(15) *Constipation with forcing at front and back passages.*

Sarah Abraham, (p. 67, case book ——.) This patient has confined bowels, experiences a want to relieve the bowels but attended with no effect: she has in addition a forcing pain at the back and at the front passages. *Sepia* effected a cure. Sepia.

CHAP. XVII. (16) *Constipation with inflamed eyes and blood with action of the bowels.*

Mary Keast, (page 1117, case book 1844,) aged 25, married. She is suckling and has suckled for eleven months: her eyelids have been weak since her child was born, being inflamed with angry reddish yellow margins, having pricking pains in them, water comes into the eyes and prevents her seeing, especially at the candle light: her eyelids feel to her to draw down: she has been under homœopathic treatment for eight or nine months: she consulted me on Feb. 20. Her bowels are confined, acting only once in three or four days: the stools are large and cause blood: her skin is dry. Ordered *graphites.*

Graphites.

Feb. 29.—She has now weaned the baby, and she has had lumps and darting pains in the breast since that time: her symptoms are better. Ordered *graphites.* Her sight became better: the bowels became regular, acting every day: the blood ceased.

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(17) *Constipation habitual with head affection, cured.*

Wm Sanson, (p. 1556, case book 1843,) aged 22. He had stoppage of his bowels seven years since: he consulted me April 1, 1843: he is obliged to take medicine twice a-week: he has taken English's pills: he has an uneasy sensation at the top of his head: he has also a sensation of heat at the bladebone.

Nux.

Nux was ordered.

April 8.—His bowels have acted four days out of the seven: the sensation on the head and in the shoulder are lessened. He continued *nux;* but being foolishly persuaded that "the medicine had been searching him," he fell back on his English's pills, and he became worse. Ordered *nux* to be followed

by *sulphur*, and if the bowels did not act in four or five days to take three globules of *opium*. He took *opium* twice, and under the influence of *nux* and *sulphur* his bowels and his health much improved. He found that *sulphur* seemed to confine his bowels. Nux and sulphur.

He states that he has now attained, what he had so long sought in vain, regularity of the bowels.

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(18) *Habitual constipation in a case of ovarian dropsy.*

Rebecca Watts, (p. 2002, case book 1843,) aged 27, married, the mother of three children. She consulted me August 8, 1843. She has an ovarian tumour at the left side: it came after confinement. Dr Roots discovered the existence of the tumour. In April she had the swelling tapped, and had eleven pints of fluid drawn from it: she is getting large again: she has constant pain down the left groin: she has pain in her back down her left side: her bowels are confined: her monthly period has not appeared for the last two months: she has taken mercury, iodine and elixir of vitriol under the old system. Ordered *nux vomica*. Nux vomica.

She repeated the *nux vomica* and her bowels became quite regular, which was to her great astonishment, for she states she has never had the bowels to act regularly without the aid of strong medicine.

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(19) *Constipation with the necessity to remain long at the closet.*

James Moring, (p. 868, case book 1843,) aged 39, married, consulted me when his state of health was almost broken up. He had had an attack of pleurisy three years since, with which, under old system treatment, he was laid up for five months: he complains of pain through the left side to the shoulder: food causes a sense of weight and pain: his throat is

CHAP. XVII. affected with soreness if he is exposed to the least damp air: he has pain in his back: his skin is dry: he has great difficulty in passing a stool: he has to
Graphites. sit a long while when at stool. He was ordered *graphites* on April 8, and on April 16, he was not obliged to sit so long when at stool: his bowels are more regular: he repeated the *graphites* with benefit.

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(20) *Habitual constipation, not acting for nine days, cured.*

John Twigg, (p. 1502, case book 1849,) aged 46, married. He suffers from an eruption on the skin which itches much at night: he has had this eruption ever since he can remember: he is very thirsty: the throat is parched: he has been a patient at several hospitals and has been under the care of others: his bowels are habitually confined, and he now, July 24, has had no action for eight days: his skin is dry.
Graphites. Ordered *graphites*.

March 1.—His bowels acted the day after he came, and have remained again inactive eight days: there is an inclination to relieve them but there is no effect:
Sepia. he feels chilly on his shoulder. Ordered *sepia*.

March 6.—His bowels now act nicely.

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(21) *Constipation in a lady aged* 71, *of years duration, wholly cured.*

As the records of this case could not be found, application was made to the son of the lady. In reply he thus writes:—

"The prominent and impressive facts are simply. In A. D. 1840, A. B., being then in her 71st year, and having of long time had compulsory recourse to various appliances for regulating the bowels, which seldom or never acted naturally, was induced by some

cracked brain of her family to give homœopathy a chance of killing her: that she put herself in the hands of Dr E., and very shortly came out of the ordeal sound and hearty, her ailments put to flight, and, at least, *ten years rubbed off* the score of her pilgrimages: that she is now in her 85th year and has excellent health: appetite, digestion and consequent functions all that can be desired: memory excellent, indeed extraordinary, faculties bright, and, above all, a well grounded hope for futurity, (we mustn't claim this last feature for the globules, although their influence has doubtless greatly contributed to the *enjoyment* of the blessing). CHAP. XVII.

"Now I'm afraid you can't find much practicable matter in this scrawl, but you will, I know, rejoice that the *latter* facts are as I have stated them."

Such was the reply, and, its peculiarity is so interesting that its record as given was deemed the most satisfactory mode of presenting the cure of a person, thus advanced in years.

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(22) *Constipation of four years.*

Mr T., aged 23, single. He has been troubled with constipation since 1849: he consulted me in December 1853: he is of an active temperament: his bowels are confined: his appetite is good: he passes his water with ease but the water is often thick when it is cold: sometimes he has large quantities of water and then it is pale: he feels a heaviness in connexion with the confined bowels: his hands and feet are cold. Ordered *lycopodium.*

Lycopodium.

This patient consulted me again in December, at the latter end of the month; and he was, because he had experienced a numbness of the hands in the

CHAP. XVII. Causticum.

morning for the last two days, ordered to take *causticum*. He improved under the homœopathic treatment, and on the 13th of May, 1854, the following was received from him:—

"My dear Dr Epps,—It is with the greatest pleasure as well as the deepest thankfulness that I write to tell you of the great improvement which has taken place in my health. During the vacation from one cause and another I was a little deranged in the bowels, but always succeeded by alternating *nux* with *lycopodium* or *sepia* to keep them regular. Since I have returned I am thankful to say medicine has become no longer necessary, and at the present time I am better than I have been for the last five years, in short since the summer of 1849. For four years I have taken castor oil, pills and electuary without permanent relief, and now under your skilful treatment, accompanied by the Divine blessing, I am quite well. Believe me most sincerely yours, C. T."

Nux with lycopodium or sepia.

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(23) Mr Thomas P. F., August 30, 1850. "Having taken the first series of medicines and waited two days, I may honestly state that I am better, the pains in my head are less violent, my spirits have improved, and I am *better off* than I have been for years as to the state of my bowels."—Extract from a letter.

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(24) Mrs J. M., Oct. 25, 1850. This patient took *sulphur* 4/12 one week, *sepia* 4/12 the next week, *sulphur* 4/30 the third week, *sepia* 4/30 the fourth week. She states in a letter, "I am happy to state that my bowels are more regular under your treatment than they have been for some years, for which I am thankful to you."

Sulphur. and sepia

(25) Sophia Copley, (p. 261, case book —) states that her bowels have been more regular since taking homœopathic medicine than ever they were in her life before.

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(26) Daniel Allen, (p. 31, case book 1845,) states, July 12, that he now has a natural stool which he has not had for three years.

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(27) Peter Mitchell, (p. 1095, case book 1851,) who is under treatment for an affection of the eyes states, Sept. 6 1853, that his bowels act better than he could remember they had ever acted before: he now can eat white bread, formerly he could, on account of his bowels, never eat any bread except brown.

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(28) *Constipation in mother and in child.*

Martha Jolliffe, (p. 920, case book 1847,) aged 29, married: her bowels are habitually confined: the stools are large: great pain is caused in their passage, causing pain the whole of the day succeeding the action: blood attends the passing of the stool.

Ordered *graphites.* Graphites.

May 4.—The bowels act better: the pain in the action of the bowels is very much better: she has heats all over her attended with faintings.

Graphites was again prescribed and her bowels became regular. Graphites.

Charles Jolliffe, (p. 920, case book 1847,) aged 8 months. This child has, since his fifth week, had a whistling wheezing, with a burning heat in the skin which is dry: his bowels are confined. Ordered *hepar sulphuris.* Hepar sulphuris.

April 14.—The whistling is better: the wheezing

CHAP. XVII. is better: the burning heat is better: the bowels act
Hepar sulphuris. better. Ordered *hepar sulphuris.*

May 4.—The whistling is still very much less: the wheezing is better: he has had a return of the heat at night: his bowels have not acted for three days
Graphites. till last night. Ordered *graphites.*

May 28.—His bowels acted well till the medicine was finished: he has a fresh cold. *Hepar sulphuris* cured him.

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(29) *Constipation with gastric affection.*

Charles Tonge, (p. 1643, case book 1844,) aged 24, married, came under treatment July 13, 1844. He has been under medical treatment for a great length of time: he was under a medical practitioner for two years for a pain in his loins: he has latterly taken every day for eight weeks four pills a day together with mixtures. July 13, 1844, he complained of sickness of a morning with headache across the forehead: the eyes ache: he has, when still, a pain at the right side: he has a pain under the right shoulder: he feels heavy and sleepy: his appetite is good but his food lies heavy: he has a sinking at the pit of the stomach: his bowels are confined but cause no pain in the action: his water is thick and he has had pain in his loins for two years: he has a cold sweat on his chest: his spirits are low and the morning is the time of the day at which he is worst.

Nux. *Nux* was prescribed: his morning sickness is better: the sinking at the stomach is better: the bowels act better: his water is clear. Ordered *nux.*

July 27.—He improved except in his spirits and the sweat which affected all parts, particularly his
Calcarea. head. *Calcarea* was prescribed in alternation, day by

day, with *nux*, and, on August 10, he was better in his spirits as well as in all other respects, except that his bowels were confined and his water was high-coloured, for which *lycopodium* took the place of *calcarea* in alternation with *nux*. CHAP. XVII. Lycopodium.

August 20.—He was better in every respect: the eyes no longer ached: his water is clear. Ordered *nux* and *lycopodium*, waiting a day after each medicine. On Sept. 10 his bowels had become regular, but a little irritability of bladder manifested itself in a frequent want to pass water and passing only a little at a time. *Cantharis* was prescribed, but, as on Sept. 12, the mouth was disagreeable and twitching pains were felt in his shoulder, *pulsatilla* was prescribed, and on Oct. 12 the patient called to return thanks, and mentioned to the servant "what a wonderful cure had been made of him." Cantharis. Pulsatilla.

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(30) *Constipation with rheumatic affection and discharge from the eye.*

Samuel Skinner, (p. 1843, case book 1843,) aged 76, consulted me December 19. He has had rheumatics affecting the knees and the hips in the morning and in the evening for the last two or three years: he walks only by the aid of two sticks: the pains are shooting: he has a swimming and a giddiness in the head: he has a watery discharge from the left eye: he formerly had a discharge from under the orbit: his bowels are confined. Ordered *nux* 4/12. Dec. 26, the rheumatic pains are lessened: the bowels act every day. Ordered *nux*, 4/12 to be taken in ten days. Nux.

Jan. 19, 1844.—He is better: the giddiness, which occurred at least every other day, recurs now only every fourth day. To continue *nux*.

CHAP. XVII. Jan. 26.—He is better in himself, but feels his thighs so tender that he can hardly bear the clothes to touch them: he uses but one stick. Ordered *nux* because his pains are worse on motion.

April 16.—He states that his bowels are regular as a child's. *Nux* repeated in smaller doses restored him.

Nux.

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(31) *Constipation connected with scarlet fever.*

The following case of scarlet fever is given, not because it was one of any great severity, though it had difficulties in the peculiar cachectic state of the child; but, as illustrating the action of *kali carbonicum* in curing constipation.

Kali carbonicum.

Julia Baker, (p. 110, case book 1848,) aged 12, was seized on Saturday night with

Symptom 1. Sickness. Symptom 2. Her head became violently affected on Sunday. Symptom 3. The fever became high. Symptom 4. The throat sore and swollen, as if she had two lumps pressing together and stopping up the throat. Symptom 4*a*. Though in so high a fever she feels cold. Symptom 5. Vomits. Symptom 6. Has thirst. Symptom 7. Her breath is offensive. Symptom 8. Her bowels are *relaxed*. This last symptom with Symptom 6, decided to choose *arsenicum* instead of *aconite*.

Arsenicum and belladonna.

Ordered *arsenicum* and *belladonna*, a globule, alternately, at six hours interval.

August 11.—No. 1. Sickness better. No. 2. The eruption better, but now her skin has broken out into little bladdery eruptions. No. 3. The fever is lessened. No. 4. The throat is sore but less swollen. No. 7. Breath feverish. No. 8. Her bowels are now *rather confined*.

The bladdery eruption indicated *rhus*, and *rhus* was given in alternation with *belladonna*. Rhus and belladonna.

August 15.—Her sickness, throat, and mouth are better. Her tongue is furred and the breath is still feverish. No. 8. The bowels act only once in three days.

Symptom 9, She sweats very much at night.

Symptom 10. She has a severe pain extending from the hip joint down the thighs.

It will be seen here, as in the previous case, that the patient gets better although the bowels become more confined.

The confined bowels, the sweats at night, the pain down the thighs, indicated *kali carbonicum*, which was given, four globules, to be taken in the course of six days, and she became perfectly well. Kali carbonicum.

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(32) *Constipation and deafness of both ears cured.*

Eliza Sykes, (p. 1432, case book 1848,) consulted me November 22, for

Symptom 1. Deafness in both ears. Symptom 2. She has a buzzing noise. Symptom 3. Her bowels are confined.

Ordered *graphites*, four globules. Graphites.

Nov. 29.—No. 1. Deafness a little better. No. 2. The buzzing noise still. No. 3. The bowels act better. Ordered *graphites*, four globules, to be taken in the course of ten days.

Dec. 9.—No. 1. Deafness still better. No. 2. The buzzing noise gone. No. 3. The bowels act better.

Ordered *graphites*, half a globule every other day.

Dec. 27.—No. 1. The deafness has ceased: the buzzing noise also. The bowels are regular.

CHAP. XVII. (33) *Constipation, amenorrhœa, and leucorrhœa cured.*

Sarah White, (p. 1727, case book 1848,) aged 30, married, but never pregnant, consulted me Dec. 12, 1848, has had, Symptom 1. The monthly period suspended for three months. In addition hereto she complained of Symptom 2. Bearing down at bottom of belly. Symptom 3. Bearing down also in passage to the womb. Symptom 4. Very severe pain in back. Symptom 5. Profuse leucorrhœa, attended with Symptom 6. Great irritation. Symptom 7. Attended with hysterical excitation. Her bowels act regularly, her food lies easy, and her water passes with freedom; in fact, her digestive system is healthy.

Ordered *cuprum*, four globules.

Cuprum. Dec. 19.—No. 1. The monthly period has come on. No. 2. The bearing down is much better. No. 3. The pressure in the passage is better. No. 4. The back is much better. No. 5. The white discharge is much lessened. No. 6. The irritation is much lessened; and No. 7. The hysterical excitation is much lessened. The bowels *have become confined;* a fact, in direct opposition to the common idea, which makes it essential, in order to induce the monthly period, to excite powerfully the bowels by purging. The skin was dry.

Graphites. *Graphites* was ordered for the bowels, and with the desired effect.

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(34) *Constipation and colic.*

Thomas Love, a painter by trade, (page 1012, case book 1848,) consulted me at the beginning of October 1848, for the following symptoms:—

Symptom 1. His bowels are confined, not having acted since the previous Saturday. Symptom 2. He

has severe pain at bottom of back. Symptom 3. He has headache all over the back of head. Symptom 4. What he eats appears to lie heavy at the bottom of belly. Symptom 5. He has profuse perspiration which is very hot. Ordered *opium*, one globule, in alternation with a globule of *kali carbonicum*. Opium and kali carbonicum.

Oct. 6.—The symptoms are much the same; but the pain, which is intolerable, extends across the belly. No. 5. The perspirations are less. Ordered *cocculus*, a globule every eight hours.

Oct. 9.—No. 1. His bowels are now quite free. No. 2. The pain is much better. No. 4. His food lies much easier: he says he has been laughed at for taking his cold water, *i. e.* the medicine; but, as he says, he can now laugh in turn, for the relief afforded to his pain is so great. Ordered *cocculus*, in less doses. Cocculus.

Oct. 14.—No. 1. His bowels act every day. No 2. The pain at back is felt only when he works very hard. No. 3. His headache is much better. Symptom 6. He has been restless and dreamed the last two nights. Ordered *belladonna*, four globules. Belladonna.

He was cured.

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(35) *Constipation with colic.*

Elizabeth Pound, (page 1299, case book 1847,) aged 36, single. This patient (Nov. 22,) has a violent pain in her back, which, like a stitch, goes round all the bowels: the pain is so severe, that, while it is on, she cannot move her hand to her head: she received a fright from a cab, which run against her striking her on the breast: her bowels are confined. *Opium* was prescribed. The pain ceased in the bowels and the bowels became regular. *Arnica*, taken inter- Opium. Aconite.

CHAP. XVII. nally and applied externally, removed the effects of the injury to her breast.

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(36) *Constipation with bearing down of the womb.*

Sarah Pidgeon, (page 1290, case book 1847,) aged 48, married, the mother of eight children. She has had two miscarriages. This patient suffers from pain at the left side of her belly: she has palpitation of heart on exertion: she has pain at chest extending to between the shoulders: some kinds of food lie heavy: her appetite is deficient: her bowels act only once in two days: the actions are hard and cause pain: she has a bearing down of the womb: her eyes are weak, and she cannot open her eyes from a sense of weight pressing upon them: one finger seems to have no power in it. Ordered *sepia.*

Sepia. The effect of the *sepia* was to create a daily action of the bowels.

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(37) *Constipation with discharge of blood and matter from the bowels with eruption on the skin.*

E. Plant, (p. 1357, case book 1844,) aged 22, single. This patient consulted me on Feb. 13. She has had pain in the back across the loins for a month, bad especially when sitting long and rising after sitting, attended with a discharge of blood and of matter from the bowels: her bowels are much confined: her skin is dry: she has an eruption on the skin, particularly about the shoulders, and also on the forehead: on the forehead the eruption presents the appearance as if an egg had been smeared on the forehead and having become dirty, dried: the eruption itches and smarts after washing: the skin has a general roughness: she has a pain at the chest: her

monthly period is regular: she has headache at the forehead. Ordered *graphites* 4/12. Graphites.

On Feb. 20, the patient was better. Ordered to continue the *graphites*.

On Feb. 27, the patient was still better: the eruption was better: sweating less and the skin was becoming moister; but as the blood continued to pass from the bowels and the bowels are still confined, *graphites* was ordered to be taken one day and *sulphur* the next, until she had taken four globules of each. Under the use of these remedies the blood and the matter lessened: by a repetition of the *graphites* and of the *sulphur*, waiting a day after each medicine, Sulphur. the eruption became much better, and the bowels acted less confined.

She had subsequently taken *nux* in alternation with *sulphur* and became well.

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(38) *Constipation with incipient phthisis.*

John R. W., (p. 1804, case book 1852,) aged 14, has been delicate from childhood: he is pale: has an anxious countenance, and that peculiar brightness of eye so characteristic in phthisical patients: he has a severe cough, which hurts him at the right side of chest: he expectorates a black phlegm: he sweats at night: his appetite is not good: his bowels are confined: his water passes with ease. Ordered *kali carbonicum*. Kali carbonicum.

Oct. 20.—The cough still hurts him at the top of his lung: he sweats less at night: the phlegm is now yellow: his appetite has improved: he is still very confined. Ordered *kali carbonicum*.

Oct. 27.—The cough no longer causes pain: the sweats have lessened: the phlegm is whitish: the

CHAP. XVII. bowels act every other day. Ordered *kali carbonicum.*

Kali carbonicum.

Nov. 5.—The cough is gone: the bowels act more confined: he sweats still at night. Ordered *kali carbonicum* in less doses. He became well.

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(39) *Constipation and phthisis threatening.*

William Crick, aged 55, married, (page 363, case book 1848,) has been asthmatic for eight years: he began to show phthisical symptoms in December 1848, and in July 1849, he was troubled with great tightness at chest, with difficulty of breathing, particularly after breakfast: with pain at chest: with cough attended with expectoration: he describes his cough as a thick cough: night sweats: he presents the phthisical features: his bowels were confined. Ordered *kali carbonicum*, iv/12. This was on July 12.

Kali carbonicum.

July 18.—His chest pain and tightness were better: his breathing was better: his cough is bad, and the expectoration is white: he sweats less: his bowels act better. Ordered *kali carbonicum*, iv/12.

July 24.—His chest is better: his breathing is better: the thick cough is better: his bowels are better. Ordered *kali carbonicum.*

Aug. 9.—The pain and the tightness of the chest are much better: the breathing still improves: the cough is better: he expectorates sputa of a slate colour, but it is of a better kind. Ordered *kali carbonicum.*

Aug. 19.—The chest pain and tightness are almost well: he has no cough: his expectoration is now phlegm: his bowels have acted once a-day. Ordered *kali carbonicum*, half a globule every third day.

This case shows one form of chest affection to which

kali carbonicum is suited, and shows how, at the same time, it renders the bowels regular.

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(40) *Constipation and phthisis threatening.*

William Shinn, (p. 1682, case book 1845,) aged 41, married. This patient is troubled with tightness across his chest: it hurts him to take a full breath: he has had for two months a dreadful pain at the front part of the arm: rest makes this pain worse: the pain affects him in his head on one side: he sweats at night: his bowels are confined. This was on July 12. Ordered *kali carbonicum.* Kali carbonicum.

July 14.—The tightness at the chest is much lessened: the pain at one side is still felt: his bowels are still confined, and he sweats at night. Ordered *kali carbonicum.*

July 19.—The appetite is better: the pain has shifted from the arm to the shoulder: he still sweats at night. Ordered *kali carbonicum.*

July 21.—His bowels are now regular.

Arnica restored him to health, subduing his sweats and his other symptoms.

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(41) *Constipation with bleeding at nose, (epistaxis,) with a cachectic habit of body.*

Ann Painter, (p. 137, case book 1844,) single, aged 26, consulted me April 2, 1844.

She has in the spring, twice a-week, bleeding at the nose, at the right nostril, of black blood. The loss of blood has caused great weakness: bowels confined: water thick and difficult to retain: white discharge profuse: her flesh heals badly. Ordered *graphites.* Graphites.

April 10.—Nose bled twice on Wednesday, and twice on Thursday, the blood this time was pale:

CHAP. XVII. white discharge lessened: water is held better: bowels are less confined: her nails are white. Ordered *tr. acris*, a drop of the third dilution.

April 27.—Nose bled three times on Wednesday: the blood is brown: the bowels are *very confined:* the actions hurt to pass, and are large: water is held better. Ordered *graphites*, four globules.

Graphites.

March 4.—No blood: bowels regular: water clear: white discharge less: appetite better: she is much better altogether. Ordered *graphites*, in less doses.

March 13.—Not bled now for three weeks: bowels again rather confined: nails white. Ordered *graphites* and *sulphur* in alternation, more particularly for the return of the confined bowels.

Graphites and sulphur.

June 11.—Not bled for two months: bowels still rather confined: nails white. Ordered *graphites* and *lycopodium* in alternation.

Graphites and lycopodium.

The cure was effected.

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(42) *Constipation with wound, attended with a cachectic state.*

Richard Lamborn, (p. 982, case book 1849,) aged 32. He has a wound on his head which was caused three months since by a scald; the wound scabs over, the scab comes off and forms again: his bowels are confined: he sweats all over at night. Ordered *kali carbonicum.*

Kali carbonicum.

March 20, 1849.—The wound still continues and the bowels are still confined, but the sweats are better: the tongue is much coated. Ordered *bryonia* for the coated tongue, then *kali carbonicum.*

Bryonia.

April 3.—The wound is a great deal better: the bowels are less confined: the tongue is cleaner. Ordered *kali carbonicum.*

April 20.—The wound is almost well: the bowels are regular. Ordered *kali carbonicum* in less doses. CHAP. XVII. Kali carbonicum.

May 8.—The patient is well.

The patient did not take more than twelve globules in the whole time: the bowels, which were irregular, became quite regular.

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(43) *Confined bowels with swelling (scrofulous) on thigh, and night sweats.*

Augustus Clark, (p. 441, case book 1847,) aged 22. He looks cachectic: he has a swelling on his left thigh which came a month ago: it has gradually enlarged: his tongue is furred: his bowels are confined, and have been so a fortnight: his water is thick, it deposits a reddish sediment: he perspires at night all over, which he has done for some weeks. Ordered *kali carbonicum.*

Kali carbonicum.

His health is much better: his bowels are regular: the perspiration is gone: he has a violent itching all over the boby.

The abscess subsequently broke.

This case is interesting as showing the power of *kali carbonicum* in the sweats connected with the formation of abscesses, and also in confined bowels as connected with this state. It may be said that the abscess having nearly come to its maturity was the cause why the night sweats ceased, and the bowels became regular. This does not seem to have been the case, for the abscess did not discharge till some time after, and when it did discharge, blood was the principal matter.

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(44) *Constipation with suicidal feeling cured.*

Joseph Elliott, (p. 637, case book 1850,) aged 71,

CHAP. XVII. married, consulted me June 28, 1850. He has been ill upwards of two months, and is troubled with (Symptom 1,) great lowness of spirits in the morning when he awakes, attended with a desire to destroy himself. He has

Symptom 2. A sour taste in the mouth. Symptom 3. Clammy cold perspirations. Ordered *veratrum*, four globules of the twelfth dilution to be taken in the course of the week.

Veratrum.

July 5.—His mental state is a little better. No. 2. The sour taste is better. No. 3. The perspirations are better. Ordered *veratrum*, four globules of the thirtieth dilution.

July 12.—His bowels are confined: he wakes with the cold clammy perspirations, but principally on *his thighs*. Ordered *calcarea*, four globules in the course of a week.

Calcarea.

July 19.—No. 1. The desire to destroy himself is decidedly better, indeed almost gone. No. 2. The sourness in mouth has ceased. The sweats on the thighs are lessened: his bowels are confined: he feels the want to relieve, but it is attended with no effect. Ordered *sepia*, four globules of the twelfth dilution.

Sepia.

July 26.—The desire to destroy is still lessening: the sweats on thighs still diminish: bowels are now regular. Ordered *sepia*, four globules of the thirtieth dilution.

August 2.—The destroying feeling is much better: the acid in mouth has ceased: the cold sweats on the thigh have lessened. Ordered *sepia*, three globules of the twelfth dilution. The patient was cured.

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(45) *Constipation and peculiar cerebral symptoms.*

Maria Cox, (p. 356, case book 1845,) aged 19. She

has swimming in her head: things appear to go round: her bowels are confined: she sweats over her chest: she has when she lies down in bed a sensation come over her as if she were too large for the bed: this sensation she has been troubled with some time. She had been under the care of the late Dr Callmann for two years. Her countenance is very oppressed. CHAP. XVII.

Ordered *kali carbonicum*. Kali carbonicum.

This was on July 28, 1845. On August 7, 1845, her countenance appeared much brighter: the swimming in the head is much better: the objects do not appear to go round: the appetite, which was bad, is much better: the feeling of largeness has ceased.

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(46) *Constipation with uterine symptoms and shaking of the leg.*

This patient had continual shaking of the leg and thigh so that she could not keep them still: she had great weakness in the back: her bowels are confined: she had pain in the womb shooting into the passage: she has pain in her back when she is excited: she has pain in the left side. She was ordered *crocus* one globule one day, and *natrum muriaticum* the next day. Crocus and natrum muriaticum.

A few weeks after she consulted me again, and the back weakness was better, but is felt most in sitting: her bowels are regular: the shooting pains in her womb are much better: her feet are cold: *the leg is steady:* the pain in the side is relieved by lying.

The young lady had taken many medicines for the womb and leg shaking, but no permanent relief was gained till she took these medicines.

CHAP. XVII.

Group second.—Cases of Descent of Gut.

(47) *Prolapsus after operation cured.*

Amelia Perkins, (page 1379, case book 1849,) aged 43, married, but never pregnant. She had, when first affected, an abscess at the rectum: this affected her for twelve months: she was operated upon at the infirmary, in Charterhouse Square, about two years since: she consulted me Dec. 28, 1849: she states that her state at the time of the operation was exactly similar to her state at present: she cannot pass her stools except with the greatest pain: there is a feeling of great tightness: there is a large lump at her anus: her bowels are confined: the actions large at first but afterwards flattened: blood occasionally attends the action of the bowels: her food lies heavy at the chest and pains her between the shoulders: her skin is dry: the monthly period is profuse: she has had a largeness at the left side of the belly many months, and she has pain, post coitum, at this side of the belly. Ordered *graphites*, 4/12.

Graphites.

Jan. 2.—She is better in every respect. Ordered *graphites*, 3/12.

Jan. 11.—She is still better. Ordered *graphites*, 2/12. On Feb. 1, the feeling of tightness at gut has returned: the gut comes down, and blood has been caused by the action of the bowels twice in the last week. Ordered *sepia* 4/12, then *graphites* 4/12.

Sepia and graphites.

Feb. 13.—The tightness is still felt, but no blood has passed: the gut still comes down: she has pain in the womb.

Ordered *sulphur* 4/12, then *sepia* 4/12.

Sulphur and sepia.

On Feb. 27, she experienced violent throbbing in the fundament extending to the front of the body:

the pain indicating the formation of an abscess. CHAP. XVII.
Ordered *hepar sulphuris.* Hepar sulphuris.

March 6.—The throbbing continues, but she is better. Ordered *hepar sulphuris.*

March 15.—Pain is felt at the time of the action of the bowels, they act daily. Ordered *sepia* 3/30. Sepia.

March 22.—Better: a little scalding in passing the water was relieved by *cantharis* 4/12, followed by *sepia.*

April 15.—The lump comes down, but the pain is less. Ordered *sepia*, ij.

In a letter dated May 14, in a subsequent year, she writes, "After the great benefit derived from my attendance upon you for prolapsus, I feel ashamed at the abrupt manner that I must appear to have left, (the letter here narrates explanatory circumstances). On my return I shall take the liberty of again waiting upon you. With sentiments of gratitude, I remain your's, &c."

(48) *Descent of gut and constipation cured.*

James Moring, (page 1323, case book 1848,) consulted me Jan. 5, 1849. He was in great agony from the gut coming down, attended with a want to go to stool to relieve the bowels, the attempt being unattended with effect: he cannot *by any possibility sit down.* Ordered *sepia* 4/12, to be taken in the course of four days. Sepia.

Jan. 8.—He looks better: the want to relieve the bowels occurs less often, still he cannot sit down. Ordered *sepia* in less doses.

Jan. 12.—He now can sit down: he has the want to relieve still less frequent: the gut comes down less. Ordered *sepia* in smaller doses.

Jan. 19.—He can now sit down for an hour or two hours: the gut comes down now only when he goes

CHAP. XVII. to the closet: his bowels act once in three days: he has a great difficulty to pass the contents of the bowels: the evacuations are like round nuts: he can pass the gut up, whereas before he had the greatest difficulty to effect this: his skin is dry. Ordered
Graphites. *graphites.*

Jan. 31.—The gut comes down when he goes to stool, but he can pass it up and now it *keeps up:* the actions are still hard, but rather less so. Ordered *sepia* 4/12, in the course of a week.

Feb. 12.—He is much better in every respect: the
Sepia. bowels act better. Ordered *sepia* in less doses.

March 6.—The gut scarcely comes down at all: there is still great difficulty in expelling the contents of the bowels: the stools are now large and hard,
Graphites. and the hands are dry. Ordered *graphites.*

He was cured.

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(49) *Descent of gut.*

Susannah Turner, (page 1647, case book 1844,) aged 45, married. She has been troubled with the coming down of the womb for sixteen to seventeen years: she feels as if she cannot walk. She was seized April 29, 1845, with a dreadful bearing down pain at the gut, giving her great pain when she sits down: the part is swollen: the gut comes down when she relieves the bowels: she has a discharge from the womb: she has pricking pains in the front passage: she has frequently a want to relieve the bowels, but
Sepia. attended with no effect. Ordered *sepia.*

May 6.—The bearing down is lessened: the swelling is lessened: the pain on sitting is lessened: the gut comes down less: the want to relieve the bowels is better, but when she has the desire to go to stool

she has a shooting pain in the front passage. *Clematis* removed this shooting, and, on May 27, the bearing down was still better: she has had no pain in the front passage for several days, which, subsequently to taking the *clematis*, was felt when she made water: water passes better, and indeed she became so much better that she desisted from medicine. Clematis.

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(50) *Descent of gut with blotches on face & syphilitic taint.*

Wm Holmes, (p. 1173, case book 1843,) aged 25, single. He has been troubled with blotches on his face for the last two years, which came first after syphilitic disease: his nose has been affected for three years with dry scabs: he has lost the power of smell: he has, during the last six months, taken much sarsaparilla: his gums are sinking away from his teeth: his gut comes down and he has lumps round the anus: the passage of his stools is attended at times with the passage of blood. Ordered *sulphur* for one week, then *nitric. acid.* for another week; and then, on Sept. 26, because his bowels were confined, his skin dry, and blood attending the action of his bowels, I ordered *graphites.* There is a want to relieve the bowels and no effect. Sulphur. Nitric acid. Graphites.

Under the use of *graphites* for a month, about four globules a week, the bowels acted well: the desire to relieve without effect had ceased: the hard lumps round the gut had disappeared. As he became better he felt shootings in the parts which had been affected with syphilis.

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(51) *Descent of gut cured.*

John Tyler, (p. 1394, case book 1851.) This patient, under treatment for epilepsy, is troubled

CHAP. XVII. with a descent of the gut, which he is obliged to return by pressure with the fingers: he has great heaviness in the head: the bowels act regularly. Ordered

Sepia. *sepia* 3/12, on Jan. 24. Jan. 31, the gut now has returned: his head is much better. Ordered to continue the *sepia*, and on Feb. 14, the gut has become quite comfortable.

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(52) *Prolapsus of the gut from a strain cured.*

Wm Palmer, (p. 1366, case book 1844,) aged 44, married. He consulted me March 9, 1844. He strained himself two months since by lifting a heavy stone: his gut came down at the time and it does not go up: he passed blood with the action of the bowels at first but not now: his bowels are relaxed: one of

Arnica. his testicles is swollen and hard. Ordered *arnica* and *arnica* poultice.*

April 4.—The gut affection is much better; as is the state of the testicle, which is swelled less and softer: he has been attacked with the gout, which was

Aconite and pulsatilla. cured by *aconite* and *pulsatilla*, the gout being attended with great weakness and affecting the knee of one leg and the foot of the other: the bowels having become confined, and the legs having become set fast,

Lycopodium. *lycopodium* was prescribed and a cure was effected.

Arnica, aconite and nux. The subsequent year the gut came down. *Arnica* followed by *aconite* and *nux* again restored the gut. In this attack the bowels became towards the conclusion of the cure confined.

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* For the preparation of this see p. 89, Treatise on the Virtues of Arnica, Rhus Toxicodendron, and Calendula, in reference to Wounds, Bruises, &c., by John Epps, M. D. Piper & Co.

(53) *Descent of gut for three months cured.*

Frederick Caster, (p. 457, case book 1847,) aged 21. His eyes are weak, watering much and attended with a running at the nose: his appetite is not good: his bowels are confined: his gut comes down and has so done for three months: he is feverish and has sweated the last two nights. Ordered *aconite*, which lessened the affection of the eyes and the running of the nose and the feverish heat and the sweats, but did not affect the bowels or the descent of the gut, which is troublesome. Ordered *sepia*. Aconite. Sepia.

Jan. 12.—The bowels now act twice a-week: the appetite is bad: the tongue is furred: the water is difficult to pass: the gut is better, it does not descend since the action of the *sepia:* he has a cold shivering. Ordered *nux* on account of the appetite and tongue and shivers, and the symptoms became better, the bowels acting twice a-week, the gut remaining well: the water still remaining thick and rather difficult to expel, *lycopodium* was prescribed, and the patient was cured. Nux. Lycopodium.

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(54) *Descent of the gut with piles and discharge of blood.*

Jane Palmer, (p. 1034, case book 1844). This patient is troubled with piles attended with swelling and discharge of blood, intense burning and darting pain, the bowels being confined, the stools hard, and pain many hours after the action of the bowels: the gut comes down when she coughs. Ordered *arsenicum* in the morning, *graphites* one globule at mid-day, and *nux* one globule at night. This patient had been troubled for several months with these piles. These remedies were prescribed on Oct. 14, when her state Arsenicum, graphites and nux.

CHAP. XVII. was exceedingly distressing, and the agony endured extremely great.

Oct. 19th.—The burning pain has almost ceased: the blood has ceased: her stools are natural: she had no pain for the last two days after the action of the bowels: her appearance has completely altered, she looks so well.

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(55) *Descent of gut.*

Wm P. Davies, (p. 467, case book 1844,) aged 35, single. This patient consulted me Feb. 21, 1844. He has had prolapsus recti (descent of gut,) for eighteen months: he has had a burning pain in the gut: he passes blood both with and without an action of the bowels: he has been a patient at Bartholomew Hospital: his bowels are costive: whenever he takes food he feels it lie heavy at the gut and the gut comes down:* the gut remains down in the day, i. e., when from any cause it has descended. Ordered *nux.*

Nux.

Feb. 28.—The gut pain is much better: the discharge of blood has lessened, it is of a dark brown: the food lies less heavy: the gut yesterday was down two hours less time than it had been before. As the bowels still continue costive though the patient was better, *sulphur* was ordered in alternation with *nux*, day by day, waiting occasionally a day after the sulphur.

Sulphur and nux.

March 13.—The pain in the gut has ceased: the blood has ceased: the bowels are less costive: the food no longer lies heavy: the gut came down only once in the last week, and the descent was very

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* This fact is highly interesting. It illustrates the physiological fact, that food, taken into the stomach, produces an action at the extreme end of the intestinal tube: a fact of high practical importance.

trifling. Ordered *nux* one day, wait a day, *sulphur* the third day, wait two days. CHAP. XVII. Nux and sulphur.

The symptoms continued to improve: the discharge from the gut became at first of a light brown; subsequently the discharge was mucus with a little blood; and, on April 10, the gut had not been down for a fortnight, and he states that he has been better for the last fortnight than he has been for eighteen months previous: he can sit down, which he could not do before: he was obliged either to stand or to lie.

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(56) *Constipation with descent of gut and windy spasms with chronic gastric derangement.*

Elizabeth Brett, (p. 299, case book 1844,) aged 29, married, the mother of two children. She is troubled with windy spasms, attended with great pain at the navel, which cause her to swell up very much, attended with a rising in the throat: the food causes a feeling of being hurt in the throat: her bowels act every other day, and are costive: her body comes down: for some months water has passed profusely from the mouth: her monthly period is regular; she had an epileptic or other fit two years since, which has caused an eversion of the eyelid: she is worse in the evening. *Pulsatilla* relieved some of the symptoms, especially the symptoms connected with the stomach; but as the bowels continued confined and the gut came down, and the water still rises into the mouth, *nux* 4/12 was ordered, and in ten days her bowels became regular, the water scarcely ever rose into the mouth: the *nux* was repeated, and the body did not come down. Pulsatilla. Nux.

In a subsequent year, her skin became dry, her

CHAP. XVII. Graphites. bowels became confined, and the body came down: *graphites* effected a cure.

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(57) *Constipation with descent of gut and head affection.*

Harriet Cotton, (p. 873, case book 1844,) aged 39, married, the mother of two children. She consulted me Nov. 7, 1844. She complained of a severe pain between the shoulders, going up the neck to the head, this pain being always worse at the monthly period, at which time she has pain at the lower part of the belly: she has a pain and a burning heat at the front of the head: she has a weakness of the eye, attended with a dazzling and a dinginess before the eyes: her tongue is furred: she has a feeling of sickness: she cannot smell her food: her bowels are confined: she has a pressure on the bladder: she has itching in the front passage: she has *a descent of the gut.* Under
Sepia. the use of *sepia* 4/12, all her symptoms became better on Nov. 14, and by a repetition of the *sepia* in less frequent doses she became nearly well, with the exception of a feeling in the passage as of something
Graphites. stopping it. *Graphites* 4/12 was ordered, and all the symptoms improved, and by a repetition of the *graphites* she became well.

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(58) *Descent of gut and fistulous abscess in groin with sycotic growth therein.*

E. L., (page 1040, case book 1850,) aged 27, married five years, and the mother of two children. She consulted me Sept. 16, 1850. She had a tumour in her groin, which was lanced at St. Thomas's Hospital. She was told there that it was cured.

In three months time after the declared cure the

wound broke out afresh: she had it often probed. Finding no relief at the hospital, the wound not healing and discharging very much at night, she sought homœopathic aid.

From the opening, which is of a fistulous character, there is a little growth, apparently sycotic in its character: the pain is aching. Her hands are damp: her feet damp and cold: *her gut comes down:* her appetite is very bad: her monthly period is regular. Ordered *silicea* 4/12. Silicea.

Sept. 23.—Discharges still: her head is painful. Ordered *silicea* 4/30.

Sept. 30.—Discharges still: the growth appears smaller than at first: she has pain at her back: she feels low and weak, but does not sweat. Ordered *baryta carbonica*, to be followed by *silicea*. Baryta carbonica and silicea.

She states that this growth came after the wound was probed; and little doubt can exist, that the probe had been in contact with some person labouring under sycotic disease.

Oct. 14.—The discharge is now slightly increased: the part feels stiff: the pain at the back extends to the hip. Ordered *thuya*. Thuya.

Oct. 29.—The pain at the back has ceased, there is now an aching pain near the wound. Ordered *thuya* and a *thuya* poultice.

Nov. 4.—She stated to-day that her gut, which used to descend, now remains up better: the wound is improving. Ordered *thuya* and *thuya* poultice.

Nov. 19.—Gut descends less: the wound is generally worse a day or two days before the monthly period: thread worms come from her. Ordered *cina* for the worms, then *thuya* and *thuya* drops. Cina then thuya.

Dec. 9.—No more worms: gut descends less: the

CHAP. XVII. wound is smaller: improved in appearance. Ordered
Thuya. *thuya* 3/30.

Dec. 23.—She had a little relaxation; for this and
Acidum phosphoricum and thuya. because the bowel comes down more, I ordered *acidum phosphoricum*, to be followed by *thuya*, 2/6.

Jan. 7, 1851.—The discharge, which generally is more at the monthly period, was not increased at the last monthly period, and the discharge has now ceased: the bowel comes down less. Ordered *acidum phosphoricum*, to be followed by *thuya*.

Jan. 17.—The discharge has returned. Ordered
Thuya. *thuya* 2/12.

Feb. 12.—Discharge is now very little. Ordered *thuya* 2/30.

Feb. 24.—Discharge still less. A weakness of the ancle, which had been present since the discharge came, and which she mentioned now for the first time, is better: her bowels are less free. Ordered
Hepar sulphuris and thuya. *hepar sulphuris* and then *thuya*.

March.—No discharge. Ordered *hepar sulphuris* and *thuya* 1/6.

April 7.—Discharge very little: the ancle is
Sulphur. stronger. Ordered *sulphur*.

Dec. 5, 1851.—The patient called to-day about her child, and said she was quite well; the sycotic growth had disappeared and also the discharge; nothing remains but the scar, and a little induration of the tissue above the scar.

Additional cases present themselves. These will serve to illustrate the painful condition, associated with descent of gut, and the power of homœopathic treatment therein.

Group third.—Successful Treatment of Piles. CHAP. XVII.

(59) *Piles for thirty years.*

Francis Layton, (p. 1162, case book 1844,) married, aged 59. He has been troubled with piles for thirty years: the piles come down and he has pain after every motion for six to seven hours; and the pain occurs whether the bowels are costive or not costive: the pain "quite unnerves me:" his bowels are generally costive: blood attends the action of the bowels sometimes, and the blood passes when the actions of the bowels are most easy: he has no headache: he has a good appetite and he has no signs of indigestion, but has a red eruption on the face. Ordered *graphites* 4/12. Graphites.

Jan. 18, 1844—The piles are much better: the pain troubles him only for three hours: the bleeding has been less: the eruption on the face is better. Ordered *graphites* 4/12, in less doses.

The patient became much better and I did not see him till the 18th of March, when his disease had returned, he having been much harassed in business, and one day having eaten too heartily at dinner, and then having gone to sleep, he, on awaking, found his eyes set and his teeth clenched. For the harass and the spasmodic conditions, induced most likely by the harass and the overloaded stomach, I ordered *nux vomica* alternating day by day with *sulphur*. Nux vomica and sulphur.

April 11.—The piles are better: he states when he *desists* from his medicine he has *pain*, but when he takes his medicine he has *no pain*.

---

(60) *Piles attended with the passing of dark blood, cured.*

George Bryne, (p. 84, case book 1849,) aged 26,

CHAP. XVII. married, consulted me Feb. 16, 1849. He has piles which cause him to pass dark blood after the stool, and sometimes before the stool: he has pains in the chest in the morning: his appetite is not so good as it was: his food lies heavy: he has forehead head-
Nux. ache: his bowels are confined. Ordered *nux*.

Feb. 23.—The chest pains are now worse before going to bed after food: the piles still trouble: the appetite and the headache are better: the bowels are
Graphites. confined: the actions large. Ordered *graphites*.

March 2.—The piles are very much improved: the appetite and the head still improve: the bowels act every two days: he has pains in the shins which parts
Pulsatilla. seem swollen. Ordered *pulsatilla* because the food still lies heavy and for the pain in the shins, to be
Graphites. followed by *graphites*.

The patient was cured.

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(61) *External and internal piles with a special head affection.*

M. A. Lee, (p. 976, case book 1848,) consulted me in May 1848, for piles, with which she had been troubled for a length of time. She has both external and internal piles, attended with profuse bleeding at
Nux vomica and sulphur. times: her bowels act very irregularly. Ordered *nux vomica*.

May 27.—Her piles still trouble her. Ordered *nux* and *sulphur* in alternation.

June 28.—The bleeding has in a great measure ceased: her bowels are more regular in their action. But she now complains of a pain, which affects *one* half of the head *one day*, and the *other* half of the head *next day*. In the morning she feels "bad" all round the loins, which state improves after she has

had exertion. Ordered *rhus toxicodendron*, four globules.

July 1.—Her head is better: her loins are better.

August 1.—She called on behalf of another patient and returned thanks, stating she was quite cured.

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(62) *Piles and long time in relieving the bowels.*

Mr K. This gentleman came up from Wales to consult me in 1850. He has been troubled for a long time with piles and their concomitant troubles. In a letter from him July 10, he thus writes:—"The bleeding from the piles has been very severe." The bleeding continues the whole time he is at the stool, he is generally *upwards of half an hour at stool:* the piles are hot while the bleeding continues, but the heat almost entirely ceases when they are pressed in after the action of the bowels. "In most other respects I am better, and the piles do not fall down nearly so much as they did, and I have seldom more than one operation in twenty-four hours." I ordered him to take *millefolium* 6/12, repeated four times.

In a letter dated Sept. 16, 1850, he writes—"Since our last correspondence I am happy to state my health has somewhat improved, and the bowels have acted better, as for some weeks past I have had only one motion a-day, and, though still slow, say occupying a half hour each time, I have but little else to complain of in that respect."

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(63) *Piles hereditary.*

Mr J. H., aged 35, consulted me Oct. 16, 1846. The piles protrude about the size of small birds eggs; attended with a severe burning darting pain through the swellings: he experiences a severe pain on the

CHAP. XVII. contraction of the fundament in passing water, on sneezing, on coughing, or in stepping off a step: this pain is often so severe as to cause him to cry out: he has severe pain when the bowels act: all the symptoms are increased both by bodily as well as mental exertion: he used in walking to chafe between the thighs: this occurred before the development of the piles. Ordered *aconite* and *nux* one day, and *carbo vegetabilis* the next day. *His father* was much troubled with piles.

Aconite, nux and carbo vegetabilis.

Nov. 18, 1846.—The tumour at the anus is gone: a little soreness is felt at the part: the pain at the contraction of the fundament is troublesome at times but is very much better: the bowels are costive, though regular: he had a violent itching in the feet and the hands some months since: scratching caused red pimples to appear: this rash has ceased since his present malady: he has now itching at the rectum. Ordered *aconite* and *nux* one day, *sulphur* next day in alternation, then *carbo vegetabilis* for two following days, so repeat waiting between the medicines.

Aconite, nux, sulphur and carbo vegetabilis.

He became well.

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(64) *Piles attended with burning in the region of the stomach and with bronchitis.*

John Dovey, (p. 523, case book 1844,) aged 38, single. He consulted me May 13, 1844: he complained of a heavy cough in the morning expectorating much white phlegm: he has nausea with a rising of sour water: his food lies heavy: he has a burning across his stomach: he has had piles for four months with pain: he passes blood with red water when he has a stool. Ordered *nux*.

Nux.

May 20.—His cough is easier: he has expectorated

very much phlegm for four days: the nausea and the burning ceased after this discharge of phlegm: the burning at the stomach is very much better: the piles are less painful and the discharge has lessened. CHAP. XVII.

Ordered *nux* 4/12, in less doses. He still improved and by repeating *nux* in smaller doses and at longer intervals he became well. Nux.

Group fourth.—Fistula and other Diseases of the Rectum.

(65) *Case of fistula.*

Mrs C. (p. b. 59,) aged 42, married, the mother of thirteen children. She had a miscarriage five years since and she had a still-born child in Sept. 1848. Her surgeon told her she must lie by and be operated on. She has been laid up with fistula: the fæces pass through the fistulous opening: she suffers great pain: she has a good appetite: her bowels are confined: she can hold her water: she has a severe cough, which has troubled her for the last week: she has her monthly period: she has white discharge unattended with irritation: she perspires both by night and by day. Ordered *kali carbonicum.* Kali carbonicum.

I was consulted on Sept. 28, 1849. On Oct. 5, the fistula was better, so that the patient was enabled to go about more: she has less discharge from the fistulous opening, but has a sense of fullness in the part: she feels bloated after food: her cough is better: she perspires less. She received a globule of *aconite* and was ordered to take *lycopodium.* Aconite. Lycopodium.

Oct. 26.—The fistula gathered last Wednesday and discharged, but it is now better: it seems to gather each

CHAP. XVII. Wednesday: she feels better inwardly: the feeling of fullness and a feeling of stiffness still continue: she has a pain in the back and a pain round the lower part of the belly: the bowels act better: her cough has ceased: the white discharge is better: the perspirations are better. Ordered *china* for the periodical recurrence of the discharge, and *hepar sulphuris* for the discharge itself.

China and hepar sulphuris.

Nov. 20.—The fistula is a great deal better, she has now no discharge through it: she has no pain: there is a little stiffness still: the back pain is better: pain at the lower part of the belly is better: the bowels are regular, though rather costive: she does not perspire: the periodical gathering is better: her legs, which have swelled before, swell most at night: the least touch upon her flesh causes a bruise: walking causes an aching. Ordered *arnica* and *hepar sulphuris*.

Arnica and hepar sulphuris.

Dec. 17.—The fistula is much better, there is no discharge: there is a little hardness still to be felt, and there is a sensation of stiffness although it is very much better: the back pain is better: the pain at the lower belly is almost gone: her bowels are regular: the gathering becomes less and less: she swells towards evening, and she has a sore at the angles of the mouth. Ordered *arsenicum* and *hepar sulphuris*.

Arsenicum and hepar sulphuris.

This patient became cured and without an operation. This case is highly interesting, since the patient had been ordered to lie by in order to prepare herself for the operation.

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(66) *Case of fistula.*

L. S., (p. 185, case book 1851,) is troubled with a fistula: she has been operated upon by Mr Salmon: she is aged 29, is married, and the mother of six

children: she has had one miscarriage. She consulted me Nov. 14. She has piles, which bleed at times, more especially before the monthly period; the piles burn: she is thirsty at times: becomes lost at times: she has a bearing down of the womb: she has been prescribed for by an eminent physician accoucheur; a surgeon burns the neck of the womb once a week. Ordered *arsenicum* to be followed by *sepia*. Arsenicum and sepia.

Nov. 28.—There has been no bleeding: the burning is less: the thirst has been absent: the fistula has been less troublesome: she has shooting pains from womb to thigh. Ordered *clematis* then *sepia*. Clematis and sepia.

Dec. 12.—The patient is better: the memory is better: the fistula does not now discharge: the womb still bears down. Ordered *acidum phosphoricum* and *hepar sulphuris* in alternation. Acidum phosphoricum and hepar sulphuris.

Dec. 26.—The bearing down is rather worse: there is a little discharge from the fistula: memory improves. Ordered *graphites* and *hepar sulphuris*. Graphites and hepar sulphuris.

Jan. 5, 1852.—The piles bled twice last week: she has pain after the action of the bowels: a white skin covers the motion: tongue is coated: a great weight is felt over the eyes: she has a shining light before the eyes: she has a bearing down of the gut with a want to go and no effect. Ordered *sepia* and *aurum* in alternation, three quarters of a globule alternately every eight hours. The patient became well. Sepia and aurum.

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(67) *Hernia painful and coming down more, with fistula.*

Thomas Smith, (p. 486, case book 1842,) aged 39, married, consulted me Sept. 19, 1842. He has been three years troubled with fistula which he has had cut: he is now troubled with dryness of the hands, and rash and itching: loss of power in the hand: he

CHAP. XVII. has a rupture: the numbness and the rash and the itching lessened under homœopathic treatment, and the fistula improved; but, on Dec. 27, the rupture became very troublesome, coming down more and attended with pain when going to stool: he has to strain, and the rupture, he thinks, was caused originally by straining. Ordered *nux*.

Nux.

Jan. 7, 1843.—The rupture is better: the bowels act quite easy. He continued to improve, and under the action of *causticum* and *ignatia* his fistula ceased to discharge.

Causticum and ignatia.

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(68) *Case of fistula.*

Eliza Francis, (p. 658, case book 1844,) aged 22, married, mother of two children. She has been injured by her husband: she has a hard fistulous discharging ulcer at the gut: she has had for three months a dreadful burning heat in passing water and has a yellow discharge from the vagina: she has a dreadful forcing at the gut.

Under homœopathic treatment she became much better; and on Sept. 12, her water, which used to scald her, passes free: a soreness and a stiffness which she had about her hip were also better: her bowels had become regular; and the principal suffering she has was from the soreness produced in the fistula by the passage of the stool, blood passing after every action of the bowels. *Causticum* was ordered, and, on Sept. 16, the pain connected with the fistula was much lessened: she has pain at her thigh. Ordered, because the blood continued, *arnica* one day and *causticum* the next day. The pain was much lessened: the discharge of matter became offensive. *Carbo vegetabilis*, and then *carbo vegetabilis* in alternation with

Causticum.

Arnica and causticum.

Carbo vegetabilis.

mercurius, were prescribed, and, on Dec. 10, the fistula was almost healed. CHAP. XVII.

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(69) *Case of supposed fistula cured.*

Mr T., (p. 100, book T,) consulted me Oct. 1849. He had consulted a surgeon of St. Bartholomew's Hospital for a swelling in the neighbourhood of the anus. This surgeon considered that it was a fistula. He subsequently consulted Mr Salmon, who, when asked whether he thought it was a fistula, said, "I do not think, but know that it is a fistula." The patient, anxious to avoid an operation, came under homœopathic treatment.

He stated that for several years he had had a little swelling which comes and goes. He feels pain when the swelling is developing itself, and he feels an unpleasant tightness at the part. Ordered *hepar sulphuris*, four globules to be taken in the course of a week, to be followed by *silicea*, four globules to be taken in the course of a succeeding week. Hepar sulphuris. Silicea.

Nov. 5, 1849.—The pain has ceased: the tightness has ceased: the bowels are rather costive: the actions of the bowels do not hurt him. Ordered *hepar sulphuris*, four globules the first week, three globules the second week, two globules the third week, one globule the fourth week. Hepar sulphuris.

Dec. 22.—He is much better, though his bowels are more confined. Ordered *graphites*, six globules during a week; the second week to take *hepar sulphuris*, and so in alternation. Graphites. Hepar sulphuris.

Feb. 18, 1850.—There is no swelling. In fact he is well, and came to express his thanks that he was freed from what was declared to be fistula, or for

CHAP. XVII. which he fully expected to have had to submit to an operation.

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(70) *Stricture of rectum.*

Emily Cook, (page 450, case book 1850,) aged 60, single, consulted me August 5, 1850.

She has laboured under stricture in the gut for three years. At least such has been asserted to be her complaint by those under whose care she has been. Her symptoms are,

Symptom 1. At times sharp pricking pains in the gut. Symptom 2. She is hurt when she goes to stool. Symptom 3. She generally passes blood when she has an action of the bowels. Symptom 4. Her appetite is not very good. Symptom 5. Her bowels are confined. Symptom 6. She has a want to relieve in the morning but often without effect. Symptom 7. She has piles which bleed. Symptom 8. Suffers from a heavy headache. Ordered *sepia*, 4/12.

Sepia.

August 11.—No. 1. The gut is more easy. No. 3. Her bowels act better: the actions are small. No. 8. Her headache distresses her. Her skin is moist. Ordered *sepia* 4/30, a smaller dose.

August 17.—No. 1. The gut is much better: the pains are lessened and the pain on action of the bowels is much diminished. No. 3. She still passes blood. Her appetite is better. No. 5. The bowels are comfortable: a pain is felt some little time after. No. 8. The head is better. Ordered *sepia* 3/12.

August 24.—The gut is a very great deal better, "I have much to thank you and God for." No. 2. Blood lessened, indeed, she has passed none for two or three days. No. 4. Her appetite has very much improved. No. 8. The actions of the bowels improve:

the piles bleed less: the headache a little this morning. Ordered *sepia* 3/30. CHAP. XVII.

August 30.—Much better. *Sepia*, ij/12. Sepia.

Sepia continued. She considers herself as cured.

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(71) *Hernia painful.*

Susannah Boch, (p. 493, case book 1842,) aged 60, married, the mother of six children, consulted me Nov. 1842. She complains of a lump in the groin which she has had for eight months: a rupture: "it comes in and goes out:" I adopt her language, it was at first the size of a nut, now it is of the size of an egg: she has a painful sense of bearing down and weight, and when this painful condition presents itself the rupture advances further: her bowels act regular: her water is free. Ordered *nux* 4/12. Nux.

Nov. 17.—The rupture is much lessened: she has had pain only once since she took the medicine. Ordered *nux* in less doses.

Dec. 19.—She took her medicine, but having been without medicine for some days she had a severe pain in the rupture. In this case the rupture kept up under the influence of *nux* for six weeks.

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(72) *Case of cancer of the rectum.*

This disease, so dreadful to the sufferer both from the pain it causes and from the peculiar offensiveness of condition which it induces, admits of much relief by homœopathic treatment. I have attended several cases, and have experienced much satisfaction from the relief afforded. Cure can hardly be expected. The very nature of the results of the disease operates against cure. The disease itself is almost irresistible; but when it is known that, as a result from it, the

CHAP. XVII. cancerous growth or ulceration destroys or eats away the sphincter muscle, that closes the gut and allows the fæces to escape, the continual irritation of the parts which must thus be produced, must present a great impediment to the action of all remedi s.

Still, even, in this worst form, much may be done. I had a patient in whom cancer of the rectum had eaten away the sphincter, and the bowels were continually relaxed, and the relaxed contents were continually discharging. The patient was obliged to lie: she was in this state when I was consulted, other treatment having been tried in vain. Homœopathic treatment, combining the use of *thuya*, *arsenicum*, and other means, afforded great relief, so much so that she could sit up to work with her needle, and, finally, was enabled to take a journey from London to a village beyond Guildford, bearing it well. She returned to town and still continued to improve, when she was frightened: a terrible crash occurring in the middle of the night, attended with the shrieks of her husband: the roof of a little lean-to room, in which he slept, fell in upon him. The shock was too much for her constitution, her disease became worse and she sank. Such, however, was the benefit gained, that the conviction became established, that, in these cases, it is a duty to use means to try and effect a cure.

Thuya and arsenicum.

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(73) *Disease of gut and of womb with chest affection.*

A. W., (page 2822, case book 1853,) aged 28, the mother of two children.

She is troubled with bearing down in the passage of the womb, and a similar sensation in the gut passage, attended with great uneasiness: she has violent pains in the back and the thighs, like labour

pains: there is no discharge from the womb, and she has no pain in coitu: her bowels are confined: her eyes are painful: her breasts are painful: she has a severe cough: her appetite is bad: she is extremely weak and very ill: she is four months pregnant. Ordered *sepia* and *mercurius* in alternation.

Sepia and mercurius.

May 20.—She has bearing down in the womb passage, and still has the backache; but the gut passage affection is better: her bowels have acted twice: the pain in the thighs is still very severe: the pain in the eyes is a dull, deep-seated pain, more particularly in the evening: she has fits of shivering in the middle of the day: she has pinching pain in the stomach: she is very ill and weak. Ordered *kali carbonicum* and *rhus* in alternation.

Kali carbonicum.

May 24.—She is better, but her cough still continues. To continue *kali carbonicum* and *rhus*.

Kali carbonicum and rhus.

May 30.—The bearing down in the womb passage is better: the gut passage is better: the backache is better: the pinching pain is better: the shivering fits have ceased: the weakness is still great: the tongue is covered with a brownish coat: the bowels act very well: there is pain over the right eye and at the back of the head at the right side: she does not sweat at night: she has a feeling as if she shall go out of her mind. Ordered *stramonium* and *acidum muriaticum*.

Stramonium and acidum muriaticum.

June 6.—She is better in the womb, the gut, the back, and the pinching pain; but she has a cold feeling in the early part of the day: when lying down she flushes, gets thirsty, and sweats at her head, legs and feet: she still has the mad feeling: bowels have acted: water is reddish: cough is better, but it shakes her in the belly: she has a pain round the loins to the bottom of the belly. Ordered *arsenicum* and *cantharis*.

Arsenicum and cantharis.

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June 13.—The skin is better: the cough has ceased: she passes her water better, and it is of a natural colour: she has lost the pain in the loins, in the belly, and over her eye: she has a presentiment as if she must commit some horrible deed: her bowels are confined: she has severe pains at the right side of the face extending all over her: she trembles much when she gets up: she has a sour taste in the mouth. Ordered *arsenicum* and *sepia*.

Arsenicum and sepia.

June 24.—She is better in every respect: the painful presentiment has ceased: the gut is well.

It is certain, from the description given, that some serious disease in connexion with the gut was in process of development. The remedial means effected an arrest of such development, but the effects on the mental condition showed how powerfully it had affected that condition.

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(74) *Fistula.*

J. A., aged 24, single, (page 28, A book). This patient was operated on in the East Indies, four years since, for fistula. The fistula again troubled him in May 1851. *Aurum* and *nitric acid*, followed by *hepar sulphuris* and *thuya*, effected a cure.

Aurum, nitric acid, hepar sulphuris and thuya.

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708. This enumeration of cases might be extended almost indefinitely: other cases are given in the appendix. Sufficient has been recorded to demonstrate the power of homœopathic treatment and the possibility of curing constipation of every kind. Sufficient evidence has been afforded to prove that the action of purgation is not necessary for the cure of inaction of the bowels.

APPENDIX.

The matters treated in this part of the work, although not essential to the frame-work of the work itself, are of the highest importance. They will afford illustrations of many points, that could not, without extending the chapters in the previous parts of the book to an excessive length, have been worked out: and it is believed that these illustrations will materially strengthen the convictions, which have been created by the facts and the views already detailed.

Thus what can more usefully exhibit the non-necessity of the employment of the so-called purgative medicines, than a series of cases demonstrating that diseases of almost every kind have been cured without the bowels being acted upon? Such cases will be presented. If to these cases can be added cases demonstrative of serious injuries, produced by the action of purgative medicines in the treatment of disease, the evidence of the non-necessity of purgatives will be strengthened, because proof will thus be given, that it is not merely a question of employment or non-employment of purgatives, but a higher question

of injury or no injury, as connected with the employment of these agents.

If to these cases can be added cases of obstruction of the bowels causing death; whether from the mechanical obstruction itself, or from the purgatives used to remove the mechanical obstruction, the evidence against the employment of purgatives will be most efficiently augmented, as such cases will establish the absurdity of attempting to remove mechanical obstructions by purgative means.

All these and other matters may be beneficially considered in this appendix.

CHAPTER XVIII.

Cases of cure of diseases without the bowels being active; also cases of cure of diseases in which the bowels having been active, becoming inactive: Fevers: Affections of head: Opthalmia: Chest diseases: Gastric diseases: Diseases of the abdominal organs: Diseases of the urinary organs and of the womb: Diseases of the skin: Non-exhibition of purgatives after child-birth.

The non-necessity of the employment of purgatives for the cure of disease is evidenced not only by the views put forth in previous chapters, but also by the facts, that diseased states are cured though the bowels remain inactive; and, what is still more important, that diseased states are cured though the bowels, which were active in one period of the disease, become confined during the cure of the disease.

Cases illustrative of these two classes of facts are numerous. Previous to their record, it may be well to notice another fact, which even the old system practitioners acknowledge, namely, that hardly a case comes under medical treatment, but in which purgatives have been most actively employed: a fact,

CHAP. XVIII. which, if viewed unbiassedly, demonstrates the inefficacy of purgatives in resisting the progress of disease, it being on account of such inefficacy, that additional medical aid is sought.

Division I.—Fevers.

(75) *Fever with atrophy cured though the bowels were not open for three weeks.*

Fever. John Cox, (p. 302, case book 1852,) aged six years. He has been ill a week: his mother gave him some jalap: he is in a violent fever: his body is hot: skin dry and burns: he grinds his teeth: starts in his sleep: no appetite: breath very offensive: bowels are confined: he has wasted rapidly: his water passed freely till yesterday, when it did not pass for twelve hours. Ordered *aconite* and *lachesis*.

Aconite and lachesis.

Jan. 3.—His skin is a little moist: he still grinds his teeth: wanders in his talk, and startles still in his sleep: his bowels are still confined: he wastes more and more. Ordered *belladonna* and *cina* in alternation.

Belladonna and cina.

Feb. 2.—His skin is more moist: he eats a little: he was dressed yesterday and ran about the room: *he looks better in himself:* he picks his nose: breath offensive: *his bowels* ARE NOT OPEN, though he has had an injection. Ordered *opium* and *cina* in alternation.

Opium and cina.

Feb. 7.—He has had an injection every day but without effect: he has a little pain at his side, but has no pain at his belly, and his belly does not swell: he eats: he sits up and plays about the room: he grinds his teeth in his sleep, and perspires a great deal: breath offensive. Ordered *kali carbonicum* and *opium*.

Kali carbonicum.

Feb. 11.—The bowels acted on Monday: breath is sweet now: grinds his teeth less. CHAP. XVIII.

The child became well. It is to be remarked (many would say it is remarkable, but to the homœopathist it is not so,) that the child's bowels did not act for three weeks, and yet he became steadily better. This child was cured without being *seen:* his mother brought an account of his state.

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(76) *Melancholia cured though the bowels became more confined.*

Miss ——, (p. 55, p. b.,) aged 21, single, consulted me Jan., 1852. She enjoyed good health till eighteen months since, when she passed into a very low way, having a dread of every thing, and a fear of something dreadful happening to her, especially felt towards evening: she has gloomy views of the Deity. Melancholia.

She has pain in the lower part of the back: she has great debility, dreading to get up: for the last two months she has been unable to bear the fatigue of dressing.

Her appetite is indifferent: her bowels are not free: her water is thick, and, at times, passes with pain, and when it passes, she has pain at the left side of the belly: her monthly period is regular: it is clotted, though of a proper colour, and is attended with pain at the back: her feet are very cold: her sight is not good: in reading the letters seem to run into one another, and a mist appears before both eyes: her spine is curved. Ordered *lycopodium*, a globule of the twelfth dilution every other day for eight days, then three-fourths of a globule of the thirtieth dilution every other day for eight days, then three-fourths of a globule every other day for eight days. Lycopodium.

CHAP. XVIII.

Feb. 10.—The patient consulted me again. Her spirits are much better: her dreads are much better: her views of the Deity are changed: her debility is much lessened: she does not dread to get up, and she can go through the process of dressing much better: her appetite is now good: her water is not so thick, and it passes without pain: the pain in the belly has troubled her only once: the monthly period was less clotted, though still the pain at the back was present: the sight still bad, but the letters do not run so much into one another, and the mist before the eyes is not so frequent.

The patient was better in every respect, and yet she states that her bowels are more confined than they were when she paid her first visit.

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(77) *Typhoid fever cured and the bowels not active.*

Typhus.

Fanny Hopton, (page 649, case book 1853,) aged twelve years, is laid up with typhoid fever: she is prostrate: the skin is dry and burning: her face is pale: her lips dry and crack: tongue furred with a brown fur: her breath smells offensive: she is much purged: she has bled at the nose: she was attacked with headache, sickness, and pain below the breast: she notices nothing. Ordered *carbo vegetabilis* and *arsenicum* in alternation.

Carbó vegetabilis and arsenicum.

On May 29, the purging had ceased: the heat of the skin was lessened but dry: she is more inclined to talk and she notices a little. Ordered *rhus* and *arsenicum* in alternation.

Rhus and arsenicum.

May 31.—Before taking the *rhus* she became more confined and sleepy and half unconscious: she is now better of the semi-comatose condition, though the skin is still dry, the lips are cracked, the tongue furred,

the breath foul, and the face pale and sunken and altogether excessively weak, and she is still thirsty. Ordered *acidum muriaticum*, *rhus*, *acidum muriaticum* and *arsenicum* in alternation.

Acidum muriaticum, rhus, acidum muriaticum and arsenicum.

June 2.—The patient is better: her appetite is returning: she is more lively: inclined to talk: wishes for food: a little moisture is on the hands. Ordered *bryonia* and *rhus*.

Bryonia and rhus.

June 7.—Better. June 12.—She is still better: will eat any thing: she came down stairs yesterday: her bowels have not acted since Tuesday week.

It is interesting to add that this patient was cured without having been seen, her sister used to bring an account.

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(78) *A case of fever cured without any action of the bowels.*

I was sent for on Monday, July 3rd, to Castle-street, Holborn, to see Mr C., who had been confined to his bed since the previous Tuesday.

Fever.

I found him in bed, suffering from fever: his skin burning: his countenance anxious: loathes all food: great prostration: head-ache: inability to think: bowels inactive: lips crusted with dark crusts. I prescribed for him *aconite*, one globule, wait six hours; *nux vomica*, one globule, wait six hours; *aconite*, one globule, wait six hours; one globule of *sulphur*, and so in alternation; waiting eight hours as he improves. I visited my patient on Wednesday, July 5, 1848, and found him perfectly free from fever, sitting up, having had a boiled sole for dinner: tongue much cleaner, *but his bowels had not acted since Friday.*

Aconite, nux vomica, aconite and sulphur.

The wife of this patient was much astonished that the patient should have become so well *without any*

CHAP. XVIII. *action of the bnwels.* In two days the bowels acted and the patient was soon enabled to attend to his public duties.

Division II.—Head Affections.

(79) *Severe pains in the head cured, but the bowels still confined.*

Head affection. Isaac Messeder, (p. 1162, case book 1846,) married, aged 33, consulted me at the beginning of June. When he was 17 years of age he had a fall, which affected the head. For the last six months, he has had violent pain at the top of his head, which pain is worse *when the bowels are confined:* his appetite is not good: his food lies heavy at the pit of the stomach: his bowels are naturally costive, but the medical practitioner, under whose care he has been, has purged him, but without benefit to his head: he has a cough in the morning. Ordered *nux vomica.*

Nux vomica.

June 10, 1846.—His pain is *very much better, his bowels* HAVE BECOME CONFINED: his appetite now is good: his food lies lighter: his cough is better, but he has a bearing down at the gut, and pain in his belly. Ordered *cocculus.*

Cocculus.

June 17.—His head pain still improves, but bowels continue to be confined: appetite good: food lies light: cough still improving: *the bearing down* of the gut is better, though still the bowels are confined. *Cocculus*, in smaller doses.

June 22.—Still improving in head though bowels are confined, and the bearing down of the gut is better, though blood passes after the stools. Ordered *nux vomica* and *sulphur* in alternation.

Nux and sulphur.

July 1.—*The head is quite well*, though the bowels

are *still much confined:* the blood after action of bowels has ceased. Ordered to continue *nux vomica* and *sulphur* in smaller doses. Nux vomica and sulphur.

His bowels recovered their regular action. This case exhibits four facts: first, that the patient was (till under homœopathic treatment) always worse when his bowels were confined: second, that the *forcing* his bowels to act did *not* relieve his head: third, that his head became better though his bowels continued confined: and fourth, that his bowels at length regained the natural regularity, *i. e.*, not by giving purgatives, but by giving medicines homœopathic to the cure of the whole of the diseased state.

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(80) *Bowels confined, yet cerebral and gastric symptoms better.*

Happy Wing, a miniature painter, (p. 1731, case book 1844,) aged 20, single, consulted me March 9, 1844. She had suffered at intervals for twelve years from a head affection: she has complained of severe pain at the top and the back of the head for several months: she feels this pain much increased after lifting any weight or going up stairs: she often feels sick, has a pain at the chest, which passes through to between the shoulders: her bowels are confined: appetite is good: water thick: the monthly period is not at all regular, is little and pale: she perspires in bed. Ordered *aconite* and *pulsatilla* in alternation. Cerebral and gastric disease. Aconite and pulsatilla.

March 16.—The head pain at the front is decidedly better: she can lift weights, and can go up stairs without being so much affected: her sickness is better: appetite is very much better: her water is clearer. Indeed she is better altogether, but her *bowels are still confined.*

CHAP. XVIII. (81) *Bowels not acting for a week, and yet all the symptoms better.*

Cerebral affection.

Ann Rogers, (p. 1468, case book 1844,) aged 33, married, mother of two children, consulted me August 7, 1844. She complained of pain at the back of the head, from which she had suffered two or three years, and for which she had been in vain leeched and blistered: this pain is much worse before the monthly period, but she is continually in pain: her tongue is furred: appetite bad: bowels costive: water thick: monthly period very little, and sometimes very dark: spirits are depressed: her teeth are loose from some medicine given her at some dispensary. Ordered

Sulphur.

sulphur, six globules to be taken during a period consisting of several days.

August 14.—Her headache has been away, and, though it returned, its severity has much lessened: her tongue is cleaner: her appetite better: the water clearer: her spirits less depressed: her eyes are brighter. Indeed, she says she is better altogether, but her *bowels have not acted for a* WEEK.

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(82) *Bowels remaining confined and yet a cerebral affection decidedly better.*

Cerebral affection.

Hy Robjohns, (p. 1436, case book 1844,) aged 28, single, consulted me April 20, 1847. He complained of coldness of the feet, to which he has been subject for two years: he feels a flow of blood to the head attended with a sensation of heat: he feels giddy after sitting, and when sitting has frequent perspirations: a little exertion affects his head: his digestion is good, but his bowels are confined and his tongue is furred: he has had an eruption on his face for twelve months.

Ordered *nux vomica*, four globules to be taken during the subsequent week. Nux vomica.

May 8.—His feet are warmer: his head is better: he is less giddy: his perspiration is less: he can bear exertion better: the eruption is better, but his *bowels are confined*, and his tongue furred: he feels pains flying about from one arm to the other. He took *pulsatilla*, and then *lycopodium*. Continued improving in his health, though still the bowels *remained confined*.

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(83) *Buzzing in head like the noise of the sea, and feeling as if she should fall removed, and yet bowels confined.*

Ann Jackson, (p. 962, case book 1848,) aged 30, married, consulted me Feb. 13, 1846, for a yellow discharge from the womb, with pain in the loins, and scalding in passing the water. Of these symptoms she was relieved to a great extent by three powders, each containing a grain of the third trituration of *mercurius*. On March 18, she experienced but very little pain in the loins: she passes her water freely, but it scalds: the discharge still continues a little: she had taken a bad cold: her head is now much affected: she feels as when she has taken laudanum, of which she has taken much, and also brandy and pills by the direction of the medical gentleman, who had previously attended her: she has a buzzing like the roaring of the sea in her head: she feels as if she should fall down: her bowels are rather confined. Ordered *nux vomica*, four globules. Buzzing in head. Nux vomica.

March 26.—The pain in the loins has ceased: the buzzing has ceased, and the feeling of falling down is better; but the bowels are *still confined*.

CHAP. XVIII.

(84) *Affection of head better, though bowels inactive for a week.*

Affection of head.

Charles Whitchett, (page 1800, case book 1852.) This patient suffered from a chronic affection of the head. His symptoms were much relieved by homœopathic medicines, although his bowels had not acted for a week.

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(85) *Affection of head with noise removed, though bowels inactive for four days.*

Mary Crawley, (page 307, case book 1847.) This patient had been troubled for some time with a hammering thumping noise in the head, also a squeaking like the noise of a mouse in the head. *Pulsatilla* was ordered for these and the concomitant symptoms, and the *pulsatilla* removed these noises although the bowels remained inactive for four days.

Pulsatilla.

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(86) *Affection of head cured, though the bowels, which previously to taking the medicine were regular, became confined, and she feels better in every respect.*

Affection of head.

Mary A. Brookes, (page 118, case book 1849,) March 24.

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(87) *Head affection relieved, though bowels confined.*

William Procter, (p. 1367, case book 1851.)

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(88) *Giddiness and gastric symptoms better without any action of the bowels.*

Giddiness.

Exhibited in the case of James Worth, (p. 1792, case book 1849.) July 14, 1849.

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(89) *Giddiness, pain in head and smarting across the belly cured, the bowels not acting for six days.* CHAP. XVIII.

Exhibited in the case of Edwin Sharp, (page 1551, case book 1849). Giddiness.

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(90) *Head affection with gastric symptoms better though bowels more confined.*

Mary Fencott, (p. 668, case book 1851,) aged 29, consulted me April 29, 1851. Head affection.

This patient had sickness: a bitter taste in her mouth: tongue coated: severe headache, with the hair coming off. Ordered *graphites*, 4/12 one week, to be followed by *graphites* 4/30, the next week. Graphites.

Her headache, her sickness, and the bitter taste became better: the tongue became cleaner: the hair came off less, and yet the bowels had become more confined.

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(91) *Nervous disease better yet bowels, which were free, became confined.*

James Bishop, (p. 629, case book 1848,) consulted me May 13, 1850, for a trembling when he rises in the morning: his appetite is not good: his food lies heavy: *his bowels are regular:* he has a slight cough: he feels ill. Ordered *calcarea.* Nervous disease. Calcarea.

May 20.—The trembling is much better: his appetite is better: in fact he feels a great deal better, but his bowels have *become confined:* he wheezes.

Ordered *veratrum.* Veratrum.

He gets worse at night: he could not sleep: he sweated last night: he has a hacking cough, which hurts him at his back. Ordered *phosphorus.* Phosphorus.

He was cured.

CHAP. XVIII. (92) *Bleeding from the nose (epistaxis.) and head affection cured, though the bowels became confined.*

Bleeding from nose.

David M'Lachlin, (p. 1204, case book 1845,) single, consulted me in June, 1845: his symptoms follow.

Symptom 1. Has a considerable "fermentation" at the stomach. Symptom 2. The chest seems filled with wind, which rises up. Symptom 3. This condition affects the brain, *preventing all thought.* Symptom 4. The face swells much and is hot. Symptom 5. Blood flows from the nose. Symptom 6. The appetite is bad. Symptom 7. The tongue is brownish white. Symptom 8. Water is thick at times. Symptom 9. Sweats on the head. Ordered *arnica.*

Arnica.

June 16.—No. 1. No fermentation. No. 2. The flatulence is very much better. No. 3. Feels still an inertness. No. 4. Better. No. 5. No bleeding. No. 6. Better. No. 7. Tongue cleaner. No. 8. Water still thick. No. 9. Still sweats on head. Ordered *arnica* in smaller doses.

August 13.—The symptoms are all better, though the bowels, which were free, *have become* CONFINED.

Nux vomica.

Ordered *nux vomica.*

On August 26, 1845, I received the following letter:

"SIR,—I have derived much benefit from your advice and prescriptions. The improved state of my health makes it unnecessary for me to trespass on your valuable time; but I avail myself of this opportunity to express the sincere gratitude I feel and owe to your kindness and generosity.—DAVID M'LACHLIN."

Constipation. Fits better when bowels are confined.

Epileptic attacks.

Maria Albino came to me to-day, March 5. She has epileptic seizures, and approaches to imbecility:

her attendant states that she is always better of her fits when her bowels are confined: they act generally but once a week: whenever her bowels purge she has the fits much more frequently. CHAP. XVIII.

Division III.—Diseases of Eyes.

(94) *Ophthalmia better though bowels very confined.*

Henry Viles, (p. 2606, case book 1853,) aged two years, was brought to me on the first of April. He has severe inflammation of the eyes: he cannot open his eyes, and has not been able to open them for five months: he holds his head fixed downwards, not being able to bear any light: his mother cannot persuade him to eat: he is very thirsty: he cries much: he lies on his face with the view apparently of shutting out the light: the perspiration is profuse, it runs off him: his lips feel dry, they could not be seen, he held his head so bent down. He was ordered to take *arsenicum* and *kali carbonicum*, three-quarters of a globule every three hours in alternation. Ophthalmia. Arsenicum and kali carbonicum.

April 5, 1854, four days after, he was brought to me: he could look up a little: he opens the eyelids a little: the sweats are much lessened: the thirst is lessened: and yet his bowels have become *very much confined.*

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(95) *Dimness of sight of one eye, existing for years, relieved, though bowels confined more than a week.*

Fanny Royston, (p. 1416, case book 1847.) This patient has been suffering for years from a dimness of sight in one eye: she is affected also by partial palsy. December 21, 1847. Dimness of sight.

CHAP. XVIII. Opium.

Opium 8/12, were ordered to be taken in the course of a week, and although her bowels did not act from Saturday week, the day of commencing the medicine, the dimness of sight was very much relieved.

Division IV.—Chest Diseases.

(96) *Bowels confined, and yet violent pains in the chest, and other symptoms better.*

Pain in the chest.

Elizabeth Rice, (p. 1271, case book 1843,) consulted me in September, 1843. She complained of intolerable pain at the breast bone: she is excessively chilly and has a most unpleasant sensation of coldness at the nape of the neck: her bowels are rather confined: the attack appeared as incipient pneumonia.

Bryonia.

Ordered *bryonia*, a globule every six hours in the form of a powder.

Oct. 2.—I was again consulted, her pain at the breast bone is much better: the chilliness is gone: her bowels have NOT BEEN RELIEVED *since taking her powder*, which she says did her a great deal of good.

The patient herself in this case testified to the benefit derived from the *bryonia*, a benefit gained although, as stated, unattended with action of the bowels.

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(97) *Heart affection relieved though bowels confined.*

Heart affection.

Emma Button, who consulted me for an affection of the heart, took by my direction *aconite*. Her heart affection was relieved, and yet the bowels *continued confined.*

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(98) *Gastric affection cured and yet bowels confined.*

Gastric affection.

Amelia Henry, (p. 951*a*, case book 1846,) aged 34,

married, mother of one child, consulted me Oct. 26, 1846. Her symptoms follow— CHAP. XVIII.

Symptom 1. She has pain at the chest extending up to the throat. Symptom 2. Her food lies heavy at the chest, and, symptom 3, produces pain between the shoulders. Symptom 4. Her bowels are confined. Symptom 5. She has headache in the forehead.

Ordered *nux vomica*, four globules. Nux vomica.

Nov. 2.—No. 1 and 2. Pain at chest and food lying heavy, very much better. No. 3. The pain between shoulders has ceased. No. 4. The bowels *still confined.* No. 5. Headache better. Ordered *nux vomica* in smaller doses.

Nov. 9.—No. 1. Chest is easy, but the throat feels full. No. 2. The food lies very much easier. No. 3. Still well. No. 4. *Bowels confined five days.* No. 5. Headache in forehead. Ordered *graphites*, four globules. Graphites.

Nov. 16.—No. 1. Fullness in throat still. No. 2. Food lies quite easy. No. 3. Pain still absent between the shoulders. No. 4. Bowels not quite so confined. No. 5. Headache. Ordered *graphites* in smaller doses.

Dec. 1.—No pain, and fullness nearly gone. No. 2 and 3. Absent. No. 4. Bowels much better. No. 5. Forehead ache very much better. Ordered *graphites* in smaller doses.

The patient became quite well. The history of this case shows that the patient progressed towards cure notwithstanding that the bowels were confined. It shows also the efficacy of *graphites* in constipation: it being in this kind of constipation the most efficacous remedy.

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CHAP. XVIII. (99) *Asthma Millar (Millar's asthma) better, though the bowels became confined.*

Millar's asthma.

Walter Greaves, (page 745, case book 1853,) consulted me September 10, 1853. He has had short breath for the last seven to eight years: he cannot lie down, the difficulty of breathing is so increased by lying down: and at night the difficulty is so increased that he is obliged to jump up, even from the semi-recumbent position in which he places himself, otherwise he feels he must be choked: the dust of his business (he is a miller) and all dust makes his breathing worse: his hands are damp: his feet are dry: he can, it is worthy of notice, lie on either side; *i. e.*, in the semi-recumbent position he is obliged to assume, it matters not on which side he lies: he passes his water with ease, it is pale like water: he sweats at times: he wheezes, and the wheezing sounds like the noise of a whistle. I ordered *hepar sulphuris* and *sambucus* in alternation, about three-quarters o a globule every six hours. By the time he had taken sixteen globules of each medicine, his breathing became much better: he could lie down: he scarcely ever wakes with fright: the dust of his business affects him much less: his hands are not so unpleasantly moist; but his bowels have *become rather confined.*

Hepar sulphuris and sambucus.

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(100) *Bowels becoming confined, attended with difficulty of breathing, yet affection of chest better.*

Wheezing at chest.

George Sutton, (p. 1504, case book 1844,) aged 40, married, consulted me Jan. 7, 1844. He suffered from a wheezing at the chest: he has had this wheezing twenty years: often he cannot go up stairs: he coughs and expectorates in the morning: his bowels

are regular and his health is otherwise well, except that the food lies a little heavy at the pit of the stomach.

Ordered *hepar sulphuris* four globules, to be taken in the course of a week. Hepar sulphuris.

Jan. 14.—His wheezing is better: his cough is better: he has much expectoration, but it is white. To continue *hepar sulphuris*.

Jan. 29.—His wheezing is very bad: his cough still continues: his breath is very bad in ascending stairs. Ordered *arsenicum* for his breath. Arsenicum.

Feb. 8.—His cough is very bad at night: he coughs most when lying on his left side: his wheezing is better: he can go up stairs with comparative ease: his food lies easy: but *now*, though his symptoms are much better, his bowels have become confined.

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(101) *Asthmatic affection better though bowels remain confined.*

Lydia Gibbon, (p. 727, case book 1846,) aged 21, single, consulted me March 12, 1846. She has for the last week complained of such a stoppage in her breathing that she can hardly get her breath: her tongue is furred. Ordered *aconite* one globule, every eight hours. Asthmatic affection. Aconite.

March 18.—Her breathing is improved: her tongue is cleaner, her appetite improved, but bowels are confined: she feels giddy, and has pain at the right side of the belly when stooping.

May 28.—Her breathing still improves: her bowels are still confined, and the pain at the right side of the belly is better.

CHAP. XVIII. (102) *Case of cough with phthisical conditions better, though bowels, which were regular, became confined.*

Cough. Jane Threlfall, (p. 1845, case book 1846,) married, aged 34, consulted me November 9, 1846. She has the following symptoms:—

Symptom 1. A cough. Symptom 2. She expectorates a hard yellow phlegm. She has the general characters of a consumptive tendency. Ordered *pulsatilla*, a globule every eight hours.

Pulsatilla.

Nov. 11.—No. 1. Cough is better. No. 2. Sputa yellow. Her water is clear. Symptom 3. She perspires at her chest. Symptom 4. She experiences a weight at her bowels as if her inside was dropping through: her bowels are regular. Ordered *calcarea*, half a globule every eight hours.

Calcarea.

Nov. 23.—No. 1. Cough better. No. 2. The sputa are darker. No. 3. The sweats on the chest are lessened. No. 4. The weight at the bowels is better, her husband states that she is better altogether. Ordered *calcarea* in smaller doses.

Nov. 30.—No. 1. Cough still improves: better in every respect, but now her bowels are *extremely confined:* she feels a want to relieve the bowels, but obtains no relief when attempting it. Ordered *opium* and *sepia*, a globule alternately every eight hours.

Opium and sepia.

This patient became ultimately cured, and what is interesting in the progress of the case is, that her bowels became extremely confined, and yet she improved.

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(103) *Chest affection cured, though the bowels, which were regular, became confined.*

Chest affection. Catherine Aldridge, (page 21, case book 1843,) aged 27, single. This patient came under treatment

on August 29, 1843, for a bronchitis, which had troubled her for two years, but which now, in spite of allopathic treatment, had become much worse: she coughs after any exertion, after speaking or laughing: she has soreness at the left side of chest, and lying on the left side causes an uneasy sensation: she expectorates a little in the morning: her face flushes after eating: her bowels act daily: the water is clear: the monthly period is pale: she sweats at night, and has cramps in both legs and soles of feet. *Phosphorus* in diminishing doses had, by Sept. 19, very much improved her symptoms, so much so, that she could lie on either side: the cough was much better: the sweats had ceased, yet with this improved state her bowels had *become confined*, and her water had become thick. Ordered *lycopodium*.

Phosphorus.

Lycopodium.

On the week following she was much better in every respect. The bowels were still confined though improved under the action of *lycopodium*.

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(104) *Bowels confined a week, but heart affection better.*

Exhibited in the case of Eleanor Elliott, (p. 620, case book 1850,) May 6.

Heart affection.

(104*a*) Bowels, which were not costive, became costive; but the patient became better in regard to her chest affection. *Hepar* was the medicine used.

Hepar.

Division V.—Gastric Disease.

(105) *Violent gastritis, (inflammation of the stomach,) cured without any action of the bowels for three weeks.*

In the month of November, 1852, I was sent for in haste out of town to see a gentleman dangerously

Gastritis.

CHAP. XVIII. ill. I found that he had been seized at two in the morning with the most violent vomiting and retching. When I reached his residence about seven miles from London, he was so exhausted as to be almost unable to speak. He could just manage to answer "Yes" and "No." To do more seemed to be a great effort. This patient had suffered for some time from a chronic affection of the kidneys and bladder, and, it seems that the action had transferred itself to the stomach, and this, in my opinion, saved him from apoplexy, which would have happened had the transfer been to his brain. He, though exhausted, could not take the least particle of fluid: even his medi-

Ipecacuanha. cine, which was *ipecacuanha*, a drop of the third dilution in half a tumbler of water, and only a teaspoonful of this, he could not retain: it brought on violent retching. The matters ejected from his stomach were brown and glairy, and at last like coffee grounds: in fact, had not relief been obtained, he must have sunk. Here, in passing, it may be remarked, how valuable is homœopathy in its infinitesimal relationship. He was enabled to have medi-

Veratrum, bryonia and belladonna. cine dry on his tongue and in small globules; *veratrum*, *bryonia*, and *belladonna*, in succession, cured his disease: he had one very copious action of the bowels while he was vomiting.

He was not allowed to have any thing for three days, except a little bread soaked in water and sweetened. On the fourth day he was very hungry; but as his tongue was not clean he was forbidden to take any thing more; and yet, a fact inexplicable to those who talk about nourishing sick people by giving them food, he gained strength every day on his bread, sugar and water.

He became so hungry at last that he said he would have some meat. His wife, a most intelligent lady, but who is in very bad health herself, had nursed him with the greatest care, declared that he must not deviate from the physician's rules: that if he brought on vomiting again, she could not attend him; and that if he would run the risk for the sake of a temporary gratification, she would not be a party to it. This appeal, he being a man of sense, was effective; and the food, which was brought up to his chamber, he allowed to remain untouched.

He gradually increased his food, taking mutton broth; and he had no return of his vomiting, no headache, no pains, but daily increased in strength.

His bowels did not act for three weeks. This caused him some anxiety; but the fact that he experienced no inconvenience, but grew daily in strength, in appetite, and in mental power, and the fact that there was no distention of his belly although he has a slight umbilical hernia, made me feel convinced that the inaction of the bowels was merely a state, consequent on the previous violent retroverted action of the stomach exhibited in the vomiting, and that time was required for the gradual restoration of the regular action of the bowels.

Let it be that some old system practitioner had been called in and had given his purgatives, little or no doubt could exist that he would have induced vomiting and the patient would have died.

Indeed, there is considerable ground for the opinion, that, in inflammation of the stomach, benefit results from the inaction of the bowels. The violent retroversion of the action of the stomach requires time for the stomach to recover itself, and to enable the

CHAP. XVIII. stomach so to recover itself the action of the bowels seems to be suspended: and may not the deadly fatality of inflammation of the intestines, where purging and vomiting take place, depend upon the violence of the two actions, retroversion of action of the stomach and violent onward action of the bowels.

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(106) *Swelling at the region of the navel with gastric and heart affections relieved, though the bowels have become confined.*

Gastric and heart affection.

Sarah White, (p. 1806, case book 1852,) aged 26, single. She has suffered two years from pain at the pit of the stomach and heart symptoms.

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(107) *Stomach affection better though the bowels became confined.*

Stomach affection.

W. Cavan, (p. 502, case book 1850,) single, consulted me October 21. He has pain all over his chest after taking food: the pain extends between the shoulders: his breathing is short: his bowels act daily: the pain depresses his spirits. Ordered *pulsatilla*, four globules to be taken in the course of a week.

Pulsatilla.

Oct. 28.—The pain over the chest is much better: the pain between the shoulders is better: the breathing is better: the spirits are better, and yet *his bowels have become bound.*

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(108) *Gastric affection better though the bowels became confined.*

Gastric affection.

Wm Reed, (p. 1237, case book 1843,) consulted me Dec. 28, 1842. He suffers from a gastric affection, and from weakness and oppression of the chest occasionally for three years, which have become much worse the last three weeks. The affection is attended with pain, the pain and the weight being increased

by food: his spirits are depressed: he feels extremely weak: his bowels are regular. Ordered *pulsatilla.* Pulsatilla.

Jan. 4, 1844.—He perhaps would have been better, but he has been obliged to do extra work, which made him almost faint. Ordered *aconite* in alternation, at eight hours intervals, with *pulsatilla.* Aconite and pulsatilla.

Jan 11.—All his symptoms are better: he feels he is gaining strength. Ordered *aconite* one day and *pulsatilla* the next day.

Jan. 18.—All the gastric symptoms are *decidedly better*, but the bowels, which were regular, have become *confined.* Ordered *nux vomica.* Nux vomica.

Jan. 25.—The symptoms are still better; in fact, the pain and the weight are almost absent: he is much stronger: the bowels are still rather confined. Ordered *sulphur* 4/12, because of the bowels. Sulphur.

Feb. 1.—He is better altogether: the bowels are regular. Ordered *sulphur*, half a globule every other day for three times, then every third day for three times. He became well.

It will be seen that the patient became decidedly better, although his bowels became confined; and it will be further seen, that, under the action of *nux* followed by *sulphur*, the bowels became regular.

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(109) *Gastric affection better, though the bowels having been open became confined.*

Wm Warren, (p. 1690, case book 1851,) has been ill three years: he is troubled with sinking pain at the pit of the stomach, made worse by food: he has great lowness of spirits: his appetite is bad: his bowels act once a-day. Under the use of *nux vomica*, *baryta carbonica* and *lycopodium*, he steadily progressed. Gastric affection.

On Sept. 12 he called. The sinking and the other

CHAP. XVIII. symptoms were much better, but the bowels have become of late *much confined, so much so as to cause blood in the action.*

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(110) *Gastric pain cured though the bowels became confined.*

Gastric pain. Martha N., (p. 1209, case book 1850,) aged 33, married, never pregnant. She complains of pain at chest after taking food: the pain extends to between the shoulders: she has pain also at the right side: her bowels are pretty regular: she has pain in the head at time of the monthly period, which occurs about three days before its proper time. Ordered *pulsatilla* four globules.

Pulsatilla. Oct. 16.—Her pain at the chest and the shoulders continue, but the pain at the right side is better: dolorem habet in coitu: sensus est cujusdam duri in vagina. Ordered *cocculus* six globules.

Oct. 23.—*All her pains are better:* her tongue, which was furred, has become cleaner. *Her bowels are now confined*, so that in this case the pains became much better and yet the bowels became confined, having been tolerably regular when coming first under treatment.

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(111) *Gastric symptoms better though bowels confined.*

Gastric symptoms. Sarah Hobbs, (page 863, case book 1846.) April 6, 1846.

Stomach affection. (112) Elizabeth Baker, (p. 213,) states that *pulsatilla* cured her stomach affection, but rendered her bowels confined, which became regular, when she desisted

Pulsatilla. from the *pulsatilla.* October 30.

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(113) Mary Coxton, (p. 449, case book 1847.) *Pulsatilla* was used Nov. 10.

(114) *Abdominal disease with tendency to miscarriage subdued, although the bowels became confined.*

Eliza Ward, (p. 1807, case book 1850,) aged 26, married. This patient has miscarried nine times. She is now pregnant and complains of dragging pains at the side of the belly, which she always experiences when the miscarriage is approaching: she generally has a dark discharge two days before the miscarriage takes place: she has generally very little monthly discharge: her bowels act regularly: her water scalds and she has a bearing down pain. Ordered *sepia*, half of a globule every twelve hours. Abdominal disease. Sepia.

Sept. 25.—She is now two months pregnant, the time at which she has always miscarried: she has pain at the right side of the belly when she walks. Ordered *secale cornutum*, four globules. Secale cornutum.

Oct. 2.—She experiences agonizing pains at the side, and pains at the top of the head: she has a discharge of a yellow colour from the womb.

Ordered *sabina*.

Oct. 9.—The side pains are somewhat better: the discharge has lessened: she has much wind in the bowels: her head is better at times. Ordered *cocculus*. Cocculus.

Oct. 16.—The pain is severe at her right side: the yellow discharge has ceased: her bowels *are confined*. Ordered *sepia*, three quarters of a globule every six hours. Sepia.

Oct. 18.—The pains are better: the bowels have acted once: the womb discharge is a little. Ordered *sepia*, three quarters of a globule every eight hours.

Oct. 23.—The pains have ceased: her bowels act

CHAP. XVIII. *very confined*: the evacuations are hard and large and hurt her: there is no discharge from the womb. Ordered *graphites*, which restored regularity to the bowels.

Graphites.

It will be seen, that, in this case the patient, under the use of *sepia*, gets rid of the pains and of the discharge from the womb, and yet the bowels became very confined.

Sepia.

This patient went her full time: that is, after nine miscarriages she is enabled to go her full time; a result very frequently occurring under homœopathic treatment.

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(115) *Abdominal, gastric, and bladder affections in process of cure, and yet the bowels confined.*

Abdominal affection.

Bridgett Mindenhall, aged 47, (p. 1103, case book 1846,) consulted me January 7th, 1846. She had been a patient at St Thomas's Hospital, but had derived no benefit. She is married, has had six children and one miscarriage.

Symptom 1. Feels pain at the left side of her belly, which she has had seven or eight months. Symptom 2. The part feels so sore as to prevent her sleeping. Symptom 3. The feeling as if something falls down. Symptom 4. She cannot lie on the back from pain in her side. Symptom 5. Her appetite is bad. Symptom 6. Her food lies heavy at the stomach. Symptom 7. Her habit is costive. Symptom 8. She feels a desire to relieve the bowels, but obtains no relief when she attempts an action. Symptom 9. The actions, when relief is obtained, are small. Symptom 10. She has a difficulty at times of passing her water. Symptom 11. The monthly period is at too long intervals. Symptom 12. She has much white

discharge, which weakens her. Symptom 13. Has frequent flushes of heat. Ordered *sepia* four globules to be taken in the course of a week. CHAP. XVIII. Sepia.

Jan. 13, 1846.—No. 1. The pain is a great deal better. No. 2. *Slept better* since Saturday than she had slept *for two months.* No. 3. The feeling of something falling down is better. No. 4. She can lie much better on her back, in fact she can lie both on her back and on either side. Nos. 5 and 6. Appetite still bad, and food lies heavy. No. 7. *Bowels still costive.* No. 8. Feeling of want to relieve and with no effect, is better. No. 10. She can pass the water with greater freedom. No. 12. The discharge still continues. No. 13. The flushes are better. Ordered *sepia*, four globules in the course of ten days.

The patient continued to improve, the bowels were still costive, the actions becoming large, and causing blood, the flushes were quite removed; and four globules of *graphites* completed the cure. Graphites.

From this case will be seen, first, the power of *sepia* in removing diseased states of several months standing, and second, that while the bowels remained confined, the greater part of the symptoms were removed, and third, that the conditions of feeling of wanting to relieve the bowels and no effect consequent, were removed by the medicine *without* the bowels acting

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(116) *Piles better, though bowels confined.*

Wm Wells, (p. 1644, case book 1846,) aged 30, married, consulted me April 7, 1846. He complained of Symptom 1. Pain between shoulders and pain at chest. Symptom 2. It hurts him at the chest to take a full breath. Symptom 3. He has a cough. Symp- Piles.

CHAP. XVIII. tom 4. He cannot lie well on the left side. Symptom 5. His bowels are confined, and Symptom 6. He is
Aconite. troubled with piles. Ordered *aconite*, a globule every eight hours.

April 9, 1846.—No. 1. Pain between shoulders is better. No. 2. Cannot take a full breath. No. 3. He had a violent fit of coughing this morning. No. 4. Still unable to lie easy on left side. No. 5. His bowels acted this morning. No. 6. He is chilly and thirsty.
Bryonia. Ordered *bryonia.*

April 13.—No. 1. Pain between shoulders almost gone. No. 2. The pain at chest is only occasional. No. 3. It does not pain him to cough: the cough affects his head. No. 4. He can lie better. No. 5. Bowels rather confined. No. 6. Piles still.

Nux vomica. Ordered *nux vomica.*

April 30.—No. 1. Pain between shoulders is gone: the pain at chest is very much better. No. 3. No pain to cough. The cough hurts him at the back. No. 4. Can lie very well on the side. No. 5. The bowels still confined, but *the piles are decidedly better.*

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(117) *Severe pains in the bowels removed by cocculus, though no action of the bowels took place for three days.*

Pains in the bowels. Exhibited in the case of Richard Griggs, (p. 762,) October 23. This is one of the cases in which the necessity of opening the bowels is proclaimed as specially necessary by the advocates of purgatives.

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(118) *Bowels not acted since last Saturday, (this was on a Thursday) and yet the pain in the bowels, for which advice had been sought, was better.*

Pains in the bowels. Exhibited in the case of John Hill, (page 918,)

Nov. 15, 1847. He took 3/12 of *cocculus*, half a globule every eight hours.

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(119) *Bowels not acting for a week and yet piles not worse.*

Piles.

Miss H., (p. 65, p. b.,) aged 32, single. This lady had been troubled with a portion of blood passing away with the action of the bowels and sometimes without the action. With this she has been troubled for two or three years. *Sepia* and *causticum* were the medicines prescribed. She consulted me in May, and she again consulted me June 1852, and she stated that she had felt better in herself the last fortnight than she had for years, and further that the blood from the bowels is much lessened.

Sepia and causticum.

She stated, that, when she first took the medicine, she had no action of the bowels for a week, and when they did act they did not give her so much uneasiness as that she used to feel when they were *made to act by taking opening medicine.*

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(120) *Bowels confined, the patient better.*

Inflammation of the bowels.

Maria Elwin, (p. 613, case book 1851,) suffered many years since with inflammation of the bowels, which has left a liability to purging with violent pain and the passing of mucus. She became much better under treatment, and states that she finds herself always better in health when her bowels are rather confined.

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(121) *Intolerable cramp better, though bowels still confined.*

Cramp.

The idea is very common that in cramp and pain in the belly, if the sufferer can get anything to pass through him, all will be right. This common mis-

CHAP. XVIII. take is not justified by facts, besides the great injury done by the forcing medicine.

John Davis, (page 567, case book 1853,) aged 27, single, June 19, 1854, has had for a few days very severe cramp in the belly: his food lies heavy: his bowels are confined. Ordered *cocculus* and *opium*.

Cocculus and opium.

On June 20, the cramps have all ceased, but the bowels are very confined.

Division VII.—Diseases of the Urinary Organs and of the Womb.

(122) *Chronic inflammation of urinary organs better, though bowels confined.*

Inflammation of urinary organs.

Wm Pope, (page 1240, case book 1851,) aged 56, married, consulted me April 1. He suffered from pain in his loins extending to the bottom of the belly, attended with great looseness: the water scalds: he cannot rest at night: at one o'clock he wakes from a sense of heat and smarting pain, which keeps him awake and obliges him to get up. Ordered *cantharis*, 4/12.

Cantharis.

April 8.—All his symptoms are decidedly better, but his bowels have not acted the whole week till this morning, when they acted.

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(123) *Bowels confined, and yet affection of the womb and other states decidedly benefitted.*

Affection of the womb.

Elizabeth Moore, (page 1495, case book 1844,) aged 36, married, mother of three children, and having had one miscarriage, consulted me May 28, 1844. She had a child born dead four years since: she looks seriously ill; in fact, she presents a most miserable spectacle. She complains of being ex-

tremely ill: she feels obliged to pick her nose much, which causes much bleeding: she has severe pains in the loins, and at the left side of the belly, just above the hip: she has bearing down of the womb: profuse white discharge: monthly period regular, but rather profuse: her appetite is bad, food lies heavy: she feels sick: her bowels are much confined, and spirits very low. Ordered *nux vomica.* Nux vomica.

June 4, 1844.– She consulted me again. She expresses herself full of gratitude at the wonderful improvement in her state: she looks cheerful, the picking and the bleeding of the nose are better: her pain in the loins and in the belly is better: the bearing down feeling is better: the white discharge is lessened: the appetite is better: the food lies less heavy: the sickness is better: the tongue is cleaner: to her astonishment she remarked, that, though she is so much better, her bowels *are still greatly confined.* Ordered *nux vomica*, the doses to be taken only every other day.

July 1.—By repeating the *nux* the bowels became regular.

Division VIII.—Diseases of the Side, Back, &c.

(124) *Bowels becoming confined, and yet affection of side and feeling of melancholy improved.*

James Hutchens, (p. 884, case book 1844,) aged 21, single, consulted me Nov. 28, 1849. He had been troubled with a pain and a palpitation at the side, which ceasing, a swelling came at the same side: this swelling had continued for several months: the swelling gives pain occasionally and food causes an increase of the swelling, but otherwise the food lies Affection of side.

CHAP. XVIII. easy: bowels *are regular*, but his spirits are very much
Pulsatilla. depressed. Ordered *pulsatilla.*

Dec. 5.—The swelling still continues, but the pain, the increase of swelling produced by the food, and the depressed spirits have become better, though the bowels, which were regular, *have become confined.*

The improvement continued several weeks, though the bowels were still more confined than when the treatment commenced.

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(125) *Pains rheumatic in the neck and the shoulders better, though the bowels were confined.*

Rheumatic pains. Jasper Dubding, (p. 506, case book 1853,) consulted me, June 1853, for pain in his shoulders and his neck, which pain troubled him most in bed: he had had this pain for three weeks, having been for three months in a state of great weakness: he has taken much medicine to force the bowels, (which have been inactive three or four years,) into activity: his water is thick: he sleeps uneasily.

Rhus and lycopodium. I ordered *rhus* and *lycopodium* in alternation, and, in a fortnight, his shoulder pain and neck pain were much relieved: his water was much clearer, and yet notwithstanding his bowels are more confined than they were before this improvement took place.

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(126) *Rheumatic pains cured and yet bowels confined.*

Rheumatic pains. Exhibited in the case of Maria Payne, (p. 1241, case book 1844).

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(127) *Bowels becoming confined and yet symptoms (pain in the back, &c.) present, when the bowels acted every day, are better.*

Pain in the back, &c. Sarah Rhodes, (p. 1451, case book 1844,) single,

aged 21, consulted me June 12, 1844. She complained of pain at the lower part of her back, when sitting at work: the pain is aching, and is felt still worse when walking: her appetite is bad: her tongue is furred: the food lies heavy and rises: *her bowels act every day freely:* she feels worse in the evening: her spirits are depressed. Ordered *pulsatilla.* Pulsatilla.

June 24, 1844.—She consulted me again, her back pain is very much better: she can walk very much better: appetite is better: food lies lighter, and does not rise: she feels better in the evening, the time when she felt worse, and yet *her bowels have become confined.*

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(128) *Bowels during cure becoming confined, and yet the symptoms present when bowels were regular, become better.*

Esther Cox, (page 419, case book 1844,) aged 33, belonging to a family of which three have died, consulted me August 29, 1844. She complained of extreme weakness: of swollen face: pain in the side of the throat: appetite bad, food causing pain at the stomach: her water is clear: monthly period regular, though liable to be brought on by a little excitement: she has profuse white discharge, attended with irritation: she sweats by day: her spirits are very low. Ordered *pulsatilla.* Extreme weakness. Pulsatilla.

Sept. 4.—Her weakness is better: the swelling comes and goes: the throat is easier: appetite is now good: food produces less pain. Ordered *pulsatilla,* the doses on alternate days.

Sept. 13.—She feels much better in herself: all the symptoms are better; yet, now, *the bowels have become confined.*

CHAP. XVIII.

(129) *Glandular affection much better and yet bowels confined.*

Enlarged glands.

Sarah Burup, (p. 278, case book 1852.) This girl, aged 15, has had upwards of two months the glands under the jaw at one side of the neck enlarged: the glands are very painful: her complexion is sallow: her countenance is anxious: her bowels are confined.

Mercurius, hepar sulphuris and silicea.

She took *mercurius*, *hepar sulphuris*, then *silicea*, then *hepar sulphuris*, and improved much: her countenance became less anxious: her complexion became clearer: the glands lessened in size: proceeded to healthy suppuration, but the bowels were *very confined.*

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(130) *Bowels not acting for six days, and yet a quinsy which burst, become quite healed.*

Exhibited in the case of Thomas Taylor, Sept. 18.

Belladonna.

He took *mercurius* and *belladonna* in alternation.

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(131) *Ulceration with severe constitutional symptoms, but bowels confined.*

Severe burn.

James Greaves, (p. 704, case book 1846,) consulted me April 1, 1847. A red hot spark from the metal which he was working in the forge, fell between his fingers: it burned him severely: he treated it as well as he could, but his sufferings had now become so intense that he determined to have my advice: the part is now ulcerated: the ulcerated surface looks very unfavourable.

April 5.—His finger is much swollen: proud flesh is present at the ulceration: it burns much: headache is very bad: his bowels are very much confined.

Silicea.

Ordered *silicea*, a globule every eight hours.

April 7.—His finger is almost of its natural size: the colour of the flesh is natural: the proud flesh has disappeared; *but he has had no action of the bowels for a week.* Ordered to repeat *silicea* in less doses. He became quite well. CHAP. XVIII. Silicea.

Here ulceration of the most severe character is cured without any action of the bowels; and yet how continually is the doctrine promulgated by the old-system practitioner, that, in the treatment of unhealthy ulcers, purging is one of the most effectual means.

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(132) *Abscess in the breast decidedly better, but bowels not active for a week.*

These phenomena were exhibited in the case of Mary A. Scowen, (p. 1438, case book 1852). Abscess in the breast.

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(133) *Bowels, which were regular became confined, and yet the patient was much better.*

These phenomena were exhibited in the case of James Bishop, (p. 629, case book 1848.) He was taking *calcarea* 4/12, May 12. Calcarea.

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(134) *Bowels not acting for sixteen days, and yet the patient relieved of a most serious malady.*

Hester King, (p. 969,) Sept. 17, 1847.

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(135) *Bowels not active for a week, and yet all the symptoms better.*

Mr. Carroll, (p. 472, case book 1847,) Jan. 14, 1847. *Graphites* was the medicine used. Graphites.

CHAP. XVIII. (136) *Bowels confined but pains, which were troublesome afternoon, evening and night, became much better.*

Lycopodium. *Lycopodium* was the medicine used, (p. 1250, case book 1847,) June 25, 1847.

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(137) *Though bowels are or became confined, the symptoms better.*

Exhibited in the cases of

1. Mary Otley, (p. 1204, case book 1849.)
2. Isabella Tomlinson, (p. 1560.) Sept. 9, 1487.
3. Eliza Smart, (p. 1737,) Oct. 14, 1846.
4. Mary Hodder, (p. 839, case book 1846,) May 16, 1846.
5. James Paul, (p. 1323,) August 28, 1844. This patient's bowels had not acted for four days and yet he was better.
6. Sarah Scott, (p. 1458, case book 1847,) June 29, 1847.
7. Elizabeth Hull, (p. 1003, case book 1849.) In this case the bowels had *not acted for a fortnight*, and yet the patient was better.
8. Mary Noakes, (p. 1187, case book 1850,) June 18. In this case the bowels became confined and yet the patient was better.

Pulsatilla. In the cases 3, 4, 5, 6, 7, 8, *pulsatilla* was the medicine used.

Mrs Allwork, (p. 6, case book 1847,) states, that she does not feel that inconvenience from the bowels being confined which she expected to experience. Dec. 6, 1847.

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(138) *Case of prurigo pudendi much relieved, and yet the bowels confined.*

Ann Finch, (p. 676, case book 1846,) aged 50, married, mother of two children, consulted me Aug. 22, 1848. She complains of the following: Prurigo pudendi.

Symptom 1. Pain in the passage to the womb with burning heat; to these conditions she has been subject at times for the last seven years. Symptom 2. She is much swollen. Symptom 3. She has severe itching, particularly at the gut, and all the hind parts, and for four years she has used all manner of things to get relief, but without benefit. Symptom 4. She has very much white discharge. Symptom 5. Her monthly period lasts only three days and is very offensive.

Ordered *petroleum* four globules, to be taken internally in the course of a week, and to use a lotion of ten drops of the tincture of *petroleum*, of the first dilution, mixed with a table spoonful of water. Petroleum.

August 29.—No. 1. The pain in the passage is much better: has experienced great relief from the use of the lotion: *her bowels are confined*, and she feels headache and sickness. Ordered *bryonia*, a globule every eight hours, four times, then *petroleum* again. Bryonia then petroleum.

Sept. 5.—No. 1. Pain in the passage is a great deal better: itching has not been felt for the last week: headache is better. Bowels confined, not acted at all for the last two days.

This case is remarkable as showing the power of the *petroleum* in this troublesome disease, when presenting the phenomena as recorded, and also as esta-

CHAP. XVIII. blishing the fact that the patient improved in health, though the bowels have not acted for two days.

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(139) *Vesicular erysipelas cured, though no action of the bowels for five days.*

Vesicular erysipelas.

Lachesis and acidum nitricum.

Robert Gardner, (p. 795, case book 1852.) This patient, who was confined to bed with vermicular erysipelas and other symptoms, took *lachesis* and *acidum nitricum*, and though his bowels did not act for five days, the erysipelas was cured.

It is a fact that some patients are better when their bowels do not act freely.

Patients better when bowels do not act freely.

Jane Jarrett, who has long been troubled with an affection of heart, for which she has been treated for a great length of time allopathically without benefit, has derived very great benefit under homœopathic treatment. She states that she is always better when her bowels are rather confined, and she is never so well when they act every day.—November 28, 1851.

A patient under the writer's care for epilepsy, has the attacks much more frequent when the bowels are free than when they are confined: so that the nurse, who attended upon her, always dreads an attack when the bowels act daily.

Miss Chipperfield consulted me March 1854, on behalf of her sister. She states that whenever her sister's bowels act freely, she is always worse.

Division X.—Non-exhibition of Purgatives after Child-birth. CHAP. XVIII.

Non-necessity of purgatives after child-birth.

The non-necessity of forcing the bowels in order to recover regularity of action is strikingly exhibited in the benefits resulting from the homœopathic treatment of child-birth, a part of that treatment consisting in the non-exhibition of purgatives.

It may be useful to record a few cases, showing the non-necessity of the exhibition of these agents.

"Since the birth of my child last Friday week, I have adopted your plan of *not* taking opening medicine—much, I can assure you, against the wishes of my medical adviser, and indeed of all those around me—but I am happy to say that, at present, I have had no cause to regret having done so, on the contrary, I may say I have never felt so strong and so well at any of my former confinements, this being the seventh, as I have done this time. On the sixth day the bowels were relieved and have been each day since.

S. S.

"Leicester, Oct. 7, 1844."

This lady is of a confined habit of body as well; but she had, previous to her confinement, taken *nux* with benefit. She took *bryonia* four times before the first action of her bowels, and has taken *nux* several times since.

Bryonia.

Mr Green called Sept. 14, 1844, (p. 741, case book 1843,) said he had a Domestic Homœopathy, and when his wife was confined with her (the first) child, he would not let her have any medicine but some *coffæa*, for her severe pains, which relieved her much,

Coffæa.

CHAP. XVIII. and she was delivered in three hours: he allowed her to have no purgative medicine, and he would not let them give his child any. They both were and are exceedingly well.

Constipation after delivery for six days; no action, and yet very well and feels no inconvenience. Janu-
Bryonia. ary 29, 1844. Mrs Deere took *bryonia* and was relieved.

Mr Samuel Kidner called, said his wife had been delivered. The surgeon had sent some medicine, although he told him his wife would not take it; the bowels did not act for four days; the doctor said she would fall between the two stools and that she must take her medicine. She said No, I shall take no medicine. She had a good time.

"Ardwick, July 6, 1843.

"Dear Sir,—I have great pleasure in informing you that my dear wife was safely delivered of a fine boy on the evening of the 4th instant, she had a very severe labour, but now both she and the infant are going on very well. Mr T—— attended her and has treated her homœopathically. The babe is to be named John William. Your's truly, J. T."

Mrs Harvey was confined May 30, 1843, with a dead child. It was almost in a state of decomposition.
Arnica. She used *arnica* and nothing else: she has had no pain since but has been well, excepting that her breast
Pulsatilla. was a little painful, for which she used some *pulsatilla*. She had very little discharge since: she did not think that she was in the family way and had made no

provision. I had told her that she was, but she said she had not had the quickening. CHAP. XVIII.

Mr A—— called June 10, 1844, and stated that Mrs A. had presented him with a son: that she did as directed in my book: that she took no medicine from her medical attendant, and she never was so well as she was this time after her confinement.

She told her surgeon that she was a homœopathist, and that he need not send any medicine as she would take none, but would go by Dr Epps's book.

Mrs Hanks, April, 1843, was confined a week since: used *arnica*, but took no physic and has done very well. Arnica.

April, 1845, saw Mrs A——, of Frederick Street, Gray's Inn Road: she had been confined a fortnight: she looked excellently: she said she had taken no medicines but homœopathic medicines and she was very nicely. The surgeon's medicine was in the drawer. Her sister stated that so it was with her in her confinement.

Mrs Davis, Jan. 9, 1845, went through her confinement "very nicely indeed:" was confined last Saturday: took *arnica* globules and applied *arnica* tincture. Arnica.

Mrs Dawson confined of a boy, she took some physic her surgeon sent her: she was worse: she then took some homœopathic medicine and was well. Harriet Thomas stated this, Jan. 29, 1845.

CHAP. XVIII. Arnica.

Jane Bennett, confined a week, doing very well, took nothing but the *arnica*, (p. 88, case book 1844.)

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Elizabeth Harvey was confined eight days ago: she took no medicine, but the nurse pressed her to take some: her husband insisted she should not: she did not, her bowels acted of themselves and she has done very well, (p. 886, 1844).

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Thomas Edwards called, (p. 484,) much improved in health, Feb. 18, 1848. He had not been able to come before because his wife had been confined: she had an excellent time: she had no medicine but homœopathic: she has been married four years and never had a child before.

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Mrs T., (April 10, 1852,) stated that she managed very well with her daughter in law's children with the medicine chest and the Domestic Homœopathy: her daughter in law had been confined lately, and she would not take her surgeon's medicine, but was treated according to the Domestic Homœopathy, not taking any purgative medicine at all, and she was up and about in a fortnight, whereas, never before when following her surgeon's rules, had she been up till a month had passed; proving, as Mrs T. remarked, the injury done by the physic the doctors give. Mrs T. expresses her wonder at the obstinate incredulity of the profession.

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Injuriousness of purgative medicine after child-birth, and their non-necessity.

Mrs H., of ——, in Kent, consulted me: she had had eight children: directly she was pregnant the

surgeon was in continual attendance prescribing for her (because her bowels are confined,) purgatives and other medicine, and she is always on the sofa or lying down. When in child-birth her times were most severe, and she then and afterwards was deluged with medicine.

I ordered some medicines for her symptoms, and when she had taken those medicines, she was ordered to take no more medicines.

This time she was able to keep up till the day of her confinement: she had a very good time, and felt extremely well, regaining her strength speedily: her bowels were confined, (she is habitually confined,) but *sepia* and *opium*, in alternation, established regularity.

Sepia and opium.

CONCLUSION.

Similar facts to those recorded in the various sections of this chapter, might have been added to a very large amount; but it is deemed that those, already recorded, will be quite sufficient to demonstrate the non-necessity of purgative medicines for the purpose of curing diseases, or for removing states which are deemed as productive of disease.

CHAPTER XIX.

Introductory remarks. Injuries to the brain and eyes produced by purgatives. Injuries to the stomach and digestive organs from purgatives. Injuries to the intestines from purgatives. Injury to the womb and the uterine organs from purging. Injuries special from purgatives. Injuries from the employment of turpentine as a purgative.

Section I.—Introductory Remarks.

CHAP. XIX.

Introductory remarks.

The reason of the injuriousness of purgatives was fully worked out in chapter XIII., and various illustrative statements have been presented in connexion with the physiological conditions of each part of the intestinal tube, these conditions being morbidly affected by the action of purgatives.

Before noticing individual cases, illustrative of the injuries inflicted by purgatives, it may not be unadvantageous to present a condensed statement of the views already put forward.

The facts, already stated in the physiological part of the work, in relation to the structure and the functions of the various parts of the intestinal tube,

develop the law, that "each portion of the alimentary tube in effecting and producing something particular for itself, also effects and produces something general for what comes after it."—*Regnum Animale*, p. 163, vol. i.

Indeed "the intestines may be regarded as a new, continued, consecutive stomach."—*Regnum Animale*, p. 62, vol. i.

Each part of digestive tube has a duty to perform; purgatives interfere with such performance.

As therefore each part of the intestinal tube has for its end the preparation of the food so as to convert it into nutriment, and as each part performs its own special duty in the general whole of digestion, it is certain, that any interference with the action of each or any of those parts must tend to impede the proper formation of that nutritive fluid, to perfect and to abstract which the intestinal tube and its connected parts were formed.

Why is the intestinal tube of the great length it is, namely, six times the length of the body? Why are the parts of which it is formed, endued each with its distinct duties? Why except to ensure that the contents of the tube should have extracted from them all the matter that can be appropriated to the support of the body. Indeed, in order that all the chyle should be taken up in its passage along the intestines, it is necessary that their contents should be delayed, so that these contents may be applied to all the parts of the intestinal tube through which absorption of the chyle can take place. If a purgative is taken, it irritates the intestinal tube and causes the food to be carried through the tube much quicker than it should be; the consequence is that the chyle is not absorbed, it is expelled.

The fact that lacteal vessels, which are so abun-

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Lacteals in all parts of the intestinal tube.

dantly distributed through the intestines, are found even in the rectum, demonstrates, that, even, in this intestine, delay should take place, so that any chyle that has not been absorbed in the food's journey through the other parts of the bowels, should not be lost but taken up. But purgatives will carry the bowel contents away before the absorption can take place; and thus inflict injury on the general system, by depriving it of the materials necessary to nourish it.

But purgatives act destructively on the coats of the tube themselves, especially on those of the rectum.

In the description of the rectum it was stated that mucous follicles abound in the rectum. These mucous follicles secrete an abundant supply of mucus to prepare the intestine for the passage of the fæces.

Purgatives injure the coats of the rectum.

Purgatives by continually irritating these mucous follicles cause an excessive discharge, and thus at length deprive these follicles of the power of secreting the mucus necessary to the lubrication of the fæces. The consequence is that the fæces become excessively hard, rendering them difficult of expulsion, and often productive of pain when they are expelled; and thus induce a state which causes permanent constipation, and, in some cases, stricture of the gut itself.

The close neighbourhood of the womb to the larger intestines explains why such serious uterine affections are induced by the irritation of purgatives.

Section II.—Injuries to the Brain and Eyes produced by purgatives.

(140) *Epilepsy produced by purging.*

Epilepsy produced by purging.

Thomas Smith, (p. 763, public case book,) who had been under my care for epilepsy, of which he had not

had any attack for months, was seized with a fit. He stated that he had been persuaded to take some castor oil, and it was after the action of the castor oil that the fit occurred.

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(141) *Injury to sight from old system medicines.*

Injury to sight.

Alfred Smith, (p. 1566, case book 1849,) aged 33, came to me, August 18, 1849, with a dreadful attack of tic. He has been affected since Christmas, 1847. This patient has been made a medical martyr. He has been under the care of Dr Thomson and of Dr Latham at the Middlesex Hospital. He has been salivated twice; electrified for four months; blistered four times; besides multitudes of other means, but with no benefit, but getting worse.

His sight is affected. This affection came on while he was taking the medicine He then *lost his sight, so that he could not see except by looking* SIDEWAYS; THIS IS BETTER SINCE HE LEFT OFF TAKING MEDICINE. The patient is gradually getting better under homœopathic treatment.

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(142) *Blindness produced by purging.*

Blindness.

"In the spring prior to his (Professor Davis's) decease, an attack of TOTAL BLINDNESS, which lasted about five minutes, supervened during a *violent vomiting, induced unintentionally* by a purgative. This left behind double vision, in certain positions of objects only, which continued for about six weeks. He showed symptoms of rapid failure of health during the ensuing summer; he nevertheless, until the last month of his summer course, continued to throw the same interest into his lectures, and to address his

CHAP. XIX. class apparently with the same spirit as heretofore. He recovered in some degree his strength and energies by a brief residence at the sea-side, sufficiently to induce him, on the October following, to re-commence his duties, which it was now destined he should enter upon for the last time."

Section III.—Cases of injuries to the Stomach and Digestive Organs from purgatives.

(143) *Dyspepsia caused by purgative medicine.*

Dyspepsia. Robert Side has been troubled for years with pains at the stomach with risings. These came on first after taking purgative medicines.

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(144) *Injury to throat by strong medicine.*

Throat affection. Mary Leighton, (page 970, case book 1852,) has had an affection of throat six years. She went to Guy's Hospital because her monthly period was not regular: they gave her such violent medicine that she has suffered in her throat ever since, and a dozen of her teeth became rotten and they fell off: the stumps still remain in the jaw.

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(145) *Stomach affection (chronic gastritis) induced by purging.*

Stomach affection. Mary Rogers, (p. 1562, case book 1845,) had, at her 35th year, her monthly period arrested by a sudden fright at the death of her mother. The physician, who attended her, gave her violent medicine, to bring on the discharge, and from that time to the present (many years) she had never been well, having been a sufferer from a variety of gastric symptoms.

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(146) *Gastric irritation induced by purgative medicine.* CHAP. XIX.

Gastric irritation.

A. B., who has the common symptoms of gastric disease, viz., pain at the pit of stomach after taking food and confined bowels, remarks, that, whenever he takes purgatives to open the bowels, he has an increase of the pain at the pit of the stomach; showing that the action of the purgative, though perhaps effective in opening, as the phrase is, the bowels, increases the gastric irritation.

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(147) *Weakness of inside (chronic gastritis and enteritis,) induced by forcing medicines.*

Weakness of inside.

Mary Godwin, (page 720, case book 1846,) who was under my care for swelled joints, mentioned that her monthly period had stopped. I replied that it might be restored. She, with anxious look, said imploringly, "Doctor, do not give me anything to force it, for I am so weak in my inside."

This entreaty exhibits the injuriousness of the method, almost the only method which the old system practitioners have to bring on the monthly period, namely, to purge briskly, *i. e.*, to *irritate the bowels.*

The poor sufferer had already experienced the effects of the aid afforded by allopathy in such cases; and, thinking there was no other method to bring on the monthly period, deprecated the means.

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(148) *Gastric and intestinal disease brought on by purgatives.*

Gastric and intestinal disease.

Martha Carson, (p. 350, case book 1852,) aged 22, married, the mother of one child, having had four miscarriages, is a great sufferer. She ascribes her sufferings to the employment of purgatives.

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She has a bad appetite: a sickly feeling at the stomach: much wind: a sensation of lightness in the head when she rises from her seat: her bowels are confined: she has piles, which bleed: her water passes thick: she has a feeling, extremely distressing, of pressure at the heart: she feels, when in bed, as if something snapped in her back: she has a sense of choking in the throat: she screams at night in her sleep.

All these distressing symptoms are identified in her mind, as concomitant with and dependent on the taking of purgatives.

Graphites and cocculus.

She has derived great benefit from the alternate use of *graphites* and *cocculus*.

Section IV.—Injuries to the Intestines from Purgatives.

(149) *Descent of gut after childbirth from taking purgative medicine.*

Descent of gut.

Mrs. S.—I was called out late to see this patient: it was feared she could not live out the night. I found her in a state of intense excitement, high fever, thirst, tongue coated brown, great prostration, rapid pulse, with marked cerebral symptoms.

I found that she had been a patient of mine about a year since. I then told her, so her friend stated, that, when cured, it was likely she would become pregnant: she had had no child for six years: the prediction was verified.

She had been confined a week and she was going on very well, pursuing the rules laid down in the

Domestic Homœopathy,* when the surgeon, who attended, told her she must take some castor oil: she refused, but he frightened and forced her to take it. It purged her violently and *brought down the gut*, and produced great suffering: the surgeon then gave her some opiate medicine, to soothe her and to take off the effect of the castor oil; but she became much worse, and on the morning of the day on the evening of which I saw her, he came and gave her some medicine to take, and she would not. He told her she must. She would not. He sent for her husband, whom he required to stand over her and see that she took the medicine.

She would not: the struggle, which this inconsiderate surgeon ought to have known would have done more injury than all his medicine could do good, even if it were suited to the case, (yet the person is an accoucheur in large practice,) brought on a suppression of the lochial discharge, and when I saw her the symptoms threatened, as was stated, cerebral affection.

Belladonna and *bryonia* were given in alternation. Belladonna and bryonia.

On the following day she was better, but the day after, being visited by some relation, she became worse, and in the night was delirious: she had excessive thirst, great prostration, and profuse perspiration: she was ordered *arsenicum* and *phosphorus* in alternation, and in the course of a few days she was restored to health. Arsenicum and phosphorus.

What mischief do these meddling surgeons by their

* Domestic Homœopathy; or Rules for the Domestic Treatment of the Maladies of Infants, Children, and Adults, and for the Conduct and the Treatment during Pregnancy, Confinement, and Suckling; by JOHN EPPS, M.D. Piper & Co. 23, Paternoster-row, 4th edition.

CHAP. XIX. medicines, treating, as they do, pregnancy and child-birth as a disease.*

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(150) *Descent of gut from taking Hooper's pills.*

Descent of gut. Frances Hughesdon, (page 74, case book 1847,) aged 26, has had a bearing down of gut since 14 years of age, when her aunt gave her some of Hooper's pills.

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(151) *Bearing down of gut for many years, produced by taking salts when very young.*

Bearing down of gut. Mary Nash relates (Sept. 1853,) that she has been afflicted with this malady from the cause stated.

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(152) *Descent of the gut with pain when taking purgative medicine.*

Mrs T., of W., writing to me, Oct. 10, 1850, of a patient, Mrs W., remarks, "I have learned from Mrs W., that, at every action of the bowels some part descends, not causing any pain, except when *taking purgatives.*

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(153) *Descent of gut from purgative medicine.*

Descent of gut. In July, 1847, I was sent for by express to Derby, to see a gentleman dangerously ill. I found his constitution destroyed by physic: his age was 54. His rectum had descended after every stool for some months, and it was necessary to have it pressed up each time of relieving the bowels. This affection came on after violent purgative medicine, given to him by a surgeon at Derby.

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* In fact so universal is this treatment of child-birth as a disease, that surgeons agree to a fee which is to comprise the attendance and the medicine.

(154) *Excessive debility induced by purging.*

Excessive debility.

Wm Beckett, (page 142, public case book,) had been affected with erysipelas. To cure this he had been briskly purged; and after this brisk purging, he had become debilitated to an extent quite distressing.

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(155) *Piles brought on by purgative medicine.*

Piles.

The surgeon gave me (John Buckingham, a patient who had been under my care, but who was taken ill in Wales,) a purging draught, and brought on an attack of piles. Nov. 1846, p. 195, case book 1846.

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(156) *Piles brought on by purgative medicine.*

Piles.

Frederick Barrett, (page 218, public case book,) came under my care. He has had piles with intense suffering, which came on under allopathic treatment, strong purgative medicine forming part of that treatment.

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(157) *Discharge of blood from the bowels caused by salts.*

Discharge of blood.

Francis Joseph Leaver, (page 986, case book 1851,) aged 35, married He passes blood whenever he goes to the closet, sometimes dark, sometimes light: he has at times a pricking pain in the part: he was once troubled with itching and rash on the hands: he took salts for the rash and itching, and ever since he has had this discharge.

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(158) *Hernia caused by violent purgative medicine.*

Hernia.

Mrs B., of D., called Dec. 22, 1846. She stated that she had consulted me Nov. 26, 1846, for stomach and intestinal pains and affections, with which she

CHAP. XIX. had been troubled for twelve months, and now she is well.

She stated that she is six months gone in pregnancy, and that she dreaded her confinement, because her surgeon, Mr M., "deluged her with physic" at those times.

She asked me, further, whether homœopathic treatment had reference to rupture, because, if so, her husband would consult me. He (her husband,) had had rupture for some years, ever since having had what was called inflammation of the bowels, when he was violently purged. *The rupture came from the purging.*

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(159) *Hernia (vaginal) caused by purging, communicated by Dr Kelsall.*

Hernia. Sarah Weldon, aged 44, a poor, pale, emaciated woman, presented herself to me Jan. 12, 1852, suffering with ascites and œdema of the lower extremities. She says she enjoyed tolerable health until about six months ago, when she put herself under the treatment of an allopathic practitioner, who told her she had "deranged liver," and gave her pills (four times a-day,) which salivated her severely; after which she took much iodine, till it produced many distressing dyspeptic symptoms, flatulence, cardialgia, sour risings, loss of appetite, &c. obliging her to discontinue the use of it. Shortly afterwards, (i. e., about three months after commencing medical treatment,) her abdomen began to enlarge rapidly, for which her medical attendant prescribed elaterium: she took this drug for two months in the form of pills, and says it completely "poisoned her." On the first day she took elaterium, it occasioned twenty-

four hours incessant vomiting, (her husband says fæcal vomiting,) and watery purging, followed by great debility and faintness, the size of the abdomen was temporarily reduced, but her limbs permanently emaciated, and on ceasing to take elaterium the fluid soon collected again in the abdomen, which with her legs and feet are much distended: she has constant pain in the right hypochondrium, right shoulder, and under the right scapula: can lay only on her back: her motions are clay-coloured, which, for the last month, she has been obliged to obtain by a dose of castor oil once or twice a week.

During two months that she took elaterium the straining occasioned by the purging, has caused a tumour to protrude from the vulva, which has been gradually increasing in size, and which she supposes to be a prolapsus uteri; but, on examination, it proves to be a species of hernia, caused by the peritoneal cul de sac, between the rectum and the vagina, which (filled with serum from the cavity of the abdomen,) has forced down the posterior wall of the vagina through the vulva, where there is a bag, filled with water, nearly as large as a goose egg, hard and tense but compressible; the tumour filling the vagina, and pressing the uterus against the fundus of the bladder. *Pulsatilla* and *hepar* were prescribed, to be taken alternately every four hours.

Pulsatilla and hepar.

January 19.—She came to tell me her appetite had improved, and that this morning she had been surprised to have had a perfectly natural evacuation from the bowels, without the use of castor oil. *Nux vomica*, quarter of a drop of the third dilution was prescribed, to be taken every night at bed time.

Nux vomica.

Jan. 26.—Her husband came to tell me she had had

CHAP. XIX. a natural evacuation every day since the last report; but that she has increased an inch in circumference round the abdomen, and the tumour from the vulva is increased in size: as he had no means of obtaining proper attendance at home he was about getting her admitted into Guy's Hospital.

Feb. 9.—The husband reported that she had undergone the operation of tapping in the hospital, and that with the evacuation of the water from the abdomen, the tumour protruding from the genitals had quite disappeared.

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(160) *Case of stricture of the rectum from purging by Epsom salts and subsequent death.*

Case of stricture.

Mrs B., aged 38, married, the mother of five children, has had besides four miscarriages, two of these having been within eight months. The last miscarriage was on Feb. 20, 1845, and she was so reduced as to be unable to have her bed made till the 9th of March. On the 19th of April, 1845, (Saturday) when I visited her for the first time, she was obliged to keep to the sofa in her bed room.

I found that she had suffered for twelve years from a difficulty of passing the contents of her bowels: during the whole of that time she had passed occasionally substances like flesh. The surgeon who had examined and treated her, declared that her disease was *stricture of the rectum.*

Her state, when seen by me, may be thus described; and attention to her history in this point of view will amply reward the reader, and will painfully demonstrate the evils of purgatives, and the mischief inflicted by many of the rectum surgeons,

She has constantly confined bowels, and never gets

an action of them without medicine or an injection. She feels nevertheless a constant desire to relieve them, and the gut every few minutes discharges the liquid fæces, so that every few minutes she soils her linen, and hence it happens, as she herself relates, that her whole mind is concentrated in her rectum, and she being a person of the greatest sensitiveness in reference to cleanliness almost loathes herself. The continual excitement thus produced and the medical means used to relieve her have brought her nervous system, she states, to the verge of madness.

Constant desire to relieve the bowels.

When her bowels have not been relieved for a few days, she experiences great fulness, pain, and uneasiness in the region of the left groin.

When, to relieve the bowels, she uses the injection, she has, directly she introduces the instrument, the most agonising spasms; in fact, she can introduce only the smallest possible quantity of water at a time, and sometimes when the instrument has passed through the small aperture left in the gut, the spasms are so severe that no means could cause the tube to go any further: so severe indeed are the spasms, that at times she fears the womb, or the bowels, or both will be forced away.

Agony from spasms.

In the attacks of pain she is obliged to seize hold of the head of the bed or of any thing near her, just like as in the forcing of labour: indeed she asserts that the pains of straining after the injection are as violent as at child-birth: these, she adds, she knows will have an end, but those will not.

The stools are constantly relaxed. In fact she believes she could not pass any evacuation unless it were relaxed. The feeling she has is as if the gut that ends in the rectum was contracted and worked

Stools constantly relaxed.

CHAP. XIX. down towards the rectum, and, then, if perchance the opening in the contracted part of the rectum meet it, the stool passes: if not then strain follows strain. She feels as if a large ball of fire were stuffed up the bowels. Great stiffness and soreness are felt in the lower belly.

Besides all these miseries she has considerable mucous discharge from the vagina, and she has had at times, besides the miscarriage, profuse hœmorrhage from the womb. Her sight is affected by the loss of blood.

Temporary relief by the use of suppository of morphia.

The only relief she gets to the spasm after the injection is by the use of a *suppository of morphia*, of a strength equal to a drachm of opium. She passes this through the stricture, and, after some time, relief is obtained; but when the effect of the morphia subsides, the straining comes on again.

Besides the suppository, she is obliged to take morphia to make her sleep.

As may be supposed, she has had medical and surgical treatment.

Seven years since the passage was nearly closed. The surgeon used very large bougies. She states that he passed a wooden instrument like the tuning fork of a pianoforte. The soreness thus caused was such that she could not walk or move. She begged him not to pass the instrument any more. He said the stricture was cured, and a bougie passed daily with an injection would soon restore her. She has used an injection every two days for the last six years. About a year after this operation she became worse, and went to a surgeon who is famous for seeing rectum disease in every diseased person. He asserted that her bowel had been injured by the violent means

used. He prepared for her a metallic instrument, the smallest, he stated, he had ever had made. She still however became worse until she attained the state already described, her womb suffering also. For this latter she obtained the advice of Dr Blundell. During the last pregnancy she had hœmorrhage on the least movement, but yet, contrary to the statement of the rectum surgeon, she went her whole time.

To what then is all this misery to be attributed? Primarily, as she acknowledged to me, to the practice of having from the age of 13 years, been in the habit of taking quantities of *Epsom salts*, for constipated bowels. Her mother died early, and, having no one to guide her, she frequently took salts, and took two ounces as a dose. The bowels became so weak, that she could not leave her bed till the salts had worked off.

Misery caused by the continued use of Epsom salts.

She observed, as the first indication of a diseased state, after these purgings, that portions like skin used to escape from her bowels when she had an action of them.

This lady came under homœopathic treatment, but in an agony of suffering (before she could come under the curative influence of homœopathic remedies) she took, as was supposed, some morphia powder which she kept by her and died.

This indeed is a sad instance of the injury from *salts* taking and bougie forcing, for the lady was a beautiful being, of good constitution, naturally generous, full of sympathy, blessed with all the comforts and the elegancies of life, and in the prime of her days.

She was strong minded, had great power of endurance, had strong religious feelings which sustained

CHAP. XIX. her, and yet, notwithstanding, her agony was so great as to induce her to take, as it is believed, morphia, to her destruction. She had been in the habit of taking it to allay pain.

Section IV.—Injury to the Womb and the Uterine Organs from purging.

(161) *Descent of womb induced by purgatives.*

Descent of womb. Mrs B., after her confinement, had purgative medicine administered to her, by her surgeon, (a practice almost universal) and descent of the womb was thus brought on.

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(162) *Bearing down of womb and descent of gut caused by purging after confinement.*

Bearing down of womb. Ann Kingston consulted me Sept. 1850. She had, after child-birth a few weeks ago, purgative medicine administered to her by her medical attendant, and she has been troubled ever since by a bearing down of the womb and a descent of the gut when she goes to stool. The gut she is obliged to pass up, as it will not return itself. She was not subject to these affections until she took the purgatives.

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(163) *Bearing down of womb from purgative medicine.*

Mrs S. stated, in consulting me, that she has been troubled with a bearing down of womb ever since a confinement, in which she was not attended by her regular medical man. The surgeon called in purged her, and the womb affection followed.

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(164) *Descent of the womb induced by purgative medicine.*

Cases of descent of womb from purgative medicine.

Eliza Whitaker, (p. 1752, case book 1847,) when consulting me, deprecated the use of purgative medicine, remarking, that the womb comes down if she takes forcing medicine.

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(165) *Descent of the womb from the use of purgative medicine.*

Cornelia Baker, (p. 166,) was attended during her labour, which was a very favourable one, by a surgeon who gave her some castor oil. The action of the castor oil was followed by a descent of the womb and by a discharge.

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(166) *Bearing down of the womb induced by purging.*

Mrs M., from a town in Buckinghamshire, consulted me Nov. 16, 1846. She stated that she had been troubled with bearing down of the womb for many years, which she ascribed to the circumstance, that the surgeon who attended her in her last confinement, because her bowels were confined, ordered her purgative medicine; which, being taken, acted twenty-six times in forty-eight hours. *Her womb has been affected ever since.*

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(167) *Descent of the womb from purging after confinement.*

Mrs Margaret Smith consulted me Nov. 22, 1844. Among her other symptoms she was troubled with bearing down of womb, from which she had suffered ever since her confinement. It came on after purging.

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(168) *Bearing down of the womb from purgative medicine.*

Elizabeth Boughton, (page 152, case book 1849,)

CHAP. XIX. consulted me for weak eyes, the eyelids are inflamed at the margins: they feel very weak on using them in the morning: she cannot see by candle-light. She complained beside of *bearing down in the passage of the womb:* the womb comes down: she has heat in the belly. These latter symptoms, relating to the womb, she has suffered from for years, ever since some strong medicines were administered to her by her medical attendant.

Sepia, three globules, removed the womb affection.

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(169) *Pressure in the region of the womb induced by purgatives.*

Pressure in the region of the womb.

Ann Dawson, (page 553, case book 1853,) the mother of thirteen children, suffers from great weight and pain at the region of the womb, as if a great stone was thrusting itself from her. She has had this sensation since the last labour, when she had not her usual medical attendant but another, and this latter gave her strong medicines to force the labour. She has had since such intense pain in coitu that she has been obliged to avoid it.

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(170) *Excessive menstrual discharge caused by purgative medicine.*

Excessive menstrual discharge.

Miss —— consulted me May 1844. Some time before she had felt a little poorly, and had gone to a chemist in her neighbourhood, who gave her a powder to take at night and a draught to be taken the following morning.

She was violently purged by these means. In addition, she was seized with violent pain at the lower part of her belly, which was followed by a profuse clotted discharge from the womb, (metrorrhagia).

Her monthly period had always been regular and proper before this.

She consulted me, and her countenance was so haggard and altered that, although knowing her well, I scarcely recognized her when she came.

She was cured; but it was a month or six weeks before she was quite free from this metrorrhagic disease, which recurred after any exertion.

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(171) *Leucorrhœa of four years duration brought on by purgative medicine.*

Leucorrhœa.

Elizabeth Comb, (page 3401,) took some hicra picra some years since. It acted upon her powerfully, and she has never been free from white discharge since.

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(172) *Contraction of the vagina subsequent to violent purgative medicine.*

Contraction of the vagina.

Sophia Hopkins, (p. 759, case book 1846,) stated that the passage to the womb had been gradually contracted since she took medicine at St George's Hospital, where she had been a patient.

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(173) *Too frequent menstrual discharge brought on by purging.*

Too frequent meustrual discharge.

Jane Collard, (p. 305, case book 1846,) had some purgative pills prescribed for her by a surgeon of Islington, and she has suffered since from a recurrence of the monthly period at intervals of a fortnight.

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(174) *Feeling of descent of the womb from purging with castor oil seven days after delivery.*

Feeling of descent of womb.

I was consulted Nov. 1851, by a young married lady, who had been confined with her first child. She

CHAP. XIX. had been perfectly well; but her bowels having been inactive for six days, she was persuaded to take a dose of castor oil. When the castor oil seemed to be about to act she sat on the night chair, and felt at the moment a forcing down of the womb, so that she could hardly recover herself. Whenever she stood she felt the dragging down, and so unpleasant was it that she sought aid. When I saw her she seemed perfectly well in health: nothing troubled her but this distressing feeling.

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(175) *Diseased ovary and enlarged neck of womb caused by forcing medicines.*

Diseased ovary. I was sent for to see a young person aged 22, who had been brought up to town on a bed in an omnibus from the neighbourhood of St Alban's. She was suffering extremely from burning shooting pains at the left side of her belly. On examining her, I found the neck of the womb much enlarged and tender, an ovarian tumour on the left side, and the left breast much larger than the right. She has had pain there since she took some forcing medicine which the medical man in the country had given her, as he said, to force the monthly period, though she told him that her monthly period was regular, and had been so from thirteen years of age.

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(176) *Leucorrhœa brought on by forcing medicine.*

Leucorrhœa. Susan Gibbs, (page 654,) has had a white discharge ever since her last confinement. Her medical man gave her some medicine to force labour, and she has suffered ever since.

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(177) *The exercise of the matrimonial connexion rendered painful by the employment of purgative medicine.*

Consequences of being violently purged.

Ann Missen, (p. 1515, public case book,) states that she has suffered pain *post coitum* ever since she had been violently purged.

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(178) *Inflammation of the ovarium and peritonitis and diarrhœa induced by spurred rye and by castor oil.*

Injury from spurred rye.

Nov., 1851. I was requested to visit a lady at Hampstead. She had been confined by a surgeon of that village. She stated that she was liable to hœmorrhage in her confinement: he, anxious to obviate this, and there being delay in the birth of the child, gave a dose of spurred rye, and the effect, as the lady observed, was that the child was jerked into the world. She felt at the moment that some injury was done to her side: the pain was an intense dragging: she could not bear pressure: the belly was very much distended: the surgeon had given her castor oil contrary to her wishes: it purged her violently: and when I was consulted she had great tenderness all over her belly: continual diarrhœa: intense thirst: dry tongue: no appetite: great exhaustion: incessant restlessness: night sweats, preceded by burning fever. All these states were developed in their fulness after she had taken the castor oil: she had cough and severe pain in her side affecting her breathing.

Her state was highly dangerous. Homœopathic treatment subdued the peretonitis, and she now (August 1854) is in good health.

CHAP. XIX. Section VI.—INJURIES SPECIAL FROM PURGATIVES.

(179) *Excessive debility induced by purging after confinement.*

Excessive debility.

Sophia Love consulted me March 29, 1844. She was suffering from extreme debility, and from constipation: she had been confined three weeks previously: after the confinement the surgeon said she must take medicine: he purged her violently, and she is now suffering the consequence of his ignorance.

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(180) *Severe pain in the back and bleeding from a leprous eruption after the use of purgative medicine.*

Severe pain in back.

Martha R., (p. 1226, case book 1843,) took, by the advice of a *friend(!)* a mixture of sulphur, saltpetre and syrup of ginger: she was dreadfully purged: she consulted me a week after: she looked extremely ill: she has had, ever since the purging, pain in the back, and bleeding from the leprous eruption, which she has had some time over her body.

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(181) *Injurious action of purgatives on the seminal receptacles.*

Injurious action of purgatives.

Mr G. states, that, when he takes purgative medicines he always has the emissions worse.

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(182) *Excessive injury from purging, inflammation of the testicle.*

Excessive injury from purging.

Henry Mc Kowan, (page 1067, case book 1850,) aged 27, single, consulted me for inflamed testicle: he has had pain across his loins: the testicle was much swollen: the pains were aching and shooting: *the patient looked a wreck*, pale, cadaverous, exhausted, could scarcely stand: he had been treated by a sur-

geon with violent purgative medicines; in fact, the man was almost killed. Had he died I should have had no hesitation in stating that he had been killed by purging: he had been obliged to have this surgeon by his master. When he came to me he had had no action of the bowels for several days; that is, the violent purging now presented the counterpart, obstinate constipation: his tongue is furred: his lip is breaking out. Ordered *cantharis* and *clematis.* Clematis.

March 14.—Re-action set in: he has now much fever: the left testicle is smaller, but now the right is affected: bowels still confined: cerebral symptoms have appeared: delirium was present. Ordered *aconite* and *belladonna.* Aconite and belladonna.

March 18.—The pain is better: the swelling is less: the inflammation is less: *the bowels are now regular; i. e.*, without any purgative medicine: great irritation at testicle. Continue *aconite* and *belladonna.*

March 25.—He is better altogether except some yellow discharge from the urethra. Ordered *sulphur* one grain of the third trituration. Sulphur.

April 6.—All symptoms better. Continue the *sulphur.*

April 18.—Discharge lessening. Continue the *sulphur.* He was cured.

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(183) *Injury from purging.*

Ann Baker, (p. 170, case book 1849,) consulted me Oct. 9, 1850. Her face was swollen all over: all round her lower jaw the swelling and the pain were so severe as to prevent motion: she was exceedingly prostrate, sweating by day on the least motion: she was so ill that she thought she should die: all these symptoms came on after taking what was called Injury from purging.

CHAP. XIX. *an antibilous pill.* Three-quarters of a globule of *phosphorus* every eight hours till she took eight globules, took off some of the bad effects.

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(184) *Death from the administration of purgative medicine after child-birth.*

Of the many difficulties with which the homœopathist has to contend, not any one is more potent and more frequently occurring, than that connected with the commonly existing notion of the necessity of the mother taking purgative medicine after delivery. The absurdity of giving purgative medicines at such a period has been demonstrated by a writer, who remarks—

Absurdity of giving purgatives after delivery.

"Do not be troubled about the bowels not acting. Nature is busy restoring the natural condition of the womb and the genital organs: all her powers are occupied in that direction, and therefore she leaves the intestines. When she has effected her purposes, the *intestines will act of themselves.*

"Remember this—that ACUTE diseases, *inflammation of the bowels*, *puerperal fever*, and the CHRONIC diseases, the *bearing down of the womb*, *the inability of retaining water*, which so much trouble women who have borne children, are, in most cases, the consequences of the purging system."

Notwithstanding the correctness of this view, and notwithstanding that Dr Hering, of America, directs—"For constipation in child-bed nothing should be done,* and if it continue fourteen days, as it is always a very good symptom, the woman will, in con-

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* The non-necessity of purgative medicines after child-birth, is exhibited in cases recorded in the previous chapter. Vol. iv., No. 12, p. 374.

sequence, be healthier and stronger:" still many feel prone to give purgatives. The following case will be useful to show the dangers of such practice.

Death caused by purgative medicine.

Observations upon a case of death caused by the administration of a purgative medicine to a woman in her confinement. Extracted from the Journal de Medecine et Chirurgie, art. 2432.

In the *Annals of Hygiene*, a fact is to be met with, which appears to us of considerable importance to practitioners.

"A young woman was delivered without any danger the 4th of October. She was in the most satisfactory state, when on the 11th of the same month her physician thought he must prescribe a purgative for her: he prescribed forty grammes (an ounce and a quarter,) of sulphate of potash, (sel de duobus,) to be taken in six packets. Immediately after having taken the first dose of this medicament, the woman complained of excruciating pains in the stomach, in the bowels, cramps in the arms and legs; nausea and vomitings succeeded; all these phenomena augmented in intensity; nevertheless the medicine was continued, and, at the fifth dose, an hour and a quarter after the first, the unfortunate patient sank.

"The existence of a poison was necessarily inferred. The physician had prescribed forty grammes of sulphate of potash: this salt, in such a dose, is not a poison; but forthwith it was concluded that the apothecary had committed an error, and a judiciary enquiry was commenced accordingly. Messrs Bonassies and Bayard were appointed to open the body. These gentlemen discovered no other injury than an emphysema of the gastric and intestinal mucous membrane. This mucous membrane was pale, and

CHAP. XIX. seemed in its normal state: but it was raised by swollen bubbles, developed between it and the muscular membrane.

"Messrs Bayard and Chevalier performed the chemical analysis of the intestines, and of the liquids contained in them, with the greatest care. That examination demonstrated that no mistake had been made on the part of the apothecary, and that the salt used had really been the sulphate of potash.

Reflections. "*Reflections.*—M. Bayard drew attention to the fact, that the dose prescribed by the physician was *a little too large*, and indeed the sulphate of potash is seldom administered except in doses of from sixteen to thirty-two grammes (half an ounce and an ounce). Even in this quantity, however, it has sometimes produced accidents, as stated by Messrs Merat and Delens. (*Dict. Univ. de Mat. Méd.*) 'It is, moreover,' say they, 'one of the most common purgatives after delivery, in doses of one, two, and three drachms, for women who do not suckle their children. It is more active, more irritating, than the greater number of the neutral salts, with which we must be careful not to confound it, as has been done in the article *Sulphates*, *Dict. des Sc. Méd.*, p. 389. In 1821 we saw an ounce of this salt taken by mistake in a glass of barley water, instead of Seidlitz salt, cause a kind of poisoning, (a feeling of burning, epigastric pain, vomitings, &c.) J. G. Greisel relates, even from the action of half a drachm of this sulphate, the superpurgation and the death of a fever patient; but, in this case, it is undoubtedly less the peculiar action of the salt, than the inappropriate use of the same to which the result must be attributed.'

"The dose of an ounce and a quarter was, then,

evidently too strong; but this is not sufficient to explain the catastrophe which befel. A two-fold instruction, however, seems deducible from this observation. First, that practitioners, as guided by the usual formulary, generally administer the sulphate of potash in a dose too large; and, in the second place, that an active medicine should never be administered to an individual *who is not* ILL. In fact, this woman, seven days after her delivery, was perfectly well, and nevertheless her physician prescribed for her a violent purgative, with the intention, no doubt, of warding off those latent maladies with which she might, on a future day, be visited, thus transforming a very uncertain danger into a real peril, which art could not overpower. This conduct is not rational, and ought in no case to be imitated.

Unwise to operate without precise indication.

"Wise practitioners advise that not the slightest, most insignificant operation, should be performed without a most precise indication; bleeding, a blister, the removal of a pimple, are certainly very simple operations, but in certain cases, however, even these have been followed by serious evils and even by death. It is the same with every active remedy taken into the interior: although such unexpected catastrophes are very frequently related in the journals, it is most probable that a still greater number are allowed to pass by in silence, for few practitioners are desirous of publishing their misadventures, especially when by a more prudent course such misadventures might have been avoided. We cannot, therefore, too much insist upon the necessity of using every energetic medicine with the greatest circumspection, in order to avoid those accidents the recital of which from time to time afflict us."

CHAP. XIX.

Section VII.—Injuries from the Employment of Turpentine as a purgative.

It is most likely that numerous injuries will result from the employment of turpentine, it being employed as a purgative for the expulsion of worms. The excessive irritation which it induces affords a reason quite sufficient to explain its injuriousness; and, yet, such is the dearth of means in the old system practice for the cure of worms, that the old system practitioners have scarcely any means left, but such as are violently irritating, for the purpose of expelling worms.

The following cases will present some illustration of the injuries caused by turpentine, as unwisely used for the expulsion of worms.

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(185) *Injury from purging with turpentine.*

Gastric affection produced by turpentine.

Mary A. M'Gill, (p. 1107, case book 1850). She is suffering from gastric affection, influencing the left side chiefly. This came on after having been treated for tape-worm by turpentine. She states that she was brought so low under the medical treatment for the tape-worm by turpentine, that she could scarcely stand. And what marks the flagrancy of the ignorance of the medical man, who treated her, she had no tape-worm.

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(186) *Injuries from turpentine taken for the expulsion of the tape-worm.*

Epilepsy caused by turpentine.

George Bromley, (p. 349, case book 1847,) consulted me Oct. 3, 1848, for epilepsy, with which he is afflicted.

He states that, before coming under homœopathic treatment, he had had turpentine prescribed for him, under the idea that he had *tape-worm*, and that this caused the fits. He felt much injured by the turpentine. Among the effects, one in particular he mentioned, viz., that he felt dizzy as if drunk.

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(187) *Injury to the womb from the use of turpentine.*

Descent of womb.

Mary A. Burrows, (p. 244, public case book,) well formed, complexion pale and whitish, consulted me for violent palpitation of the heart, attended with pain extending to the back so severe that she cannot lie down.

She is troubled also with descent of the womb. All these severe afflictions (and to a young person more particularly must they be severe,) were brought on by the use of turpentine, advised by a physician for the cure of worms.

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(188) *Injury from purging by turpentine.*

Rheumatism.

Wm Richardson, (p. 1336, case book 1848,) stated, on consulting me Sept. 15, 1848, that he had taken turpentine by Dr R.'s advice to get rid of *tape-worm*, until the blood came from the bladder, and he has been ill of rheumatism ever since.

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(189) *Injury done to the bladder from purging by turpentine.*

Bladder affection.

William Ives, (page 1066, public case book,) has suffered many years from an affection of the bladder. This affection supervened after the use of turpentine, administered to him for the purpose of expelling worms.

CHAP. XIX. (190) *Injury done to the bladder from purging by turpentine.*

Affection of the bladder.

Mary Jane Sheppard, (p. 1558, case book 1847,) age 24, consulted me Nov. 10. She is troubled with tape-worm, for which she took the usual remedy, turpentine, five times. She had no affection of her bladder before taking the turpentine, but ever since she has suffered from a feeling in her bladder *as if it were overcharged*, a sensation produced no doubt by the turpentine.

Elizabeth Woodliffe (p. 2019); a similar case.

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(191) *Injury from turpentine taken for worms.*

Affection of the bladder.

George Hull, aged 18, (p. 807, case book 1847,) consulted me for an affection of the bladder, namely, a dripping of water for ten minutes after he has passed water. This was brought on by turpentine taken for worms.

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(192) *Injury from turpentine taken for worms.*

Injury from purgatives.

Wm Sievier, (March 1, 1850,) stated that he had told Mr Salmon his child had worms. Mr Salmon ordered a medicine, which acted so violently on the child's bowels, that the child has not been well since.

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(193) *Injury from turpentine taken for worms.*

Injury from turpentine.

Eliza Jewett, (Jan. 18, 1851,) states that she and her husband were once nearly killed by turpentine, which they at the dispensary gave her and him for tape-worm.

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(194) *Injury from turpentine.*

Charles Westall, (p. 1691, case book 1851.) This patient has been under two medical men and deriving

no benefit sought homœopathic aid. He has had shortness of breath for three months: he has a slight cough, it is dry: he has tenderness at the chest: he cannot lie on the left side, he feels as if something was dropping over from the other side. Ordered *ledum.*

Ledum.

June 10.—His shortness of breath is a little better: the cough is still dry: the tenderness still remains: he wakes up frightened.

Ordered *aconite*, to be followed by *ledum*

Aconite and ledum.

June 28.—The breathing is still bad, but the cough and the tenderness are better: he can lie better: he wakes frightened.

He states that he feels a great weakness all of a sudden, a trembling in his inside, and a weakness in his knees, and he is troubled with worms, and has an itching at the gut: he has felt this weakness ever since he was treated for *worms by turpentine*, by Mr A., surgeon at a dispensary in the New Road.

Ordered *veratrum*, to be followed by *ledum.*

Veratrum and ledum.

July 9.—The breathing is a little better: the cough is well: he can lie better: the sinking is better: the itching is better.

Ordered *cina* for the worms, then *ledum.*

Cina and ledum.

August 2.—The breathing is still far from natural: his other symptoms are better, namely, the cough, the lying on the side, the itching, the sinking.

Ordered *aconite.*

Aconite.

August 16.—He is well, except his breath, which is short.

Ordered *ledum.*

Ledum.

Sept. 14.—He has a dry wheezing cough, otherwise he is much better.

Ordered *hepar sulphuris* and then *ledum.*

Hepar sulphuris.

CHAP. XIX. Oct. 14.—His cough is better: he has pain at heart.

Spigelia. Ordered *spigelia.*

He became well.

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(195) *Injuries from turpentine taken for the expulsion of worms.*

Injury from turpentine. Tubal Cain Hammond, (p. 1009, Oct. 28, 1848,) states that he has pain and difficulty in passing water, together with a slight discharge from the urethra, which he has had ever since he had taken, continuing for several weeks by direction of his surgeon, some turpentine for worms.

Another point of view exhibiting the injuriousness of purging is found in the fact, that such purging prevents the *moulding the fæces:* purgatives causing a fluid or semi-fluid state of the fæcal evacuations: a state of fæces unnatural.

Moulding of the fæces.

The natural state of the fæcal evacuations, that is, the moulded form, and the conditions precursory to and connected with the production of that fæcal form, performs, the writer believes, an important part in connexion with the motions of life in the living organism.

When the varying state of the fæcal evacuations at the different periods of the individual's life is considered, the idea seems justified, that the form of the fæcal evacuations has to do something of importance in connexion with the full perfection of the interior movements of the human machine. Thus, the infant presents special pappy stools: who can deny that the transit of these pappy stools through the intestinal tube may not, in this very pappiness of state, be

a condition essential to the development of those modifications of the vital power, necessary to the carrying on of the life? In the adult, on the other hand, is the solid, the moulded fæcal evacuation; and who can, authoritively, say, this solid form is not a circumstance essential to the development of the conditions necessary to the carrying on the life in its full completeness? Who can doubt, that, as the flow of blood through the heart is essential to the induction of that action in the heart, necessary to the proper carrying on of life, the application of the fæcal matter to the intestinal tube in a natural form and state, (*i. e.*, a state associated with the development of the proper moulded fæcal form,) is not as essential in reference to the proper activity of life power in connexion with its dependence on the action of the intestinal tube on its content, as is the action of the heart on its pabulum, blood.

This idea of the proper moulded form of the fæces being essential to life is favoured by the fact, that nature seems to strive to give form to the fæces. This has been referred to chapter VIII., paragraph 322, and in chapter IX., paragraph 446. Other facts prove that the effort of nature to give this moulded form to the fæces is constantly operative.*

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* The strength of the tendency of the intestines to give the moulded form to the fæces, is exhibited in the following interesting facts, recorded by Dr Currie:—

"In August 1795, a gentleman of ——shire, aged 66, applied for my assistance in a dysphagia, (obstructed deglutition) with which he had been for ten or twelve months afflicted. At first the complaint was slight, and occurred only when he attempted to swallow dry and hard substances; it afterwards extended to solids of every kind; and at the time I first saw him, though still able to pass down liquids, the quantity he could swallow was not sufficient for his nutrition, and he was considerably

CHAP. XIX. If the intestines are so contrived as to give a special form to their contents previous to their expulsion, such construction must be for the realisation of some purpose, for the development of some conditions:

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reduced. On the introduction of a bougee into the gullet, it passed about two inches easily, but then met with an obstruction, which by a moderate pressure was overcome. It then passed easily seven or eight inches more, but experienced a firm resistance in the lower part of the tube, towards its termination in the cardia, which the skill and patience of Mr Park could not surmount, and which finally baffled every resource of his art. The obstruction doubtless proceeded from a schirrous tumour, gradually increasing, which at first diminished the passage, and in the end obstructed it wholly. Mr M. never had any considerable pain from the pressure of the bougee on the tumour, and though he expectorated (if the expression may be used) much mucus, there never was any purulence discharged, or any reason to believe that the tumour had ulcerated.

"The last time Mr M. swallowed in any quantity, was on the 17th of October. On the evening of that day a sudden increase of the obstruction came on, and from this time forth he was able to swallow only a table spoonful of liquid at a time, and with long intervals. It was with difficulty that he got down seven or eight spoonfuls of strong soup in the day, and this quantity gradually diminished. On the 1st of November, the passage seemed wholly obstructed. As he wasted rapidly, we were obliged, from the 18th of October, to employ the subsidiary modes of nutrition, and he went into the tepid milk and water bath, and had a nutritive clyster administered once a day.

"As Mr M. himself was far from despairing of his recovery to the last, the affectionate friends around him did not wish him to be informed of his real situation. He continued, therefore, to swallow two or three table spoonfuls of milk daily, till about the 15th of Nov., on the supposition that some might pass; but though it rested in the œsophagus some time, it was constantly ejected at last; and being fatigued by this expectoration, which disturbed his rest, and by which he perceived that the whole of the milk was thrown up, for the last twenty days of his life he made no attempt to swallow, but contented himself with washing his mouth and fauces with wine and water.

"Mr M.'s friends, though they could not but foresee the issue of his case after all attempts to remove the obstruction had failed, yet desired that his life might be prolonged to the uttermost. The following plan was therefore adopted with this view, on the last days of October, and it was persevered in with the variations afterwards to be mentioned, till the commencement of the delirium that preceded his death.

"Every morning at eight o'clock, he had a clyster, consisting of eight

purgatives by interfering with the state of the intestinal tube, necessary for the production of this special form, must, in producing a state opposed to the natural condition, produce an interference with CHAP. XIX.

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ounces of strong broth, made chiefly of membranous parts of beef (being the most nutritious, according to Dr Fordyce) into which were rubbed two yolks of an egg, and to which were added forty drops of laudanum. This was repeated at three in the afternoon, and again at nine in the evening; but in the evening, instead of forty, one hundred and twenty drops of laudanum were added, to compensate the want of an anodyne draught, to which he had been accustomed at the hour of rest. Previously to this, however, he was placed up to the neck in a tepid bath, of which one fourth was milk, and the rest water; the whole quantity amounting to twenty-four gallons. The temperature was fixed at ninety-six degrees to accomodate his sensations, and the time of immersion was gradually prolonged from forty-five minutes to an hour.

"The size and repetition of the clysters were determined by our experience of what the rectum would retain; the laudanum being added to increase its retention, as well as to allay irritation, and to stimulate the living energy. In a few days the retention of the rectum improved, and enabled us to enlarge the clysters to ten ounces of broth and three yolks of eggs each; to which, from the 12th of November, eight ounces of white wine were added; the laudanum being increased to sixty drops for each of the clysters in the day, and to one hundred and fifty, one hundred and eighty, two hundred, and two hundred and fifty drops for the evening clyster. Thus the whole of his nutriment for twenty-four hours consisted of thirty ounces of broth, twenty-four ounces of wine, nine yolks of eggs, and from two hundred and fifty to three hundred and eighty drops of laudanum, by clyster; with what liquid might be supposed to be taken up by the absorbents of the surface in the bath. Mr M. was very tall, and naturally corpulent. In health he had weighed two hundred and forty pounds. But imperfect nutrition had gradually reduced him, and at the time of commencing this process, he only weighed one hundred and seventy-nine pounds. On the 20th of November he was reduced to one hundred and fifty-four pounds; on the 24th to one hundred and forty-nine pounds. This was the last time we had an opportunity of weighing him. He seems to have wasted about five pounds in four days, and on the 2nd of December, when his delirium commenced, he probably weighed one hundred and thirty-eight or one hundred and thirty-nine pounds, having lost upwards of one hundred pounds of his original weight. He lived till the 6th of December, but from the 2nd, the rectum no longer retaining the clysters, they were of course omitted, as well as the bath.

"About the 25th and 26th of October, there was reason to suppose that

CHAP. XIX.

the realization of the purpose, with the development of the conditions; and hence purgatives must be injurious.

May not the regular movements of the intestinal clock be as essential to the life time, as the regular movements of the chronometer to the correct expression of the diurnal time?

Whatever may be the answer to this question, no doubt can exist that the alteration, by purgatives, of the natural fæcal form must be injurious.

Mr M. would have had a shorter date. He had swallowed a very small portion of nutriment for the preceding eight days, and the plan of nutrition just mentioned, though adopted in part, was not fully established. His tongue and lips were at this time become dry; a blister applied to the sternum, discharged a thick coagulated lymph only; and his urine, reduced to a few ounces in the twenty-four hours, was become extremely high coloured, and almost intolerably pungent. In a few days however this state of the tongue went off; the skin became perfectly soft, and was often covered with a very gentle perspiration; the urine flowed without pain, and of the natural appearance, the quantity being from twenty-four ounces to thirty-six ounces in the twenty-four hours—more than the whole of his loss of weight in the same space of time.

"Mr M. had in general a stool after every fifth or sixth clyster, that is, three or four times a-week. *The substance of these stools was solid, and nearly of the natural fœtor, and the mass perfectly homogeneous.* The colour was lighter than natural, as in the case in obstructions of the bile duct; their whole appearance resembling what we find in cases of dissection in the termination of the ileum or beginning of the colon, with the exception of being much less liquid. The concoction of the fæces, if I may so speak, was much more perfect towards the end, than at the beginning of the period; at first they looked curdy, but at last they approached to the natural appearance."

The fæces, being more perfect as the use of the clysters became extended, shows that the intestine was more and more developing its power of giving a fæcal form to the contents, injected into the bowel?.

CHAPTER XX.

On the special actions of individual medicines in regard to Constipation.

CHAP. XX.

In the seventeenth chapter, cases of cure of constipation, &c., by various medicines were presented, and therein a reference was made to the Appendix for further illustrations as to the special action of special medicines in reference to the cure of constipation; in other words, the intention in the author's mind was to present, if the phrase may be used, the *special constipation of each medicine:* i. e., *the* constipation that each medicine is capable of producing in a healthy person; and, by consequence of the agency of the homœopathic law, *the* constipation that it will cure in a person diseased.

Special constipation of each medicine.

On collecting together the illustrative cases, in realizing the author's intention, it was found, that a volume, as large as the one, of which this statement forms part, would be required. The collection, therefore, is not given.

With the view, however, of showing the immensity of evidence possessed by homœpathists, of the power

CHAP. XX. of homœopathic medicines in curing constipation, and with the additional view of guiding investigators as to the mode of presenting the facts they may accumulate in their investigations in relation to this subject; the facts in connexion with one medicine—

Graphites. namely, *graphites*, are subjoined.

Similar evidences have been collected by the author in relation to a great majority of homœopathic medicines, and should opportunity be afforded, it will be deemed a duty* of the author to present these evidences.

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(196) FIRST SERIES, *consisting merely of statements of cure without particulars.*

First Series. Confined bowels cured by graphites, Frederick Whitehorn, p. 1786, 1843.

Confined bowels cured by graphites, Mr H., p. 36, private case book H.

Constipation cured by graphites, Ann Sacker, page 1706.

Made bowels better than they had been for two years by graphites, in the case of Mary Ingram, p. 914, 1843.

Bowels confined from childhood made, by graphites, to act every day comfortably, in Jane Boyce, p. 118, 1848, August 22. 4/12 globules were taken.

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* It is said a *duty*, because the presentation of these facts affords no pecuniary reward. Of this present work a thousand copies are published. If they *all* are sold, the author will not obtain £100 for the labour and all the time bestowed in preparing and writing this work. The bookseller out of every hundred shillings, obtained by the sale of the work, takes thirty-five shillings: leaving sixty-five shillings to pay the stationer, the printer, the bookbinder, and the engraver.

Constipation and many attendant symptoms cured by graphites, in the case of Eliza Vicars, p. 1716, 1848, Sept. 8.

Constipation cured in the case of James Drewry, May 30, 1848. Four globules of graphites each week for two weeks: then four globules in ten days: then four globules in twelve days.

Confined bowels in the case of Emma Igo, p. 999, 1843, cured by graphites.

Confined bowels cured in the case of Thomas Harris, 4/12, p. 852, 1850, March 7.

Confined bowels cured in the case of James Waters, 1794, 1845, August 26.

Confined bowels relieved in the case of Maria Alleyn, p. 22, 1845, June 20.

Constipation cured in the case of Ann Langdor, p. 1106, August 1845.

Constipation cured in the case of Harriet Ellson, p. 661, 1850. Globules 8/12, taken in sixteen days, effected the cure, Dec. 10.

Constipation cured in the case of William Joy, p. 1029, 1848, June 20.

Constipation much benefitted in the case of Eliza Harrold, p. 934, 1848, Oct. 19.

Constipation greatly relieved in the case of Martha Turner, p. 1721, 1845, Dec. 2.

Constipation cured in the case of John Gardner, p. 794, 1845, 4/12, Nov. 22.

Constipation cured in the case of William Batty, p. 1378, 1848.

Constipation cured in the case of a patient, p. 1380, 1848, Jan. 3.

Constipation cured in the case of George Tucker, p. 1509, 1849, March 22.

Constipation cured in the case of Ann Gosling, p. 715, 1849, April 1.

Constipation cured in the case of Elizabeth Manning, p. 1105, 1849, July 24.

Constipation cured in the case of Sarah Lambert, page 981, 1849, April. 8/12 in the course of three weeks.

Constipation cured in the case of Alice Roscoe, p. 1572, 1845, Feb. 17, 1846.

Confined bowels cured in the case of Margaret Church, p. 876, Sept.

Constipation cured in the case of Mary Lewis, p. 1068, 1847, July 7.

Confined bowels cured in the case of Grace Smith, p. 1444, Sept. 7.

Confined bowels cured in the case of Sarah Belcher, p. 51, Feb. 17.

"Made bowels beautiful," George Day, page 549, March 10. 4/12.

Constipation with a desire to go and no effect, cured in the case of Thomas Coleman, p. 433.

"Worth its weight in gold," Isaac Messeder, (page 1162,) called July 1854. He presented an old prescription which he had: it was pasted on a piece of stiff card board for to preserve it. It was graphites that was prescribed on the prescription.

Elizabeth Audsley, (case book 1851,) states that her bowels are quite regular while taking the medicine, (graphites,) but have become confined since ceasing to take it.

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(197) SECOND SERIES, *containing some concomitant symptoms attending the constipation.* CHAP. XX.

Second Series. Graphites.

Confined bowels with crusts on face, produced by the application of oil to an erysipelatous surface of the face, cured by graphites, in the case of Anne Guennigault, Feb. 26, 4/12, p. 710, 1843.

Constipation with a scaly, brownish eruption, cured by graphites, in Sarah Glover, p. 768, 1845.

Confined bowels in combination with erysipelas, cured by graphites, in John Langley, 4/12, p. 1221, 1844.

Confined bowels in combination with erysipelas, cured by graphites, in the case of Lydia Wiggins, 4/12, p. 1980, 1843, Oct. 24.

Confined bowels attended with an ulcer at the toe, cured in Margaret Catterns, p. 391, 1848.

Constipation with dry skin and an eruption on the skin, cured by graphites, in Sarah Farmfield, p. 727, 1845, Oct. 29. This case was complicated with a discharge from the uterus, and all the symptoms were decidedly benefitted.

Constipation with a crustaceous eruption on the head: the stools solid: cured by graphites, in the case of Emma Bockett, p. 175, 1848.

Confined bowels attended with eruption, cured by graphites, in the case of Mary Heast, page 1035, 1846.

Confined bowels attended with ulcerated leg, pains in the ulcer, shooting like pins and needles, cured in the case of Ann Wellby, p. 1617, 1846. The graphites relieved the pains in the ulcers, Oct. 30.

Constipation attended with diseased knee, cured by graphites, in the case of Emma Ashby, Jan. 1.

Constipation attended with large stools, headache, with eruption on the hands, and dry skin, cured in the case of a patient, p. 713, 1848, March 9. 4/12 effected the cure.

Confined bowels, with pain produced in the action, with eruption on the skin, cured in the case of Eliza Seele, p. 1446, case book 1846, May 25.

Confined bowels, with large stools, the stools causing blood, in the case of Mrs Turner, p. 1559, case book 1847. In this case graphites and sulphur were used alternate days.

Constipation attended with dry skin, cured by graphites, in the case of Amelia Storey, p. 1599, 1845.

Confined bowels with dry skin and giddiness, so severe as to cause the patient almost to fall, cured by graphites, in the case of Sarah Powell, p. 1633, Feb. 28.

Constipation attended with dry skin, cured by graphites, in the case of John Parker, page 1360, June 2, 1843.

Confined bowels attended with dry skin, cured by graphites 4/12, in the case of Emma Smith, p. 1578, case book 1845.

Confined bowels attended with dry skin, cured by graphites, in the case of Sarah Colebourn, page 428, Dec. 27, 1845.

Confined bowels attended with dry skin, cured by graphites, in the case of Louisa Howard, page 1149, Jan. 13, 1845.

Confined bowels attended with a hot dry skin and a desire to relieve the bowels without effect cured, in the case of Mary Wiltsher, p. 1803, July 20, 1847.

Confined bowels with dry skin and great depression of spirits, were cured, in the case of Hannah Clark,

p. 378, July 28. The graphites had a remarkably beneficial effect on the depressed spirits.

Graphites.

Confined bowels and great mental distress were cured by graphites in the case of Wm Knight, page 952, Aug. 14, 1847. 8/12 globules were taken in sixteen days.

Confined bowels with great depression of spirits cured, in the case of John Day, p. 547, July 28, 1846.

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(198) THIRD SERIES, *containing cases having symptoms in connexion with the character of the constipation.*

Third Series.

Graphites.

Bowels confined habitually, stools large, dreadful pain in passing the stool, causing blood to be discharged, the pain continuing the whole day after. Martha Jolliffe, p. 920, 1847, graphites cured.

Bowels which acted once in two days and caused pain in the action, graphites taken caused them to act every day, and without hurting. Henry Wells, page 1594, Oct. 12, 1849.

Constipation attended with dry skin, and with the skin of the face as if varnish had been put on it and dried on it, attended with an inability to hold water, was cured by graphites, in the case of Mary A. Gale, 3/12 repeated twice, p. 507, Aug. 2, 1846.

Constipation attended with hard and large stools, the actions taking place every third day: after taking graphites for a week, the actions became less large, less hard, and act every day, in the case of John Dobson, p. 521, Nov. 20, 1844.

Confined bowels with large stools cured, in the case of Ann Burlisen, p. 53, Feb. 6.

Constipation attended with blood on the passing of stool, in the case of a patient, p. 1311, May 9, 3/12.

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Stools confined, attended with pain, cured, in the case of Ann Sofe, p. 1615, April 7.

Confined bowels with large stools, causing pain in the action, relieved, in the case of James Robertson, p. 1340, June 9, 1847, 4/12.

Constipation with pain at gut cured, in the case of George Adamson, p. 56, Oct. 24, 1843.

Constipation with large stools, attended with pain in the passing, dry skin, the bowels were made regular and free of pain by graphites, in a patient, p. 1709, Sept. 2, 1845.

Confined bowels, the stools large, cured, in the case of Richard Basten, p. 301, case book 1847, 8/12 taken in a fortnight effected the cure. Nov. 12.

Confined bowels with stools of great size, p. 1615, 1846. Cecilia Wagg, March 11, 1846, 8/12 taken in the course of sixteen days, realized the benefit.

Confined bowels with large stools cured, in the case of Mary Evans, p. 601, Feb. 26, 1846, 8/12 globules effected the cure in sixteen days.

Confined bowels with large stools and pain at the bottom of the belly at the monthly period, graphites afforded great relief. Mary Booth, p. 919, Oct. 19, 1846.

Confined bowels with actions which hurt cured, in the case of M. A. Fox.

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(199) *Cases illustrative of each series.*

Ann West, (page 1787, case book 1850,) single, aged 28. She consulted me Oct. 18, 1850, for a rash at the bends of the arms, a rash on the ears and behind the ears. The surface, affected with the eruption, burns and discharges a watery-like fluid:

she has sinking at the pit of the stomach, and great heaviness. Her bowels are confined, and she is obliged continually to take medicine on account of the inaction of the bowels. Her skin is dry: her feet are like ice. She has some leucorrhœa.

Ordered *graphites* 4/12, to be taken in the course of the week.

Oct. 25.—Her rash is better. The bowels *are quite regular.*

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(200) Mrs M., consulted me in the month of June, the 12th.

Seventeen years since she had a blow which has developed a diseased breast, for which, during the few last weeks, she has been applying plasters of different kinds.

She has, in addition to the breast symptoms, the following: headache at the temples, which headache is most intense at the monthly period: her food lies heavy at the pit of the stomach: her bowels are costive, acting every third or fourth day: her skin is dry.

Ordered *graphites* 4/12.

June 19.—The pain of the temple has been felt just on going to sleep, but has ceased the last two days: the food still lies heavy: the bowels are regular, having acted every day, *which has not occurred before for years:* skin still dry.

Ordered *graphites.*

June 26.—The headache is still better: the food lies lighter: the bowels are still regular: the skin has improved.

Ordered *graphites*, and she was cured.

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(201) Ann Tritton, (page 1553, 1845, Feb. 1848,) aged 21, single. She has suffered much from headache with giddiness: great weight over the eyes: she has dryness of her hands. She has confined bowels with which she has been troubled for a long time.

Ordered *graphites*, April 25, 1845.

May 16.—Her head is much better: the dryness of skin is lessened: her bowels act quite well.

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(202) W. Currie, aged 3, (p. 349, 1847,) consulted me June 1847. He has had an eruption on his chin for a fortnight, attended with much discharge: he rubs his chin: he sweats in his head: his bowels are confined. *Sulphur* was given for the first three weeks with great benefit to the skin disease; but as his bowels became more and more confined, acting once in three days, his skin dry, and the stools large, *graphites* 3/12, was ordered on July 6. On July 13, his bowels acted every other day: his skin is still dry.

Ordered *graphites*.

July 20.—His bowels act better. Ordered *graphites* in less dose. He was cured.

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(203) Elizabeth Coxe, aged 29, married, (p. 120, 1843,) consulted me 14th August, 1847.

She has much water fluid which comes off the stomach by retching. The fluid is sour. She has pain in her back. The bowels are bound: the stools are large: the skin is dry. Ordered *graphites* 4/12.

August 21.—No more fluid has risen: the bowels act very well. Ordered *graphites* in less doses.

Sept. 4.—No water rises: the back is well: the bowels act well.

(204) Ann White, (p. 1787, 1849,) aged 40, married, never pregnant. This patient had violent shooting, darting pains in the face and the teeth, extending to the right ear. The head is affected by the pain. The pain comes on when she gets warm, and is relieved by the cold. She has taken *blue pill* for it. I ordered *aurum* which, after an aggravation, cured the pains, but left her with bowels confined: the actions large, and skin dry.

Ordered *graphites.*

Her bowels became quite regular.

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(205) Mary Read, aged 23, single, (p. 1321, 1846,) suffers from palpitation, brought on by having been frightened: food taken produces very uncomfortable sensations at the left side. She has much beating in the head. Her bowels are confined: her feet are very cold. This was March 21. Ordered *graphites.*

March 20.—Her chest is better: her feet are less cold: bowels less confined. Ordered *graphites.*

April 6.—Her chest is much better: her appetite is better: feet less cold. Her *bowels act regular.*

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(206) M. A. Williams, (p. 1715, 1849,) aged 54. She has (March 14) an eruption on the head, which came after using bear's grease. She has a dreadful oppression at the nose as if she should suffocate: she can scarcely breathe through the nose: she spits lumps of offensive phlegm from the nose. Her bowels are confined: her skin is dry. Ordered *graphites.*

March 31.—She can now breathe through the nose: the offensiveness of the sputa is lessened. Her bowels act comfortable.

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((207) Frederick Coster, (p. 1315, case book 1851,) married. He consulted me Feb. 3, 1851. He has a boil at his jaw, which is much swollen: the pain is drawing and very severe. His appetite is very bad: his bowels act once a day, but are confined.

Ordered *hepar sulphurs* internally with *hepar sulphurs* drops externally.

Feb. 8.—The boil broke and discharged on Tuesday. He has a bitter taste in his mouth. His skin is dry. His bowels act now once in two days.

Ordered *graphites*.

He became well and regularity of action was established in connexion with the bowels.

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(208) Mr G. states that one globule of *graphites* always cures constipation of his bowels. It produces a feeling as if the bowels would be relaxed: it does not relax, but produces a comfortable stool.

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(209) Ann Thomas, (p. 1523, case book 1849).

This patient has the bowels very confined: she has pain across the belly and across the back: her legs, feet, and hands swell: she feels pain when standing upright: her feet are dry at night and burn in the morning, at which latter time she feels lowness of spirits: her hair comes out: her breasts swell.

Graphites 4/12, to be taken in the course of a week, was prescribed, and her bowels became regular.

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(210) Mary Lee, (p. 1012, case book 1850).

This patient was labouring under bronchitic disease and under enlargement of the belly. She had been a patient at the Dispensary for Diseases of the Lungs, but getting daily worse, she sought homœopathic aid.

In the course of the treatment (Sept. 11,) her bowels became confined, and she felt as if she had sores inside her belly.

Ordered *graphites* 8/12, to be taken in four days.

Sept. 18.—The feeling of the internal sores is much diminished, the belly enlargement has diminished, and the bowels act regularly.

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(211) Jane Peters, (page 1364, case book 1850,) aged 36, married.

She came to be treated for *lepra annularis*, (ring lepra,) with which she had been affected from childhood: she has confined bowels, an action taking place about once in five days: she has had no monthly discharge since her confinement, three months since: the eruption itches and burns.

Graphites 4/12, to be taken during the week.

This was ordered on December 14. On December 21, 1850, the bowels became quite regular and the monthly period came on profuse and black.

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(212) Mary Frances, aged 45, married, the mother of three children.

She consulted me for suffering from diseased womb, having a purulent discharge, which disease is lessening under homœopathic treatment. In the course of the treatment, (December 25, 1850,) she complained of feeling a sickness in the morning: her bowels act once in two or three days; the actions are large, and blood is caused by their passage.

Graphites was ordered; and, on January 13, 1851, the purulent discharge lessened: the sickness is lessened: the bowels act very well: indeed, "Since the last medicine they have not hurt me."

CHAP. XX. Graphites.

(213) Wm Clark, (p. 381, case book 1850,) aged 29, married.

This patient consulted me May 13. He complains of headache at the back and at the top of the head; of pain at the right side; of bad appetite; of furred tongue; of the food lying heavy; of confined bowels, acting once in three days, the actions are large: the skin is dry: the water is free but thick.

Graphites was ordered.

May 20. The headache is better: the right side pain is very much better: the appetite is much improved: the tongue is cleaner: the food lies light: the bowels are very confined, acting three times in the week: the skin is still dry.

Graphites was ordered to be repeated.

The bowels became regular, and the patient has since enjoyed excellent health.

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(214) John James, (page 1015, case book 1850,) aged 35, married.

This patient was under treatment for an eruptive disease.

During the treatment his bowels became very confined, the actions being very large, and causing pain in their expulsion from their largeness and hardness: the skin is dry.

Graphites 8/12, taken in the course of four days, cured the constipation.

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(215) George Collings, (page 487, case book 1850,) aged 23, married.

The patient is suffering from the effects of rheumatic gout, with which he had been laid up five years: he has intense pains, shooting up the shoulder

to the neck: he has heat flushes, great thirst: his feet are painful and hot: he sweats profusely when in bed.

Arsenicum relieved his symptoms greatly, but his bowels became troublesome, the actions taking place every two days, the actions themselves large and causing pain in their expulsion.

Graphites 4/12, taken in the course of a week, made the bowels act comfortably.

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(216) Eliza Sykes, p. 1432, case book 1848,) consulted me Nov. 22, for deafness in both ears, she has a buzzing noise: her bowels are confined.

Ordered *graphites*, four globules.

Nov. 29.—Deafness a little better, the buzzing noise still: the bowels act better.

Ordered *graphites*, four globules, to be taken in the course of ten days.

Dec. 9.—Deafness still better, the buzzing noise gone: the bowels act better.

Ordered *graphites*, half a globule every other day.

Dec. 27.—The deafness has ceased, the buzzing noise also: the bowels are regular.

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(217) Emma Morrison, (p. 1060, case book 1851,) married, aged 46, mother of four children, has had one miscarriage: she has pains in the head at the crown; the pains affect her sight: she is violently sick: her food lies heavy: her bowels are confined: she has taken much purgative medicine: her monthly period has stopped two years: she has pain at chest and at heart, attended with fluttering and a sense of coldness.

Ordered *graphites* on January 28, 1851.

February 11.—The pain in the head is greatly better: her appetite is good: her food lies light: her bowels, she says, "*act nicely once a-day.*" The pain at the chest and the heart and the fluttering sensation are better: the chilliness and sight continue. To meet these *calcarea* was ordered, and she was cured.

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(218) Eliz. Day, (p. 503, case book 1851,) aged 18, single. She consulted me January 14, 1851. She has had pain at chest for two months: she sits much: her breath is offensive: she has a nasty taste in the mouth: her appetite is bad: her bowels are confined: she has a headache at the temples: her water is free: her monthly period is right: she has some white discharge.

Ordered *pulsatilla* 4/12.

January 28, 1851.—The chest pain is better: her breath is less offensive; but she has still the nasty taste in the mouth: her appearance is better: her temple headache is better: her bowels are still confined, acting once in two days: her skin is dry: her lips are dry.

Ordered *graphites.*

February 4.—The pain at her chest has recurred, attended with dry lips and shortness of breathing: her bowels *are less confined.*

Ordered *arsenicum* for the breath and the lips, to be followed by *graphites.*

February 11.—The bowels have now become regular.

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(219) Jane Shirtcliff, (p. 1403, case book 1851,) aged 48, married, never pregnant, consulted me Jan 6,

1851. She has had pain at the centre of the chest on rising ever since she had rheumatic fever four years since; the pain is always increased by food: her bowels are confined, and the stools hurt in passing being large: the skin is dry: the water scalds much in passing: she has much white discharge: the water has scalded her since she had the fever. Graphites.

Ordered *graphites.*

January 13.—The bowels now act well.

Cantharis and *causticum* were subsequently used to remove the scalding and other symptoms.

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(220) Jane Sheen, (1141, 1851,) aged 48, a widow, the mother of eight children. She has had two miscarriages. She has been treated for asthma. She consulted me January 12, 1851. She complains of short breath, of a sense of pressure on chest. When she attempts to eat she feels as if she could not eat, because "something seems to tie me:" cannot go up stairs. She makes but little water: she cannot sleep at night, she has such a sinking at her side, which is attended with a feeling just when she is going to sleep as if she must be suffocated. Her bowels are confined.

Ordered *sambucus.* Sambucus.

January 17.—Her symptoms continue: her bowels have troubled her, acting only once in two days: her skin is dry.

Ordered *graphites.* Graphites.

January 23.—Her breathing is better: she has less pressure on chest: *her bowels are now regular.*

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(221) Harriet Hunt, (p. 1285, case book 1850,) aged 42, single, consulted me Dec. 27, 1850. This patient is a martyr to toothache; when a tooth is drawn

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she is laid up for two or three or more days: her monthly period is irregular, sometimes not occurring under three or four months: her appetite is bad: her tongue is furred: the food lies heavy at the chest through to the back.

Pulsatilla.

She took *pulsatilla*, which brought on a clotted monthly discharge.

The bowels remaining confined, the actions being large, hurting when they pass, the skin dry, *graphites* was ordered.

On February 18, the patient consulted me, and she was quite well, regularity in the bowels was established.

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(222) Wm Nasmyth, (p. 1175, case book 1850,) aged 42, married. He is troubled with a stoppage in his breath for five weeks, attended with tightness and cough: he has severe numby pains in head and ears, dryness in throat and pit of stomach: his tongue is covered with a brownish white fur: he has an obstruction in his nostrils. He has been under the treatment of Mr. W., who has bled him and given him much medicine, and who told him that he had "nervous derangement of the liver." He became better in the course of his homœopathic treatment, but in the course of the cure the bowels became confined: the actions of the bowels were attended with the passing of blood: the skin is dry.

Ordered *graphites*, and the bowels became regular, acting without pain.

These are facts illustrative of *graphites* and its action.

CHAPTER XXI.

Mechanical obstruction in the Bowels. Bodies found in the Cæcum. Case of Fistula.

CHAP. XXI.

It may be useful in this concluding chapter to add some facts and views, which are of importance, although no place could be found for them in the preceding chapters.

Open the bowels.

The vulgar phrase "open the bowels," is one, which is so imbedded in public opinion, as to make it almost a necessity to realize such result by any means and under all circumstances. The proper means have been already detailed; but the multitude still adhere to the belief, that some irritant to the bowels is necessary to effect this opening.

This belief will gradually give way to more scientific views and practices dependent on such scientific views. Still there is a class of facts, which on the minds most biassed in reference to the forcing the bowels to act, will exercise an influence. Such facts are those where the bowels have been confined, where efforts have been made to open the bowels, and where it has been found, that mechanical impediments, and,

Bowels inactive from mechanical causes.

CHAP. XXI. in many cases, obstruction from a growth extending across the intestine, caused the non-expulsion of the fæces.

In such cases, the most violent bigot in favour of purging will acknowledge the injury of forcing the bowels; and, if, in such cases, the practice is absurd, why should not some hesitancy be felt in forcing the bowels to act in other cases, since, in obstinate constipation, such obstruction may perchance exist: and more particularly, since, in every case where the most obstinate constipation exists, independent of mechanical obstruction, a cure can be effected without the use of purgatives.

The subjoined cases will illustrate constipation from mechanical obstruction; will show the injury the purgatives administered, produced; and will demonstrate their inefficiency.

"*Case of immense accumulation of indurated fæces in the rectum, and complete suppression of the alvine evacuations for a month, by* EDWARD HOCKEN, M. D.—*Lancet, p.* 326, *vol.* 2, 1844.

Case by Dr Hocken.

"The patient was first seen on the 10th of June, 1844. She was much emaciated and exhausted; the pulse 136 in the minute, and very feeble. Complaints were made of severe agony in the rectum and lower part of the belly, which latter was distended, firm, and highly intolerant of pressure, no fæces had been passed for a month; and injections which had been frequently used, came away only slightly coloured. Food was rejected, by vomiting, a few minutes after it was swallowed, and even liquids rarely remained on the stomach. The vomited matters had been dark and offensive some few weeks previously, and during the course of the complaint there had been an offensive discharge from the vagina."

Dr Hocken did what most medical men of the old school would have done, namely, gave purgatives. What was the result?

"There were frequent efforts to go to stool, from the exhibition of purgatives, which occasioned the most frightful agony, and eversion of the mucous membrane through the sphincter. On examination, the rectum was found to be completely blocked up, and enormously distended by

indurated fæces to within an inch of the anus, bulging into and nearly obliterating the vagina." CHAP. XXI.

The most frightful agony was caused, Dr Hocken acknowledges, by the purgatives.

"*History.*—Three months before, the patient fell over a tray whilst nursing an infant, by which her thighs were widely and violently separated. The accident occasioned much pain, followed by menorrhagia, constipation, and the formation of indurated lumps, which were passed with much pain and difficulty. This increased till about a month ago, (from June 10th,) since which there has not been the slightest alvine evacuation per rectum. During her illness she has been attended by several medical men, some of whom attributed the symptoms to 'cancer,' and others to a tumour pressing upon and obliterating the rectum. Preparations of opium had been used generally and locally; frequent enemata, and occasional purgatives.

"June 11th.—The patient, who was almost incapable of standing from weakness, was placed at the foot of the bed, her feet on the ground, and the trunk of the body at right angles with the thighs, lying on the bed. By means of a lithotomy scoop and the finger, the indurated mass was broken down and removed portion after portion; some of these lumps of about three inches in diameter, which had been placed transversely in the rectum—until the gut was emptied, as far as could be felt. It was then washed out by a powerful stream of water from a syringe. The portions brought away were very considerable in quantity, of a most firm and unyielding description, and of a dark brown colour. It required very considerable force to remove some of these masses, so that the sphincter was slightly ruptured at its posterior part, and the patient suffered much pain from the operation. Half-ounce doses of castor oil, with five minims of liquor opii sedativ., were ordered every three hours, and simple enemata, with olive oil, every four hours. In the evening, the patient appeared much improved, and brought off a considerable quantity of dark liquid fæces, with numerous indurated lumps, apparently moulded in the cells of the colon; abdomen very intolerant of pressure. A flannel wrung out in hot water, and then saturated with purified oil of turpentine, to be applied, and to continue as before. About forty masses of indurated fæces were passed with the motions, the following day."

This case shows the absurdity of the use of purgatives. The obstruction was mechanical, and required mechanical means for the removal. When the mechanical obstruction was removed, the patient was treated, as recorded, with castor oil, &c. and she

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was not cured till the beginning of September: in fact, she was not cured then. Had she used the appropriate homœopathic remedial agent or agents, her bowels would have been regular in the course of a fortnight.

Dr James Johnson related, at a meeting of the Westminster Medical Society, Nov. 5, 1842, the following case, where the bowels did not act for forty-nine days:—

Case by Dr James Johnson.

"Dr James Johnson related the following case, which had terminated fatally that day. The patient, a medical man, about forty-five years of age, had resided in London about eighteen months, with the intention of practising there instead of in the country. Until forty-five days ago he suffered only from occasional spasms of the bowels, the spasms have nothing peculiar in them. His bowels were regular. During the last forty-five days of his life there was no evacuation whatever from the bowels, although every means had been resorted to by Mr Lane and Dr Sims to produce such action. About a fortnight before death he (Dr Johnson) joined in consultation. The patient had then severe spasmodic pains in the abdomen, with almost constant vomiting. His stomach seldom retained anything, the ingesta being either brought up immediately, or two or three hours after being swallowed. None of the matter, however, vomited up, exhibited the slightest stercoraceous character. To afford relief croton-oil, bleeding, and croton-oil injections were used, among other means, and Dr O'Beirne's tube, which, however, could not be passed up any distance, and seldom more than half a pint of fluid, and never more than a pint, could be injected. During the whole of this time the distension of the bowels increased, and his extreme sufferings were only occasionally relieved by the internal use of opium and by opiate frictions over the abdomen. Five days before death, at his own urgent request, half a pound of fluid mercury was administered to him. This produced no perceptible effect at the time, but the next day he was seized with spasms in the abdomen. The constipation remained. On one occasion his agony from the distended abdomen was so great that he begged it might be punctured to give him relief. He died on that morning at eight o'clock, and at four in the afternoon of the same day the body was examined. The tympanitis was enormous. On opening the abdomen there were scarcely any signs of inflammation having existed; there was no effusion, and the convolutions of the intestines were not adherent to each other. The dilatation of the intestines was very great; the colon was as large as the colon of a horse, and the other intestines were of proportionate magnitude. The diaphragm was thurst up to

a remarkable height, and the stomach was so contracted that it was discovered with difficulty. The gall-bladder contained a few fluid drachms of bile. On following the intestines nothing was discoverable but wind. Not the slightest trace of the quicksilver which had been swallowed five days before could be seen, but in the sigmoid flexure of the colon was a dark, tarry-like substance, having a very peculiar odour, but neither in appearance nor in smell like a fæcal collection. No globules of mercury could be detected in it. The cause of the obstruction was found at the junction of the sigmoid flexure with the rectum, in which situation was a dense white scirrhus, surrounding the intestines for the space of three-quarters of an inch, and so completely closing the passage, that although the colon above was enormously distended with flatus, not the smallest quantity of air could be made to pass the stricture. The case was remarkable from the cause of the forty-five days constipation being *disease*. When constipation was a habit the bowels might be inactive for a longer period, but he (Dr J.) had never before known such protracted constipation dependent on disease. The longest period under such circumstances, that he had witnessed, was eighteen or twenty days at most. It was curious that no sign of the quicksilver beside that mentioned could be discovered. He suspected that during the five days that the mercury was in the intestines it had been converted by their convulsive action into the ointment-like substance referred to. It was also singular that the mercury produced no effect on the mouth or breath. Another remarkable circumstance was the *absence of difficulty in passing the motions until the setting in of the constipation*. The scirrhus must have been going on for years. How could we explain the sudden and permanent closure of the intestine?"—*Lancet*, *p.* 327, *vol.* 1, 1842-3.

Dr Johnson remarks as a noticeable circumstance, that there was no difficulty in passing the motions until the setting in of the constipation. It is noticeable, and seems to prove that the very means resorted to by Mr Lane and Dr Sims, caused an inflammation which ended in the closure of the gut. But even supposing that this were not the case; the absurdity of giving purgatives to force the bowels, when there was a mechanical obstruction to prevent the passage of the contents, is apparent: irritation, excessive irritation, was added to the primary difficulty.

The absurdity of giving purgatives in cases of obstinate constipation, is further evidenced by a case related by Dr Reid, at the same Society:—

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Case by Dr Reid.

"Dr Reid recollected a curious case which was in St. Giles's Infirmary some time since. The patient, when brought in, was almost pulseless, and his skin cold, and he suffered much from dyspnœa. He complained of pain over the lower part of the abdomen, which was not tympanitic. Constipation had continued for three or four days. There was no sign of a hernia. All the remedies employed were of no effect. Up to the nineteenth day he rejected all he took, when the sickness gave way after a three-drop dose of croton-oil. On the twenty-first day there was a very copious fæcal evacuation, the discharge at first consisting of hardened scybalæ, but becoming, subsequently, of the natural consistence."

Another case, published by Mr Wallis, of Castle Cary, where the patient's bowels did not act for forty-three days, has interest, as showing the absurdity of administering purgatives:—

Case by Mr Wallis.

"On the evening of the 23rd of April, my attendance was requested on a married lady, forty-seven years of age, who stated that for five previous days no evacuation had taken place from the bowels, and as she had taken salts and senna without effect, she thought it right to seek medical aid, although not suffering any further derangement of her health. Her appetite was unimpaired, and she had neither pain nor sickness. Calomel, castor and croton-oil, elaterium, turpentine, and, in fact, purgatives of every kind, were administered, and (which is remarkable) uniformly retained by the stomach. Injections of warm-water and the tobacco clyster, the warm-bath, and friction to the abdomen, were used, and a bougie was also tried, but could not be carried beyond the rectum. Although these remedies proved unavailing, the pain suffered by the patient was inconsiderable, and she was able to take carriage-exercise until within two days of her death, which took place on the thirty-eighth day of my attendance, making (the five days previous to my seeing her included) a constipation of forty-three days duration.

"A post-mortem examination discovered *a stricture at the junction of the sigmoid flexure with the rectum*, the large intestines being enormously distended, and filled with fæces of a soft consistence; the colon was gangrenous, particularly at about the transverse arch. The contraction, which was of a circular form, and rather more than an inch in length, had no doubt existed to a certain extent for a long time, as the bowel was much thickened, and converted into a kind of gristly substance, its passage being narrowed to the size of a crow-quill. All the other viscera were normal."—*Lancet, p.* 438. *vol.* 1, 1842-3.

It may further help to overcome the common dogma of "open the bowels," to bring forward some cases, recorded in the allopathic journals, illustrative

of the practice of purging in cases where the bowels have been mechanically obstructed. The first two occurred at Bartholomew Hospital, the third under the care of Mr. Solly. The two first cases were read before the Abernethian Society, Feb. 14, 1850, by Mr R. Thompson, under the head of "Two cases of fatal obstruction of the intestinal canal by peritoneal bands," and the third case was read before the Royal Medical and Chirurgical Society on June 28, 1850. CHAP. XXI.

CASE I.

Case by Mr Thompson.

Mary G., aged 20, single, was admitted into Faith ward, Nov. 13, 1848. A fortnight previous she was in good health, but then got wet feet, which checked the monthly discharge. She became very sick, vomiting every thing she took, and complained of a very severe griping pain in the region of the navel: she had shivers followed by great heat of skin. The second day of the seizure she sought the advice of a *chemist*, who had audacity enough to give it. She vomited his medicine, and all the food she took. She then obtained the advice of a *medical man*. She was relieved, went out walking, and the same night the belly pain and the vomiting came on with increased severity. She was bled, had leeches and fomentations to the belly, with some relief. She has taken frequently aperient medicines, and injections have been administered, seven or eight times, *without the desired effect*.

When she was admitted into the hospital—

"Face dusky: eyes sunken, with livid areolæ around them; skin warm and dry; pulse 120, small, and rather sharp; lips dry; gums rather vascular; slight sordes about the teeth; tongue moist, coated on its back part with very thick brown fur; clean at the edges. Bowels have not been open for *seven* days. Urine is said to be scanty, high-coloured, and depositing a thick sediment. Catamenia regular.

"Complains of slight vertigo, and of nausea when she lies on the back. The abdomen is distended; generally dull on percussion; intolerant of pressure, especially in the umbilical region."

She was again bled to 12 oz.; twelve leeches were applied to the belly, and then a poultice; a soap injection was given; calomel, ten grains at once; and effervescing draughts, with one drachm of sulphate of magnesia every sixth hour.

Nov. 14.—The patient was worse: she vomits fæcal matter; pulse 120; belly very swollen and very sensitive to pressure.

She continued the draughts, and calomel three grains every sixth hour: she repeated the injections, and fomentations were applied to the belly.

Nov. 16.—All nourishment given by the mouth is quickly returned;

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the fæcal vomiting continues; complains "as if something alive were moving" in her belly; belly more distended and prominent, particularly at left side of navel.

Ordered draughts with ten drops of laudanum added to each; pills; also brandy, 2 oz.; beef tea for injection, two pints.

She rapidly became worse, the vomiting of fæcal matter continuing; became delirious, and died on the 18th.

On examining her after death—

Mechanical obstruction.

"The transverse portion of the colon was drawn down within the *right iliac region*, by a short narrow *band* proceeding from its lower border, and attached to the spine by means of the portion of mesentery corresponding to the last part of the small intestine. This band passed in front of the small intestine about an inch before its termination in the cæcum, compressing it against the spine, and *constricting it so as to render it* IMPERVIOUS. The mesentery immediately surrounding the constricted part was inflamed, thickened, and matted around the intestine.

"The entire length of the small intestine, as far as the constriction, was filled with liquid bilious matter, such as had been vomited during life. The *mucous membrane* was *reddened and swollen* in the neighbourhood of most of Peyer's patches, the individual glandules of which had burst, leaving spaces surrounded by a thickened border of mucous membrane. Each Peyer's patch thus presented a broad oval surface, the mucous membrane of which appeared worm-eaten, and as if irregularly removed by ulceration.

"Here and there a swollen red solitary gland was seen. As the small intestine approached the seat of constriction, it became very vascular, and presented discoloured streaks and spots, *as if from commencing sloughs*. The piece of small intestine between the constriction and the cæcum was pale and contracted, and its mucous membrane irregularly *ulcerated*."

CASE II.

Case by Mr Thompson.

Hannah R., aged 23, married, mother of four children; the last confinement being premature at the seventh month; since then she has never been well, suffering from *troublesome constipation*, for which she has had medical advice. The last three months the constipation has been worse, and the evacuations of unusually small calibre; the bowels were open last after three days constipation, four days before entering the hospital: on the day following the action she complained of great pain in the belly, and fæcal vomiting took place.

"*Since that day* she has taken various aperient medicines; but the constipation, stercoraceous vomiting, and abdominal pain, continue unabated. Several enemata have been administered, and returned unchanged."

When admitted to the hospital, on Feb. 7, 1850—

"Face very dusky and flushed; eyes dull, sunken, and surrounded by dark livid areolæ; skin cold, moist, and clammy; pulse 140-50, very

small and thready, at times barely perceptible; lips dry and fissured; tongue dry, coated with thick dirty white fur; bowels last open four days ago, but scantily; respiration natural, about 25.

"She complains of pain from the most gentle pressure on any part of the abdomen, but especially in the hypogastric and iliac regions; the abdomen does not appear distended, and is generally soft, except about the umbilical region, where it is rather tense; there exists tympanitic resonance on percussion over the course of the colon, and in the epigastrium, but marked dullness in the umbilical and hypogastric regions. The patient is very restless; appears to lie indifferently on the back or either side, keeping the knees slightly drawn up. Complains of pain about the hypogastrium, and of constant nausea; vomits occasionally a light-coloured frothy fluid, having an appearance like working yeast, and of a decidedly feculent odour. Mechanical obstruction.

"An elastic tube was introduced for some eight or ten inches by the rectum, and copious enemata administered. It was determined in consultation that no operative proceeding was justifiable; and the patient was ordered wine, brandy, and beef-tea *ad libitum*, and to have large enemata!!

"Feb. 8, 1 P.M.—She appears almost comatose, and fast dying; since 11 P.M. last night, she has taken four half-drachm doses of laudanum, to quiet the pain and restlessness, and has swallowed brandy and wine pretty freely; has vomited occasionally; abdomen more full, but soft; enemata came away unchanged: died at 4 P.M.

"The greater part of the small intestine was of a deep red colour, very much distended in the upper part, and contracted below; about two feet of its length appeared more distended, and of a darker colour, than the rest of the intestine, almost black, or dark claret-coloured: in the middle of this dark part was an ash-coloured slough, about three inches long, with well defined margin; the extremities of this congested fold of intestine were *tightly girt by a firm band* passing from the surface of another portion of intestine of the mesentery at the point of constriction; this band was very strong, and firmly attached at both its extremities.

"The contents of the strangulated portion of intestine gave to the finger the *sensation of hardened fæcal matter*, which was found to be caused, however, by the congestion and enlargement of the *valvulæ conniventes*.

"In the two cases which I have related, there was *no evidence of former peritoneal mischief;* indeed, from patients of this class it is always difficult to get a clear account of their ailments; it is curious that in both instances it was carefully observed that the abnormal band forming the constriction was the only one discovered of any strength or consistence, which seems to disprove the inflammatory origin of the bands, and raise a suspicion of their being congenital. Rokitansky mentions the frequent congenital occurrence of unusual length of the duplicatures of the peritoneum, or of supernumerary folds and pouches of that membrane; these

CHAP. XXI. pouches are chiefly found, he says, in the hypogastric, and more especially in the iliac and inguinal regions, and about the fundus vesicæ; and communicate with the peritoneal cavity by a well-defined fissure or ring, which is frequently surrounded by a tendinous band, lying in the duplicature."

CASE III.

Case by Mr Solly.

Is that of a young man aged 21. Ten days previously to Mr. Solly seeing him he had OBSTINATE CONSTIPATION, for which he took STRONG *aperient* medicine: this acting, caused much pain, and left considerable irritation of the bowels, which lasted for some days, the evacuations being tinged with blood. Three days before Mr. Solly saw him he walked fifteen miles: this was on the Sunday. On Tuesday evening he made a full supper of stewed beef: on Wednesday morning he ate to excess of the same; at half past 8, when ascending the steps of his house, he was seized with a violent pain in his belly, having at that time a swelling in his groin. The pain was so severe as to oblige him to ride to the city. When arriving there he was deadly pale and his lips blue with pain: he then passed some fæces and noticed the swelling in the groin: this was a hernia, which could not be returned though ice was applied and a warm bath was used.

Mr. Solly operated. The external abdominal ring, through which the bag (sac) containing the intestine passed, was very tight and was divided; but as the intestine was not thus released from its strangulated state the sac was opened, and a portion of intestine in the sac was of a rather dark colour and another portion almost healthy, the internal ring was then divided, and the intestine was returned without difficulty in the belly. The patient died: after death, "about a foot and a half of small intestine, enormously distended, and nearly black, lying in the pelvis, was found; on raising this, it was found *girt by a band* about an inch and a half long, which was connected with the cæcum on the one side, and with the peritonæum covering the iliacus internus muscle, close to the internal abdominal ring, on the other; this band was round and firm, and seemed to be either one of those bands of old adhesive inflammation which are occasionally met with in the abdomen, or the remains of the omphalo-mesenteric duct."

Mr. Solly added, "it must have existed a long time. It was not so tight as to have strangulated the intestine in its undisturbed condition."

Little doubt can exist that the death of this young man was caused by the irritation from the strong aperient medicine, causing inflammation of the gut; and then the overloading of the gut by the excessive eating, caused the development of the dormant inflammation, which ended in death; for Mr. Solly states,

the band found in the abdominal cavity was not so tight as to have strangulated the intestine in its undisturbed condition. CHAP. XXI.

These cases are full of interest and of instruction.

Thus in two of these cases, though the patients vomited all they took, the hospital surgeons gave food continually, and poured down their calomel and effervescing draughts. The stomach rejecting every thing one would have thought ought to have told them to have given nothing; but they listen not to such speaking to them by nature: they say the patient must have nourishment, forgetting that for food to be nourishment the stomach must digest it.

Again, supposing the patient retained the medicine, the result must have been to have carried the poison through the intestinal tube to the part where the stoppage existed, where the medicines taken, producing perpetual irritation, must cause inflammation.

The unwiseness of the practice of giving purgatives to remove constipation, as connected with mechanical obstruction, is exhibited in cases of intestinal obstruction, by Benjamin Phillips, Esq., F.R.S., Surgeon to the Westminster Hospital, in the *Medical Gazette*, page 233, vol. 47. As the writer well observes,—"The following cases of intestinal obstruction are recorded for the purpose of illustrating the difficulties of the diagnosis of the *causes* of the mischief."

The cases are very instructive: they will reward a careful perusal to the professional and to the non-professional reader: to the professional, demonstrating how fatal complaints are often not indicated by any great severity of symptoms; and to the non-professional, that to expect the relief of symptoms, by using

CHAP. XXI. means merely to remove conditional and solitary* symptoms, is absurd. Before recording the cases, the remark may be made, that it is refreshing to read the productions of men of experience such as is the writer of the cases; there is a beautiful simplicity prevalent throughout, and this is always found in men† who occupy the position that Mr. Phillips does in the profession.

A case of Pure Ileus—Operation—Death—Post-mortem examination.

Case by Benjamin Phillips, Esq.

A. W., a cabinet maker, aged 50, applied to me under the following circumstances: he stated that he had had a sense of pain and tightness around the lower part of the chest, with some nausea, for several days. The tongue was pretty clean, the pulse quiet, the bowels somewhat irregular in their action. He was rather a gross feeder, but a perfectly sober man. I ordered for him *calomel* and compound extract of *colocynth*.

Two days afterwards I saw him again, when he was somewhat relieved. The medicine had produced three small stools on the morning after it was taken; nausea, and some sense of oppression about the chest were still present. I directed him to repeat the dose, and to take a castor oil draught in the morning.

Two days after he expressed himself as somewhat relieved, but his discomfort was not got rid of. He had had two scanty stools from the medicine. The tongue was clean, and the pulse was quiet. On this occasion, upon carefully exploring the epigastrium, the hand came in contact with a small umbilical tumour, which he said had existed long, and was unheeded. There was no tenderness upon pressure of this tumour, neither was there impulse communicated by coughing; the abdomen in other respects was natural. In this state the patient continued for ten days, the bowels acting scantily when medicines were administered by the mouth; and during that time there was no abdominal tension or tenderness: the tongue was clean, the pulse was quiet, but the nausea persisted.

On the afternoon of the twelfth day from my first seeing him I was sent for in haste. I found that he had had a violent "convulsive attack," from which he continued to suffer for more than an hour, and that a large stool had been passed involuntarily during this time. He was quite

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* In all scientific homœopathic treatment the whole case is treated.

† It is an interesting fact that one never finds men such as Mr. Phillips denouncing homœopathy. Men such as he, do not herd with the vulgar traders in medicine.—ED.

recovered from the attack when I saw him. He still complained of sickness, and the tongue was slightly coated, but the abdomen was perfectly free from tympanitis or tenderness.

I now felt it my duty to ascertain whether there was any mischief at the umbilicus. I cut down upon it, and found that the tumour which had been observed there was formed by a small pellet of omentum, tightly bound and adherent, but exhibiting no sign of damage from constriction. With some difficulty I enlarged the umbilical opening, and passed my finger into the abdomen to satisfy myself that all was free; but I could not without more dissection than I thought prudent, return the omentum into the abdomen. I saw him again in the evening, the sickness still persisted, the abdomen was still flat and free from tenderness. I ordered that he should have a castor oil enema early next morning.

When I saw him again I found that the injection had brought nothing away with it, that the sickness still persisted, that there was a good deal of borborygmus, that the abdomen was still flat and painless, that the pulse was eighty, and that a great deal of water had been passed. I ordered *calomel* and *opium* immediately, castor oil and spirits of turpentine for an enema four hours after.

The next morning I found he had had some sleep; but the sickness and borborygmus persisted: the abdomen was still soft and flat, and not tender, but there had been no stool. I ordered that the *calomel* and *opium* should be repeated.

Ordered to have *calomel* every three hours, omitting the *opium*.

He died the next day.

The body was examined twelve hours after death.

The abdomen was by no means tumid; the parietes were very fat. When the flaps were laid aside, the contents of the cavity were found well covered by omentum, in which there was much fat.

The mesentery was edged, as it were, by something which bore a considerable resemblance in colour and size to a large earthworm: we found this to be the small intestine shrunk up to the size of narrow tape, and it had a pink colour. It was carefully followed until we arrived in the left hypochondrium, when the shrunken character ceased, and was succeeded by a *brown dilated portion* of the same tube. The point where this sudden change took place was three feet nine inches from the duodenum. The appearance there was not unlike that of the appendix vermiformis and the cæcum.

A portion of intestine, including some inches above and some inches below the shrunken portion, was removed from the cavity, examined carefully externally, and no pathological structural change was apparent; some water was poured into it, and the whole shrunken portion at once resumed its ordinary diameter. The other portions of the canal, as well as the other abdominal organs, were in a healthy state.

CHAP. XXI. *Obstruction dependant mainly on an abnormal direction of the intestinal canal.*

Case by Benjamin Phillips, Esq.

E. N., aged 22, was in his usual health on Thursday. About twelve o'clock, as was his custom, he took some bread and cheese, of which, particularly of the latter, he ate heartily. Not long afterwards he began to complain of a griping pain in his stomach and bowels. He attributed it to the cheese he had eaten: and though it recurred at short intervals, he did not suffer it to interfere with his duties. At five o'clock, his dinner time, he did not appear at table; he remained in his bed-room lying down, and complaining of a great deal of pain, which he referred to the stomach. He still said it must be the cheese which distressed him. The medical man who saw him prescribed an emetic, but before it could be procured he made himself sick by irritating the fauces with his finger. He took the emetic, however, and brought up from the stomach a very large quantity of what seemed, in great part, to be undigested cheese; he was relieved, and it was hoped that the cause of his trouble was removed. In half an hour, however, he complained that the pain had become much more violent at the same spot, and it was accompanied by violent though ineffectual efforts to vomit. The pain occurred in paroxysms, which *were succeeded by periods of perfect ease.*

There was no tenderness on pressure anywhere. He could not be made to swallow anything, because of the great irritability of his stomach. A few grains of *calomel* were laid upon his tongue, but it excited new efforts at vomiting, and the stomach could not be quieted: meanwhile the intensity of the abdominal pains increased. He was continually turning from side to side, occasionally writhing with agony, much in the way of a man having violent colic. Warm fomentations, and subsequently a warm bath, were tried, but without benefit.

In an hour or two the pain became more extended; it seemed to take the course of the descending colon, and to lessen at the point it first occupied, as if it was occasioned by an irritant which was passing along the large intestine. At length the pain became more fixed and continuous in the left iliac fossa, and it continued there through the remaining course of the affection. A dozen leeches were applied to that point, and an injection of forty drops of *sedative liquor of opium* was thrown into the rectum. Shortly afterwards he obtained ease: the vomiting ceased, the paroxysms of pain abated, and he fell into a quiet sleep.

On the following morning (Friday) he looked and thought himself better. The whole abdomen was not altogether free from pain, and there was a very slight amount of tenderness. The patient was very anxious that the bowels should be evacuated, *as he thought that then all would be right.* (How common is this idea.—J. E.) The stomach was still somewhat irritable, but he thought he could keep down some medicine. A saline purgative draught was given, and was immediately rejected. Soon after, upon the patient expressing his belief that he could retain pills, ten

grains of compound extract of *colocynth* and a drop of *croton oil* were given him, but were not long retained. By two o'clock he had become much worse, and it was at this time I saw him. He had been vomiting very recently, and there was increased abdominal pain. I found, distinctly marked, upon the surface of the abdomen, below the umbilicus, the course of a coil of intestine across the abdomen, together with general and considerable tension. The tongue was covered with a buff slimy coat: the pulse was frequent, but compressible.

It was determined to let the stomach be quiet, exhibiting merely a little hydrocyanic acid: emollient injections were thrown into the intestine. In the evening the pain was more severe; the skin was hot, the pulse was 112 and wiry; the tenderness in the left iliac fossa was more acute. Blood was taken from the arm to the extent of eighteen ounces with some relief; it had a tolerably thick buffy coat. *Calomel*, two grains, *opium* half a grain, to be taken every three hours.

Saturday morning early, the pain became more severe, and it was more aggravated by pressure. There was also more general distress. Thirty leeches were applied to the abdomen, and with much, though not lasting relief. In addition to the pills, it was now determined that mercurial ointment thickly spread on lint should be laid over the abdomen. The distension and pain increased: no sleep was obtained, and there was no evacuation of the bowels.

The right side and upper region of the abdomen were now most distended; the left iliac fossa was the seat of most pain. There being no appearance of mercurial action in the system, the *calomel* was increased to three grains every three hours.

Towards evening he suddenly complained of more violent pain than he had yet felt. The breathing was irregular, the heart's action flagged, the pulse was extremely feeble, the temperature of the surface fell, he was covered with cold sweat, and the patient thought himself dying: stimulants were given, and he gradually rallied, but the restlessness increased. An injection was administered, and brought away only some small pellets of fæcal matter.

The night was passed with more restlessness and urgent distress. In the morning there was a slight remission in the distress for a while, but there was more abdominal tension; the pulse was very feeble, and often very rapid; the tongue was dry, and slightly brown, and there was no mercurial action set up. The day was passed much in the same state, and the night was unpromising.

On the morning of Monday there was not much change. The day passed much as the last, but in the evening he was much excited. There was some delirious dreamy excitement, and the *opium* was suppressed under the idea that it might be probably producing this effect.

Tuesday morning, at five o'clock, a considerable quantity of fæcal matter was evacuated. It contained two or three hard pellets, which resembled plum stones, and a lump or two of excessive hardness. Soon

CHAP. XXI. afterwards there was another small evacuation. The prostration, however, was very great, though there was a temporary mitigation of the symptoms. The abdomen for a while was less tumid, there was less tenderness, but there was a failing irregular pulse. Instead of sleep there was soon more agitation; there was more abdominal distension. The breathing was occasionally laboured; any portion of the surface when exposed became quickly cold. Towards night the exhaustion increased; a blackish fluid was vomited. He died at half-past two o'clock on Wednesday morning.

Post-mortem examination.—The abdominal cavity alone was examined. On exposing the contained viscera, the small intestines were observed to be distended to nearly twice their natural diameter throughout their entire length, with the exception of the last inch or two of the ileum. They were universally inflamed and glued together by recent lymph. The omentum was spread out as usual over the small intestines, but at its lower part it was drawn into a band of about two inches in width. This band of omentum passed down in front, then under and behind the ileum, close to its termination in the large intestine. The band then became adherent to the posterior layer of the mesentery, and to the posterior abdominal wall. Thus a partial stricture was formed on the ileum within an inch of its termination. On one side of the constricting band the intestine was distended, on the other it was not of its natural size. The constricted portion of the intestine was neither thickened nor sloughy. It was inflamed, and adherent to the band of omentum by recent lymph, and would readily have admitted of the passage of the finger. The appendix cæci vermiformis was longer than natural, about five inches in length, and one-third of an inch in diameter. When laid open and spread out it measured an inch in width.

The first three inches of this large appendix formed several doublings or convolutions, which were connected to each other and the coats of the cæcum by five old adhesions, the last two inches of the appendix being alone free. This free portion was situated just below the constricted ileum; it was sphacelated, and contained two little oval bodies, resembling in form and colour small cherry stones, but which on being broken proved to be calcareous concretions. Below the constricted ileum and loose sphacelated appendix was situated another fold of intestine adherent to the cæcum. This was found to be the sigmoid flexure of the colon, which was traced from the left side across the upper part of the sacrum, to the right iliac fossa. Here attaching itself to the cæcum, it was reflected upon itself to the centre of the sacrum, the two folds being adherent. From thence it passed downwards to form the rectum.

Partial Obstruction dependent probably upon Adhesion.

Augusta Barrett, aged 50, was admitted into Sanctuary Ward, suffering from abdominal pain. She stated, that five days before, while reaching for something from a clothes line, she felt something give way in the

groin, and she found a swelling there. A year before a tumour somewhat similar was observed there, but after a time, and the use of frictions, it subsided. At that time the bowels were for two or three days obstinately confined, and since that time they have been occasionally troublesome. At the latter end of December they were confined, but *they were made to act on the twenty-ninth;* they were not again opened until the first of January, the day on which she "*over-reached*" herself. From that time until the time of her admission the bowels had not been relieved.

She was admitted at eleven o'clock, A.M. Her countenance was anxious, pale, and dejected: her tongue was dry and brown: her skin hot and parched: respiration hurried: pulse ninety. There was a prostrating pain in the abdomen, increased by pressure, and there was frequent vomiting of a green bilious matter.

There was an oblong irregular tumour in the right groin, which felt like an omental hernia. It could not be reduced upon pressure, nor was any impulse communicated to it by coughing. The taxis was carefully applied to it, but it was not reduced. Her condition did not admit of delay. A consultation was held, and although there was some difference about the seat of protrusion, there was none as to the necessity of immediate operation.

I commenced the operation by making a longitudinal incision over the tumour; but the thin integument could not be conveniently pinched up for the purpose; it was somewhat thickened, and adherent to subjacent parts. The operation was cautiously proceeded with, because there was a peculiarity in the condition of the part. Under the integument I quickly penetrated into a hardened gland-like mass. In the centre of this mass was a purulent collection of a very fœtid dark brown colour: probably over an ounce of this fluid escaped. I passed my finger into the cavity, and found that it had a smooth lining membrane. The tumour had by this time much lessened in bulk. After a careful search I could find no indication of any abdominal protrusion; the operation was therefore not carried further. She was a good deal relieved by the operation. She was ordered *calomel*, gr. v.; *opium*, gr. ss.: to be followed, after four hours, by *Epsom salts* and *peppermint*, every two hours. Between nine and ten o'clock, P.M., she had two good stools, and another during the night, and in the morning was in every way much more comfortable. Her countenance was more cheerful: there was no sickness: little abdominal tenderness: tongue improved. The improvement proceeded steadily from this time. The bowels required very little assistance: the abdomen felt natural: her wound was granulating healthily: her appetite was good: her countenance was cheerful. On the fourteenth day (Jan. 20) a feeling of sickness returned, with shivering; the bowels did not act as usual, and the countenance assumed an anxious appearance: the pulse was only seventy-six, but the tongue had a yellowish slimy coat upon it: the abdomen was not swollen or tender.

CHAP. XXI. Ordered *calomel, turpentine,* and *cream of tartar.* There was so much prostration that it was necessary to give her a little brandy occasionally. There was frequent vomiting.

The next morning there was a feeling of heat at the wound, and upon examining it a bright yellow fluid in small quantity was found escaping from it. It was quite liquid, and evidently bilious, and there had been two stools. The face was flushed. the skin hot: the eyes sunken: the pulse a hundred and ten: but little abdominal pain or tension, though there was stercoraceous vomiting.

24th.—Her state was more hopeless, and on the 25th she died.

Post-mortem examination.—The body was examined about twelve hours after death. Rigor mortis was fairly established, but was very moderate. The body was not at all emaciated: the skin was very sallow: the abdomen was moderately full, but not tense: the sides of the chest were much flattened, and the lower ribs were pressed downwards as if by stays. A wound with inverted edges, and discharging a bilious-looking matter, appeared in the right groin. Upon a careful examination of the surface, no tumour, nodule, or irregularity could be felt by the fingers. The body was opened by the usual straight incision from the top of the sternum to the pubis. A cross incision was made from the umbilicus to the right crest of the ilium, and the flap turned back so as fairly to expose the parts in situ.

Upon examining the contents of the cavity, the intestines appeared to lie in their natural position; but the edge of the right lobe of the liver was thin, though otherwise of natural appearance, but it extended downwards nearly to the crest of the ileum. The stomach and transverse colon were covered and concealed by the depressed ribs of the left side. A long process or appendix was observed stretching from the free margin of the great omentum to the right groin, where it adhered to the abdominal parietes at the inner ring of the inguinal canal. It was not very tightly stretched, and could hardly be said to constrict the coils of intestine over which it passed, but was quite capable of doing so if the intestines were distended. Immediately underneath this band a coil of small intestine was perceived bent upon itself at a somewhat acute angle, very partially engaged in the internal ring,—that is to say, a portion of its circumference slightly projected within the opening; but there was no obstruction to the passage of fæcal matter along it. It was, however, firmly adherent to the sides of the ring. A probe could be easily passed from the wound in the groin into this portion of bowel, which was ileum.

17, Wimpole Street, July 23, 1851.

These cases proclaim loudly the inefficiency of purgatives; and not only their inefficiency, but their injuriousness. It is a query, suggested by the perusal

of these cases, whether the fatal result would have occurred in these cases had purgatives not been administered? How much more probable would have been a cure had only homœopathic remedies been applied.

The Cæcum and its Valve.

The cæcum and its valve.

It is considered by many that the cæcum is peculiarly liable to disease. Its structure, and the special form of the ileocæcal valve, have been considered as causing this liability. But to allow that any speciality of form of a part, contrived by the Creator for a given purpose, could be in itself favourable to the production of disease, would be to give sanction to the idea, that the Creator had not made the part aright. This no believer in the omnipotence and the omniscience of the great Contriver will sanction. This view is therefore repudiated. Willingly however it is granted that the cæcum is peculiarly liable to have diseased action induced in it by the action of purging, such action causing an irregularity, in the movement of the intestines, which may cause bodies to pass into the vermiform appendage (110, plate 1, 14), and there, the irritation being kept up by purging, cause inflammation and ulceration. These views are illustrated by the following case.

Ulceration of the Cæcum. By Dr. STORER.

Case by Dr Storer.

Early in December last, Dr. S. was called to visit Miss L., aged about twenty-five years. She complained of great pain in the right iliac fossa, and was suffering from considerable constitutional excitement. Upon examining the part affected, he found it tumefied from about two inches anterior to the crest of the ilium, to some distance backward upon its spine; this tumefaction was exceedingly sensitive, and pressure upon a portion of it detected fluctuation. Dr. S. ascertained that she had taken a long walk a week or two previously, when the ground was damp, with thin shoes, and that, at that time, she felt chilled: immediately after this exposure, she began to complain of uneasiness in the affected part, and

CHAP. XXI.

her suffering had since constantly increased. The abscess was punctured, and egress given to several ounces of exceedingly offensive, ill-conditioned pus, together with a small portion of air: great relief was immediately experienced. The purulent matter continued to flow, unmixed with any foreign substance, until the third day after the opening was made. At this time, Dr. Storer noticed three or four small black masses about the size of an ordinary pea, looking like little scybala, and the patient told him, that during the previous night she had been disturbed by the passage of air from the orifice. On the fourth day, liquid fecal matter flowed freely from the wound; this continued four or five days, requiring that dressings should be applied repeatedly during the day. From this period, nearly five weeks elapsed without the passage of any fecal matter, the discharge being entirely purulent, accompanied occasionally by air. At the termination of a month, the patient, having complained for a day or two of local heat and fulness, together with general febrile excitement, observed in the purulent discharge from the wound, "quite a number" of fig-seeds, which had been swallowed a fortnight previously. Succeeding the passage of these seeds, a long, somewhat compressed substance was observed in the aperture of the skin, which proved to be a portion of apple-peel, several folds of which had become rolled upon themselves, forming a fine, pointed body. Fecal matter followed these foreign substances, and continued to flow for four days, when the discharge gradually subsided.—*Records of the Boston Society for Medical Improvement*, in *American Journal of the Medical Sciences*, July, 1851.

The author was consulted in the case of a youth for intestinal disease. The youth soon after died; and a pea was found germinating in the vermiform appendage. There can be but little doubt that the pea was forced there by the irregularity of the action of the cæcum and ileum, induced by the irritation of purging, to which he had been subjected before he was brought to the author.* And, in most cases, where bodies are found in the vermiform appendage, the irritation of purging is, it is likely, the cause of such bodies being there.

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* The inutility of any purgatives to force bodies through the bowels is exhibited in a case published in "Rejected Cases."—*A case, in which a farthing was swallowed, and discharged a month and a day after the date on which it was swallowed.*

Fistula cured.

Fistula cured.

This case ought to have been inserted in the previous chapter, but, at the time could not be found.

Francis Holmes (p. 1646, case book, 1852,) aged 61, a widower, came to me in May: he suffers under fistula. His state is very bad, and he afterwards expressed his own conviction of his state, by remarking, "I thought I should have died before I came to you, Sir."

He saw Mr Salmon, subsequent to the opinion of a medical gentleman that he had fistula: Mr Salmon recommended him to go to Bartholomew Hospital. He went there, but they did not keep him. He then returned to Mr Salmon, who stated that the fistula was very bad, very deep, and declined operating. He left the Fistula Infirmary five weeks since, having had the fistula thirteen months. The fistula discharges: it has two openings, and it takes half an hour to get the fæces that pass through it through. When he consulted me he was much swollen in his body, which he referred to some medicine that had been given him by the medical man whom he last saw. He consulted me on April 26, 1853: he looked very ill. He was, however, not thirsty: his tongue was furred: he seems breaking up.

Ordered *hepar sulphuris* and *causticum* in alternation.

Hepar sulphuris and causticum.

May 6th.—The discharge from the fistula was lessened; his legs are now swelled. There is that peculiar unhealthiness about his appearance so characteristic of, and so usually present in, fistulous diseases.

Ordered *lachesis* and *hepar sulphuris* in alternation, and then *lachesis* and *causticum* in alternation.

May 16.—The fistula discharges very little: he

CHAP. XXI. swells all over the body: his water passes without difficulty: his bowels are not confined: he perspires when he lies down: his tongue is furred.

Bryonia and calcarea. Ordered *bryonia* and *calcarea* in alternation.

Subsequently to this, the action of his bowels became entirely stopped, and his sweats were profuse. He has extreme trembling.

Kali carbonicum. Ordered *kali carbonicum.*

May 28.—He has a very bad sore throat. His cough is dreadful: he sweats less: his trembling is less.

Bryonia and belladonna. Ordered *bryonia* gtt. i. tertiæ dilutionis, 12th part as a dose, in alternation, with *belladonna.*

May 30.—His throat is better: he feels sick: his cough is better.

Lachesis and causticum. Ordered *lachesis* in alternation with *causticum.*

June 29.—The swelling has almost gone: the discharge from the fistula has much lessened: he says his appetite, when he takes the medicine, is not so good: the medicine makes him feel full: he can eat but very little: his sickness is better: the cough is better: his health has much improved: he thinks the medicine is too strong for him, "it makes him sweat so much:" he can now sit down, which hitherto the fistula has prevented him doing: he has a spongy sycotic-like growth at the part.

Thuya. Ordered *thuya* one day, and *lachesis* and *causticum*

Lachesis and causticum. the next day, and so on.

August 19.—He can now sit pretty well: he does not feel quite so well: the discharge from the fistula is a little increased: some inflammatory redness is perceptible about the part.

Arsenicum and hepar sulphuris. Ordered *arsenicum* and *hepar sulphuris* in alternation to subdue the inflammation, and then *thuya* one

day and *lachesis* and *causticum* the next day, as before. He has a chafing between the thighs. Lachesis and causticum.

Sept. 5, 1853.—The fistula is better: the discharge has lessened: he has some trouble from piles.

Ordered *lachesis* and *causticum*.

Jan. 11, 1854.—The fistula has been painful the last day or two: he has digged hard: the part is inflamed.

Ordered *arsenicum* eight globules, and *hepar sulphuris* eight globules, three-quarters of a globule, at first every two hours, then every six hours. Arsenicum and hepar sulphuris.

Jan. 28, 1854.—He is a great deal better; the discharge has stopped: he has a heat at the lump, but there is now no smarting. He expressed his gratitude, comparing his state now with his state last year.

March 11, 1854.—He states he has never been so well as he is now; but on Tuesday the place became painful, and yesterday the place broke, and discharged a yellow matter.

Ordered *arsenicum* and *hepar sulphuris*.

April 4, 1854.—The fistula is almost well: the inflammation is very slight: there is a little yellow discharge, but now no fæces pass through the wound: there is still a little heat.

Ordered *arsenicum* and *hepar sulphuris*.

June 10, 1854.—He has had a little discharge again, attended with shooting, darting pains: his stools pass naturally: he used to be half an hour in passing the stools: he walked seven miles this morning.

August 29, 1854.—He has been well: he feels as well as ever he felt in his life: he said he should like Mr Salmon to know of his cure, as he told him he

CHAP. XXI. was a dead man. I suggested to him to call on Mr Salmon: he said he would be offended.

The patient has been engaged this summer in mowing, and is upwards of sixty years old, and yet he mowed and beat a younger man.

N. B.—It is not unlikely that this patient, on account of his age, may have a fresh development of his disease: still, the benefit, derived from homœopathic treatment, has been as described: a benefit sufficiently palpable, and one establishing the power of this treatment in a disease, generally not at all tractable.

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