

On common neuroses, or, The neurotic element in disease and its rational treatment : three lectures delivered before the Harveian Society of London, November-December, 1891 / by James Frederic Goodhart.

Contributors

Goodhart, James Frederic, Sir, 1845-1916.

Publication/Creation

London : H.K. Lewis, 1894.

Persistent URL

<https://wellcomecollection.org/works/kvupwng4>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

COMMON NEUROSES

M19104

GOODHART




22101816371

Alfred Satter.

Wm. W. W. W.

ON COMMON NEUROSES



Digitized by the Internet Archive
in 2014

<https://archive.org/details/b20416702>

ON
COMMON NEUROSES

OR
THE NEUROTIC ELEMENT IN DISEASE
AND ITS RATIONAL TREATMENT

THREE LECTURES DELIVERED BEFORE THE HARVEIAN SOCIETY
OF LONDON, NOVEMBER—DECEMBER, 1891

BY
JAMES FREDERIC GOODHART

M.D. ABERD., F.R.C.P.

PHYSICIAN TO GUY'S HOSPITAL, AND CONSULTING PHYSICIAN TO THE EVELINA
HOSPITAL FOR SICK CHILDREN

SECOND EDITION

LONDON
H. K. LEWIS, 136 GOWER STREET, W.C.

MDCCCXCIV.

95400

8046

M19104

WELLCOME INSTITUTE LIBRARY	
Call.	welM0mec
Call	
No.	WM170
	1894
	G650

TO
SAMUEL WILKS, M.D., LL.D. EDIN., F.R.S.,

FOR NOW MANY YEARS THE DEAR AND HONOURED FRIEND
AND TEACHER OF THOSE WHO HAVE STUDIED MEDICINE
AT GUY'S HOSPITAL.



PREFACE TO THE SECOND
EDITION.

THIS edition has been reprinted very nearly in its original form. I have been urged to expand it by adding cases and other additional matter ; but to do this would, in my opinion, be to detract from any value that the book may possess. It aims only at a statement of the principles of management of the many ailments which may be comprehended within the limits of common neuroses. More detail, while all too ready to hand, would be both a burden to the attention and an affront to the intelligence of those who may become my readers.

PREFACE TO THE FIRST EDITION.

IT was not my intention, in reprinting these lectures, to do more than satisfy the needs of private circulation amongst the Council and Members of the Society before whom they were delivered. But since their appearance in *The Lancet* so many have written to me to express the kindly wish that they should be reissued in more accessible form that I could not do otherwise than accept as a command an invitation that was all the more imperative because it has come in great part from those who are personally unknown to me. If, in thus responding, I should seem to any one to have too readily inflicted an injury on medicine by adding yet another book to the existing deluge, I would ask my critic to pause and read it, and to mark well that it is but a little one.

ON COMMON NEUROSES.

LECTURE I.

WHEN the President and Council of the Harveian Society did me the honour to invite me to fill for this year the post of their lecturer, I accepted with no more than the momentary hesitation that might be the natural physiological reaction of any surprise. And I did so because it was clear that the request came, not to *me* personally so much as to one of the physicians, and therefore to one of the accredited mouthpieces, for the time being, of Guy's Hospital. To have declined such an invitation, however much private inclination so counselled, would have been to run away from an obvious duty, and to cast a slur upon an institution that deserved nothing of that sort at my hands. So I am here relying on, and attempting to personify as best I may, my nursing mother, dear to me, as those other kindred and not less noble institutions where you severally have studied, and spent, it may be, the freshest years of your lives, are dear to you, my

hearers. But having thus somewhat impulsively taken up what seemed to be a duty, I am free to confess that it was a case of "Marry in haste and repent at leisure," for only when there was no escape did I realise that a matrimonial project of this sort was neither to be "enterprised nor taken in hand lightly"; and anxiously did my mind range the wide field of medicine for some subject that might prove not only instructive, but also attractive, at this somewhat somnolent evening hour.

Ruskin has said in effect, in his "Sesame and Lilies," that in reading a book one should try to get at the author's meaning, rather than interpret him by the light of our own thought. For the poet, the mystic, the moralist, I might allow this to be true, though I am by no means sure that it is so, for the books that have most taken hold of mankind have ever been those in which the author has dealt with subjects for which no language could be precise enough; and that hold has been gained, not necessarily by beauty of language—though that has often been conspicuous; not by wealth of idea—though that may have been abounding; but chiefly, as I believe, because individual minds of the most varied type and depth of intelligence, each and all, in attempting to unravel the writer's meaning, have, unconsciously it may be, seen in it their own experience, and interpreted it so. Do you believe, by putting Shakespeare on any pinnacle of intellectual

acquirement you may please, that any single brain ever had within its compass the half of the ideas that have been found by others in his plays? I believe that if we could piece together all the knowledge that from then till now has been supposed to have been put into his work of his own purpose and intention, we should build up an individual who, even at this advanced period of the nation's history, would be a psychological impossibility. Shakespeare is Shakespeare, Milton is Milton—Browning is and will be Browning if you like—it matters not whom of the greatest writers of the past we take—each and all of them, great as they were and are, would yet be comparatively unknown to fame were it not that, in attempting to interpret them, age after age has interpreted itself through them. I question whether it could be otherwise. It is the natural resurrection that a great mind may expect. But let this pass. If what Ruskin says be true for the writers of books, it is hardly so for the audience of a lecturer on medicine, and I seemed to receive *my* mandate from quite another point of view and from a very different source.

Those of you who have read "Life's Handicap," by Mr. Rudyard Kipling, will remember that in the preface—to my mind the most charming part of the volume—there is a dialogue between an old Indian of eighty years, Gobind the one-eyed, and

the author, with reference to the art of telling tales. There are one or two passages in that preface, by-the-bye, that seem apt in respect of medical authorship. For instance: "I write," says the author, "of all matters that lie within my understanding, and of many that do not. But chiefly I write of life and death, and men and women, according to the measure of my ability. Then, by the favour of God, the tales are sold, and money accrues to me that I may keep alive." But with more special reference to the work before me he asks, "'In what manner is it best to set about the task, O chiefest of those who string pearls with their tongue?' 'How do I know?' said Gobind. 'Yet'—he thought for a little—'how should I not know? Do thou this: tell them first of those things that *thou* hast seen and *they* have seen together. Thus will their knowledge piece out thy imperfections.'" And this is what I have ever found the readiest way to my hearers' attention. This is what I shall now attempt to do. I propose to give you a plain tale of my own experience, feeling sure that in so doing I shall appeal to similar experiences of your own, and I hope that the piecing-out process may prevent the time from being altogether lost. Thinking thus it was that I determined to deal with the subject of neurotic conditions, and here it was that my first difficulty arose—the question of a title to these lectures. All titles and definitions bind one,

and I want to present the neurotic element in disease to you as it has presented itself to me; and that presentation does not well allow of any other than the most general definition. "Neurasthenia" would, I think, have been the most fitting term but that in inviting you to listen to lectures comprehended by that name I feared to seem to limit your vision to massage and stuffing, which I have no wish to do. Included within my horizon are such diseases as asthma and angina pectoris; and indeed the subject is all too wide. "The Common Neuroses of Modern Life" next came to mind; but some of my friends said that a title of that kind was rather too suggestive of a ticket for the play. So at last the heading stands as it does, and if it be somewhat vague, it at any rate sets the lecturer free.

But modern life is, after all, my chief theme; and insistence upon it is one of the first points that I wish to make, for it is the very mainspring of my subject, or rather, I ought to say, of my idea of it. As year succeeds to year of life I become more impressed with the widely-prevailing influence of the neurotic element in the production and carriage of disease. And it is my own opinion that this influence is more all-pervading than in former years. I shall not attempt to prove this, for I feel confident that figures could be made to do service either way according to the bias of the manipulator. I therefore simply give it as my opinion, worth no more

but worth no less, than that of any other individual who has had an equal opportunity of observing. For, let me remind you, the conclusion that I had come to has determined the subject of these lectures ; it was not formed after I had settled that question. If I look through the notes of cases that I have seen there is no group so large as that of the neurotic in one form or another, and I really do not think I have exaggerated this feature. I believe that insanity is on the increase ; but I refuse to be confined, in speaking of mental disease, to those grosser forms that require to be committed to the hospitals set apart for such cases. Incidentally, I may say, too, that I believe that the grit of the English constitution has lessened in robustness ; and if the question, Why, then, is the average duration of life longer ? seems at first all too pertinent for the maintenance of that contention, a very little reflection will convince any one that no great weight attaches to it ; for in both cases—physical and mental death, to bring both at once into the same line—it is more than probable that the last extremity is averted by our greater care of life at the present day, and that the average is lengthened out by the large prevention of such diseases as can be prevented. Yet men and women may drag along more self-conscious, more oppressed and weighed down by trivial ailment, less ready to step out with the spontaneity and

joyous liberty and power of healthy life, so that where one man may say that to-day there is less of capital punishment, there are ten who can make answer, "Even so! But there is more of penal servitude and of the treadmill."

I remember, five-and-twenty years ago, when first entering the medical profession, that the late Sir Thomas Watson had given expression in public to the opinion that disease had changed its type. I was surprised to see, even at that early date of my career, how much discussion that opinion excited, and even more so when, after a time, it was practically recanted. I thought then, and I think now, that, unless the world is standing still, disease *must* change its type—that it has changed its type, and is changing it. Some of you, at any rate, will remember that the discussion turned around the former treatment of pneumonia by bleeding and its then and present management without it. And, surely, the argument in favour of a change of type on that ground was not wanting in strength. Still, I would maintain that it was not the strongest upon which the contention could be supported, for it was quite open for those who had lived years enough to say that the pneumonia of a former generation was, in all essential features, the pneumonia as we know it now; and that was indeed the line taken, and, many supposed, successfully so. But a quarter of a century has gone by, and almost within that

time the doctrine of evolution has come into existence and has grown into robust manhood. In those days change of type conjured up the idea of jumps from the disease of one day to that of some successive one. We can understand now, if we could not at first sight then, that no such demonstration is possible, because it is out of the natural order of things. But the absence of gross changes within the span of a century or two does not touch the assertion that disease has changed and is changing. The process is one of transition, subtle and gradual—as gradual as that by which man himself must be undergoing modification, because this earth is changing; and unless he accommodates himself to his altering circumstances the man of to-day will have to make way for some other being more pliable than he. I see no escape from the absolute certainty of the conclusion based on this *à priori* consideration that disease is becoming modified, and this, too, in all sorts of directions in correspondence with the manifold circumstances to which it is subjected. I need hardly give any illustrations of this, they are so abounding; but to show the intricacy of the case, let me insist on this maxim: “No man liveth to himself, and no man dieth to himself.” Apply the principle—for it is a principle—to the exanthemata, and to what we are doing for them in all directions, both preventive and curative, at the present day. It is impossible, I take it, to do away with one of

these scourges, or to render its reaction on the human body less severe, without the change or changes thus produced reacting to a wide extent, and probably far wider than we have any idea of, upon a number of other processes of disease which each involves in its unbridled turmoil. For instance—and there could not be a better one considering my subject,—there is many and many a home now bewailing the ravages of disease in one or other of its members, relighted, or maybe started, by quite another disease—viz., that interesting but terrible pest influenza! I suppose there is not one of us who does not see, even now, almost every day a case of one sort or another that dates its initiation from the first outbreak of that disease of now several years ago. I think it would be difficult to say in how many ways that disease has attacked the human organism and laid it open to attack, or in how many directions its absolute extirpation would better the future of the race. I take it, therefore, that disease is changing its type not only in accordance with the changing circumstances of man and his surroundings, but also with the modifications that are produced in *it* in its various phases, as each or any of *its atoms* are made to submit to the assaults of advancing knowledge.

However this may be, my chief point now is that man himself is altering, and if so, so must his diseases be, and I believe him to be changing chiefly

as regards his nervous centres, and that these are becoming more prone to fatigue, more easily the prey of morbid sensations, of morbid thoughts, of morbid action, and so on.

But I am not sure that this is so, at any rate equally so, in all the strata of society. I do not think that it is, and my own experience goes strongly to show that the stress of living tells largely against the middle classes of our world. "Liberté! Égalité! Fraternité!" is the prevailing cry of the day: we are all men and brothers, and a savage is as good as the most cultivated man. This may be good sociology or political economy, but it is not sound physiology. There can be nothing more sure in physiology than this: that as we go upwards in the scale of creation, so the nervous system becomes more highly strung. But if, on the one hand, it becomes more intense in the enjoyment of pleasure, it must also, on the other hand, be more sensitive to pain and to disturbing sensations of all sorts.

There can be no doubt that surgical operations can be performed on the lower animals without any of the precautions that are taken in the case of ourselves, and that the results are astonishingly good all the same. I think there can also be no doubt—one has seen illustrations of it so often in the outpatient room and elsewhere—that the differences that are seen in this respect between the lower animals and man are seen in a similar, if less

marked, way between the lower and upper grades of society.

Who does not remember to have seen, and even to have often seen, the patient in the hospital outpatient room desperately ill and even within a very few hours of death, yet hardly allowing that there could be anything serious the matter? I remember, too, to have seen more than once a man come for some ailment confessing to nothing else than that which had brought him there, and yet on being overhauled he was found to be the unhappy possessor of a huge ulcer of the leg that would certainly have quite incapacitated any one in the upper walks of life, but which he called "nothing." It is said that the working man cannot afford to lie up, and therefore he does not call attention to things that are chiefly an inconvenience. But this is no adequate explanation; this would not explain the power he possesses of working under such very adverse circumstances. I feel sure that the reason is none such as this, but that it springs from the fact that the working man is generally far less sensitive to such conditions as would depress and incapacitate those above him in the social scale; his nervous system reacts with sloth.

We see the same thing in the deafness that comes of noisy occupations; still better perhaps in the difference in the reaction to drugs that may be seen at the two levels. Give belladonna and nux vomica with an

equally free hand to the hospital patient and to the delicate lady, and we soon see the difference. It seems obvious that the one who has had to rough it has become deadened to trivial shocks of all kinds ; while the other, pampered in the lap of luxury, has become cultivated into such a state of nervous erethism that the least disturbance upsets her.

But more than this. Not only does the neurotic state evolve more, as I think, in one stratum of society than in others—it has its lines of special development in some occupations more than others. I wish there were time to develop this subject, for it strikes me as an important one. I have in mind the neurotic tendency as it shows itself in the clergy ; in those whose calling is to deal in stocks ; in those whose occupation is our own. But, interesting as this line of observation is, I must confine myself to saying that, for the most part, the clerical neurotic is irritating to others rather than dangerous to himself ; finance seems to me to be liable to produce a state of nervous instability, such as would seem to threaten an ending in insanity of some form or other, of the frequency of which I should like to hear something from those who by their practice are more familiar with the professions as they are found in asylums than I am ; and of the medical neurotic—well, I am not bound to say anything of my own cloth, so I shall leave him to your kindly judgment, more particularly as he is often youthful and inexperienced.

It is my conviction, then, forced upon me by the experience of now many years, that the maladies which owe their origin to a faulty action of the nervous system are of more frequent occurrence in practice than are even phthisis, heart disease, Bright's disease, or organic hepatic disease, though these are in no small number.

There are many who combat this view—who point, and correctly so, to the ease of living that now prevails as compared with the insecurity of life in former days; to the utter want of comfort that prevailed then in almost every one of the activities of daily life, compared with the luxurious ease of to-day. But arguments of this kind seem to me to be beside the question, because it is this very ease—this very luxury—that develops the erethism of nervous centres of which I speak. In this fact lies the essence of the difference that exists between the several strata of society. It is because we have come to require everything to be made so easy for us that we are becoming so sensitive. Every additional luxury that becomes a necessity has its Nemesis of lessened resistance for that system that perceives and enjoys it.

Now, as time goes on and the subject develops, some will certainly raise the criticism that the seeing a nervous element in disease largely depends upon the standpoint or the bias of the individual observer; and I shall admit this risk. But if it is easy to over-

rate an influence of this kind, the influence no less certainly exists, and it is quite as possible to belittle as to exaggerate the sphere of its action.

We must now proceed to more detail, and I propose to divide the subject into the following groups : the common neurotic conditions which may be said to be essentially central in their whole course ; those that are respiratory ; those that are cardiac and circulatory ; and those that are abdominal, concerning themselves with the stomach and bowels and liver and kidney.

Of those that are central it is difficult, if not impossible, to give any adequate clinical description, because, concerning themselves as they do so much with subjective sensations, they are as various as the variable mental conditions of the individuals in whom they occur. But, nevertheless, there are certain common methods of disturbance of the healthy cerebral action ; and first of these I will mention the curious dread that some neurotics have of going into society or into any crowded place. Ladies will frequently complain that they cannot go to church because they are afraid that they will faint, or that an attack of what they have generally agreed to call " the fidgets " will come on, and that they will have to leave. I have known this dread to take possession of men, but in them it is perhaps more often a modification of the same thing—viz., a disinclination to go out and see their friends, which, if it be

indulged in, becomes, before long, an "all-overishness" at going into society of any kind that quickly converts a man into a recluse. In women there is another common phase of the same malady—viz., where the subject describes herself as turning scarlet all over. Some inborn sensation starts what is usually described as a sudden rush of blood upwards, and thus they usually suppose themselves to turn colour, although I do not think that they often do. The hot sensation is succeeded by a copious perspiration; and of this sweating there can be no doubt, for I have been repeatedly told by the subjects of such attacks that their underclothing becomes so saturated that they require to change it.

This is a short description, but I think it embraces the essentials of a large, very large, group of cases. Now, how are they usually treated? How should they be treated? The general plan of dealing with them is, I think, to call them hysterical, and to administer assafoetida and valerianate of ammonia. I have nothing to say against these excellent remedies; they are very good in their way, and I am not prepared to say they are not the best in these cases; but there is a right way and a wrong way of administering even proper remedies, and to offer either as a *cure* is not the proper way of dealing with any such case as I have depicted. If we should have to do with a frightened horse that will not pass a certain spot, we do not send it to the veterinary surgeon that a bolus

COMMON NEUROSES.

may be administered, but it is walked up and down before the object that disturbs it until its self-possession is regained, and until it finds that what startled it is, after all, nothing to be alarmed at. So must our patients treat themselves. Their nervous systems revert to a similar state of unreason to that seen in the startled animal, and the only way to cure them is to restore their confidence in themselves. Something may be done by good nerve tonics, sometimes by sedatives judiciously given, to help them to help themselves, but clearly the only way by which they will overcome their weakness is by becoming oblivious to the conditions that are the cause of the self-consciousness and distrust. For instance, in the common dread of doing something foolish or coming over ill in church or society, the difficulty is usually surmounted by staying away; and I say that to deal with it thus is to encourage the malady. The true method is to go and do all that comes to the hand to do, and thus to learn again that what had been thought impossible without a catastrophe is accomplished without any ill result. It is constantly impressed upon us that all this has been done, and without avail, that the patient has struggled against the feeling and has been unable to overcome it; and this is supposed to be an argument against the advice that is being given. But it is nothing of the sort. There are hundreds of neurotics who fight and struggle and try not to give in, who are really consuming themselves in the bearing, and who

are all the time by so doing kindling the flame of their neurosis by encouraging their self-consciousness. Surely this was so in a young lady I saw the other day, whose mother remarked to me that her daughter was the most absolutely enduring creature that was ever known. This lady little knew my inward response: that she who goes about the house with sweet resignation set upon her face is oftentimes one of the most incorrigible of neurotics. A neurosis is best treated by the cold shade of neglect. Moreover, to struggle against a feeling you cannot help, or to call yourself hard names for being overcome by a distressing feeling that was none of your own invitation, is equivalent to flogging the frightened horse, and the result in both cases is the same—the state of panic is made worse. The best way of meeting these ailments is to allow to the full the misery that they cause to the individual, but in doing so to insist (1) that they are always transitory, (2) that they are purely subjective and not perceptible to others, and (3) that they never do any real harm or mean any organic disease. As I have said, unconcern at their approach and during their course is the certain cure. But, alas! I must add, even so, that the remedy is easy to preach, but difficult to put into practice. Remember, though, that this difficulty does not discredit the certainty of the facts.

Next there comes a large group of cases where the morbid sensation is chiefly confined to the head.

Some will complain of headache here or there ; some—and this is extremely common—of a constant, dull weight on the top of the head ; some of peculiar clawings inside the skull. Once this was described to me as like a beetle running about. Some will say their brains feel as if their top stories were converted into wool ; others, again, suffer from what, according to their own descriptions, appears to be a species of mild explosive sensation within the skull ; and then there is a very large group of cases whose trouble is singing in the ears. It is perhaps seldom that one sees a typical case of Ménière's disease ; but, regarding Ménière's description of auditory vertigo, as I do, as a *type*, in the same way as I shall by-and-by insist that Raynaud's disease and exophthalmic goitre are also, of a large group of cases, the tinnitus aurium and deafness form the very commonest of the neurotic ailments which come before the physician in his daily work.

But some one will perhaps say, Why call this a neurosis ? It is a definite affection due to an irritative or destructive lesion in the semicircular canals. So it may be, but I am none the less very much concerned to insist that the disease as I know it is very seldom indeed, if at all, a simply local disease, and it is nearly always found in those of markedly neurotic constitution, either of themselves, or more often, I think, as regards their family history. For instance, this case comes before me : A lady of my

acquaintance suffered for years from noises in her ears, which could only feebly be kept in the background of her mental activity by the constant playing of a musical box. What was her family history? Her brother was in an asylum for some years before his death; another member of the family suffered from harmless delusions, and passed into a state of senile imbecility out of proportion to his years. And this does not tell the half of the neurotic strain in that family; for, beyond the gross departures such as these, there runs through all the members an indescribable eccentricity such as cannot be put on paper, but which is nevertheless very real and obvious to those with whom they come in contact.

Here is another case of a gentleman of sixty-three years who was under Sir William Gull many years "for the nerves of his head." He says that his mother suffered greatly from "bile," and was always under the doctor, a history that I shall always contend shows a vice of the nervous system! He has had good health, but every now and again, with complete freedom between the paroxysms, there will come a roaring in his head which he describes as a mill-stream going inside him, and he staggers about as if he had been drinking—and he will also occasionally see double.

In another case you only want to look at the man to see that he is liable to nerve-storms of all sorts, for his head goes almost to a point at the forehead, and

his whole history is that of a highly neurotic man. He keeps well when away from business, which is a large one, and in which he has much to do with figures. He had been to an authority who told him he had a weak heart, which nearly killed him with fright. He appears to have rebounded in consequence into the chair of an ear doctor, who told him he had Ménière's disease, and I suppose that, finding himself between the devil and the deep sea, he came to me for such hope and consolation as I could honestly give him.

Once more, as showing that these cases form a large group and have relations with other neurotic states, I note the case of a man of fifty-four, in whom, in association with the noises in the head and ears, there come on from time to time attacks of faintness, in which he flushes up, his veins stand out, he becomes a little giddy, and he breaks out into a profuse perspiration, his account being quite like that of the woman so much more commonly seen with flushings to whom I have already alluded. The attacks in this man, although one cannot but think from his whole demeanour that they are subjective entirely, are nevertheless clearly very real, for they compel him to sit down wherever he may be until they have passed off. Of twenty of these cases taken from my note-books only one had evidence of local ear disease, and all were people whom I should call very nervous. I may also note in favour of a central origin that these symptoms, certainly in the large

majority of cases, are paroxysmal in their occurrence at the onset, and may remain more or less so to the end, for many people will tell you that they are better or worse according as their general health is so ; but the tinnitus very generally tends to become confirmed into persistency as years go on, and it is usually associated with a gradually-increasing deafness—a deafness also, be it noted, that manifests itself most in a room when several people are talking at the same time. Again, as pointing in the same direction, according to my experience there are two classes of cases, the one that makes no more than an inconvenience of the malady ; and in these, although it is a serious and, indeed, a distressing affection, it does little harm ; in the other it is ever present—is nursed, so to speak, and brooded over, and day by day a greater degree of mental wretchedness is produced, until, if not actually insane, the sufferer becomes very much of a mental wreck.

This leads me on to a somewhat different condition, but as regards results a closely-allied one—I mean insomnia. Now what is sleeplessness? I have in former years described it as a bad habit of the nervous system, and so it is in most cases ; but it is also more, for if we go into the history of this trouble we almost always find that it can be traced back to parental tendencies in the same direction, while it is also one of the commonest forms of the manifestation of nervous fatigue and breakdown. There is therefore

ample evidence for regarding it as a vice of the nervous centres. Yet I hold that it is a vice that is too often detrimental to the patient simply because of an inability to rise above it. It is very much with the sleepless as it is with the subjects of Ménière's disease; for if we look at the subject from a physiological point of view there is nothing so very harmful in sleeplessness. There are plenty of people going about who sleep no more than three or four hours; there are many more who are the lightest of sleepers, which means that they wake many times in the course of the night; and those of either class would not dream of considering themselves out of health. They go about and take little heed of what is really not the normal state of things. They take their sleep in snatches, as the heart does, and do fairly well upon it. But as soon as they get it on the brain that the sleeplessness is a grave matter, that it indicates serious nervous weakness, and that it will end sooner or later in insanity, then it becomes a very serious thing indeed. Then it is that it does become a dread, and every returning night becomes a hot iron entering into the soul, for it is met with the closed teeth of an expectation that will certainly be fulfilled. It is thus I think that the patient tosses about and arises in the morning in such a dilapidated condition. "I am sleepless! I am sleepless!" is the night-long refrain; whereas a dominant thought of this kind should be dismissed for this other, that insomnia is harmful

chiefly in proportion as we feed upon the idea that it is so.

I pass naturally from such subjects as these to others that are still more purely of mental origin. There are many of these that give much anxiety to individuals, and for which they come to the physician to be reassured. A large number are unhappy because they are losing their memory, or think they are ; others because, comparing themselves with some of their acquaintance, they think they cannot do such and such things as well as their wont was, or as well as they. Others, again, there are who have the time-honoured fits of the blues, and very curious is the persistency of some depressing idea with which the patient is oftentimes possessed. One of the more recent cases that have come before me was a young man who, although he had been assured that there was nothing the matter with him—that is to say, no organic disease,—and although he professed to have a thorough belief in his doctor, nevertheless came for another opinion, because he was certain that there *must* be something the matter because he perspired so much. I talked to him for some time and carefully went over all his organs, just to satisfy him that everything had been done to make certain that there was no disease. But I feel sure that I made little real impression upon his mental condition, for it is the habit of these patients to be a little more cheerful while they are talking to the doctor, but to speedily

relapse as soon as the sound of his voice has passed away.

Of other common complaints I have jotted down these: Headache; pains in the back of the head and dreadful depression at the top of the head; a sensation of going out of one's mind; inability to concentrate thought; fits of absent-mindedness; clouds of depression and sleeplessness.

Pins-and-needles and numbness claim another large group of victims who die daily in anticipation of paralysis; others come because their hands shake, others for fainting fits, others for a feeble circulation.

Another group is formed by people who come and tell you that they are hardly ever free from pain. There is an instinctive dislike in most of us, when a person complains of pain, to say there is no disease; and it is necessary in such cases to be very careful that we do not let an idea run away with us. Nevertheless, I think that it must be admitted that there are a fair number of people who are always in pain, and who yet have no disease. Many and many a time have I had this complaint of pain made—where upon the most careful examination no disease could be detected. And in some no doubt there has been structural change, that could not be detected; but allowing for this I have none the less come to the conclusion that there are some people in whom the ordinary processes of life are conducted with pain,

and yet without organic disease. A large number of such seem to affect uterine disease, and find their way into the hands of the gynæcologist: some as having ovaries; others as having flexions; others as having a general lassitude and dull dragging back-ache, and other ill-defined pains about the pelvis and lower extremities.

Another large group affect spines, and lie on their backs for months, and lead their friends and their doctor a fine dance, unless some dire necessity steps in, and, by taking them out of themselves, changes the current of their lives. It may seem hard to say that such people must learn to bear their pain, but so it is. Herein is one of the mysteries of pain—there is no standard by which to gauge it. In the abstract it is part of the common lot of man, but there is nothing that is less common between you and me. What is agony to you may be a mere fleabite to me; and it is obvious, I think, as indeed I have already indicated, that in its higher refinements pain is a product or development that marches with the march of the keen nervous susceptibilities of modern life. I cannot believe that pain plays upon the same number of strings in the lower animals as it does in man; I cannot believe that it conveys the same sense of suffering to the savages of equatorial Africa as it does to our country labourer; I doubt if it is the same to the country labourer as it is to the working-class toilers in our large industrial centres; I cannot believe

it is the same to these as it is to the higher grades of society. And if there are these differences, as I think there must be, so there must be differences between individuals, and inasmuch as I can only judge of your suffering under given conditions by what I have felt myself under such circumstances as happen to have been most similar, we have no common ground, or next to none, and we must therefore deal with pain in the main upon nature's great principle of strength sufficient for the day. We talk of *treating* pain; but if we think about it, how large a part of physical pain, and all the greater pain of mental anguish, has to be borne. And if this indeed be nature's law, as it appears to be, that the larger part by far of the sum of human pain is thus without remedy, there can be no unkindness in any one if he should say that the best cure for many a lesser pain is to learn to bear it. But so it is. The very effort is a tonic with which no drug in the pharmacopœia can, all round, compare; while every potion is a submission to circumstances which, when the next call comes, will necessitate a stronger dose. "The weaker a body is the more it commands; the stronger it is, the more it obeys."

I am afraid I am hardly making my meaning clear, but it is this: that pain is, after all, only one form of morbid sensation. I am not sure that it can rightly be called morbid in many cases, seeing that it is so often but the fag-end of pleasure. Why, then, should

we fly at once to deaden pain by opiates and sedatives any more than we should apply to the same source to relieve some other unusual sensation, such as, for instance, some slight itching of the skin? An intolerable itching we should all agree to try to stop, because it is out of the common, and when controlled one may hope, or even confidently expect, that it will not reappear; but a slight irritation of the skin is so much the lot of all at one time or another that we take it as one of the daily vicissitudes of life. Why do we deal with the slighter forms of pain, as, with some exceptions, I think we are too much in the habit of doing, in a different way? I believe the reason to be that which I have given—that we have no gauge for the degree of pain, and because the advice to grin and bear it is too likely to be resented, unless it be presented with tactful modulations, the power of which we do not all possess. The truth of what I am saying is illustrated well by perhaps the most homely ache that troubles us—viz., toothache. He would be a very unwise physician who for every aching tooth advised extraction, because we all know well that a bad tooth will often ache as a barometer of fatigue or worry or ill-health. A dose of quinine, a dose of rest or sleep, sends many an ache of this sort away; while I suppose all must remember similar cases to that of the neurotic lady I saw the other day, who, refusing to accept advice and wait for the action of such remedies as these, insisted on having her

tooth out, and then came back to me with her ache far worse than it was before.

Now, whatever may be the common practice with each of us, it is quite certain that such cases as I have mentioned of general aches and pains are made worse by treatment directed only to relieving their pain or abnormal sensations—I will go further, and say are certainly ruined by such treatment; and they are as certainly relieved somewhat, we cannot say by half as much as we could wish oftentimes—because their ailment is the result, one might almost say a part, of their being—by other measures. Job's comfort this, some will surely say, but I reply that to recognise the reason of a thing is always the first step towards any real cure.

And let me enforce my remarks on this head, and perhaps help to make my meaning still clearer, by alluding to another common group of cases. There came into my room one day a year or two ago, on one of the hottest of summer days, a young man, of whom I had previously heard that he was a martyr to his health. From what had been told to me I was not altogether surprised when a dark-haired, pale-faced, nervous man appeared upon the scene, cloaked in a thick inverness cape and with his collar turned up. But I was surprised when, peering slowly round the room, he espied a window open by a hair's breadth, and immediately asked leave to shut it—this in the middle of summer, mind you.

My wonder grew, too, apace as he next proceeded to divest himself of layer after layer of apparel: first his inverness, next his coat, then, I think, more than one waistcoat, a linen shirt, a flannel shirt, a Jaeger, and last of all a chest protector. Can you wonder that he had developed a subserviency to what he was pleased to call draughts and chills, that made his life not worth the living? This poor fellow was leading a wasted life, for he had given up, or deemed himself unfit for, the occupation he had wished, and why? Because, so far as I could find out, he had been nursing his neurotic tendency until he had become a perplexing and anxious burden to himself and his friends. A straight talk on the elements of physiological knowledge came as a revelation to him, and I am told that he is now clothed and in his right mind, and lives the life of an ordinary mortal. But the main point is, How come such to this pass? I hope I shall not be considered uncharitable in attributing something of the bad result to a want of vigour in the professional advice these poor people receive through sometimes many years. It is the tempering of the wind to the shorn lamb no doubt, but it only makes the animal more subjectively shorn. We are many of us much too afraid of giving advice to patients that we think they will not like: and in being so, a poor neurotic slides on year after year, and only too likely becomes eventually a wreck at the hands of the

profession which should have saved him. And if you doubt it, think for a minute of the many women who are only too ready to think they have a spine. There is a halo of sanctity attaching to the spine, such as never has been credited to the skull; and I really believe there are some who regard a weak spine as an evidence of distinction, they nurse it so long, and even in after-years still seem to regard its former achings with such affectionate, if not regretful, tenderness. Well, now, I doubt whether there be such a disease as neuralgia of the spine; but no doubt the difficulty lies in distinguishing between the early stages of spinal disease and the mere achiness that is best treated, not by rest, but by distraction. This must be so, for I could show you a man now who has been cauterised all down the spine, who has had a running sore made and kept open for weeks, who has been roaming the wide world under "the best medical advice," but who has never had a whit the matter with him save a bad set of nerves, and who has been practically well since I told him so.

And I may here allude to another group, although it has been so often talked about that there is no need to say much. It comprises the large number of cases born of anxiety for a supposed want of virility, or rather for the loss of health that is supposed to accrue from the too frequent involuntary excitement of the sexual centre and its natural physiological

consequence. I do not know who coined the word "spermatorrhœa," whether it was a quack or an honest man, but I do know that it figures as a disease on the nomenclature of the Royal College of Physicians, and that there are surgeons of repute—physicians also, perhaps, for aught I know—who still make use of the term, and who treat what they consider to be the disease. There is no such disease, and the occurrences that are supposed to indicate its existence are natural and physiological, the absence of which in some degree would be evidence of feebleness or of ill-health, and the more or less of which is the subject of much variation within the range of health. And I have this much to say about seminal discharges, that they are troublesome or complained of in two classes of persons—the very muscularly strong; and such as work hard with their brain and in consequence run into a state of nervous erethism. In either case a continent man is likely to suffer more in this way than is natural, but this is not to say that it is a disease that requires to be treated; it may be allowed to be a matter that admits of one visit to a doctor, but by him it is to be relegated to its proper position in the individual's mind by a short lecture upon the most elementary physiological principles.

The next condition that requires mention is a very common one, and I can describe it no otherwise than as *simple fatigue*. This is of course a vague sort

of symptom, likely to lead for that very reason to important errors in diagnosis. I feel constrained to dwell upon it because there is no other class of ailments that I find more difficult to make the public understand than this. "I am always so tired," say these men and women, but more often the latter than the former. "I am tired when I get up in the morning and tired all day, and yet I cannot say that there is anything the matter." Nor is there. "It is better," says the Autocrat of the Breakfast Table, "to lose a pint of blood from your veins than to have a nerve tapped. Nobody measures your nerve force as it runs away." I suppose that any one could give notes of many such cases—people easily knocked up, and yet without any discoverable disease. In such cases it behoves us of course to be very careful not to overlook anything, and it is as well to make several examinations if there be any doubt; but they pursue the even tenor of their languid way too long for serious disease, and the feeling of fatigue is part of the order of their being. These cases all have this other feature in common: that they are neurotics. Let me note the salient features of two or three of them. One is a man aged forty-four. He has had rheumatic fever, which in itself is enough to constitute a man a neurotic, for the whole history of that disease betokens its affinities. He was in business, but gave that up, and now is a farmer, but he cannot work long. He is not short of breath, and

his appetite is as good as ever it was ; but he is always tired, and he says he could not walk the ten minutes to his farm if he were given five pounds to do it. In another case it is a woman, again with a history of rheumatic fever, but with no disease. She is a lady of a decidedly intellectual turn, but she declares that she never has energy for anything, and her daily duties in her house are a regular burden to her. Another case is a young lawyer whose father's family he calls a decidedly nervous one, and his mother is very gouty. He has had indigestion and a liver for twenty years, and wakes up with a dirty tongue (I wonder who wakes up with a clean one). Of late he had lived in the country and had had plenty of exercise, and had been better, but then he got the influenza, and since then he had felt weak. He came to me because, as he expressed it, he was dead tired from the time he got up in the morning till the time he went to bed at night. He was quite free from disease, he was not wasting, and I attributed all his ailment to the fact that he was hard at brain work from nine till six, that all his vital energy was thus consumed, and he had none to give to his muscular system. Now I hope I shall not be understood to say that all those who complain of fatigue and inability to do their ordinary day's work are neurotic. There are of course many causes of muscular fatigue : the man who habitually eats and drinks too much may feel the same lassitude, the

habitually constipated the same, the man with an excess of uric acid in his blood the same ; but, deducting these and all other causes of muscular malnutrition, such as acute blood-poisoning and the like, I will still maintain that a large number of people come complaining of this symptom, for which the most probable explanation is that their nervous flow is not produced in sufficient quantity to suffice for the needs of the various organs that require it. There are some who generate enough, but they distribute it unequally, or rather the consumption by certain organs is prodigal. The brain holds debenture stock of this investment, and so those who tax their brain unduly, whether by work or worry, are very likely to experience this feeling of fatigue, because their muscular system has not the requisite supply of energy wherewith to make it go. On the other hand, there are others who make little nerve force at the best of times, and although their brain power never shows above mediocrity, or something lower, they yet suffer in the same way as those more highly endowed, but at an altogether lower pressure along the whole line. I shall have to utilise, and I think enforce, this explanation when I come to the subject of indigestion ; but in the meantime some support may be gained for it from another set of cases perhaps similar and only more pronounced, and of which some of you must have seen examples. I mean the curious conditions of complete nervous collapse seen now

and again after severe mental strain. Here is such an one : A clergyman aged forty-six, the incumbent of a London parish, first began to have peculiar attacks some three or four years ago after very hard work. He would be suddenly seized with numbness in his hands, his nose, his tongue, and mouth ; with violent pains in his knees ; a feeling as if he were going to die ; then a violent fit of crying would come on, and this was succeeded by a sleep of eight or ten hours. He had been well for many months, and, indeed, till just before I saw him, when he had other not quite similar seizures, in which breathlessness was the chief symptom ; but he also had the most acute pain in the right arm, and fainting afterwards, he thinks, from sheer pain. I saw him two or three times, and could not make out much. I never was quite clear about the nature of the attacks ; no medical man saw them, and I was therefore obliged to take the statement of the patient and of his wife ; and the latter described them to me as a mixture of cramp and hysteria, but that they ended in a state of complete exhaustion and drowsiness, after which he only slowly regained his strength. I thought at one time that they might have an epileptic taint about them, but I do not now think that such was the case.

Another case was that of a younger man who had always been subject to headaches, which had of late been on the increase. He had had a great

deal of worry before the attack I am about to relate, and, his headaches being worse, he was taking a few days' holiday. When out for a ride he suddenly became quite dazed ; he found his way home, or his horse took him, for he was not conscious of where he was, and his memory for that period was a complete blank. He slowly came to himself, but was confused till the next day, and when I saw him, so late as six days afterwards, he still felt stupid, and his head heavy. Except for his headaches, he has remained well ever since.

Another somewhat different case is as follows : A surveyor of thirty-six years, whose father died of diabetes, while out with the Volunteers one day in August had a "sunstroke." In passing I may remark that a quite mild sunstroke would seem to be a serious thing, for I have seen certainly five or six cases where it was deemed to be the starting-point of a number of morbid nervous actions. He had never been well since the sunstroke ; he had had vertigo since then and curious sensations at the back of the head. Not long afterwards he fell some twelve feet through a trap-door, and this greatly prostrated him. I could make out nothing except that he had a slight buzzing noise in his ears ; but he spoke slowly and in a depressed manner, and all his reflexes, knee and wrist, were exaggerated ; and his urine contained sugar in small quantity.

Last of all of this class of cases I would take that

of the woman whose attack may begin in a variety of ways, either by colic or seeming colic ; or by violent pain in the side that is referred to the heart, but in all probability not correctly so ; or, it may be, by some indescribable feeling of illness ; but each and all of these are followed by what can only be described as a state of complete exhaustion. Often have I been called to such cases, and found that the medical man in attendance has been sitting with the patient for hours, perhaps all the night, because he was afraid of sudden dissolution, and the heart is the organ that is supposed to be failing ; whereas the truth of the matter is that the heart is perfectly sound, and if one may venture to form an opinion after the crisis is over, I do not suppose there has at any time in the progress of the attack been any danger of death whatever. I cannot think that this is a form of neurosis that receives adequate recognition ; and I believe the real nature of the malady is often overlooked because the household is in a panic, thinking the trouble one of the heart, and the medical man, not quite sure that there may not be some real disease, and not wanting to make a mistake, first for the sake of his patient and next for his own reputation, acts on the side of caution. There is no danger in these cases ; they only need, they and the friends, who generally cause most of the mischief, a decided assurance by the doctor, in a tone that shows to them that he knows what he

is talking about, that the patient will soon be well. A little valerianate of ammonia or bromide of ammonium and sal volatile will complete the cure.

Allied, again, to these cases of prostration comes another group, characterised only by *emaciation*. And here again one has need to be very careful not to overlook anything. But there can be no question that nervous exhaustion, or breakdown, or whatever we choose to call it, is capable of producing the most extreme wasting, quite apart from the existence of any disease. The most extreme instance of this that I have ever seen was in the case of a young man whom I had already known some ten years or more, and who was much given to worrying over trifles. Some sixteen years ago he walked into my room one day, and in doing so produced an electric sensation throughout me which I have never forgotten, for I could not get away from the idea that I had shaken hands with a corpse. He was an absolute skeleton, and his wizen face had that peculiar appearance of the skin of the forehead that gives the idea that the skull is showing through it. I examined him with the utmost care, and I could find no evidence of disease of any kind. I think that is good evidence that there was not much wrong so far as gross disease was concerned, for in those early days I fancy that the errors we commit are not so much those of omission, but we often find diseases that have no real existence.

Well, I could find nothing, but I did not nevertheless give up my opinion, that had consigned him prematurely to the grave. I could not find anything ; so much the worse for me, not the better for him. I still held to the idea that, concealed under the lean skirts of his fleshly covering, there lurked a something that was gnawing at his vitals. Indeed, I believe I came the nearest I have ever done to believing in the popular notion that perhaps he had a tapeworm. But in supposing that this man had some hidden disease that could not be discovered I had overlooked the power of the disordered nervous system to produce the symptom that had alarmed me so much. I realised it afterwards to the full when week after week, sometimes day after day, he would come and talk by the half-hour of his ailments, till sometimes I think my visage must have caught the reflection of the sickly light that shone so plain in his. However, his worries wore off, and his business, which was a harassing one, prospered, and his flesh came again to him, if not like the flesh of a little child, yet with sufficient plumpness for his needs, and that man is alive and well to-day. Several others might be given of like kind, if not quite so extreme in degree, and there can be no doubt about the influence of the nervous system in modifying nutrition in this way, and what is more, it is one of the most interesting subjects in the whole range of medicine and physiology. We talk about

diet influencing the nutrition, and we diet fat people to make them thin, and thin people to make them fat. But I have never heard of this experiment being carried out yet : the taking twenty consecutive cases of obesity, treating them on the same plan, and publishing the results, and doing the fattening process on the lean kind in similar way. We hear of Mr. So-and-so's diet as a good thing because it has reduced one or perhaps two people, but I make bold to say that there is no diet that has ever been suggested that has not failed, and failed absolutely, in many more cases than it has ever succeeded in. There are some people, ay, many, whom you can never make thin, and there are many people, and those usually—and here is the point of its introduction here—of a nervous temperament, whom, do what you will, you can never make fat. Children, for instance, are often brought for an opinion because they are so thin ; they are always eating, and yet never do any credit to their victuals, and they are fed up and made to take cod-liver oil, and maltine, and all the latter-day fatteners. But these children are always twitchy, half choreic, or excitable ; and they are for the most part of a nervous temperament. No good is done by stuffing them ; on the contrary, their urine becomes loaded with solids, their intestine fails to digest properly, and they have repeated bilious attacks. Put them on an ordinary diet, perhaps rather a spare one, and

plenty of water to drink, and though they do not get fat, they keep in much better health, and indeed they cease to give much anxiety to their parents.

And now that I am on the subject of children, in this regard another condition comes to my mind that is very common ; it is a neurotic condition, and one that is not fully apprehended in many cases. I allude to the pyrexia that is so often produced in young children by falls on the head, or blows of any kind in that region. It is quite common to be called to see a child who has been quite well till a certain day, when it has had an injury to its head by a fall or what not ; and thereafter it has, within a day or two, become feverish, and in consequence the onset of meningitis is feared. I have seen cases of this kind repeatedly, and they have always seemed to be of considerable interest, because they suggest the possibility of an injury of some heat centre or regulator. But I do not think this explanation is so probable as that the injury to the head leads to disordered nerve control over the viscera, which elaborate the blood and depurate it of effete matters, and that in consequence the pyrexia is a direct result of this faulty action of the viscera. And I believe head injuries of this kind are capable of inducing even definite disease in this way. For instance, some three years ago I saw a little boy of two years old who had hitherto been quite well. He had a fall on the 5th of the month. On the next day he was quite well, but on the 7th of the month

he was very sleepy and wanted to stop in bed. He was seen by Mr. Stokes, of Blackheath, on the third day after his fall, and he then had a retracted neck, had vomited once, and he was still very drowsy. When I saw him his temperature was 101° , his pupils active, no intolerance, and I regarded it as one of the cases I am discussing. He remained in the same drowsy, irritable, indefinite state for a fortnight, and then slowly developed into a case of apical pneumonia that came on very slowly and obscurely, and which ultimately got quite well. Am I because of the result to alter my opinion of its cerebral origin, and say the fall had nothing to do with the attack? Had I seen no others like it, I might be inclined to think so, but having seen many of somewhat similar character, I incline to believe that injuries to the head are capable, by interfering with the control power of the nervous centres, of leading—to disordered function in the first instance, and in the second to such pronounced organic departures even as an acute pneumonia. I doubtless speak to those whose experience can supply other cases to which a like explanation would be not inappropriate. And here I must break off this section of my subject with the remark that it often strikes me when dealing with such conditions as I have spoken of how intimate is their connection with pronounced insanity. It is a happy thing that one can say for certain that such conditions as these go on

for many years ; but many of them pass out of notice, and we do not have the opportunity of seeing the result, and one cannot but think that in some of them, at any rate, one must see the beginnings of mental unsoundness, and in some of them probably the incipient stages of that most terrible of all its forms, the disease that goes by the name of general paralysis of the insane.

LECTURE II.

WE pass next from the neurotic conditions that concern the sentient being as a whole, and which I have in consequence termed "cerebral neuroses" for want of a better term, to others that have for the most part a more local bearing. The distinction is of course an artificial one, but it allows of a better grouping of cases in this lecture, and has other conveniences as well. We shall concern ourselves then now with troubles of the thoracic cavity, or rather with respiratory and circulatory neuroses. And the first group of cases that I have to mention is distinguished by a disposition to more or less severe attacks of paroxysmal sneezing. Such cases are by no means uncommon, and they are very troublesome. I give a short note of some. A young lady comes of highly neurotic stock. Her mother suffers from bad sick headaches, and as these have become less severe they have been replaced by other neuralgic turns. This patient's brother, whom I saw, has had curious neuralgic pains in the abdomen when a child, the diagnosis of which was only arrived at after some long period of watching. Two other of the children

have bad nightmare. This child is aged fifteen; she is growing fast. She is brought for what are called bad colds, but when the account of them is detailed, the attack appears to consist of sudden severe paroxysms of sneezing, and her nose runs freely. The seizures are so severe that they make her quite ill, and she has to go to bed for a day or two, by which time she recovers herself, and is well for a time. She has a thin skin, and easily gets chilblains. A second case is that of a lady of thirty, who is much troubled with violent fits of sneezing and nose-running, which last about two hours every morning. There is no doubt that she is a neurotic: she has bad headaches and noises in the ears, and she already has grey hair. Two others were women, and both were asthmatic. Another case, a man, has his attacks almost every morning, more in the cold weather than in the warm, and the "cold" passes off as the morning wears on, mostly soon after breakfast; but before that time is reached he has used up a couple of handkerchiefs. In a little girl of six "such bad colds come on quite suddenly in her nose." A lady of forty is always taking cold. She has been to no end of doctors about her throat, and has used all sorts of vapours and inhalations. Her fingers "die" occasionally, and when her body is warm her fingers and toes are cold. She has most bothering attacks of sneezing, and is often hoarse. The sneezing comes on mostly at night, and in consequence of it she wraps

her head in a shawl whenever she goes out, and takes great care of herself ; but whenever she is in a good climate she is quite well. Another case is a woman aged twenty-nine. Her maternal grandfather had hay fever and asthma. She has had bad sneezing attacks for years. They commence in the early morning and go on till about 11 a.m., and then cease suddenly ; she has of late had much asthma. The last case I shall allude to is that of a gentleman who has been long in India. He has had malaria once or twice, and an attack of eczema once in India, and for twenty years or more he has had severe periodical attacks of sneezing. He was sent to me for transient glycosuria, and he did not allude to his nose much. I fancy he had had enough treatment for that affection, for he had fallen (unluckily, as I think, for him) into the hands of some one who had done despite to his nasal mucous membrane by means of the galvano-cautery.

These cases are very interesting ; they are closely allied to hay fever, if they be not part of the disease that goes by that name. They are closely related also to spasmodic asthma, as this case will show. A man of twenty-six has had asthma since three years old. His attack often begins in the early morning by passing from a warm to a cold room, which brings on a violent attack of sneezing. This may last from thirty minutes to two or three hours, and sooner or later seems to pass down his bronchial tubes to his

lungs and then to produce a short attack of asthma, which, however, generally passes off on taking a cup of hot coffee. I am not sure, too, that these cases may not have some relation with Raynaud's disease. But however this may be, the affection is a purely neurotic one, and in no one of these cases was there any local disease of the nose. Nor, indeed, if we look at the history of the attack, was there likely to be, for the attack comes on in almost all the cases with the greatest suddenness, reminding one much more of the suddenness of the explosion of a nervous discharge than of the onset of an inflammation. And I think, if we study the nature of these attacks, the more one becomes convinced that the real disease cannot be any local organic change, it comes and goes so rapidly. It has been said indeed, and I dare say with truth, that this state is immediately due to an erectile condition of the mucous membrane of the turbinated bones; but if we allow that this is so, such a state of things is, after all, only an exaggeration of a physiological condition, and in no sense a local disease. I make a great point of this, because these cases are in the present day being treated by local measures of some considerable severity. I hear of turbinated bones being removed for such symptoms as I have narrated, and more often of the galvano-cautery being applied. Now I must not say that treatment of this kind is never necessary, for "never" is a word that seems to have crept into the language

of men by mistake, and almost the only time it has justified its existence, and can be used with absolute appropriateness, is when we say of it that it is never absolutely true. But I think we should remember, in making use of severe measures of this kind, that we are only treating a symptom, and from the nature of the case adopting a means that is very unlikely to prove of any permanent good. I feel bound to add that in my own opinion means of this kind are too often meddlesome and bad surgery, and bring us no credit; I will go further, and say that they may come perilously near trailing an honourable calling in the mire of quackery.

In saying this, I pass to another neighbouring neurosis that is not altogether above a similar suspicion—the disease that goes by the name of “clergyman’s sore-throat.” I suppose we all come more or less across this affection, and if your experience is at all like mine, it is of this kind: it occurs in nervous persons; they are often overworked, and want a holiday (a not uncommon requirement). But it often enough occurs in the country parson who has an easy life and less than enough to do. Now I have talked to many of these people, and the complaint they make is that after a simple reading exercise, such as is required by the church services, the voice goes, or more commonly, I think, that they feel exhausted. I do not remember to have seen it in any one who has been a long-winded preacher, or

in one who had the gift of energetic extempore discourse ; it is a disease of the feeble lack-lustre man and of the highly nervous. From talking to them I have come to the conclusion that there are some who look upon the exercise of the voice as an exhausting thing, and that when they had gone through the very modest exertion of reading the prayers they were somehow used up and virtue had gone out of them. The idea is expressed in this extract of a letter received only the other day from a young effeminate man, who has a good voice, and is cultivating the art of song. "I forgot to ask you," he writes, "if I may bathe and swim in the season, because I have been told that they are very weakening for one who wishes to cultivate the voice." The idea here obviously is that the act of singing uses up the vital energy, and that there is no sufficiency for any expenditure on other calls. So far as my experience goes, I have examined these throats many times, and have never seen anything the matter with them ; and I am certain I have seen these people having a nice time of it on the Riviera, nursing their throats and with an air of respectable delicacy about them, when all they required was a good tonic, with the reassurance that they might with perfect safety return to their work if only they would take care to make it a work of their *will*, and not of their *emotions*.

Now these are emphatically not the cases to put

through a course of inhalations, of paints, of electric tickling—worse still, of galvano-cautery. They will go in for anything we advise them, and it is marvellous to me how docile, not to say imbecile, some of these patients are in abdicating all the seat of their reason. But in saying thus much it may perhaps be thought that I am speaking in an exaggerated way, for, after all, the voice and the throat are sensitive parts, and we have abundant evidence in great singers that most trivial causes may upset them. I do not think what I have said touches that question. A singing voice brought to the perfection of that of a great public singer is a very touchy thing, no doubt, but the avocations of those who are prone to suffer from their throats—and though I have given it the common name, yet it is by no means confined to the clergy—ask no service that can be compared to the evolutions that a larynx of that kind goes through. The ordinary work of the voice, even for those who are called to address public meetings or talk much, is no such excessive tax. Moreover, it is no uncommon thing to find people become hoarse after reading or singing for a short time. But if their nerves are of proper string, they do not for that reason rush off to the throat doctor; rather do they bear the ills they have than fly to others that they know not of. Nor do these things mean any real delicacy. The same person who becomes hoarse by a little reading aloud from a book that has no great

interest for him, may go and lecture for an hour without a shade of huskiness, when the exigencies of the situation or interest of the subject have taken him out of himself. I assert most positively that voice failures of this kind are absolutely independent of the general health, and are due no doubt to some local incoordination of the several structures concerned. This may arise from several causes. It may be from fatigue of the muscles; may be from inability to adapt the parts properly; it may be from some little swelling of the mucous surface under the stimulus of use; from a little hypersecretion under like circumstances; and so on. My own conception of the disease would perhaps be that it is a mild hybrid between a costermonger's throat on the one hand and the functional aphonia of women on the other. I mean to say that there are perhaps about it both the elements concerned in these diseases: a mild, very mild, catarrh, we may call it, on the one hand, and a want of nerve force on the other. The former element is so slight that treatment for it is not required; and for the latter nothing more is necessary than a good nerve tonic. I have no objection to a poor hard-worked man of business or a clergyman having a health-giving time on the Riviera, or anywhere else. By all means let them have it if it be necessary; only let it be the remedy for what it is: for a general nerve fatigue. The advice could be then taken or rejected on its merits; but to say you have a delicate throat and must go here or

there according as the latest fashion dictates, if it means anything, is a sort of verdict of consumption by innuendo that does not allow the man to be a free agent, and he obeys, often at the greatest inconvenience to others as well as himself, and too commonly at considerable sacrifice. And while I am on this subject I will say that advice with reference to residence seems often to be given in the most reckless and ill-considered fashion, when we remember how little we really *know* about such matters.

I must next allude to the people who are always "catching cold." They are common enough, but here is one such, a man of thirty-nine years. He had ague in his youth when he lived down in Essex, but he has got rid of that, and has had very good health until he went to the East a year or two ago and got fever (he thinks not malarial) on his way home at Athens. Ever since then he has been prone to colds, and his subjection in this respect gets worse and worse. Sometimes he has cold in the head, and sometimes it is a sore throat. The slightest chill brings on an attack. Now colds, or rather a tendency thereto, are due to a neurotic susceptibility in almost all cases. The usual treatment for them is shielding the patient in all possible ways from all changes of temperature; and what is the result? It must inevitably be that, kept from all experience of changes of temperature, the surface loses its accom-

modative power, and in consequence becomes unduly sensitive to any change. Thus, instead of a cure an ever-increasing liability to "colds" results. The man who attempts to keep himself in an uniform temperature in our English climate engages himself in a struggle with his environment in which he will inevitably get the worst of it, and sooner or later he will be crushed if he does not give up the fight. There cannot be any question that the diseases of which I am speaking are the products of civilisation, and that they are gradually evolved out of the trivial ills and troublesome sensations that are the common lot of mankind by giving way to them in the first instance instead of learning to bear them, which in the end would mean not to mind them. In so far as the inability to bear them is an indication, as it often is, of an enfeebled nervous tone, so far they are proper cases for drugs; but bear in mind that it is always to be medicine *plus* good advice and rudimentary lessons in physiology, and that the latter part of the treatment is the more radical of the two.

And from this I pass to a closely-allied disease, to another product of civilisation—viz., spasmodic asthma. Of course this disease may be produced in several ways, but I shall not be misunderstood when discussing it to speak of the several organic causes by which it is brought about, but simply of what is sometimes called true spasmodic asthma, because,

forsooth, no definite organic cause can be discovered for its existence. I say, again, no true definite organic cause can be discovered for its production. To say that implies that we have searched for one, and I would not say have searched wrongly, but what I would say is that in searching for a cause of this kind let us beware of becoming engrossed with the idea that there is a structural change, if only we could but find it. In these latter days the search for tangible causes is so successful that it has become absorbing, and there is a definite intolerance abroad of those who talk of functional disease. No doubt, from the point of view of those who attack the citadel of ignorance *ab extra*, functional disease is a cloak for ignorance, and it is too often made the pretext for the wildest notions, the most shameless quackery, and at the best is too often obstructive to material progress. Nevertheless, grounded as I have been in the coarser facts of morbid anatomy by thirteen years' work in the post-mortem room, I consider I have a right to say that there is still a large place in the practice of medicine that is legitimately filled by functional disease, and that probably there always will be. The huge lunatic asylums that may be seen growing up all around us go a long way towards proving the truth of such a contention, but there are many diseases along the lines of my present subject, and spasmodic asthma is one of them. When I study this complaint in a comprehensive way,

it seems to me as nearly certain as it can be that it is the direct result of cultivation, and in its worst forms often of our methods of its *treatment*. Asthma can be fostered and nursed into a very terrible disease, and often is so. And, on the other hand, I believe that much may be done to mitigate its severity, to eradicate it altogether, or, at any rate, to divert it into more general paths of explosion, if we make ourselves familiar with its history.

What is the history of spasmodic asthma? The first thing that I learn about it is that it largely occurs in those who have in one form or another a neurotic inheritance, or are themselves clearly of nervous temperament. I have gone over my own cases from this point of view, and this is the result. Of fifty-one cases (twenty-seven males and twenty-four females), nine only were not evidently neurotic. In eight the disease was hereditary; in ten there was rheumatism in the family; in five a pronounced history of megrim. For others I have noted the existence of diabetes and somnambulism in the relatives. In the patients I note such things as chorea: "a highly nervous and crotchety lady." "If anything goes wrong in business the man is sure to have an attack"; "the attack comes on after any little excitement." A girl of seventeen had convulsions when an infant; another young lady had hysterical aphonia and urticaria, and bad rheumatism at other times; another patient has had urticaria, headache, and asthma. And so the

story goes all through the list. I need not take up time by going more into details. But as an amusing illustration of the extraordinary mental feebleness that may be sometimes reached where our ailments are in question, I cannot forbear to tell the following : A lady came to me for asthma, and in the course of conversation said she thought she ought to tell me everything. The confession she had to make was that she had put herself under some one who undertakes to treat disease by correspondence. I asked her what had led her to seek advice from so unreliable a source, and her reply was, " Well, I knew he must be a good man because he advertises in *The Christian*."

Another point about asthma has often struck me, too—viz., how seldom, comparatively speaking, it occurs in the lower classes of society. It is chiefly a disease of the middle and upper strata—a disease, I believe, of infancy and childhood as much as of adult life, and, I would add, ought to be confined to those stages of existence. A case of pure spasmodic asthma is quite uncommon in the wards of a hospital, and in so being may be offered as a fact in support of what I advanced in my last lecture—that it is probable that the evolution of neurotic tendencies is proceeding faster in some strata of the people than in others. And when I say this of asthma, I am not sure that in all of what I am going to call its stages of evolution, it

is much more often absent in the lower than in the upper classes; and if this is true, then it may go to support my contention that the pronounced disease is eradicated in no small number of cases by the gradual hardening of the nervous system that takes place under the conditions of the struggle for existence that prevail amongst the lower sons of toil. But to make my meaning clear, I must now explain what I consider to be the different phases of spasmodic asthma.

As I look along the seven stages of human life, from its cradle to its grave, I find nothing that at first sight resembles spasmodic asthma at the early periods of existence; that is, under, say, three or four years. And not finding it, and further, not seeing any evident reason for its absence—for there is nothing in its symptoms that would betoken it was a disease of a special period—one not unnaturally scans the wide plain of infantile disease to see if, perchance, from this point of view, some rudiment or embryonic form of the malady can be discovered. I cannot but think that a disease soon suggests itself which has points of great similarity, although wanting the most characteristic feature of the mature malady, if so I may speak of it.

The disease I have in my mind you all know well. I mean the common gastro-pulmonary fever that any practitioner sees once or twice in every day. Here is the sort of case I mean: A little

boy four years old, who comes of a decidedly neurotic stock, and who, moreover, has given evidence that as are his parents in this respect, so is he—is quite well on a certain day, but ails a little towards night. His mother says he has got a chill; his father, knowing more of the world, perhaps, and altogether having a more critical disposition, is not so sure that the child has not overeaten himself. Anyhow the so-called cold gets worse, a cough comes on, and he develops a sharp fever. The disease, whatever it be, quickly rolls along the bronchial tubes, and when the doctor arrives the child has all the appearance of being seriously ill with a sharp attack of bronchitis. To make matters worse apparently, he is sick several times in the course of the first twenty-four hours, and at the end of that time he is still breathing rapidly and seems very ill. Within a day or two, however, the temperature drops, the acuteness of the chest disturbance subsides, and within three or four days the whole affair is at an end, leaving the little patient hardly worse than he was before the attack commenced. Now, one acute illness of this sort tells us nothing; the disease might be many things, and the field is left still contested. “My dear,” again says the wife, “I am sure the child caught a chill,” and a host of reasons are given to prove it, but the father keeps also to his opinion, and declares that the buns he saw his little glutton eating were enough to do a

great deal more damage than was the case here had not the destroying angel stayed his hand. The doctor looks on at this domestic strife and shrugs his shoulders, and departs well satisfied that the illness that threatened so seriously has proved abortive. But by-and-by the same scene comes over again and yet again, and the doctor at any rate grows wiser, for he learns then to know his patient's constitution, and he knows that, whatever may be the *exciting* cause, the real one lies far deeper in the primordial tendencies of the child. The experiences of general practice will tell many that I am not drawing upon my imagination in the least, but that the picture is one of the commonest that is met with in the daily round.

There can be no question that attacks of this sort occur in particular families and belong to particular children ; and, as I have said elsewhere, they are to my mind paroxysmal neuroses, and they are the representatives in babyhood of spasmodic asthma. For some reason or other, which I shall not even attempt to guess at, the respiratory paroxysmal neuroses put on this form in infancy and early life ; while that of spasmodic asthma is characteristic of older children and adults. I think, to repeat what I said just now, that in comparison with spasmodic asthma the gastro-pulmonary fever of infancy is quite a common affection ; and well it may be, if, as I say, it is the special reaction

of the infantile respiratory system to nerve storms of all sorts. But its prevalence also admits of other explanations: one being that as the embryo nervous system grows in health and education it becomes less explosive, and thus the tendency vanishes; another that as development goes on other viscera come more into the field, the cyclone is drawn into other regions, and the pulmonary tract escapes.

Now, dealing first with the treatment of these infantile cases, over and over again these children have been brought to me because their proper treatment has not been rightly apprehended, because their nature has not been recognised. They have been supposed to be due to cold and chills, and the *disease* has been treated, and not the *patient*. But to shield these children from every possible draught, and to keep them at home when there is the least suspicion of the wind being in the east, are not the means to cure them; such only make them worse. It is because they have been getting worse, in spite of treatment, that they are for the most part brought to me. Measures of this kind beget a more irritable state of nervous centres, whereas the only way to cure them is to harden them. I need hardly go into the details of management of such cases, they are so common-sense and plain; but, in short, they are to have their bath regularly, to be warmly but lightly clad; they are to be

taken out into the air as much as possible; and they are, in fact, to undergo a process of hardening and education by which their nervous susceptibilities are to be made less susceptible. As regards drugs, if any at all are given, they are to be such as give tone to the nervous system, such as *nux vomica* and iron.

The treatment of asthma is not otherwise. You will never cure asthma by coddling. The disease is a local expression of an undue sensitiveness of the nervous system to the changing circumstances of its environment, a phlegmatic power of accommodation that, reacting slowly, reacts too late; and in the meantime the higher centres, left unguarded by the laggard signal and bereft of their natural protection, are stimulated too strongly, and a storm or spasm is the result. Put it in what language you like, that, I take it, is, in effect, what happens in spasmodic asthma. Supposing, now, that we elect to treat the disease according to the common fashion, we prescribe some local inhalation to the respiratory mucous membrane, which in some one of several ways leads to the cessation of the spasm. What happens is best illustrated, I think, by the infant who for each new toy drops all its old ones, or perhaps by the old adage, You cannot do two things at once. The bronchial mucous membrane, stimulated by some powerful aromatic, forgets all about its previous excitement, and

between the two stools the patient happily sinks to his much-needed rest. But whether stimulant or sedative, so far as regards the nervous system, the same result accrues—viz., that a sugar-plum is put in its mouth and it is told not to be a bad boy again, and with the usual result that when the sweet is gone the recipient is soon on the look-out for another, and another it gets, and so on. In more prosaic language, the mucous surface receives a something that for the time being causes it to ignore the conditions of the environment at which it had taken offence; but the effect of the drug having passed off, it is more alive than ever to the original discomfort, and again a spasm is set up. Again the drug is repeated, and the same order is observed, and so on again and again and again, with, however, this important difference: that the interval between the spasmodic attacks grows shorter and shorter as the mucous surface grows more hungry. I take it that the nervous circuit from lung to brain of the old asthmatic who has been addicted to the various "cures" is the exact counterpart of the nervous circuit from nose to brain of the chronic snuffer; but the pangs of the bronchia are the more urgent.

As regards children there is something else to be said. They are not quite so often as adults treated by these patent powders; but they are very generally so by looking on the disease as the result

of cold, and they are confined to an overwarm apartment; they are smothered in clothes; they are not allowed to have a decent romp for fear they may get hot and take a chill; and altogether they are only too liable to live a most unhealthy life. Their most saving power, that of accommodating themselves to their environment, is nursed into imbecility, and then the wonder is that they grow worse instead of better.

I would venture to point to a more excellent way than that, more excellent because it is assuredly founded upon a physiological basis; and it is this: to find out by experiment where the child can live best. This is always a matter of experiment; not the greatest authority in all the world can say for certain, for I say asthma is a functional disease of the nervous system, and it is in diseases of this sort that the individualism of the patient most crops up. Having found a place of residence, turn the child out to grass, in place of keeping it indoors on all doubtful days; gradually accustom it to be out in all weathers, and make it as perfect an animal as can be in these days, when conventionality is part of the air we breathe, has penetrated to the inmost recesses of our homesteads, and, for aught I know, perhaps even to the pigsty. It is difficult indeed to be a healthy animal in these days; but that is the way to cure asthma in the child, and it meets with a large measure of

success. I have seen enough evidence of the ill success of the coddling method to have no doubt which is the better plan had I no other grounds ; but I do believe that those other grounds that I have pressed upon your attention are not unworthy of it.

When we come to consider the case for adults I cannot say I am so hopeful, and one of the best evidences of the intractability of asthma is to be found in the number of patent medicines that abound for its cure. The diseases of children would not keep a quack in bread-and-cheese for a fortnight, if soothing syrups be excepted. The adults are the patronisers of the various cures for asthma, and who carry a powder in their pockets and call it a cure, when all the while there never was, and never will be, a better illustration of the toils of the charlatan, for with each fresh whiff the sufferer is dragged deeper into the abyss of chronic asthma. This is what they come to. I will take my last case, a young lady aged nineteen. Her mother had suffered much from hay fever, and *her* mother had had asthma. She had been an asthmatic since the age of eleven, and she had indicated her neurotic inheritance at a much earlier date by never having been able to eat egg in any form or combination. She sneezes much and suffers much from catarrh. She is now hardly ever free from asthma, but it is worse at night, and she burns a patent powder three or four times, by which

means she gets a fair amount of sleep, although her nights are very disturbed, and she is unable to lie down much. Here was the note that her medical man sent with her:—"She has suffered almost from infancy from spasmodic asthma. She has taken everything in the legitimate pharmacopœia, and tried with varying success twenty quack remedies, besides other nostrums for smoking. She is a frail, weakly-looking girl, but she has admirable courage and spirits, notwithstanding the years of suffering through which she has struggled. She is, as I am, not oversanguine as to permanent relief." And who could do otherwise than endorse this doleful view? Here was a young lady with years of a baneful habit upon her, a very different thing from a child affected with the same disease, almost the same difference as between a child in its first convulsion and the confirmed epileptic of twenty years or more. To offer her drugs under such circumstances, or rather drugs alone, as the panacea might well seem a mockery, and I began at the other end. I explained to her that the temporary ease that she undoubtedly procured from her cure—for these remedies are certainly successful in procuring temporary ease from the distress of the paroxysm—was dearly purchased, and that each release so obtained let her more deeply into the slough of despond. She had got into a bad habit that needed to be broken, and in the attempt to break it she would at this time of

the day of her disease realise to the full the meaning of the words "Through much tribulation ye shall enter the kingdom of heaven." If ever there was a heaven to be begun on earth it was to be found for this poor child in the relief of her now constant suffering.

It has not been my purpose in preparing these lectures to deal in any way with the details of treatment by drugs, for there are those here at whose feet I would rather sit in such matters. I have rather aimed at dealing in a comprehensive spirit with the principles that underlie these diseases, and which ought to, and must eventually, energise all our treatment. But lest it should be thought that in taking the patient back to, or rather putting her, perhaps for the first time in her life, face to face with, the problem that she and I had both to deal with—and, as I think, she far more than I—I was giving her a stone when she came for bread, let me say that I did not send her altogether empty away, but that I believe most firmly in the free administration even in these old cases, and at all times of life at which asthma occurs, of iodide of potassium and the ethereal tincture of lobelia, for the relief of the asthmatic condition, and that I feel certain that arsenic taken in free doses, and with breaks, over a long period of time—several months—is a great help by its action on the nervous centres in preventing the recurrence of the paroxysms. I am

no friend of the as-he-was and as-he-is descriptions of the results of treatment, but it so happens that this young lady, without any asking on my part, thought fit to report her progress thus:—"I am writing to tell you how very much better I am. I can lie down at nights; I have no asthma after eating; and I never have to burn anything or smoke. In fact, I have hardly had any asthma for the last two months, and the slight returns of it have gone off after one dose of the medicine."

Before I have quite done with asthma let me return again to inhalations. I have made a serious charge against them, and I do not doubt for a moment that there are many who will abundantly confirm all that I have said. But I want to say more—viz., that in the long run they are murderers in the garb of friends, for not only do they confirm this disease of habit, but they do more, for their repeated use leads to enfeeblement of the heart muscle and to its dilatation; and thus they introduce serious, and often fatal, complications. Mind, I do not say they must *never* be used—I have seen too much of the distress of bad asthma for that; but I do say, as I have heard it said of the doctor's brougham that it is the first nail in his coffin, that when an asthmatic takes regularly to such remedies as these they are equal to a good many coffin nails.

I come now to the neurotic conditions that involve

the circulatory system, and perhaps chief of these is angina pectoris ; but I will not take that first, because some might be inclined to question the right of this affection to the title of a neurosis, and even if it has that right, as I think it undoubtedly has in some instances, it is still a little off the lines we have hitherto been considering, and there are other neurotic conditions that may well be considered.

First of all, then, I will allude to that common affection, the being the conscious possessor of a heart. It always strikes me as the most astonishing thing that a man may have a heart of twenty, thirty, even forty ounces, and yet be unconscious of its pulsations, although to the bystander the heaving of the chest provokes a recognition of the fact obtrusively. But this heart conscience occurs in quite other cases, and verily it is a sprig from the garden of Eden, for it is a genuine knowledge of good and evil, the good of it being there, but veiled from sight. It is good knowledge, if only the possessor could believe it, for it mostly tells that there is nothing serious the matter ; and it is evil in that it enshrouds the mind of its possessor in spectral fancies of which he is utterly unable to dispossess himself. Yes ! Once to know you have a heart in this fashion is to become full of an idea that it is well-nigh impossible to dislodge, and there is no doubt whatever that it takes a good slice out of the happiness of

very many lives. But now comes the point. There are many refuges for the destitute of diagnosis in medicine. A delicate spine is one, a delicate chest another, a torpid liver another, consumption of the bowels another, gout another, neurotic—yes! I will not leave that out—another. We cannot do without them, but there are some that are much more two-edged than others. I do not so much mind a man being told he has a torpid liver, if the doctor does not know what is the matter with him, because the liver is a benevolent deity, and we lay our pills at its shrine without any harmful explosion, and the public have learned to recognise this. But “delicate lungs” or “a weak heart,” which run up a sword over the head of the victim, with “Sudden death” or “Consumption” engraved thereon, when there is nothing serious the matter, and often because we are unconsciously looking after our own reputation, and are afraid of making a mistake which some one else may catch us up in, is not a trifling detail, for a “weak heart” to the public is as precise a diagnosis as it is vague and unmeaning to the instructed. To us it means nothing, but there are hundreds of people going about and nursing their hearts because they are weak, but with nothing really the matter, and that idea they must have got by medical consent in most cases. Then I have to say that the term is applied to all sorts of conditions that have nothing in common. For example, a stout lady of sedentary

habits comes for some trifling ailment, and she starts with the announcement, "I know I have a weak heart. Dr. So-and-so said so years ago." I examine her heart, and it is, as far as present means of diagnosis go, absolutely healthy. And I have little doubt that Dr. So-and-so, looking at his patient's physique, and judging her rightly of corpulent habit, plumped for a fatty heart, and that case was ticketed.

Another lot of hearts are maligned because the first sound is weak, a perfectly worthless criterion, unless hedged round with all sorts of qualifications; and a still larger number because the pulse is small and feeble; and then there come all the multitudinous causes of irregularity of the heart, which in the absence of any definite disease are all liable to go into the same pot, and a pretty kettle of fish comes out of it all if we take the aggregate of results of misery that is produced. I cannot discuss this question very satisfactorily, because there are so many causes of irregularity; but I can say this: that no more common condition exists than the irregularity of the neurotic heart, and though we all know of it, I do not think that its very frequent occurrence is as generally remembered as it ought to be.

A great injustice is not infrequently done to candidates for insurance in this way. A man goes up for examination and is nervous under it. His heart is unsteady, and very likely there may be some slight basic

or apical systolic bruit as well, and he is warned not to pursue his proposal at the time, but to come again in so many months. What is the result? Naturally the rejected candidate receives a severe shock. Imagining himself sound, he finds there are suspicions about his most vulnerable part—his heart—and off he goes to “another opinion” to know if there is any chance of sudden death—heart disease and sudden death being indissolubly bound together in the mind of the layman. Far be it from me to seem to be wanting to teach the medical officers of insurance societies their business; they probably know it far better than I, and, moreover, not being attached to any body of this sort, I am very much like the politician out of office, except that I am not trying to get in. But I will confess to having wished, as cases of this kind have come before me, that medical examinations for insurance could be conducted with a little more bilateral poise, for the refusal to grant a policy is really of more moment to the candidate than it is to the shareholders of the company, for I am of course only discussing cases that could add at the most an infinitesimal risk, and yet the one party does not receive a particle of consideration. But having said this, I will let it at once discover my weakness, for it opens up a most interesting question: whether the irregularities of neurotic origin may not in the end lead to some failure of the muscle, and so confirm the fitness of their rejection.

In 1885 I saw a young man who had been refused at an insurance office for an irregular heart. He was brought to me by his own medical man in consequence, and I certainly could not in that instance find fault with the decision, for his heart was tumbling about in a most extraordinary fashion for a man, and such as I have rarely seen in that sex and at that age before or since. I cannot go at length into my reasons for regarding the affection as a functional one; it must suffice to say that the shape of his head, his whole bearing, and the previous history, given me by the gentleman who brought him, who was an old friend as well as his medical adviser, showed conclusively that he was an extreme neurotic. He wanted to get insured before he went abroad, and he was obliged to start in some ten days or so. I told him that I was convinced that there was no disease of his heart, but as to getting insured before he went, that was impossible, as it was clear that no examiner would look at him with his heart in that state, and it was little likely to quiet down with an ordeal such as that before him under the circumstances of the hurry. So I advised him to go abroad, and as his rejection had much upset him, to go to some medical man near him, and to have his heart examined frequently, thinking that when he got used to the process he would soon be reported upon more favourably than we could do at that time. My expectations were quite justified, for

after some months I heard from him, saying that he had got his life insured, and that now his mind was at rest. I do not think that in the end he had any desire for the insurance as an investment, but merely because it gave him a certificate of the soundness of his heart. He comes to England periodically, and I have seen him several times in the course of the eight years that have now elapsed since my first introduction to him, and he has hardly put his foot on shore before he comes to me to get his mind set at rest. And here is the point that makes me a little uneasy about him: he has several times had recurrences of extreme irregularity of the heart's action, generally after mental worry, and once in this state I sent him to Homburg, and some one who saw him there, not knowing so much as I did about him, shook his head at him, kept him on one floor, made him go about in a Bath chair, and sent him home again more dead than alive from sheer fright. But although I judge the nature of the case to be a neurosis, I cannot but fear that as he advances in years a muscle or nerves of such irritability may fail under the stress of even ordinary existence, and that he may not live out his term. And yet, on the other hand, the case is much like, in all but the sex, the palpitation that is so common in women, and which does not, so far as I know, do much, if anything, to shorten life; nay more, is a condition that may well excite astonishment

by the small amount of disturbance that it creates. There may be some amount of discomfort, but even that is difficult to speak of accurately, for going with the disturbed cardiac action there is so much nervous erethism that it is uncertain how much of the distress is due to the one and how much to the other; and how little of anything there may be sometimes is well impressed on my mind by the remembrance of a lady who walked into my room a year or two ago after a morning's shopping in Regent Street, saying that she had had a palpitation all that night and morning, and would I please to give her something to stop it. I found her heart beating 160 per minute, and I do not doubt that it had been doing so through all her peregrinations to the shops of the West End.

There are other cases that seem to suggest more positively that neurotic disturbances may lead to actual organic disease, and the following case seems to me to illustrate this point. A man of about forty-four—so far as is known, in perfect health at the time; in fact, he was passed first-class for insurance just before he left England—went out to the colonies to assume a very important and anxious financial post. Before he went, he had been in the habit of taking a good deal of exercise, and his new berth kept him so continuously occupied that he had not only no time, but neither had he the energy nor the inclination, for it. His work told upon him severely,

and he felt that it did so, and within six months of his taking up his new post he found himself so short of breath that he was obliged to seek medical advice. He was found to have mitral incompetence, and he has had it ever since ; and, what is more, he was, so long as he remained at his post, slowly going downhill, until he relinquished it and started for home. Since that time he has continuously improved. The evidence of mitral disease remains—and the heart is generally irregular in its action,—but the man is, to all outward appearance, in the best of health, and has been so now for nearly three years. It seems quite possible that the fault here may have been a primarily nervous one ; that the man's whole energy was used up by his brain work, and that for the want of its due supply the heart muscle dilated, and led to the mitral incompetence, the body muscles at the same time being disinclined and incompetent for their wonted exercise. But of course it cannot be denied that there is, at any rate, another explanation ; for the heart that is accustomed to work, as is that of a man who makes it his business to take a good deal of exercise, when thrown into idleness, as it is in great measure when its master changes all his habits of life and betakes himself to a very sedentary occupation, is very likely to grow indolent, and it is the indolent hearts as much as the overworked ones that dilate. As a further point in reference to the influence of nervous failure in producing organic

disease, I would add that I have seen one or two cases, though they are happily rare, where, without any definite disease, yet with some permanent sense of discomfort about the heart, a patient suddenly falls down dead, and all that is found post-mortem is a dilated heart. Again, it cannot be said that such cases have any certain connection with any definite nervous cause, but in the one or two cases that I have seen there was a something about the individuals that led me to class them as belonging to the group of the neurotic.

Now this subject leads me on to another that has similar risks—viz., Graves's disease. I have already said that I regard this disease in what may be called its fully developed form as one that shades off in all directions into conditions that are not generally considered in relation with it, but which ought to be so considered in my opinion. Just now the exophthalmos and the thyroïdal enlargement are somewhat at a discount, and we hear more of muscular tremors and some other local phenomena ; but what has long struck me is that the central feature of all these cases is, without any exception, their extreme nervousness. I hope no one will take exception to my making use of this popular term, but it is really an exceedingly useful one. And what do I mean by it? Well, I understand a state of the central nervous system in which the person starts suddenly at the least unexpected noise ;

in which the least excitement makes him tremble all over or flush, or break out into a perspiration; in which an impulsive word or a sudden act will send the heart into a state of palpitation. Such people are perpetually in the condition—happily to him a temporary one—of the nervous man who is about to make his first speech: his tongue suddenly dries and sticks to the roof of his mouth, his neck swells, and he feels uncomfortable in his respiration; his heart is beating so fast that it would seem that it must stop; and his head throbs so badly that if the memory of pain were not short-lived he would never trouble an audience again. But in this picture of Graves's disease it is not the muscular tremor that is the essential feature; it is not the enlargement of thyroid that is either, or the protruding eyeballs; all of them are included in the still more fundamental state of decrepit control on the part of the centres, and, whatever it be, it lies deep in them. So that when I see, as one so often does see, a nervous woman or man with a very rapid heart or excessive pulsation in the neck or abdomen, with undue tendency to sudden sweats, with a want of muscular control, as evidenced by tremor and so on, I see in each of these an outlying symptom of the condition, whatever it be, that causes the assemblage of symptoms we call "Graves's disease," a state that seems to me most aptly likened to a permanent blushing of the centres involved. I

should like, however, to remark that such symptoms are common to many forms of nervous breakdown. For instance, many of them are found in chronic alcoholism ; they are seen in some cases of melancholia ; in the decrepit state engendered by overwork, or by excesses of any kind ; sometimes they occur with glycosuria, and no doubt in many other conditions also. And herein is another point of interest, if I may judge by my own experience—viz., that all these conditions, more or less, are benefited by the same drug—opium. I believe for patients suffering from Graves's disease there are no remedies comparable to the rest and absolute freedom from fussing that are to be procured in a hospital, and there is no drug that does them so much good as small doses of opium, combined with strychnia, cod-liver oil, and all remedies that go to build up the nervous centres.

I can only mention one other condition that has to do with the question of weak hearts—viz., faintings that are supposed to own a cause of this kind. They are exceedingly common, far more so in women than in men, and they come for an opinion in numbers because the uninstructed associate the condition of fainting with disease of the circulatory centre. Now, except occasionally in old people, is it ever so? If it be, I confidently assert that it is a very rare occurrence ; and, for myself, I can say that of the large number of cases of

this kind that have come under my notice, and of which I have notes, in no single instance have I been able to discover any organic disease, and in all there has been ample evidence that they were nerve cases, and not heart cases. I need hardly say that faints are often of an epileptic character. I do not wish to assert that all these cases are of that nature, but short of epilepsy there are many conditions that emanate from the nervous system and lead to faints that are altogether outside the heart. The sort of case met with is after this wise: A gentleman aged thirty-three, who has been in the tropics for some years, and has had malaria and rheumatic fever, has had within a short time of returning home two attacks of palpitation, in one of which he fainted for a minute. He has had one slight attack since he came home. He came to me because he thought his heart was affected, but there was nothing discoverable, and as he was very tremulous and nervous, I believe it was all brain, and he became perfectly well by treatment suggested by this diagnosis. Another interesting case of this sort I saw down in the country some years ago. A lady, aged twenty-eight, had been somewhat recently confined, and was anæmic. For some days before I saw her she had been going off into repeated faints, and had kept the whole house in a perpetual panic. I do not know how many nights the doctor had slept in the house to see

an attack, but his presence always seemed to keep them off, and he had never seen one. The patient was a light-haired, lively, neurotic Irishwoman, subject to vertigo, but with no organic disease of any kind. And yet one more, also in a lady of the same age (twenty-eight), who has been subject to attacks of giddiness for years, but who of late has had most curious seizures that come on quite suddenly while she is walking about. She has all the feeling that she may faint, but never goes quite off; sometimes she goes pale, but more usually she flushes and gets into a perspiration. At the onset of the attacks her heart seems to stand still for a second, and then on comes a violent palpitation. The heart sounds were a little irritable, but there was no evidence of organic disease. Of course these cases do not touch the question of fainting in organic disease of the heart, though even there I think it may be said that it is a much rarer thing than is supposed. I remember having a patient of this sort under my care in Guy's Hospital some years ago, and I kept him in for some time because the case was so very uncommon in this respect, but even there I was in doubt. He had definite mitral or aortic disease, I forget for the moment which, and he used to have faints; but I believe in that case the heart disease led in some way to cerebral exhaustion, and that it was not a state of cardiac syncope. People with dilated

hearts may die suddenly from syncope ; old people with degenerate muscle may die in like manner, but the fact remains that those who are subject to faintings are very seldom sufferers from heart disease, and it is also the outcome of clinical experience that faints of this kind are not dangerous, and need never excite much alarm for the immediate issue. Practically they occur in boys and girls and women, and are a symptom of a deranged or weak or ill-nourished nervous system.

And now let us pass for a few minutes to peripheral disturbances, which, although we do not know much about their pathology, would yet appear to be largely neuro-vascular in their development. "Vaso-motor" they are more usually called, but as I am more concerned with central causes than with local, I shall look at the affections concerned more especially from that point of view. We have heard a good deal of recent years of what has been called "Raynaud's disease"—a gangrene of more or less of the extreme periphery whether it be of the tips of the fingers, or of the toes, or of the rims of the ears or the nose. This typical or extreme form of Raynaud's disease is decidedly uncommon ; but inasmuch as I do not see where to draw the line between this severe disease and a number of slighter grades, Raynaud's disease as a type seems to me to be a very common affection. For instance, a lady came to me with some rather pronounced irregu-

larity of her heart, and the symptom she made most of, thinking it to be an important one in relation to the heart disease she supposed she had, was that she always had cold feet. "Madam," said I, "you know the old saying, 'A cold hand and warm heart,' and if you remember that *heart* should be rendered soul or spirit, cold hand or foot spells an active brain. It is never a symptom of heart disease." "It is a good sign to have one's feet grow cold when he is writing," says the Autocrat of the Breakfast Table. This seems to me the very mildest form of Raynaud's disease, so mild indeed that it is no disease at all. And of other conditions that are of the same kind I would mention the thin skin and blue hands, sometimes a little swollen, that are seen quite commonly in young women, and sometimes also in children. Closely allied to these is the proclivity to chilblains; and then there are the peculiar waxy or corpse-like fingers, that are described as dead fingers. There are, besides, a number of less well-defined conditions of disturbed sensation—pain in some, numbness in others—which go to complete the picture of the disease.

There are few clinical facts more important to be sure of than this. I should be sorry to say how many people come into my room in anxiety about their heart, because they have what is called "a feeble circulation." And it is supposed by them in consequence that their hearts are weak. But so far

as their inference is concerned it is more true to teach that we are possessed of two circulations, a central and a peripheral, which are independent of one another; so universal is the rule that these local conditions of flushing or stasis are controlled by agencies outside the circulation.

Yet, while all these things are at first sight purely local, and while it is of course quite possible that in the future a local pathological process may be assigned to them, for the present the local changes are of no use to us, we cannot treat them locally, and the far more important point for recognition is that they occur in people of a certain temperament. Herein appears one of the great difficulties of my subject, for these several manifestations that I have named probably do not all occur in the same kind of person; the livid blue hands and the tendencies to chilblains occur for the most part in the lethargic neurotic, and in those in whom one may surmise that the play of nerve force is always at a low ebb, the neurosis being one of initial default. In those whose fingers die it is certainly not always so, and I think that this is more an affection of the quick-brained and vivacious. This brings me to remark, as I have not hitherto done, on the wide field occupied by the neurotic temperament. It is seen, indeed, in all sorts and conditions of mental activity—in the most logical; in the most impulsive; in the most emotional as well as the most unsympathetic and

cold ; in the strong-minded as well as in those who are wanting in resolution. But all these atypical forms of Raynaud's disease are found in those who are of this constitution, and the disease must be treated, not by attacking the local change, but by devoting attention to the general vigour of the system. Improve that, and you will do something to better the local distress, though one cannot say that the measure of success is any great thing to boast of, or leaves us with nothing to be desired.

I have said that such and such symptoms make up the picture of Raynaud's disease, but I am not sure that its connections are not wider even than I have here indicated, for I have in my mind the case of a little child who has had for a period of many months a curious bullous eruption, that seems to be certainly due to some neurotic disturbance, for it comes on after any little over-excitement.

And when I think of this case there are several conditions of the skin, notably pemphigus and its curious control, not cure, by arsenic, various pruriginous states, and even such pronounced changes as psoriasis also, that are by no means without their interest in this regard. Psoriasis particularly is a disease of the neurotic; and I could quote one or two cases from my notebooks where it and distributed joint lesions have gone with general nerve tremor, such as indicated serious nervous failure, while in a few others the disease has been associated

with mental failure such as threatened actual madness. One cannot, however, fail to remark that psoriasis in one respect is an exception to the rule I am preaching, for it is a disease that is best treated by local remedies.

But I must leave these questions to say a few words upon angina pectoris, a more important, because more terrible, disease. And I would repeat here what I said at first: that it is a little off the lines of my present theme, because, although I believe it to be a neurosis in some cases, it is nevertheless a neurosis that cannot be treated on general principles, nor can it be said that it occurs in those of a neurotic temperament to any marked extent. There was a discussion a few months ago at the Medical Society of London on this subject of angina pectoris, but what I have to say was said several years ago in the *Guy's Hospital Reports*, and is not in any way inspired by that discussion. I say this because I had independently arrived at certain opinions as the result of my own observation and they are therefore additions to any consensus that may be in course of formation concerning the disease. I had it on my lips to say that I have nothing new to add to what I wrote in 1887.* But I have this addition to make: that whereas I thought that there was a neurotic element in the disease

* "Guy's Hospital Reports."

then, I think still more so now, with a considerable addition to my experience. Of late years the explanation of the attacks has all gone upon one line : that the disease is due to a rise in tension in the arterial system, and this suggestion we owe chiefly to an observation of Dr. Lauder Brunton. The late Dr. Hilton Fagge adopted that explanation, and considered it sufficiently established by the therapeutic results so frequently obtained by adopting the recommendations that followed from it. But Dr. Brunton's observations were made upon a case of angina with aortic regurgitation, and I do not think they carry much weight for the general run of cases. Angina pectoris clearly comes on in some cases of advanced heart disease associated with high tension, and sometimes this is so with aortic disease, sometimes with the large and dilated heart of renal disease. But it is only quite exceptional that this result happens in these diseases : for one case with angina there are many that show no such feature ; and, on the other hand, I consider that the character of the pulse in the greater number of cases of angina enables us to say that the arterial tension is not high. There can be no doubt that angina comes about through a number of conditions, in which the only common factor that I can see is muscular fatigue. Arterial tension will produce this ; dilatation leads to it ; so also does badly-nourished muscle, whether this be

due to starvation from disease of the coronary arteries, to senile degeneration of the muscle, to fatty changes, to ptomaine-poisoning, to the circulation of uric acid in the blood, and so on. And the remedies that are so useful, nitrite of amyl and nitro-glycerine, without throwing any doubt on their power of relaxing arterial tension, are none the less also relaxors of muscular spasm and cramp. I believe it is by virtue of this power more particularly that they work their effect in the disease under consideration. This hypothesis of heart cramp consequent upon heart fatigue is one that adapts itself to all the conditions under which angina is known to occur. But I am only concerned now with that form of the disease that occurs without any definite structural change, with those cases in which apparently healthy persons are suddenly seized with pain which may kill them within a very short space of time, and yet the heart's action may be hardly, perhaps not at all, disturbed, and the sounds are practically normal. Supposing even that an attack of this kind passes off, yet it leaves behind it the painful uncertainty, such as hangs over the epileptic, that another may come at any time. Trousseau, with his clinical acumen, seized upon this parallel with epilepsy, and considered some cases to be of the nature of an epileptiform neuralgia, and others also of a neuralgic nature from their frequency in the gouty. There are, indeed, several features of many

of the attacks that favour this idea: they are often accompanied by troublesome flatulence, by flushings in the head and face, by tingling in the arms, which all remind one of the erratic performance of electric apparatus during violent atmospheric disturbances. I have suggested, too, that in the crises of tabes dorsalis and diabetes there are instances of severe abdominal neuralgia, to which this thoracic crisis or angina is in many respects comparable. I may further add that it is often associated with a very sudden bronchial storm that can only be called acute bronchitis; and although we make much of it as a distinct affection, it is closely allied with, and sometimes very difficult to distinguish from, the attacks of air hunger in their more extreme degrees that are seen in uræmia and in states of cardiac failure. These and such as these are probably all ordained from a worried nervous centre.

Now these cases of angina that exhibit a distinctly neurotic type are they that loom more largely as one's experience grows, and which enshroud the whole subject in difficulty. I look up my notes of angina, and where it was obviously due to disease of heart or kidney the patient has already reached that bourn whence no traveller returns; but where there was no discoverable affection I could give cases where the seizures have been absent several years; I could give others where their recurrence has been

frequent, and yet no harm done, the attacks being, it is needless to say, mild ones. And then there is a very large group of cases where one remains in doubt whether the symptoms have any import of serious kind. As a good illustration of this sort I may mention the case of a man who came under my notice only a few days ago. He is forty-seven years old, and this is his tale: His father died of Bright's disease. A year ago he had much worry with the illness and death of his wife, and at that time he had an attack of paralysis of his sixth nerve. His trouble is flatulence. He fills with wind after his meals, generally some two hours after, and it not only wakes him up, but he cannot walk more than a few minutes without stopping. "The wind seems to get up under his heart. If he can rest comfortably in a chair he is free; but as soon as he gets into action, as he calls it, a fermentation seems to start, and fills the top part of his body." His complaint has upset him and made him nervous, and now if anything worries him an attack comes on. Now, with all this rigmarole poured into my ear, you will not wonder that I thought him a wretched neurotic, and more particularly because he clinched his doleful tale by, "Mother says we are a windy family." But as I talked to him I found that he had frequently had bad pain when out walking and on going up slight hills, and that a few seconds' rest relieved the pain;

and he would then continue his walk. He further volunteers the statement that when the pain is bad he cannot move a step. Add to this that he had a very metallic and ringing second sound, and that his arteries were thick ; and I ended by thinking that we had, under the garb of a rather pronounced neurotic temperament, to do with a true angina.

And in relation with this case I will mention another where I made a mistake by doubts of this kind.

A lady aged sixty-one, who had suffered a good deal from fever in India, and who for many years had neuralgia in the ovarian region, which as it passed off was replaced by neuralgia in the head, for some months had had a great deal of discomfort in the chest and throat. She had been seen by a very eminent physician in London, and nothing but incipient asthma discovered. She had been treated by bismuth and soda, and such like. But she got worse, and used to sit gasping over the fire at night, with a nasty pain in her chest and a choking feeling in the throat, but no palpitation. She had been decidedly better of late under strychnia and nitroglycerine tablets, but had again experienced rather a bad pain the night before I saw her. I judged her from her manner to be decidedly neurotic. But she had a quick pulse, and complained of a tingling in her arms down to the tips of her fingers, although she moved about without distress or shortness of breath.

The heart was evidently large and dilated ; and there was a basic systolic aortic murmur of no great intensity. There was no sign in any of the viscera that the heart was failing. But it seemed from all the evidence at my disposal that the heart muscle must have failed of late, and that the angina was due to this cause, and it seemed that, as she had improved under careful treatment, there was every hope that she might continue to do so. Moreover, it was impossible to be sure how much of the pain and choking sensation she suffered from was due to her neuralgic habit. Altogether I thought she might move about a little more and take her tablets of nitro-glycerine a little less, for I was rather afraid that her nervous circulatory and muscular systems, or whichever of these was acted upon by the remedy, might pass into an unstable or oscillatory condition that might render her recourse to such means of too frequent occurrence. I know not what extent of freedom she considered my advice warranted, or even if she had acted on it in any way ; but anyhow it clearly tended in the wrong direction, and three or four days after I saw her she was suddenly seized with a bad attack of pain on retiring to her room at bedtime, and she died.

The remedy for the anginal paroxysm is unquestionably nitro-glycerine or nitrite of amyl, and perhaps in so terrible a disease, and one in many cases of which it will ever be difficult to say whether any

structural change is at the bottom of it or not, it may seem unwise to go behind the fact that in either of these we have a drug that in most cases has a decided power. But it is not really so, because no thoughtful man can have seen many of such cases without having often asked himself the question whether he is doing the best for the patient by keeping him from all exertion and telling him to consume a tablet when his pain threatens. And this much is certain: that, control it as much as the remedy may, it is in a fair proportion of cases only controlling a symptom, and the cause of the disease lies deeper.

In my opinion then angina sometimes constitutes a disease for which the gastric crises of locomotor ataxy and diabetes afford the nearest parallel; in other cases perhaps the condition of calf cramp comes nearest to it in likeness. In the one it may possibly be due to the uric acid diathesis, in others to the explosive nervous discharges that are well known to take place in the worried and overworked.

But I must not take leave of the subject of angina without alluding to that always to me curious and interesting affection of women, the common and well-known pain in the left side. Has it or has it not anything to do with the true disease? It would appear to be a very troublesome affection; it lasts so long and is so difficult entirely to displace. It is curious that it should occur so seldom in men,

but one may suppose that this has to do with the associated anæmia with which it so commonly occurs, and which in anything like a corresponding degree is so seldom seen in males.

And the fact that it does so occur in anæmic women only is perhaps an evidence in favour of it being something of the same kind as the true disease, for if, on the one hand, we consider angina as a condition due to fatigue, we have in these women the bloodless condition best suited for its easy production; if, on the other, we like the better the neuralgic origin, we have, too, under such circumstances, all the elements that seem best fitted for the calling out of the pain, and abundant evidence that they are the parents of any number of neuralgic affections. But whether this pain in the left side be related to true angina or not, it is quite certain that, except there be a probable cause for it in the existence of cardiac disease, true, that is dangerous, angina never occurs in young women; and when I consider that I have several times been asked to see young people supposed to be suffering from this serious disease, I imagine that the fact is not known so widely as it might be.

These constitute, I think, the most prominent circulatory conditions that can be fairly contended to be due to neurotic outbursts. But there are others of which it would be interesting to give what evidence there might be in favour of a nervous

fault of some kind being at the bottom of them. And of these other states I should have most to say perhaps in favour of the neurotic element in chlorosis. We are all familiar with the fact that severe shocks occasionally produce a sudden and bad form of anæmia; that observation is a very old one. But I think I could show that chlorosis is a disease that occurs in families, that it is associated with well-marked vagaries of nervous action, and that it is a disease that dogs the patient and is liable to relapse from time to time. I cannot, however, pursue the subject here, for I must in the next lecture pass on to consider the abdominal neuroses.

LECTURE III.

OF the neuroses that show themselves in the abdominal viscera, there are several that supply much interesting material bearing on their rational treatment. I shall take in order the stomach, the intestine, the kidney, and the liver. I have much to say about the stomach and the rational treatment of its diseases, for I believe they are often treated most irrationally. And let me take first the common, very common, ailment of flatulent dyspepsia. And here at once I suspect that if any one who has devoted himself to the treatment of the stomach thinks what I have to say worthy of any attention, he will at once fall foul of me when he finds that I am going to have my say on this subject *in general*, so to speak. "What can any one know about dyspepsia who talks of it as an entity that knows no differences of form?" Well, I have often said that although there are all sorts of different dyspepsias elaborated out of the heads of individuals, if I were going to write a book on indigestion, I should first devote myself to a volume on diseases of the nervous system. Surely I cannot be

wrong when I make this statement: that of the numbers of dyspeptics that fill the doctors' lists the greater proportion by far are neurotics in one form or another. It is really no great exaggeration to say that there are only two forms of indigestion: that produced by over-eating and drinking, and that due to a failure of nervous power. There are other conditions that are met with as rarities, but who knows anything about these? For instance, there is an acute condition originating in some indiscretion in diet, in which the stomach forms sulphuretted hydrogen in quantity. I have seen three or four such cases, but if I try to find out anything about it the authorities have very little indeed to tell. Then we talk about acid dyspepsia and atonic dyspepsia, as if any dyspepsia were other than acid, and, from my point of view, as if atonic dyspepsia were necessarily something different. "Gouty dyspepsia" is another term in frequent use, but it is no different; it is often enough a little of both the others, and sometimes the indigestion of over-eating and over-drinking as well. Nor is the classification according to morbid anatomy much better, for here the observer talks of catarrh of the stomach as if the stomach easily catarrhed; whereas we know as certainly as we know any fact of physiology or medicine that of all the multitudinous sins of commission that are done to its would-be detriment there is happily not one in a hundred, if so many, to which the stomach deems it necessary

to turn a hair. Were it otherwise, civilised humanity would not last out two or three generations. No! If there is one thing that is certain, it is that the stomach is an organ that has been trained by centuries of custom and by the slow process of evolution, to a condition of hardihood that endows it with the special attribute of comparative callousness, and within limits, and *mutatis mutandis*, I would as soon talk of catarrh of a bird's gizzard. But if, as is assuredly the case, the stomach will stand all this hard work and still come up smiling, it must needs be supplied with an amount of "go"—in other words, of nervous energy—to enable it to do its work; and it is just this supply that, in this era of high civilisation, is often and often cut short. There is a sort of action abroad that would seem to imply, "Oh! anything is good enough for the stomach." Men go to business, for example, and, beginning at 9 a.m., go on till 6 or 7 p.m., and often enough bring home their business worries with them, their brains being all the while in a state of turmoil. In the midst of this they eat and drink, and ask their stomachs to digest! But if they have exhausted their nervous supplies—and more than exhausted, have overdrawn their capital, as they often have to no inconsiderable extent,—where is the stomach to get its motive power? Take, again, the neurotic woman, in any of the many forms in which she presents herself to your gaze. No lecturer, gifted even with the most

consummate art of word painting, could depict the many ways in which women of this sort consume their nervous energies ; but consume them they certainly do, and they constantly find themselves in the same case, and their stomachs are called upon to perform the impossible task of making bricks without straw.

I assert without any fear of contradiction that this is *the* indigestion of the present day. How do we treat it, and what is its rational treatment? Well, I suppose it is ten to one in favour of the patient getting a little soda and bismuth, and perhaps a little gentian or calumba in addition. If the patient will run to it, he may take some rhubarb and magnesia instead, and generally, I believe, it must be said that he at first leaves his doctor's door well satisfied that he has got his money's worth. But time goes on, he has consumed his appointed potions (most of these people take medicines well), and he does not feel any very sensible relief from the vagaries of stomach discomfort to which he has been subjected ; so back he goes to the doctor, and now probably a few drops of mineral acid and nux vomica are ordered, and this time it is precisely prescribed perhaps to be taken an hour before meals, because—well, because—well, I will leave that to the Seers. But time again goes along, and our dyspeptic begins to have qualms whether he is placing his money rightly, and before long he is to be found at some-

body else's door, and No. 2 has *his* turn, and so on to Nos. 3 and 4, up to the Nth. If the patient, male or female, be a particularly bad case, he or she will produce in the course of consultation with, say, the physician in tenth best repute for diseases of the stomach, a bundle of prescriptions that for thickness may well make his face turn pale and his eye involuntarily seek the clock, while his ears will tingle, I think, with shame that any human being can be so bereft of common sense as not to have got his cure or let it alone ere it has come to this. Will any one say this is an overdrawn picture? I have seen it too commonly not to know. There are two things that I very generally do on such occasions; one is to indulge in a very short-lived regret that I entered the medical profession, and the other to ask the patient to have so valuable a manuscript bound in calf. But why do things come to this pass? Are we only to have a laugh at the ignorance of the uninstructed? Is there no beam in our own eye? I think there is a very big beam. And it is this: that we are much too fond of giving a prescription because the individual wants it, and we do not ask ourselves the question, Is a *drug* the right treatment here? Will it ever come to pass that the public will habitually pay us for our advice, and receive an order for physic as an evil, which, if it must be, must be? But I am wandering from my subject. I do not wish to convey that in these

cases of indigestion we can do without drugs, but I do mean most decidedly that they are not *the* treatment. It does not follow because a man or a woman has dyspepsia that bismuth and soda are forthwith to be shot into his or her stomach. The great majority of the dyspeptics of the present day are so because their nervous power has run down, or has been incontinently consumed in other directions without any regard for the needs of the stomach. The first and foremost treatment in these cases is to take what steps can be taken to lessen the tax upon the nervous centres, and to tone up those that are run down. Often would I, were it not a mockery, write on the prescription paper of many a hard-worked man in business toiling for his bread-and-cheese, "Recipe—£500 a year and an eight-hour day"; often and often for the woman who frets her nerve force into useless fritters, "An occupation that shall give you freedom from yourself." Could one but give these things away, there would be no occupation for us in the way of treating indigestion, and it is the hardest part of a doctor's life to feel what he knows to be the right treatment, and yet to be obliged to give a dose of medicine as the nearest approach to the possible. But such *is* our life, and we cannot do otherwise than accept its conditions; but in doing so it falls to me to say that these are cases for tonics and every available means for invigorating the nervous system: and the remedies I have

decried, but have in no way besmirched—for they are good enough in their place—are to come in their proper place, and be only called to our aid to treat symptoms of passing occurrence.

Next, though not quite in order on my list, I will take anorexia, or want of appetite, because it is closely bound up with this subject of indigestion. There is no more common ailment than this, and it is much more common amongst women than amongst men, although it may be found in either sex. It also is largely the product of our civilisation, and of an improper consumption, or of feeble supplies of nervous energy. Therefore I think the term proposed by the late Sir William Gull of anorexia nervosa a very fitting one. But the cases recorded by that distinguished physician were all of extraordinary severity, and it will be in the recollection of some here that such as were narrated in the *Transactions of the Clinical Society*, and by others now and again since in the medical periodicals, have all been remarkable for being in the last stage of emaciation. Interesting as these cases are, they are comparatively rare, and I want to extend the term to a much commoner class. I think there can be no doubt that the same disease exactly, but not reaching anything like the same extent, may be seen almost daily by any one who chooses to see it in his own practice. I read in one of the daily papers the other day this paragraph:

“Almost the only failing of the Englishwoman is that she has no touch of gluttony. She does not take an intelligent interest in what she eats. Anything will do, she says. She is incapable of appreciating good cookery, and that is one of the reasons why the English cuisine is fraught with so many terrors.” I shall express no opinion about the truth of the latter clause, but I am sure about that of the first. There are hundreds, ay, thousands, of women going about who habitually have the smallest of appetites, and they are often enough women of a very active habit of body and brain. Now we all reason from our own experience far more than we do from what we obtain secondhand. And the familiar experience of every one is that when we have gone long without food a stage is soon reached in which we do not care whether we have food or not, and it is easy under such circumstances to reject such food as is put into the stomach. Apply this to the case before us. An individual starts, from whatever cause—for the minute it is not necessary to inquire—with a small appetite; she gets tired or overdone, as is very easily accomplished, on the small amount of food that is taken. Meal-time comes on, and finding herself without appetite, and thinking, as most people do, that if the appetite be not there the food cannot be necessary, none is taken, or the meal becomes smaller than the one preceding. So the case goes on, and little by little no food worth the name is

taken. Let me give the day's record of one or two of these cases. A small part of an egg and a finger of toast and a cup of tea for breakfast (this is rather a respectable meal for a case of this kind); for lunch, a drachm or so of veal cutlet, no vegetable, or bread, or pudding; a cup of arrowroot and brandy at bedtime. A second case: for breakfast, a little potted meat and dried-up bread, a cup of strong tea with very little milk; for dinner, a very small slice of meat and a little vegetable and milk pudding or stewed fruit; for tea, a cup of strong tea, dried-up bread, or a biscuit and fruit; for supper, milk pudding and a biscuit, and a little soda-water at bedtime, and so on.

Now these cases are really very interesting as showing upon how very little life can be sustained, and indeed, not only sustained, but made to do quite a large amount of active work. But what happens, what must happen, to the stomach under such circumstances? It does not need much labouring; common sense will say at once that, accustomed to gradually-diminishing meals, the stomach little by little diminishes in capacity, and becomes inactive; and inasmuch as the bodily vigour conforms to this ebbing tide, so each viscus has less and less vigour, until it goes almost to sleep. There are discomforts attending the course of these cases that hasten the process. Friends notice how little food is taken, and all sorts of things are advised and made trial of; and these spasmodic efforts cause to the languid

stomach a good deal of pain. The patient then argues within herself that something taken at the last meal has disagreed, and it is cut for ever out of the diet list. Another attempt is made with something else, but with no better success, and out goes this also. Nor does she stop here. So by slow degrees the possibles of her digestion become more and more attenuated. This is nothing more than the common history, not of rare cases, but of any number. What is the use of treating these people only by bismuth and soda and all the usual stomachics? Granted that they have pain, what is the pain due to? It is the result of the state of disuse into which the stomach has fallen, and to the irritable state of the nerves which the generally depressed state of body has engendered. The proper method of cure is to first explain to the patient what has happened as the result of the process of gradual starvation, what is the condition and size even to which the digestive apparatus has shrunk; and it must be fully understood that restoration to health is impossible, or at least unlikely, without a certain amount of discomfort, not to say pain; that the stomach needs to be educated back to a healthy habit, and to be stretched to a more natural size. These, therefore, are the cases, or one class of them, that undoubtedly derive great benefit from what is now generally called Weir-Mitchell's treatment of feeding and massage. And it is a treatment that in

most cases does these people a great deal of good. They gain weight, and become altogether different creatures. I said just now that we might dismiss for the minute the initial fault in these cases; but I have now to say that they are neurotics almost all of them, and, what is more, they are neurotics of a rather bad type. By this I mean that, although they are submitted to treatment of this kind and derive much benefit from it, they are exceedingly likely to get back to their old habit again, after a longer or shorter time, and some of the more pronounced of them find their way ultimately into the ranks of the insane.

This anorexia is the fundamental cause of the ill-health such people suffer, but there is another condition that ought, I believe, to share a good deal of the blame. I allude to the most pernicious practice of taking no breakfast. Small eaters, with their last meal taken at seven or half-past in the evening, and probably all digested, so little has it been, many, many hours before morning dawns, begin the day on a finger of toast and a cup of tea—sometimes, I have been told, in the exceptionally perverse without even any milk in it. And this to last them till 1 or 2 p.m.! How can any one be expected to have any vigour of mind or body under such circumstances? But I daresay some one will be thinking that the no-breakfast plan is such a common thing that there is no need to make such a fuss over it. I would not do so if the

meal-time alone were changed. There is no objection that I know to the chief meals being taken at, say, twelve and six, on the foreign plan, but then the two meals are *taken*, not sniffed at. But I confess to thinking so highly of our English plan, for our peculiar climate, of starting with a good solid meal, that a cup of tea at half-past seven in the morning, although very nice, is, from a digestive point of view, a mistake; and if I belonged to the band of medical advisers to insurance societies, although I think I should pass many a heart that is now looked at askance, I doubt if any one would get in as a first-class life under my *régime* unless he produced evidence that the volume of his breakfast came within measurable distance of

“Devilled kidneys and sweetbreads and ducks and green peas,
Baked sucking-pig, goose, and all viands like these.”

I may enforce these remarks by adding that Dr. Wharton Hood tells me that his father used to tell a story of a City merchant who was in advance of the times. Whenever he required a new clerk, he selected a number of the applicants and invited them to breakfast. He watched them carefully during the meal, and engaged the man who ate the most. Dr. Wharton Hood also tells me that the Spaniards have a proverb, “Don’t let your daughter marry a man who cannot eat a good breakfast.”

But to return—food, and not medicine, is the prime need of these people; and yet it may well be doubted

whether this is put before them with all the blunt uncompromisingness and persistency that the occasion and their blindness in the matter require.

Neurotic vomiting is another branch of the same subject, but I shall not discuss it, because it is so well recognised that it rarely fails to receive the appropriate treatment. There is, however, a group of cases in children of which I do not think much is known, so I shall deal with it a little more in detail. I allude to the sudden periodical paroxysmal vomiting of extreme violence that is occasionally seen in children of four, five, and six years or so of age. It goes on for twenty-four, thirty-six, or forty-eight hours; everything, often even water, is returned. The child becomes hollow-eyed and choleraic in appearance, and is, indeed, brought to the very verge of death. In a first attack of this kind it is not unnaturally supposed to be due to some error of diet, although it often puzzles the parents to say what that error may have been. It is of course an attack that may very well be set up by an irritant poison in the shape of food, or by ptomaines of one kind or another, but in these cases the irritant is for the most part trivial, and similar attacks tend to recur over and over again in the same child. Moreover, they always lead to the most rigid dieting, and yet the attacks recur. I have notes of six or eight such cases, and I cannot but think that the vomiting is of cerebral origin, and not gastric. At any rate, I do

not think such cases should be treated by a too strict diet, for by such means the youthful stomach fails to obtain the requisite amount of experience, and in consequence hereafter takes fright at such trivialities as "one currant in a bun." I believe that bromide of potassium and moderate care in diet are more successful.

Another common form of neurotic dyspepsia is the condition that is known as *flatulence* simply, and how closely this condition goes with debilitated states of the nervous system is well illustrated by the following case: A man of forty-two, who voluntarily called himself "a wretched nervous fellow," had been dyspeptic for many years, and in consequence suffered from an irritable heart. His wife died a few months ago, and he got into a very low state. He went to the seaside for seven or eight weeks, and was better; but as soon as he came home again he relapsed. His attacks are very peculiar in that they always commence with *sleeplessness*, and when this begins he always knows that in three or four days he will be attacked by flatulence and dyspepsia. Having mentioned this man, let me tell of another condition, also in the male, because there seems to be some difference between male and female in this respect. It would almost seem that the flatulence of the male sex is chiefly in their stomachs, and that of women in the bowel. This second case was in a highly neurotic man, who had taken himself

out of an honourable calling into that of speculative finance and Monte Carlo-ism. This man came into my room one day, and treated me to the most extraordinary musical performance—his stomach being the bellows, and his mouth the pipe—that I ever remember to have heard. The only advice I deemed it necessary to give him was the very simple command to stop it. And I hope it cured him, for bar his stomach, which was temporarily crazy, he seemed sensible enough.

How often it happens that such are treated as cases of indigestion, and drugs are put into their stomachs as the be-all and end-all of treatment, and they are never told about the mechanism of the flatulent distension. The consequence is that, feeling distended, they dispose of their surplus gas by eructation and are easy for a time. But in so doing they become gas factories; soon more is secreted, and that is passed off, and so on, and the stomach is enticed to produce more each time, the demand, according to the universal rule, creating the supply. If, on the other hand, you tell them that each return of momentary ease is accentuating a habit and really making them worse, and that if they bear with what, after all, is but a slight and passing discomfort, they will soon be better, and then apply such remedies as the case seems to call for, it will take no time to cure the majority. It will not be so easy with a minority. These betoken the

intensity of their neurotic degradation first by the dismal setting of their visage and then by the minute and exaggerated description of their woes. For these it is hard to say what treatment will suffice.

In addition to these cases, or such as these, there is a far larger class of dyspeptics who come complaining of a troublesome distension after their food, and who, looking upon it as a symptom of indigestion, and due—for this is the common corollary—to something they have eaten, diet themselves, and, meeting with no great measure of success, they apply to us. The old tale of drugs is gone through, and they are dieted and given some pepsine in one form or another. But often enough they are not cured in this way; and, what is more, they will be fortunate if they ever are. Again I appeal to the experience of any one. Who has not felt the same discomfort more or less when over-worked or harassed in one of the hundred ways that happen to man in this world of every one for himself? And when you have felt this condition what have you thought of it, and did you take bismuth, or what did you do? Was not this rather the outcome of your deliberations: "Such and such cases have taken it out of me," or "I have been busy lately, and had too little time for meals"? And those of us to whom this condition is no uncommon thing, have we not rather thought much in the strain to which I have already given vent, that in these days of hurry-scurry our brains

run ahead and take no thought for the stomach, and that in consequence there is almost a necessity for many of us to suffer from a slow digestion? And a slow digestion means that, as regards symptoms, there will be more or less distension after food, maybe after breakfast, maybe after one of the later meals of the day, when the physical energy is more expended. But taken patiently and not thought about, it all passes off after an hour or two. If we have been wise, we have not done much in the way of medicine; we have perhaps taken a little strychnia and phosphoric acid; we have not made much alteration in our diet, which has been plain and wholesome before, but we have taken a little more pains with it, and put food under cover more tenderly, and perhaps, as a temporary thing, we have added a little pepsine to the meal. No mystery in all this. We have treated ourselves on plain common-sense principles. Do we always treat our patients by the same approved methods that we deem fitting for ourselves?

Coming next to constipation, it is hardly necessary to insist that there are two predominant factors in its production: the influence of the nervous system direct, and the influence of habit. The influence of the nervous system shows itself by a phlegmatic reaction to the natural stimuli, and this may be either an action natural to the individual, or an unhealthy one, due to a temporarily-lowered vitality of the centres involved. There is no difficulty in establish-

ing the power of the nervous system to determine the complaint when we consider how in several morbid conditions—melancholia in particular, but in hemiplegics, acute and chronic inflammatory conditions of the brain, and so on—one and the other keep time together; and there can be no question that, although the derangement of the bowels is an important element for consideration in promoting the cure, the morbid condition of the nervous system precedes. It is with the bowel as with the stomach in the case already quoted: the sleeplessness always *preceded* the flatulent dyspepsia. Moreover, who has not seen several times the milder forms of nerve disturbance—the simple depression of spirits, the transient glycosuria that occurs in the overworked, etc.—closely followed by obstinate constipation? It is often thought that the benefit that accrues on a good clear-out shows that some of these states are the result of the fouled flues. No doubt this is so sometimes—it cannot be so always; and it is certain that the intestine as regards constipation is a highly-sensitive organ, from which we can very often read the temperament or disposition of the man. But that is not all: it is an index of the state of nervous tone and vigour of the patient; and there is many a state of constipation that is not a case for aperients at all, but requires the liberal use of tonics.

But I have something to say also on the subject of habit. It is sufficiently obvious that the repeated

recourse to aperients conduces to constipation and engenders a habit; but perhaps I may say this also: that, impressed, as we all become as years go on, with the primary importance of maintaining the purity of the *primæ viæ*, we sometimes forget in our advice to the patient that aperients are, after all, only a makeshift, and that they are an evil unless the good they do is undoubted. But the point I wish to make is this: that I have often been told by the chronic *piller*, as an excuse for the persistence in his practice of pill-taking, that he cannot leave it off, because if he does he never has a satisfactory evacuation. He appeals, in fact, to the habit that he has cultivated. But I maintain that in some cases he has not fully considered the question, and that he is not always right, and for this reason: the chronic exhibition of aperient drugs, which are in most cases irritating, engenders a state of periodical excitement in the peripheral nerve endings of the intestine, and ultimately raises the unnatural condition to a *natural* one for them. When this time has arrived, the bowel may be described to pass through periods of hunger and periods of satisfaction according as it is being tickled by the drug that has been given or not. The condition is on all fours with the opium-eater's sensorium; with the bronchial tubes of the chronic asthmatic under the influence of repeated inhalation; with the mucous membrane of the habitual snuffer. And this state

extends through the whole length of the intestine probably ; but in the present case it is the lower bowel that conveys the sensation of a satisfactory evacuation or not. If it feels the bite of the stimulant, then the individual, through his local sensations, describes himself as satisfied ; when the bowel is not under the influence of the stimulant, then there is no adequate sensation of a good clearance, and the patient takes his ease in discomfort. The bowel, like the stomach, takes kindly to good living ; but when it has been used to the luxury of such dainties as compound colocynth pill, calomel, aloes, and such-like, no more than the stomach that has been fed on highly-seasoned foods does it like to be deprived of them. The rectum is a very pretty judge of quality, but a very poor one of quantity. So that when a patient, after such a practice as this, takes to Carlsbad salts and mineral waters and says that they do him no good, and that he must go back to his old remedies, all that he really means is that he cannot control the wishes of his lower bowel, any more than the opium-eater can control the cravings of some other part, or the alcoholic his thirst.

But it is not only in constipation that the neurotic tendency of the bowel comes into play. It is even more strikingly seen, if not quite so often, in the explosive diarrhœas that are common in children, and sometimes dog the steps of the individual even

to adult age. I can well remember having for some time as one of my out-patients at Guy's Hospital a poor feeble neurotic patient who was in this unhappy condition: that if any one suddenly came behind him in the street and clapped him on the back with an "Hulloa! how are you, old fellow?" his bowels would promptly act. I have never seen another case so bad as that; but I have seen several where the individual had to walk circumspectly: and the well-recognised condition where the mucous membrane of the intestine seems to be over-sensitive and reacts energetically as soon as food enters the stomach is a similar state of things, and an indication of a temperament. It is certainly a neurotic condition, and may be remedied, as so many of the too-sensitive conditions of the nervous system may be, by tonics in part, but much more, I think, by tonics with minute doses of opium added to them.

And this question of diarrhœa leads me on to another very interesting disease that has been called membranous colitis. The term is not a good one because there is no inflammation, but I mean a condition in which casts, more or less perfect, are passed from the bowel. I first made acquaintance with this disease by the kindness of Mr. E. U. Berry, of Gower Street, many years ago. Since then I have seen many such cases, and they have been all, with few exceptions, in women who were of a

markedly neurotic disposition. I have rarely seen it in children, and only once, I think, in a man, and then, interesting to relate, it was associated with the presence of ascarides. The cases I have seen have mostly put on similar characters. Here is one: a young married lady, who dates her troubles from blood-poisoning. She is a highly nervous lady, and always afraid she shall be considered hysterical—a very common dread in the over-nervous. She is able to take little food, for when she eats *solids* they are frequently followed by faintness and sinking sensation in the lower part of the abdomen; the extremities get cold, and she has peculiar twitchings. She is excessively particular about the action of the bowels; when they do not act she has an enema. Every eight or ten days mucous casts are evacuated, and before they come she turns sick, and feels so ill and all-to-pieces that she wishes she might die. She has wasted in the last year or two. This passage of mucus will go on for years, and it does little apparent harm, although the patient is generally spare and mostly of an over-anxious or unhappy disposition. I am very interested in this affection, because it will be in the recollection of my readers that long ago Dr. Eustace Smith described a condition in children to which he gave the name of mucous disease, in which an excess of mucus is passed from the bowels. I have always contended that this symptom occurs in children either of neurotic inheritance or evi-

dently neurotic in themselves, and, in fact, that it is in some way a part of the neurotic constitution. And I think it may be said now that the mucous disease of children is represented in adults by membranous colitis, and that in either case the neurotic constitution is a constant feature. What the bond of association may be is a difficult question; possibly a state of the nervous system that is considered adequate to the production of a torpid liver may produce a torpid intestine too, and in some way the mucous surface becomes coated with its own effete products—a parallel perhaps to that thick and harsh condition of the skin which is seen in many a case of mental aberration. I should be not adverse to some such hypothesis, if only for being able by such a means to avoid the word “catarrh,” which, I suppose, would indicate *activity*, not *torpidity*. The symptom, at any rate, goes with a state of sluggish abdominal organs, and it is in no sense one that has even the remotest likeness to inflammation. It is of interest, too, that it should be associated sometimes with the presence of ascarides. This is no more than one would expect, but ascarides are not a common occurrence in adults. And in relation to them I may mention that both for them and mucous disease, when I have opportunity, I advise the trial of the oleo-resin of copaiba as a possible means of relief, on the recommendation of my friend Dr. Argles, of Wanstead,

who tells me that for ascarides he has found this drug administered in capsules one of the most efficacious of remedies for killing the parasites. But in saying this let me not be supposed to be departing from my affection for principles: in these things, as in others already mentioned, the disease is a neurotic one, and is certainly much relieved by assuring the patient that even if it should go on for years no appreciable harm to the individual results, and that a good tonic of arsenic or strychnia and quinine is almost always beneficial, combined with any local remedies for regulating the working of the abdominal viscera. There are other points of interest in this disease that might well be considered, the emaciation particularly; but they fall beyond the line of my present purpose, and therefore I must leave them, though reluctantly.

The consideration of nervous diarrhœa leads on naturally to the subject of stomach ache and abdominal neuralgia, of which I have notes of several interesting cases. All I can say is that they are exceedingly puzzling, and in several I have hesitated as to whether there were actual disease, and but slowly came round to the diagnosis of neuralgia. No one feels more than I do that a term of this kind is one of the refuges I have already alluded to and the grave of many a reputation; nevertheless there is assuredly a severe form of neurosis in the abdominal nerves, sometimes starting in the stomach, sometimes in

the intestine, small or great, and many times owning a uterine or pelvic cause, and which, as far as one can approach to certainty, is of functional character. I have purposely excluded the kidney from mention, because I want now to make special reference to that organ as a source of abdominal or renal neuralgia, for the subject is a somewhat novel one, and it falls in with what, on the whole, has been the main-spring of these lectures. I am indebted for much of my train of thought on this matter to a single case, seen eighteen or twenty years ago, that made a great impression on me at the time, and has, without doubt, controlled my advice in many a case since. It was that of a woman who was in Guy's Hospital several times, or for a long time, with all the symptoms of renal calculus. She had severe pain of a paroxysmal kind, and repeatedly passed large quantities of blood in her urine, but that she was also a pronounced neurotic no one doubted who saw her, and, I think in consequence, she was subjected to an unusually long period of scrutiny. However, after a long while all who saw her came to the conclusion that she must have a calculus in one kidney—I forget which at this distance of time. It was at the period when the first talk and performance of nephrectomy were beginning in Germany, and after long waiting it was at last decided to operate in her case, and the kidney was removed. I think it was the first case of nephrec-

tomy in this country. The kidney proved to be perfectly healthy, and no stone or evidence of the previous existence of one was to be found. The patient died within a day or two of the operation, and I made the post-mortem examination, and the other kidney, bladder, and indeed all parts of her body, were absolutely healthy. I have ever since felt obliged to admit that all the symptoms of stone in the kidney may be present, even to the passage of blood from the organ, and yet no stone exist; and the only explanation that seems possible is that, under the stress of some severe abdominal nerve-storm emanating from the kidney in a neurotic subject, the circulation of the part may become disturbed, and so the passage of blood was to be explained. I admit—for no one nurtured on the rude facts of morbid anatomy as I have been could help doing so—that in such an explanation there is always a lurking spectre of mistake somewhere; nevertheless, I can but think now that it does fall in with clinical experience. And for that reason tender and movable kidneys form a subject of the greatest practical importance. In the last ten years I have come across many cases of this sort, and I have taken notes of seventeen cases. Two facts call for notice: first, the large preponderance of women affected, thirteen to four; and secondly, that both women and men were almost without exception definitely neurotic. As regards the preponderating

influence of the female sex, it may be that the displacement is really much more common in women, but it is also possible that it is not so, and that men go about with movable kidneys and do not complain. I suspect, however, that my figures, small though they be, give a pretty accurate idea of the relative frequency of the affection in the two sexes; and the cause of this preponderance may possibly be the prevailing mode of dress in the female. It is needless to say that tight lacing must be a great influence for its production, but tight lacing as generally interpreted is not necessary. There are many women who would be insulted at the bare suggestion of such a thing, and yet on undressing they have no little difficulty in unfastening their corsets. And if you ask them whether they do not find them tight, they will almost certainly reply that if they had them looser there would be no support. *Support* therefore means a very fair amount of constriction of the lower part of the chest, and also a considerable power in extruding the kidney from its snug bed under the ribs and liver. Thus far there is, however, no explanation of the occurrence of pain; but in these cases the kidney was not only movable, it was painful; and unless the mere displacement of the organ was sufficient to cause the pain by dragging, we must apply to the other fact that I have mentioned to explain it, and I certainly believe it was painful because the patient was neurotic, or, perhaps

better, that the displacement causes some slight discomfort or tends towards such a thing, and that in the neurotic this is soon transmuted into an intolerable pain or leads to an explosion in the shape of a violent renal neuralgia. Either way the important fact to be borne in mind is that the pain may be there by reason, not so much of the local displacement, as because of the temperament of the individual. And this is a matter of the greatest importance now that movable kidneys are being treated commonly by the operation for their fixation. It might be surmised on *à priori* grounds that just as has so often happened in dividing, and even in excising, portions of nerves for neuralgic affections elsewhere, after a period of ease the torment has commenced again, so here. For this reason I have been and am averse to having recourse to this operation except as a *dernier ressort*, and I have seen more than one case that bears this opinion out. Some time ago I saw a patient who had very severe attacks of abdominal neuralgia. They were so bad that she had time after time to be put under the influence of an anæsthetic, and kept under its influence for many hours. She had a movable kidney on one side, and the pain radiated much in the position of the displaced organ. She had a belt made, and it acted fairly well as long as she was in bed; but what belt can compete against the abdominal wall, when it is required of it that it shall keep up the

organ under the ribs, and it failed eventually, as all such appliances do fail, besides proving very uncomfortable. It was ultimately determined to operate, as the pain returned, and life under the circumstances was hardly worth the living. The kidney was stitched into position ; and I must admit that for many months she had perfect relief, and became quite a different woman. I came therefore to the conclusion that I was wrong, and that fixing the kidney was, after all, a successful operation. But time has gone on, and now I hear that the pain still occasionally recurs. It is therefore quite possible that, although unquestionably great relief was obtained by the operation in this case, it may yet be that the relief was only such as the neuralgic is likely to obtain from the last new form of treatment, whatever it be, and the more decided the measures undergone the more the relief for the time being. I do not of course wish to slight the value of an operation in carefully-selected cases : all I wish to convey is that the patients are neuralgics ; and that to be a neuralgic indicates a vice of nervous action that an operation can seldom hope to cure ; and that, since we are thus only treating a symptom, in no sense attacking the disease, these are cases for great deliberation. Our endeavour should be to encourage the patient to make light of her trouble, and, by improving her nervous tone by such means as are available, to enable her to bear, and so to cure, the

fundamental condition, and only to operate when patient means have failed.

And here may be said what need be with reference to uterine and ovarian neuralgiæ. I have said it is a bad day for a man when he first knows he has a heart; it is a ten times worse day for a woman when the pelvic pains to which so many are subject are focussed for her by medical opinion upon uterus or ovary. If there is anything that curdles my blood it is to hear a woman talk of her ovaries as she might of some intimate acquaintance. One cannot of course suppose (as Sir William Gull used to say of the jejunum that it has no pathology) that organs fulfilling such important functions should have no liability to the aches and pains that all flesh is heir to, or even that they are free from a large measure of disease. We know that it is not so, but there can be no doubt that the ovaries are organs that largely concern themselves with functional disease, and with forms of it, too, that penetrate into the inmost recesses of the patient's being. Do we always remember this at the present day, with all the prevalent means of treating disease locally? Do we not sometimes undertake local treatment hazardously, I mean as regards the chances of *real* improvement, because it can be effected with so little risk to life? Is it not too often, "It cannot do any harm, and it may do good"? Surgery can happily accomplish now much of what it undertakes;

but it needs to remember that it has not yet attained to the enucleation of the neurotic constitution. And when I see, as I have seen, the uterine appendages removed for an apparently incurable neuralgia, I see in the measures adopted not the advance of scientific surgery, as some might suppose, but the abasement of the patient, who has been obliged to yield to the force of circumstances. It is a poor result. Operations of this kind are on a par with some of those upon a painful kidney, or with the destruction of Meckel's ganglion for tic. They may be necessary, just as war is necessary. But they are nothing to be proud of; they often leave a lot of "bad blood" behind them, and they are conspicuous for the failure of those higher and more fundamental arts of treatment that should have lifted the patient over this necessity. To criticisms of this kind it is often said, "But the people love to have it so"; and true this is. But for us the thought should ever be, With the kidney gone, the ovaries removed, the Meckel's ganglion destroyed, and the pain returned, what will ye do in the end thereof?

With one other subject only do I propose to trouble you, and I have done. It is one perhaps most dear to the neurotic of any I have named, and, must I not say, most indispensable of all as a shelter to the doctor? I need hardly add that I allude now, in its own right, to the *torpid liver*. Ah! what, indeed, should we doctors do without this sluggard of an

organ to *treat*? What would many a patient do without a vital of this kind to nurse and think about? "Well, doctor, it is my liver," falls so commonly on the ear that blue pill if we are old-fashioned, or podophyllin, euonymin, etc., if we are sensitive to the breath of the trade winds, comes as an automatic response, which hardly, if at all, stirs our sensorium. How often, I wonder, do we really think outside this groove, and question for the particular individual that is at the moment seeking our aid whether we shall take *his* diagnosis or make our own? I shall venture to maintain that the liver is a much-abused organ, and that there are thousands of people in the *civilised* world—the savage has his knowledge of good and evil to come—who are being physicked for their livers with nothing the matter with them, save a dulled or flabby nervous system. But do not let it be supposed from what I have said that I disbelieve in the existence of a torpid liver. Quite the contrary. But I am trying to shift the responsibility of its supposed crimes on to the back of the real offender. All I am contending for is that the torpidity is not a disease, but a symptom, and that in nine cases out of ten, when individuals come complaining of their liver, it is *the individual*, not *it*, that is at fault, and that to make such people really well it is necessary to replenish the spirit that animates *them* and at the same time regulates the blood flow in the inmost recesses of their vitals.

And, for example, one disease that I would shift from

the shoulders of the liver to those of the nervous system is of all others perhaps at first sight the most unlikely—viz., gall-stones. It has long seemed to me that, although we talk and see much of this disease, we are almost absolutely in ignorance as to why these concretions form. "A sluggish liver forms thick bile" may be sufficient for some minds, but why should the liver be sluggish? It is usually supposed that these concretions form in those of sedentary habits and of stout build. But this is not by any means so, and I assert that it is at least as often that gall-stones occur in the *neurotic*, and in a physique that is the thinnest of the thin. Moreover, I have also been struck with the frequency with which people will tell you that their troubles in this respect first began in connection with, or after, worry of one kind or another. And when we come to think about it, although it may seem at first sight far-fetched to drag in the nervous system for such a tangible and remote affection as gall-stones, it is quite otherwise, for there is nothing more reasonable than the supposition that, the nervous energies being at a low ebb, or frittered away in a restless anxiety, the liver, which admittedly must require a large supply of nervous current to enable it to get through its work, is too torpid, its various changes are carried on slowly and performed badly, the cholesterine that should remain in solution is thrown down, perhaps formed in too great abundance, and thus the stone is set

a-going. There is nothing in such a train of reasoning that is anywhere outside irreproachable doctrine, and, in my opinion, nothing that is not highly probable. If this is so, what is the use of stimulating the liver? And although such a practice is endorsed by ages of custom, if we retire into ourselves and think the matter out for ourselves by the light of our experience, can we say for certain that the blue pill, the podophyllin, the salines, the Carlsbad salts, and so on, have accomplished the work that we entrusted to their care? I think that, were it so, we should know more than we do of the why and the how of the formation of these concretions; whereas, in truth, we know nothing of these two points, and we must fain confess that as yet we have not got behind the most obvious *symptom* of some *disease* of which we still remain in absolute ignorance.

I may add here a few words on the subject of sick-headache or migraine; because, although it more fittingly belongs to the group of cerebral neuroses treated of in the first lecture, it more often, or at any rate very often, comes before me as a disease that is supposed to be due to a sluggish liver, or perhaps is the effect of an excess of uric acid in the blood. Either way, the patient is too apt to diet himself strictly, and to make his diet list sparer—and yet more spare—and that is not the way to cure most migraines. It would be more true to say that this disease is never due to those supposed partial abrogations of function

on the part of the liver, than that it is ; for although it is often associated with such conditions, neither the one nor the other—"the liver" nor the uric acid—is the substantive disease: they and the headache are alike due to some deeper-lying causes.

Migrainous subjects mostly come from the ranks of temperate livers—who very often work their brains to exhaustion. Within the limits of wholesome food they require to live well, while the remedies that do them good are such as have a distinct effect upon the cerebral hemispheres and the nutrition of the nerve elements—viz., sleep, rest, tea ; guarana, cannabis indica, antipyrin, and so on. While of remedies that do something to control the frequency of the attack are such brain foods as cod-liver oil and alcohol, and nerve tonics such as arsenic, strychnine, phosphorus and iron.

And now I have done. In taking leave of my subject, let me reassert what has been the aim in these lectures. It was, in giving a clinical exposition of the common neuroses, to lay stress on the very certain fact that there are limits to the treatment of this class of diseases by drugs and operations, and that there are many conditions in which the cure must come mainly from within, our function in chief being to call out this dormant power. I have endeavoured to insist, because I am sure at the present day we are too likely to forget, that the highest position we can take is to cure people by

advice rather than by drugs, to make the public pay for the use of our brains, and not for a prescription of so many ounces of physic. Drugs have their own field, but they are our instruments only; of themselves they have no vitality, and a sound common sense—may I say a robust physiology?—has a larger mission even than they in the treatment of disease. There is a time to give drugs, and even to give them with a free hand, but there is equally a time when advice only is needed, and not physic—shall I stop there? no, when to give drugs is quackery! Yes, there are times when to give medicine is to give *poison*, for it sends the poor patient on a hunt for health which no physic will procure, and it lets slip the opportunity—in the exigencies of human pain, and of suffering of all kinds, too seldom fit—of pointing the ignorant to a future of medicine which both for them and for us is an ideal to be hoped for, to be striven for. I am not one of those who think that if we could conceive of a future for Medicine in which drugs should bear no part the function of the doctor would be gone. Rather do I hold that as the level of health of a community is permanently raised, so is he emancipated for a sphere of larger use, of still more liberal aims, of nobler purpose. But that is a subject for a future Harveian lecturer. For me it must be enough to press the conviction I hold that the large class of ailments that has formed the subject of these lectures admits of treatment, and

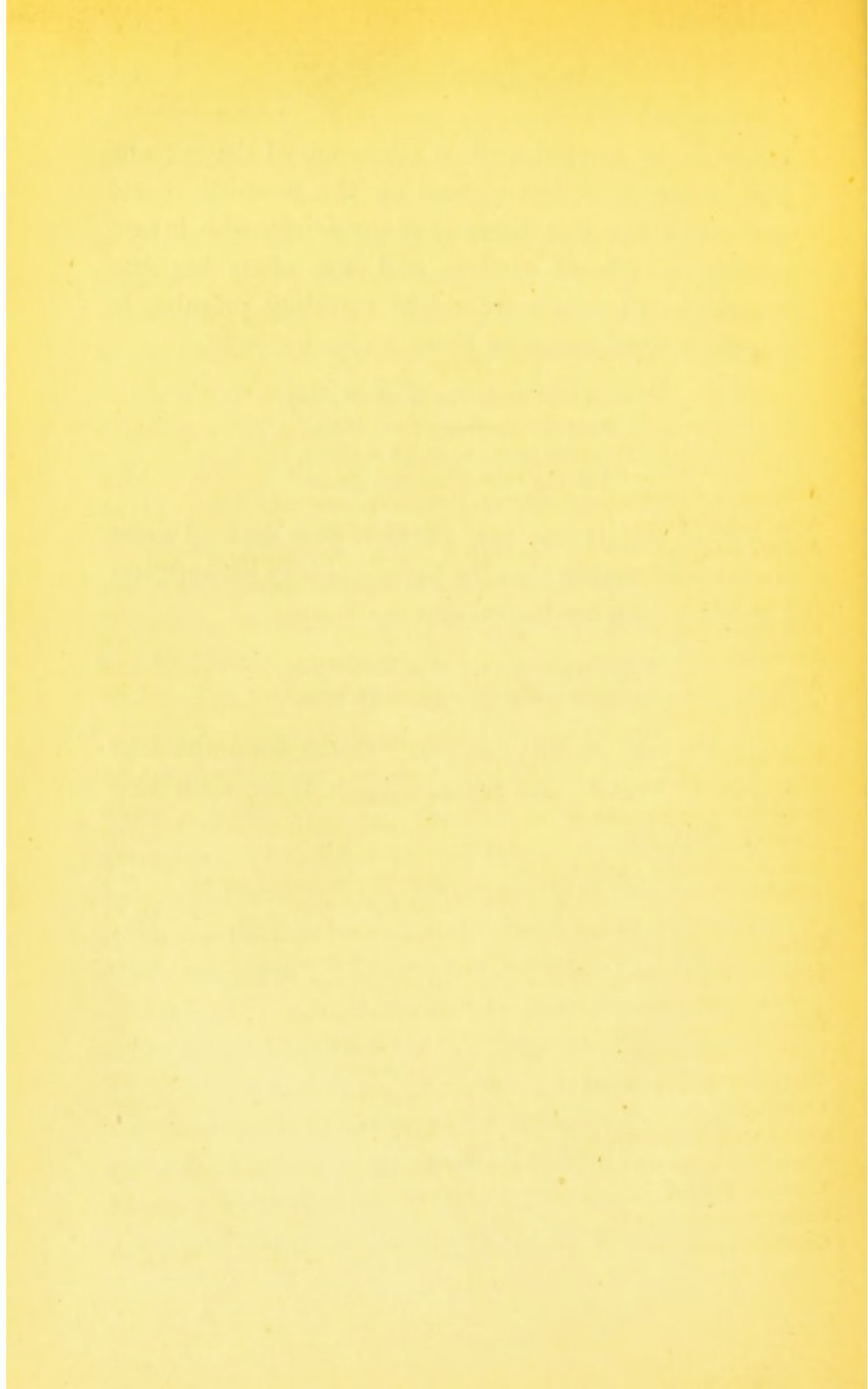
ought to be treated, with a minimum of drugs ; and that if we could but prevail on the neurotic to see and to believe this, there is many a one who is now passing a life of aimless and too often hopeless invalidism to whom we might certainly promise, in language that many of them know too well,—

“ Soon will come the great awaking,
Soon the rending of the tomb,
Then the lessening of all shadows,
And the end of toil and gloom.”

But that end is not yet. Will it ever be? I must sorrowfully confess that the prosaic side of life suggests a couplet from another source :—

“ But when you see that blessed day,
Then order your ascension robe.”

None the less we still can say, “ Come from the four winds, O breath, and breathe upon these slain that they may live.”



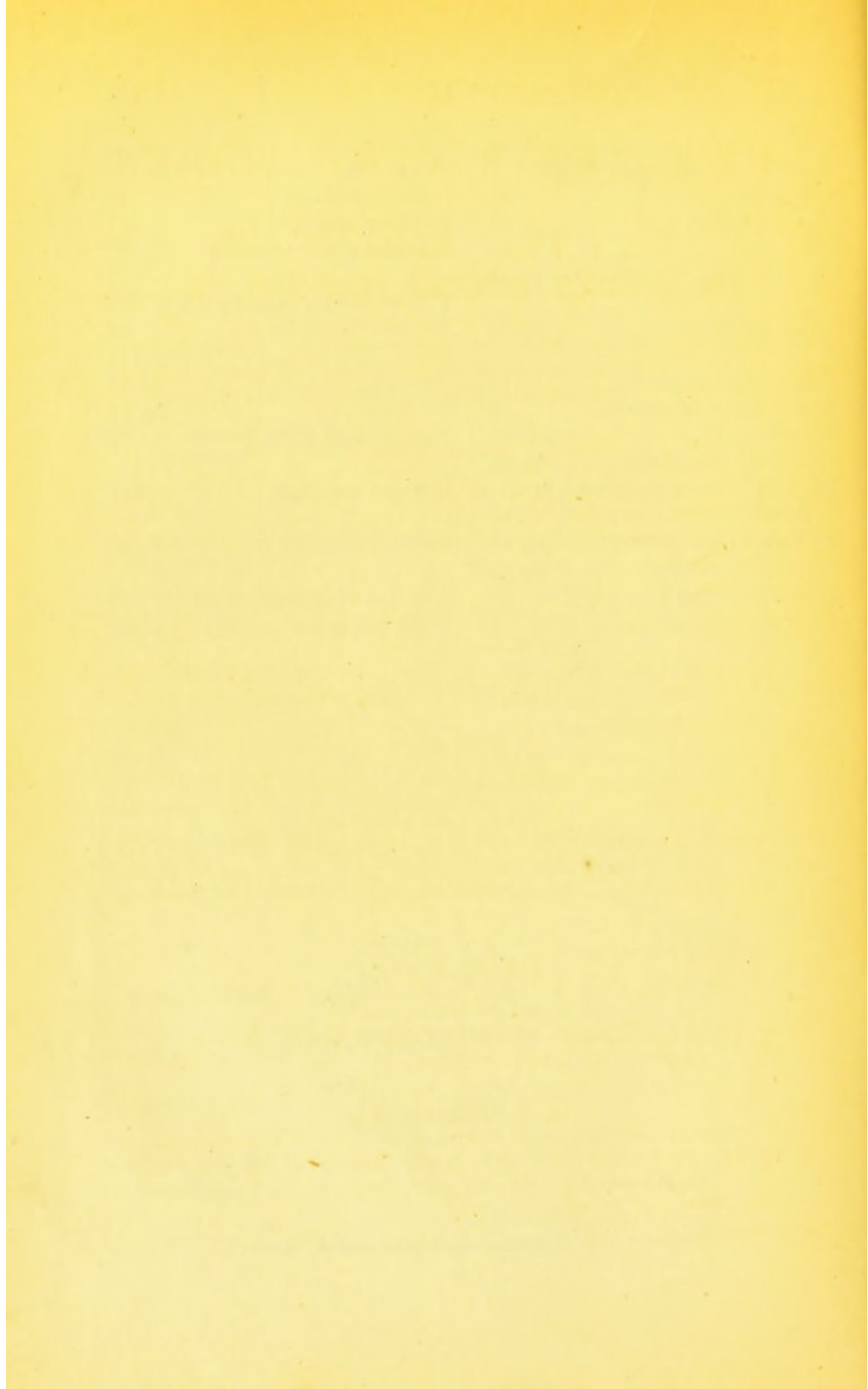
INDEX.

	PAGE		PAGE
ABDOMINAL NEURALGIA	88, 118	Collapse, cerebral	34
Absent-mindedness	24	Constipation	111
Angina pectoris	68, 85	Copaiba for ascarides and	
— neurotic form of	88	mucous diarrhœa	117
Angina, pseudo	92	Crises, abdominal	88
Anorexia nervosa	101	— gastric	88
Ascarides	116	— thoracic	88
Asthma	46, 53	Cures, asthma	64, 67
Auditory vertigo	18		
		DEAFNESS, the, of noisy occu-	
BLUSHING	15, 77	pations.	11
Brain collapse	34	Depression of spirits	23
Breakfast — importance of as		Diarrhœa, mucous	115
a meal	105	— nervous	115
Bullous erythema of neurotic		Disease, change of type in	7
origin	84	Dread of society	14, 16
		Drugs, differences of response	
CATARRH of the stomach	96	to in social strata	11
Cautery, the galvano, of the		Duration of life	6
nose in asthma	47	Dyspepsia, atonic	95
Cerebral fever	41	— flatulent	95
Cerebral sensations.	18, 24	— gouty	95
Change of type in disease	7	— nervous	95
Chlorosis	94	Dysphonia clericorum	48
Circulation, "the feeble"	24, 82		
Clergyman's sore throat	48	EMACIATION of nervous origin	38
Cold-catcher, the	52	Erythema, bullous	84
Colds, susceptibility to	28		
Colitis, membranous	115	FAINING	14, 24, 78

	PAGE		PAGE
Fatigue	31	Liver, the torpid	125
Feet, coldness of	82	Loss of memory	23
Fever of cerebral origin	41	MEMORY, loss of	23
Fidgets, the	14	Menière's disease	18
Finger dying	82	Migraine	128
Flatulent colic	89, 108	Morbid flushing	15
Flushing	15	Movable kidneys	120
Formication	24	Mucous diarrhœa	115
GALL STONES	127	Mucous disease	116
Galvano cautery of the nose		NERVOUS dyspepsia	96
in asthma	47	Nervous heart, the	70
Gastric catarrh	96	Nervousness, the, of overwork,	
Gastric crises	88	glycosuria, excess	70
Gastro-pulmonary fever in in-		Neuralgia, abdominal	88, 118
fancy	57	— ovarian	124
Glycosuria	78, 88	— renal	119
Graves' disease	77	— spinal	30
HABIT, the inhalation	82	— uterine	124
— the pill-taking—its phy-		Neurasthenia	5
siology	112	Neuroses, cerebral	14
Hæmaturia	120	— the, of special callings	12
Hay-fever	46	Neurotic element, the, in dis-	
Headache	18, 128	ease	5
Heart consciousness	68	Neurotic vomiting	107
— cramp	86	— in children	107
— irregular action of	70	Numbness	24
— the nervous	70	OBESITY, the dietetic treatment	
— weakness	69	of	40
INFANTILE asthma	57	Opium in the nervous	78
Inhalations for asthma	64, 67	Ovarian neuralgia	124
Insanity, harshness of skin in	117	PAIN	24
Insomnia	20, 108	Painful kidneys	121
Irregularity of heart	70	Palpitation of heart	74
KIDNEY, movable	120	Paroxysmal sneezing	44
— neuralgia of	119	Pemphigus	84
LIFE, duration of	6	Pins and needles, sensation of	24

	PAGE		PAGE
Pneumonia due to cerebral injury	41	Strata, the neuroses of the different social	10
Pseudo-angina	92	Sweating, morbid	15
Psoriasis	84	Syncope of cerebral origin	37, 80
Pyrexia from cerebral injury	41		
		TABES dorsalis, gastric crises in	88
RAYNAUD's disease	47, 81	Thoracic crises	88
		Tic	125
SENSATIONS, cerebral	18	Tinnitus	18
Sexual hypochondriasis	30	Tremors	24, 77
Sleeplessness	20, 108	Type, change of, in disease	7
Sneezing, paroxysmal	44		
Snuffing—its lesson as regards asthma	62	UTERINE neuralgia	124
Society, dread of	14, 16		
Spasmodic asthma	46, 53	VERTIGO, auditory	18
Spine, neuralgia of	30		
— weakness of	25	WASTING of nervous origin	38
		Weak heart, the	66





SELECTED LIST
OF
NEW AND RECENT WORKS

PUBLISHED BY

H. K. LEWIS,
136 GOWER STREET, LONDON, W.C.

(ESTABLISHED 1844)

** * * For full list of works in Medicine and Surgery published by H. K. Lewis see complete Catalogue sent post free on application.*

RUBERT BOYCE, M.B., M.R.C.S.

Assistant Professor of Pathology in University College, London.

A TEXTBOOK OF MORBID HISTOLOGY FOR
STUDENTS AND PRACTITIONERS. Royal 8vo,
with 130 coloured figures, 3s. 6d. [Now ready.]

SIDNEY COUPLAND, M.D., F.R.C.P.

Physician to the Middlesex Hospital, and Lecturer on Practical Medicine in the
Medical School, etc.

NOTES ON THE CLINICAL EXAMINATION OF
THE BLOOD AND EXCRETA. Third Edition, 12mo,
1s. 6d. [Now ready.]

JAMES F. GOODHART, M.D. ABERD., F.R.C.P.

Physician to Guy's Hospital, and Consulting Physician to the Evelina
Hospital for Sick Children.

ON COMMON NEUROSES; OR THE NEUROTIC
ELEMENT IN DISEASE AND ITS RATIONAL
TREATMENT.—The Harveian Lectures for 1891. Crown 8vo,
2s. 6d.

ALBERT TAYLOR.

Associate Sanitary Institute; Chief Sanitary Inspector to the Vestry of St.
George, Hanover Square, etc.

THE SANITARY INSPECTOR'S HANDBOOK.
Cr. 8vo, with Illustrations, 5s. [Just published.]

A. C. ABBOTT, M.D.

First Assistant, Laboratory of Hygiene, University of Pennsylvania.

THE PRINCIPLES OF BACTERIOLOGY. A Practi-
cal Manual for Students and Physicians. With Illustrations, post 8vo, 7s. 6d.

4000—5/93.

H. ALDER-SMITH, M.B. LOND., F.R.C.S.
Resident Medical Officer, Christ's Hospital, London.

RINGWORM: ITS DIAGNOSIS AND TREATMENT.
Third Edition, rewritten and enlarged, with Illustrations,
fcap. 8vo, 5s. 6d.

E. CRESSWELL BABER, M.B. LOND.
Surgeon to the Brighton and Sussex Throat and Ear Hospital.

A GUIDE TO THE EXAMINATION OF THE NOSE
WITH REMARKS ON THE DIAGNOSIS OF DIS-
EASES OF THE NASAL CAVITIES. With Illustrations,
small 8vo, 5s. 6d.

JAMES B. BALL, M.D. (LOND.), M.R.C.P.
Physician to the Department for Diseases of the Throat and Nose, and Senior
Assistant Physician, West London Hospital.

A HANDBOOK OF DISEASES OF THE NOSE AND
NASO-PHARYNX. With Illustrations, post 8vo, 6s.

G. GRANVILLE BANTOCK, M.D., F.R.C.S. EDIN.
Surgeon to the Samaritan Free Hospital for Women and Children.

RUPTURE OF THE FEMALE PERINEUM. Second
Edition, with Illustrations, 8vo, 3s. 6d.

ON THE USE AND ABUSE OF PESSARIES.
With Illustrations, Second Edition, 8vo, 5s.

FANCOURT BARNES, M.D., M.R.C.P.
Physician to the Chelsea Hospital; Obstetric Physician to the Great
Northern Hospital, &c.

A GERMAN-ENGLISH DICTIONARY OF WORDS
AND TERMS USED IN MEDICINE AND ITS
COGNATE SCIENCES. Square 12mo, Roxburgh binding, 9s.

H. CHARLTON BASTIAN, M.A., M.D., F.R.S.
Examiner in Medicine at the Royal College of Physicians; Physician to
University College Hospital, etc.

PARALYSES: CEREBRAL, BULBAR, AND SPI-
NAL. A Manual of Diagnosis for Students and Practi-
tioners. With numerous Illustrations, 8vo, 12s. 6d.

VARIOUS FORMS OF HYSTERICAL OR FUNC-
TIONAL PARALYSIS. Demy 8vo, 7s. 6d.

E. H. BENNETT, M.D., F.R.C.S.I.

Professor of Surgery, University of Dublin,

AND

D. J. CUNNINGHAM, M.D., F.R.C.S.I.

Professor of Anatomy and Chirurgery, University of Dublin.

**THE SECTIONAL ANATOMY OF CONGENITAL
CÆCAL HERNIA.** With coloured plates, sm. folio,
5s. 6d.

DRS. BOURNEVILLE AND BRICON.

MANUAL OF HYPODERMIC MEDICATION. Trans-
lated from the Second Edition, and Edited, with Thera-
peutic Index of Diseases, by ANDREW S. CURRIE, M.D. Edin.,
etc. Crown 8vo, 3s. 6d.

STEPHEN S. BURT, M.D.

Professor of Clinical Medicine and Physical Diagnosis in the New York Post-
graduate Medical School and Hospital.

**EXPLORATION OF THE CHEST IN HEALTH
AND DISEASE.** Illustrated, post 8vo, 6s.

HARRY CAMPBELL, M.D., B.S. LOND.

Member of the Royal College of Physicians; Assistant Physician and Patho-
logist to the North-West London Hospital.

I.
THE CAUSATION OF DISEASE. An exposition of the
ultimate factors which induce it. Demy 8vo, 12s. 6d.

II.
**FLUSHING AND MORBID BLUSHING, THEIR
PATHOLOGY AND TREATMENT.** With plates and
wood engravings, royal 8vo, 10s. 6d.

III.
**DIFFERENCES IN THE NERVOUS ORGANISA-
TION OF MAN AND WOMAN, PHYSIOLOGICAL
AND PATHOLOGICAL.** Royal 8vo, 15s. [Now ready.]

R. E. CARRINGTON, M.D., F.R.C.P.

Late Assistant Physician to Guy's Hospital.

NOTES ON PATHOLOGY. With an Introductory Chap-
ter by J. F. GOODHART, M.D., F.R.C.P., Physician to
Guy's Hospital. Edited by H. EVELYN CROOK, M.D. Lond.,
F.R.C.S. Eng., and GUY MACKESON, L.R.C.P., M.R.C.S. Crown
8vo, 3s. 6d. [Now ready.]

ALFRED H. CARTER, M.D. LOND.

Fellow of the Royal College of Physicians; Physician to the Queen's Hospital, Birmingham, &c.

ELEMENTS OF PRACTICAL MEDICINE. Sixth Edition, crown 8vo, 9s.

FRANCIS HENRY CHAMPNEYS, M.A., M.B. OXON., F.R.C.P.

Physician Accoucheur and Lecturer on Obstetric Medicine at St. Bartholomew's Hospital; Examiner in Obstetric Medicine in the University of London, &c.

I.
LECTURES ON PAINFUL MENSTRUATION. THE HARVEIAN LECTURES, 1890. Royal 8vo, 7s. 6d.

II.
EXPERIMENTAL RESEARCHES IN ARTIFICIAL RESPIRATION IN STILLBORN CHILDREN, AND ALLIED SUBJECTS. Crown 8vo, 3s. 6d.

W. BRUCE CLARKE, M.A., M.B. OXON., F.R.C.S.

Assistant Surgeon to, and Senior Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, &c.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE KIDNEY AMENABLE TO DIRECT SURGICAL INTERFERENCE. Demy 8vo, with Illustrations, 7s. 6d.

WALTER S. COLMAN, M.B. LOND.

Formerly Assistant to the Professor of Pathology in the University of Edinburgh.

SECTION CUTTING AND STAINING: A Practical Guide to the Preparation of Normal and Morbid Histological Specimens. Illustrations, crown 8vo, 3s.

W. H. CORFIELD, M.A., M.D. OXON.

Professor of Hygiene and Public Health in University College, London.

DWELLING HOUSES: their Sanitary Construction and Arrangements. Third Edition, with Illustrations, crown 8vo. *[In the press.]*

EDWARD COTTERELL, M.R.C.S. ENG., L.R.C.P. LOND.

ON SOME COMMON INJURIES TO LIMBS: their Treatment and After-Treatment including Bone-Setting (so-called). Imp. 16mo, with Illustrations, 3s. 6d.

CHARLES CREIGHTON, M.D.

ILLUSTRATIONS OF UNCONSCIOUS MEMORY
IN DISEASE, including a Theory of Alteratives. Post
8vo, 6s.

H. RADCLIFFE CROCKER, M.D. LOND., B.S., F.R.C.P.

Physician for Diseases of the Skin in University College Hospital.

DISEASES OF THE SKIN: THEIR DESCRIPTION,
PATHOLOGY, DIAGNOSIS, AND TREATMENT.
Second edition, with Illustrations, 8vo, 24s. [Ready.]

EDGAR M. CROOKSHANK, M.B. LOND., F.R.M.S.

Professor of Bacteriology, King's College, London.

I.

MANUAL OF BACTERIOLOGY. Third Edition, col-
oured plates and wood engravings, 8vo, 21s.

II.

HISTORY AND PATHOLOGY OF VACCINATION.
2 vols., royal 8vo, coloured plates, 36s.

HERBERT DAVIES, M.D., F.R.C.P.

Late Consulting Physician to the London Hospital, and formerly Fellow of
Queen's College, Cambridge.

THE MECHANISM OF THE CIRCULATION OF
THE BLOOD THROUGH ORGANICALLY DIS-
EASED HEARTS. Edited by ARTHUR TEMPLER DAVIES, B.A.,
M.D. Cantab., M.R.C.P. Crown 8vo, 3s. 6d.

HENRY DAVIS, M.R.C.S. ENG.

Teacher and Administrator of Anæsthetics at St. Mary's Hospital, and As-
sistant Anæsthetist at the Dental Hospital of London.

GUIDE TO THE ADMINISTRATION OF ANÆS-
THETICS. Second edition, fcap. 8vo, 2s. 6d. [Now ready.]

ARTHUR W. EDIS, M.D. LOND., F.R.C.P.

Senior Physician to the Chelsea Hospital for Women; Late Obstetric Physi-
cian to the Middlesex Hospital.

STERILITY IN WOMEN: including its Causation and
Treatment. With 33 Illustrations, 8vo, 6s.

J. MILNER FOTHERGILL, M.D.

I.

A MANUAL OF DIETETICS. Large 8vo, 10s. 6d.

II.

INDIGESTION, BILIOUSNESS, AND GOUT IN ITS
PROTEAN ASPECTS.

PART I.—INDIGESTION AND BILIOUSNESS. Second
Edition, post 8vo, 7s. 6d.

PART II.—GOUT IN ITS PROTEAN ASPECTS.

Post 8vo, 7s. 6d.

III.

THE TOWN DWELLER: HIS NEEDS AND HIS
WANTS. Post 8vo, 3s. 6d.

ERNEST FUCHS.

Professor of Ophthalmology in the University of Vienna.

TEXTBOOK OF OPHTHALMOLOGY. Translated from
the Second German Edition by A. DUANE, M.D., Assis-
tant Surgeon, Ophthalmic and Aural Institute, New York. Large
8vo, with 190 Illustrations, 21s.

JOHN HENRY GARRETT, M.D.

Licentiate in Sanitary Science and Diplomate in Public Health, Universities
of Durham and Cambridge, &c.

THE ACTION OF WATER ON LEAD: being an in-
quiry into the cause and mode of the action and its pre-
vention. Crown 8vo, 4s. 6d.

ALFRED W. GERRARD, F.C.S.

Examiner to the Pharmaceutical Society; Teacher of Pharmacy and Demon-
strator of Materia Medica to University College Hospital, etc.

ELEMENTS OF MATERIA MEDICA AND PHAR-
MACY. With the New Official Remedies, 1890. Crown
8vo, 8s. 6d.

JOHN GORHAM, M.R.C.S.

Fellow of the Physical Society of Guy's Hospital, etc.

TOOTH EXTRACTION: A manual of the proper mode
of extracting teeth. Fourth edition, fcap. 8vo, 1s. 6d.

[Just published.]

GEORGE M. GOULD, A.M., M.D.
Ophthalmic Surgeon to the Philadelphia Hospital, etc.

I.

A NEW MEDICAL DICTIONARY. A compact concise Vocabulary, convenient for reference, based on recent medical literature. Small 8vo, 12s. 6d. [*Now ready.*]

II.

A POCKET MEDICAL DICTIONARY, giving the Pronunciation and Definition of about 12,000 of the Principal Words used in Medicine and the Collateral Sciences. 32mo, 4s. *nett.*

DR. JOSEF GRUBER.

Professor of Otology in the Imperial Royal University of Vienna, &c.

A TEXT-BOOK OF THE DISEASES OF THE EAR. Translated and edited by EDWARD LAW, M.D., C.M. EDIN., M.R.C.S. ENG., Surgeon to the London Throat Hospital for Diseases of the Throat, Nose and Ear; and by COLEMAN JEWELL, M.B. LOND., M.R.C.S. ENG. With 150 Illustrations, and 70 coloured figures, royal 8vo, 2nd edition. [*Just ready.*]

BERKELEY HILL, M.B. LOND., F.R.C.S.

Professor of Clinical Surgery in University College; Surgeon to University College Hospital, and to the Lock Hospital.

THE ESSENTIALS OF BANDAGING. For Managing Fractures and Dislocations; for administering Ether and Chloroform; and for using other Surgical Apparatus. Sixth Edition, with Illustrations, fcap. 8vo, 5s.

BERKELEY HILL, M.B. LOND., F.R.C.S.

Professor of Clinical Surgery in University College,

AND

ARTHUR COOPER, L.R.C.P., M.R.C.S.

Surgeon to the Westminster General Dispensary, &c.

I.

SYPHILIS AND LOCAL CONTAGIOUS DISORDERS. Second Edition, entirely re-written, royal 8vo, 18s.

II.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. Fourth Edition, post 8vo, 2s. 6d.

PROCTER S. HUTCHINSON, M.R.C.S.

Assistant Surgeon to the Hospital for Diseases of the Throat.

A MANUAL OF DISEASES OF THE NOSE AND THROAT; including the Nose, Naso-pharynx, Pharynx, and Larynx. With Illustrations, cr. 8vo, 3s. 6d. [*Now ready.*]

NORMAN KERR, M.D., F.L.S.

President of the Society for the Study of Inebriety; Consulting Physician, Dalrymple Home for Inebriates, etc.

INEBRIETY: ITS ETIOLOGY, PATHOLOGY, TREATMENT, AND JURISPRUDENCE. Second Edition, crown 8vo, 12s. 6d. [*Now ready.*]

F. CHARLES LARKIN, F.R.C.S. ENG.

Surgeon to the Stanley Hospital,

AND

RANDLE LEIGH, M.B., B.SC. LOND.

Senior Demonstrator of Physiology in University College, Liverpool.

OUTLINES OF PRACTICAL PHYSIOLOGICAL CHEMISTRY. Second Edition, with Illustrations, crown 8vo, 2s. 6d. *nett.* [*Now ready.*]

J. WICKHAM LEGG, F.R.C.P.

Assistant Physician to Saint Bartholomew's Hospital, and Lecturer on Pathological Anatomy in the Medical School.

A GUIDE TO THE EXAMINATION OF THE URINE; intended chiefly for Clinical Clerks and Students. Seventh Edition, revised and enlarged by H. Lewis Jones, M.D., fcap. 8vo. [*Just ready.*]

LEWIS'S POCKET CASE BOOK FOR PRACTITIONERS AND STUDENTS. Roan, with pencil, 3s. 6d. *nett.*

LEWIS'S POCKET MEDICAL VOCABULARY. Second Edition, 32mo, limp roan, 3s. 6d. [*Now ready.*]

T. R. LEWIS, M.B., F.R.S. ELECT, ETC.

Late Fellow of the Calcutta University; Surgeon-Major Army Medical Staff.

PHYSIOLOGICAL AND PATHOLOGICAL RESEARCHES. Arranged and edited by SIR WM. AITKEN, M.D., F.R.S., G. E. DOBSON, M.B., F.R.S., and A. E. BROWN, B.Sc. Crown 4to, portrait, 5 maps, 43 plates including 15 chromolithographs, and 67 wood engravings, 30s. *nett.*

LEWIS'S PRACTICAL SERIES.

PUBLIC HEALTH LABORATORY WORK.

By H. K. KENWOOD, M.B., D.P.H., F.C.S., Instructor in the Hygienic Laboratory, University College, London, &c. Cr. 8vo, 10s. 6d.
[Just published.]

MEDICAL MICROSCOPY. A GUIDE TO THE USE OF THE MICROSCOPE IN MEDICAL PRACTICE. By FRANK J. WETHERED, M.D., M.R.C.P., Medical Registrar to the Middlesex Hospital. Crown 8vo, with Illustrations, 9s. [Now ready.]

MEDICAL ELECTRICITY.

By W. E. STEAVENSON, M.D., and H. LEWIS JONES, M.A., M.D., M.R.C.P., Medical Officer in charge of the Electrical Department in St. Bartholomew's Hospital. Cr. 8vo, Illustrations, 9s. [Now ready.]

HYGIENE AND PUBLIC HEALTH.

By LOUIS C. PARKES, M.D., D.P.H. Lond. Univ., Lecturer on Public Health at St. George's Hospital Medical School; etc. Third Edition, with Illustrations, cr. 8vo, 10s. 6d. [Now ready.]

MANUAL OF OPHTHALMIC PRACTICE.

By C. HIGGINS, F.R.C.S., Lecturer on Ophthalmology at Guy's Hospital Medical School, &c. Illustrations, crown 8vo, 6s.

A PRACTICAL TEXTBOOK OF THE DISEASES OF WOMEN. By ARTHUR H. N. LEWERS, M.D. Lond., M.R.C.P. Lond., Obstetric Physician to the London Hospital; etc. Fourth Edition, Illustrations, crown 8vo, 10s. 6d. [Now ready.]

ANÆSTHETICS, THEIR USES AND ADMINISTRATION.

By DUDLEY W. BUXTON, M.D., B.S., M.R.C.P., Administrator of Anæsthetics at University College Hospital and the National Hospital for Paralysis and Epilepsy. Second Edition, crown 8vo., 5s. [Now ready.]

TREATMENT OF DISEASE IN CHILDREN.

By ANGEL MONEY, M.D., F.R.C.P., late Assistant Physician to the Hospital for Sick Children, Second Edition, plates, cr. 8vo, 10s. 6d.

ON FEVERS: THEIR HISTORY, ETIOLOGY, DIAGNOSIS, PROGNOSIS, AND TREATMENT. By ALEXANDER COLLIE, M.D. (Aberdeen). Coloured plates, cr. 8vo, 8s. 6d.

HANDBOOK OF DISEASES OF THE EAR.

By URBAN PRITCHARD, M.D. (Edin.), F.R.C.S. (Eng.), Professor of Aural Surgery at King's College, London, etc. Second Edition, Illustrations, cr. 8vo. 5s.

A PRACTICAL TREATISE ON DISEASES OF THE KIDNEYS AND URINARY DERANGEMENTS. By C. H. RALFE, M.A., M.D. Cantab., F.R.C.P. Lond., Assistant Physician to the London Hospital. With Illustrations, crown 8vo, 10s. 6d.

DENTAL SURGERY FOR GENERAL PRACTITIONERS AND STUDENTS OF MEDICINE. By ASHLEY W. BARRETT, M.B. Lond., M.R.C.S., L.D.S., Dental Surgeon to the London Hospital. Second Edition, with Illustrations, crown 8vo, 3s. 6d.

BODILY DEFORMITIES AND THEIR TREATMENT.

By H. A. REEVES, F.R.C.S. Ed., Senior Assistant Surgeon and Teacher of Practical Surgery at the London Hospital. With Illustrations, cr. 8vo, 8s. 6d.

. Further Volumes will be announced in due course.

WILLIAM THOMPSON LUSK, A.M., M.D.

Professor of Obstetrics and Diseases of Women in the Bellevue Hospital
Medical College, &c.

THE SCIENCE AND ART OF MIDWIFERY. Fourth
Edition, rewritten, with numerous Illustrations, 8vo, 18s.
[Just published.]

JEFFERY A. MARSTON, M.D., C.B., F.R.C.S., M.R.C.P. LOND.
Surgeon General Medical Staff (Retired).

NOTES ON TYPHOID FEVER: Tropical Life and
its Sequelæ. Crown 8vo, 3s. 6d. [Now ready.]

EDWARD MARTIN, A.M., M.D.

MINOR SURGERY AND BANDAGING WITH AN
APPENDIX ON VENEREAL DISEASES. Crown
8vo, 82 Illustrations, 4s.

WILLIAM MARTINDALE, F.C.S.

AND
W. WYNN WESTCOTT, M.B. LOND.

THE EXTRA PHARMACOPŒIA with the additions
introduced into the British Pharmacopœia 1885 and 1890;
and Medical References, and a Therapeutic Index of Diseases
and Symptoms. Seventh Edition, limp roan, med. 24mo, 7s. 6d.
[Now ready.]

ANGEL MONEY, M.D., F.R.C.P.

Assistant Physician to University College Hospital, and to the Hospital for
Sick Children, Great Ormond Street.

THE STUDENT'S TEXTBOOK OF THE PRACTICE
OF MEDICINE. Fcap. 8vo, 6s. 6d.

A. STANFORD MORTON, M.B., F.R.C.S. ENG.

Assistant Surgeon to the Moorfields Ophthalmic Hospital, &c.

REFRACTION OF THE EYE: Its Diagnosis, and the
Correction of its Errors, with Chapter on Keratotomy.
Fourth Edition. Small 8vo, 3s. 6d.

C. W. MANSELL MOULLIN, M.A., M.D. OXON., F.R.C.S. ENG.

Assistant Surgeon and Senior Demonstrator of Anatomy at the London
Hospital.

SPRAINS; THEIR CONSEQUENCES AND TREAT-
MENT. Crown 8vo, 5s.

WILLIAM MURRAY, M.D., F.R.C.P. LOND.

Consulting Physician to the Children's Hospital, Newcastle-on-Tyne, &c.

ILLUSTRATIONS OF THE INDUCTIVE METHOD
IN MEDICINE. Crown 8vo, 3s. 6d. [Now ready.]

WILLIAM MURRELL, M.D., F.R.C.P.

Lecturer on Materia Medica and Therapeutics at Westminster Hospital

I.

MASSOTHERAPEUTICS; OR MASSAGE AS A
MODE OF TREATMENT. Fifth Edition, crown 8vo,
4s. 6d. [Now ready.]

II.

WHAT TO DO IN CASES OF POISONING. Seventh
Edition, royal 32mo. [Just ready.]

G. OLIVER, M.D., F.R.C.P.

I.

ON BEDSIDE URINE TESTING: a Clinical Guide to
the Observation of Urine in the course of Work. Fourth
Edition, fcap. 8vo, 3s. 6d.

II.

THE HARROGATE WATERS: Data Chemical and
Therapeutical, with notes on the Climate of Harrogate.
Crown 8vo, with Map of the Wells, 3s. 6d.

K. W. OSTROM.

Instructor in Massage and Swedish Movements in the Philadelphia Polyclinic.

MASSAGE AND THE ORIGINAL SWEDISH
MOVEMENTS. Second Edition, With Illustrations,
12mo, 3s. 6d. *nett.* [Now ready.]

R. DOUGLAS POWELL, M.D., F.R.C.P., M.R.C.S.

Physician to the Hospital for Consumption and Diseases of the Chest at
Brompton, Physician to the Middlesex Hospital.

DISEASES OF THE LUNGS AND PLEURÆ IN-
CLUDING CONSUMPTION. Third Edition, with
coloured plates and wood-engravings, 8vo, 16s.

DR. THEODOR PUSCHMANN.

Public Professor in Ordinary at the University of Vienna.

HISTORY OF MEDICAL EDUCATION FROM THE
MOST REMOTE TO THE MOST RECENT TIMES.
Translated by EVAN H. HARE, M.A. (OXON.), F.R.C.S. (ENG.),
F.S.A. Demy 8vo, 21s. [Now ready.]

LOUIS STARR, M.D.

Physician to the Children's Hospital, Philadelphia.

HYGIENE OF THE NURSERY. Including the General Regimen and Feeding of Infants and Children; Massage, and the Domestic Management of the Ordinary Emergencies of Early Life. Third edition, with illustrations, crown 8vo, 3s. 6d.

LEWIS A. STIMSON, B.A., M.D.

Professor of Clinical Surgery in the Medical Faculty of the University of the City of New York, etc.

A MANUAL OF OPERATIVE SURGERY. With three hundred and forty-two Illustrations. Second Edition, post 8vo, 10s. 6d.

JUKES DE STYRAP, M.K.Q.C.P.

Physician-Extraordinary, late Physician in Ordinary to the Salop Infirmary
Consulting Physician to the South Salop and Montgomeryshire
Infirmarys, etc.

I.

THE YOUNG PRACTITIONER: With practical hints and instructive suggestions, as subsidiary aids, for his guidance on entering into private practice. Demy 8vo, 7s. 6d. *nett.*

II.

A CODE OF MEDICAL ETHICS: With general and special rules for the guidance of the faculty and the public in the complex relations of professional life. Third edition, demy 8vo, 3s. *nett.*

III.

MEDICO-CHIRURGICAL TARIFFS. Fourth edition, revised and enlarged, fcap. 4to, 2s. *nett.*

IV.

THE YOUNG PRACTITIONER: HIS CODE AND TARIFF. Being the above three works in one volume. Demy 8vo, 10s. 6d. *nett.*

C. W. SUCKLING, M.D. LOND., M.R.C.P.

Professor of Materia Medica and Therapeutics at the Queen's College,
Physician to the Queen's Hospital, Birmingham, etc.

I.

ON THE DIAGNOSIS OF DISEASES OF THE BRAIN, SPINAL CORD, AND NERVES. With Illustrations, crown 8vo, 8s. 6d.

II.

ON THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM. Crown 8vo, 7s. 6d.

JOHN BLAND SUTTON, F.R.C.S.

Lecturer on Comparative Anatomy, and Assistant Surgeon to the Middlesex Hospital.

LIGAMENTS: THEIR NATURE AND MORPHOLOGY. Wood engravings, post 8vo, 4s. 6d.

HENRY R. SWANZY, A.M., M.B., F.R.C.S.I.

Examiner in Ophthalmic Surgery in the Royal University of Ireland; Surgeon to the National Eye and Ear Infirmary, Dublin, etc.

A HANDBOOK OF DISEASES OF THE EYE AND THEIR TREATMENT. Fourth Edition, Illustrated with Wood Engravings, Colour Tests, etc., large post 8vo, 10s. 6d.
[Now ready.]

EUGENE S. TALBOT, M.D., D.D.S.

Professor of Dental Surgery in the Women's Medical College.

IRREGULARITIES OF THE TEETH AND THEIR TREATMENT. With 152 Illustrations, royal 8vo, 10s. 6d.

E. G. WHITTLE, M.D. LOND., F.R.C.S. ENG.

Senior Surgeon to the Royal Alexandra Hospital, for Sick Children, Brighton.

CONGESTIVE NEURASTHENIA, OR INSOMNIA AND NERVE DEPRESSION. Crown 8vo, 3s. 6d.

JOHN WILLIAMS, M.D., F.R.C.P.

Professor of Midwifery in University College, London; Obstetric Physician to University College Hospital

CANCER OF THE UTERUS: BEING THE HARVEIAN LECTURES FOR 1886. Illustrated with Lithographic Plates, royal 8vo, 10s. 6d.

BERTRAM C. A. WINDLE, M.A., M.D. DUBL.

Professor of Anatomy in the Queen's College, Birmingham; Examiner in Anatomy in the Universities of Cambridge and Durham.

A HANDBOOK OF SURFACE ANATOMY AND LANDMARKS. Illustrations, post 8vo, 3s. 6d.

DAVID YOUNG, M.C., M.B., M.D.

Fellow of, and late Examiner in Midwifery to, the University of Bombay, etc.

ROME IN WINTER AND THE TUSCAN HILLS IN SUMMER. A Contribution to the Climate of Italy. Small 8vo, 6s.

LEWIS'S DIET CHARTS. A Suggestive set of Diet Tables for the use of Physicians, for handing to Patients after Consultation, modified to suit Individual Requirements; for Albuminuria, Alcoholism, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout, Nervous Diseases, Obesity, Phthisis, Rheumatism (chronic); with Blank Chart for other diseases. 6s. 6d. per packet of 100 charts, by post, 6s. 10½d.

LEWIS'S FOUR-HOUR TEMPERATURE CHART. This form has been drawn up to meet the requirements of a chart on which the temperature and other observations can be recorded at intervals of four hours. They will be found most convenient in hospital and private practice. Each chart will last a week. Prices, 20, 1s.; 50, 2s.; 100, 3s. 6d.; 500, 14s.; 1000, 25s.

CHART FOR RECORDING THE EXAMINATION OF URINE. These Charts are designed for the use of medical men, analysts and others making examinations of the urine of patients, and afford a very ready and convenient method of recording the results of the examination. Prices, 10, 1s.; 100, 7s. 6d.; 250, 15s.; 500, 25s.; 1000, 40s.

CLINICAL CHARTS FOR TEMPERATURE OBSERVATIONS, ETC. Arranged by W. RIGDEN, M.R.C.S. Price 1s. per doz., 7s. per 100, 15s. per 250, 28s. per 500, 50s. per 1000.

Each Chart is arranged for four weeks, and is ruled at the back for making notes of cases; they are convenient in size, and are suitable both for hospital and private cases.

LEWIS'S CLINICAL CHART, SPECIALLY DESIGNED FOR USE WITH THE VISITING LIST. This Temperature Chart is arranged for four weeks, and measures 6 X 3 inches. 30s. per 1000, 16s. 6d. per 500, 3s. 6d. per 100, 1s. per 25, 6d per 12.

LEWIS'S NURSING CHART. 25s. per 1000, 14s. per 500, 3s. 6d. per 100, 2s. per 50, or 1s. per 20.

* * MR. LEWIS is in constant communication with the leading publishing firms in America and has transactions with them for the sale of his publications in that country. Advantageous arrangements are made in the interests of Authors for the publishing of their works in the United States.

MR. LEWIS'S publications can be procured of any Bookseller in any part of the world.

Complete Catalogue of Publications post free on application.

Printed by H. K. Lewis, Gower Street, London, W.C.

✓

