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Gill, John Beadnell.
Royal College of Physicians of Edinburgh

Publication/Creation

London : J. & A. Churchill, 1880.

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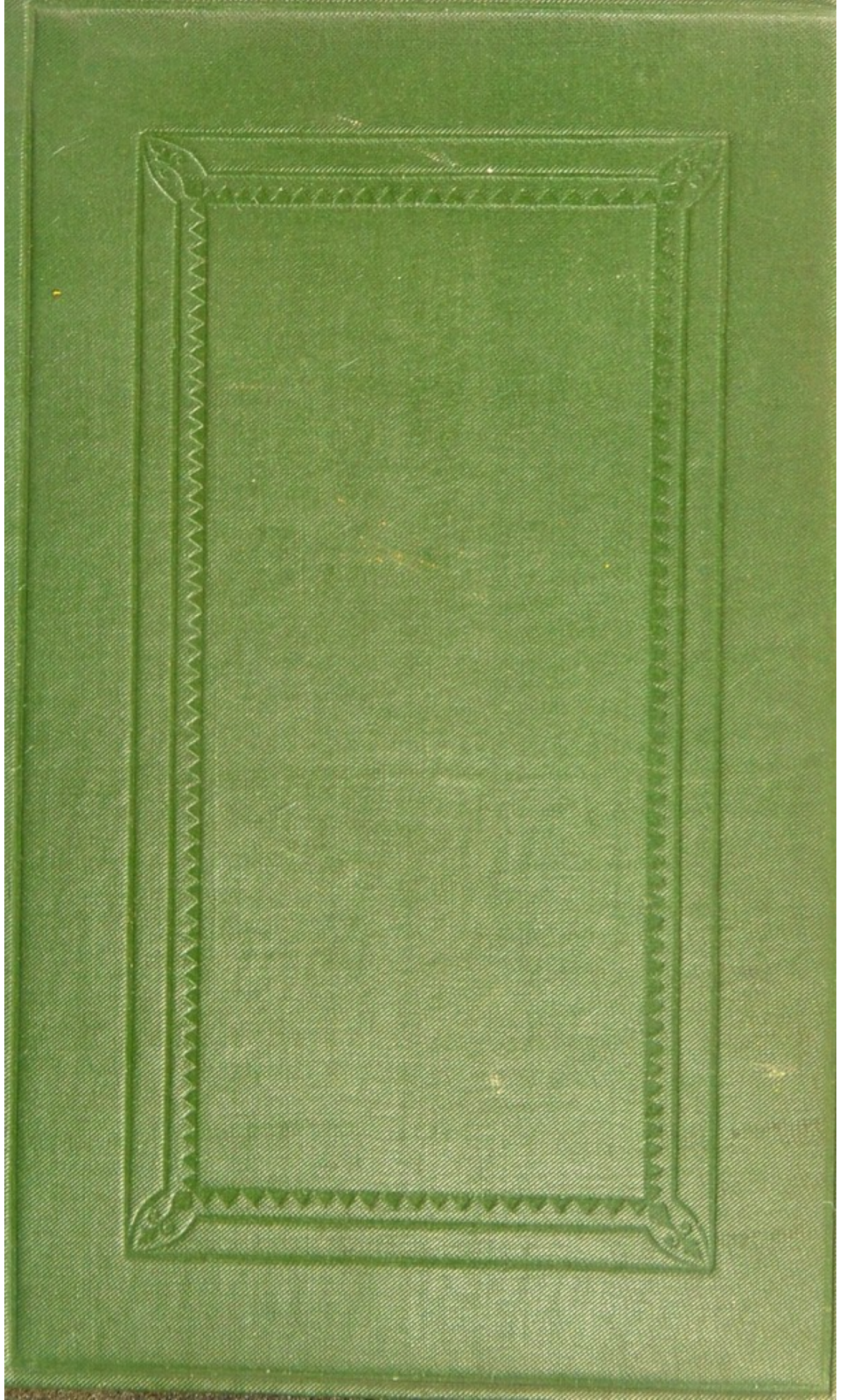
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INDIGESTION

WHAT IT IS; WHAT IT LEADS TO;

AND

A NEW METHOD OF TREATING IT

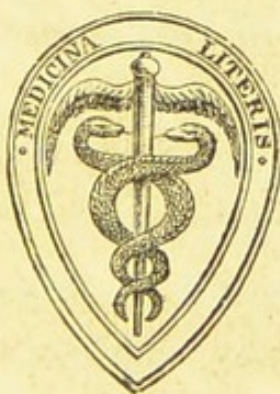
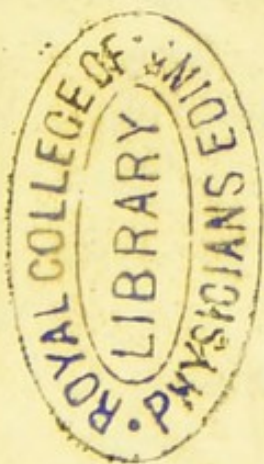
BY

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LONDON

J. & A. CHURCHILL, NEW BURLINGTON STREET

—
1880



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P R E F A C E.



ALMOST unconsciously we, one and all, recognize the influence that the Digestive Organs exercise upon our existence.

We call them our "Vitals" because we perceive that Life is turned either to the right or the left by their agency.

We meet an old friend in the street. We give him a civil greeting; he repays us with an acrid rejoinder. "Poor old A.'s stomach is upset, again," we, kindly, plead to ourselves in extenuation of his rudeness.

The watchful mother one morning finds her infant exceptionally fretful. Inquiry elicits, the fact that its bowels have not been relieved during the past two days.

She administers a "Steedman." This does its work in a few hours, and peace once more reigns in the nursery.

Even in enlightened 1879, I find the public-at-large fully impressed with the belief that the stomach must be, and is, a thousand horsepower engine, prepared, at any moment, to do an unlimited amount of work, and that, too, without raising a voice in protest against cruelties perpetrated, provided always that the possessor thereof, remains physically competent to do some approach to a day's work. The prevailing idea is, "I am weak, I must eat until I become stronger." No man puts to himself the question—so rational, so important—"Which is the organ at fault?" "Can I *remove the cause* of my weakness?" Nevertheless, the fact remains, that an attempt at over-feeding defeats its own end—*terminates in partial starvation.*

"The Day of Trouble," sooner or later, overtakes us, individually. In the hour of mental prostration the man with good digestion fights through a sea of trouble—clammers, a second time, on to his pedestal; the dyspeptic

enters the house with barred-windows or commits suicide! The few who attain extreme longevity are those who possess faultless digestive organs. "The Lancet," of July 26th, 1879, writes of Canon Beadon, who had recently died, aged 102: "*His digestion appeared perfect, and he could eat anything with impunity.* He not only ate heartily at every meal, but used often to eat biscuits, etc., between meals. He was 'a moderate drinker,' by no means a total abstainer, and was, to the last, extremely fond of 'sweet things.' He died at last, peaceably and painlessly, from mere decay of nature."

Beyond question, a near approach to Beadonism is not a Utopian vision to him who will obey natural laws.

Occasionally I meet with an individual who tells me he "can eat a horse." I congratulate that man upon his digestive ability. This brochure does not affect him—is not written for his guidance. Nevertheless, I warn him to refrain from imposing upon the good nature of his stomach, or the day of retribution will arrive.

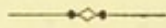
I hope to see the hour when elementary physiology and hygiene will be considered fundamental studies in every school—when Public Baths and Washhouses—maintained, if necessary, at public expense, will exist in every town and village throughout England; for, satisfied am I, that such an act of double wisdom, emanating from High Places, will prove political economy of a most remunerative character.

To every man I say, “If you desire to secure health, happiness, prosperity, peace of mind, perfection of form and feature, plus longevity; and if, in addition thereto, you aim at handing these glorious attributes down to your children—take thought for your digestive organs.”

J. B. G.

HASTINGS, 1880.

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INDIGESTION.



CHAPTER I.

ON INDIGESTION.

EVEN as I take pen in hand, I am almost tempted to lay it aside again—my subject is so vast, the organs that it more particularly deals with are so complex in structure, their mode of action is so imperfectly understood, their functions are so easily deranged!

We speak of indigestion as if it were a disease *per se*, yet, as a fact, it is a symptom of almost every disease. *It covers the whole domain of medicine.* Beyond question every disease from which man suffers is either directly dependent upon, or materially in-

fluenced by, the condition of the digestive tract. The stomach is the feeder of the whole body. The blood which nourishes every organ and tissue thereof is elaborated therein. How, then, can the body be healthy if its larder be diseased?

No subject, in the practice of medicine, is more worthy of the study of the physician than that which I have selected as my specialty. One does not overstep the bounds of truth when one affirms that it enters into every relation of life; that it mars the happiness of the wife, the welfare of the children; that it covers the land with strife; that it fills the jail with occupants; that it feeds the divorce-court; nay, that it even decides the fate of empires!

The infant that should hang at its mother's breast is fed upon bread; the father seeks refuge from its screeches in the public-house or the club-room; the mother finds another comforter; and those whom God hath joined are put asunder for ever! The youth becomes incapacitated from learning his tasks; his master canes him. The poor

lad—keenly sensitive, as all dyspeptics are—dips his hand into his father's cash-box and rushes from home to return no more. The father becomes irritable; the mother, after years of passive endurance, can bear her trials no longer; she retorts: the father, rendered frantic, leaps from the deck of a steam-boat, and—a family is reduced to poverty! The clergyman ascends his pulpit feeling dissatisfied with his congregation, and his congregation leave his church dissatisfied with him. They meet him on the morrow; his nose is red and his face blotchy. The world says he drinks. He does begin to take spirits down in order to raise his drooping heart. Finally, the matter is brought under the notice of his bishop, and a worthy life is wrecked! The Premier, with an easily-led majority at his back, goes to the Senate-House; he has dined with the Lord Mayor the previous evening, and has now butyric acid circulating in his blood. Fiends strive for the mastery in his internals. He declares that England must maintain her position at the head of nations—as arbiter of Europe—

so the dogs of war are unleashed, and man rushes at the throat of his brother!

The rich man—who is dying because occupation lights not the spark in his brain—imparts no vigour to his nerves, solaces himself with too frequent libations, infused from China's leaf. He becomes melancholic, draws his razor across his throat, and thus cheats the asylum!

This is no overdrawn picture—'tis literal fact. It has occurred already, will recur, if not till the end of Time, at least until man has studied physiology and learned to practise self-control. Abernethy used boldly to assert that no man would deny his stomach until death stared him in the face! Alas, there was, in the days of indulgence in which he lived, ample foundation for his caustic assertion. We, in 1879, are not much wiser than our grandfathers! Yet we *are* advancing. "The heads of the profession" are now—all honour to them—reaping in the fields where smaller men ploughed thirty years ago. May-be, our grandsons will accept the dictum that *it is not what a man eats, but what he*

digests that nourishes him—that the amount that he *consumes* is *large*, whereas the quantity that he *requires* is *small*. Oh, halcyon Day of threadbare physicians, Thy timepiece warns for the Millennium!

CHAPTER II.

WHAT IS DIGESTION?

DIGESTION is that process by means of which the assimilable portion of the ingesta is converted into blood. It is performed in the following manner:—

The food, having been conveyed to the mouth, is there masticated and insalivated. The formation of the teeth of man proves that he stands between the graminiverous and the carniverous animals, more nearly approaching the former; and that, therefore, his food should be, principally, vegetable in character.

The saliva, the secretion of several glands that lie between the tongue and the lower jaw, performs the office of dissolving the soluble portions, such as sugar, by means of an animal principle which it contains,

and which is called *ptyaline*. The watery portion thereof moistens that which is insoluble, and thus renders it susceptible of being, without inconvenience, swallowed. Ptyaline sets up a change in the starchy portion of the food—more particularly when the starch has been cooked—converting it into sugar. Some physiologists also consider that by frothing it with air, it becomes the medium for conveying oxygen into the stomach—the presence of oxygen being, in their opinion, indispensable to the due performance of the digestive function.

The food now passes backwards to the pharynx, or upper portion of the œsophagus or gullet, descends that tube, and enters the stomach.

The stomach is a muscular organ, not unlike a bag-pipes in shape, and lying under the short ribs on the left side. Its greater end looks outwards, that is to say, towards the side-seam of the waistcoat.

The food collects in the great left end of the stomach, which (stomach) becomes, during digestion, divided, by contraction of

muscular fibres, into a greater (or cardiac) and a lesser (or pyloric) end. As further supplies of food descend, they pass to the interior of the mass already there. The whole mass is now acted upon by the gastric juice—an acid fluid, secreted by follicles situated at the great left end of the stomach—under the stimulus of the presence of food. Its chief constituents are nitric acid, hydrochloric acid, and an animal principle called *pepsine*, the last-mentioned of which closely resembles ptyaline. This pepsine, acting as a ferment, predisposes the mass to submit to the action of the acids just named. Thus the food is reduced to a pulp, grey in colour, and uniform in consistence; and especially the great nutritious principles—the fibrine, gluten, and caseine are *all* reduced to the condition of *liquid albumen*. The excess of water, plus whatever it may happen to hold in solution, passes, by endosmotic action, directly into the blood, sufficient only remaining in the stomach to impart to the chyme a due pulpy consistence.

The surface of the food is first acted on. As soon as it has been converted into chyme, it is propelled by the action of the muscular coat towards the duodenum, or commencement of the small intestine. If a portion of food that is digestible, but not yet digested, appears at the pyloric, or small right end of the stomach, demanding a passage, it is stopped by the muscular fibres which there form a sphincter, and sent back to the great left end, there to undergo further digestion.

What a marvel is this pyloric orifice just mentioned! What a wonderful power of selection and discrimination does it manifest! It is a fact that that which is *perfectly indigestible*—such as (*e.g.*) the seeds and skins of fruit—the pylorus allows to pass through, without itself showing any symptoms of disturbance!

In the duodenum (so called because its length is about equal to the breadth of twelve fingers) the chyme is mixed with the bile and pancreatic juice. The latter secretion is near akin to saliva: bile, how-

ever, is an alkaline fluid, containing soda combined with a fatty acid, called bilic or choleic; and these two, when thus commingled, form a soapy compound. Bile also contains a colouring principle, resinous in character. These secretions neutralize the acid of the gastric juice, act on the oily constituents of the food, and render them miscible with, and soluble in, water. Also the bile is a natural purgative, and excites the peristaltic action of the bowels. Little, however, beyond its colouring matter passes off in the fæces: furthermore, it is an antiseptic, and retards the putrefaction of the fæces.

A perceptible change now begins to take place in the chyme, and continues during its passage through the remainder of the small intestines; for it separates into two portions—a milky fluid called *chyle*, which is the nutritive portion, and the non-nutritive, called fæces.

The chyle is absorbed by the villi of the mucous membrane, through the agency of microscopic cells, which pick it up and transmit it to the lacteals. These convey it

through the mesentery and mesenteric glands to the *receptaculum chyli*, where it is mixed with the lymph brought by the absorbent vessels from the lower extremities and pelvis.

These two fluids, commingled, ascend through the thoracic duct (a tube about twenty inches in length, of the diameter of a small quill, and lying to the right of the spinal column), and are poured into the circulation through the medium of the left subclavian vein. Here the All-Wise receives it into His palm, carries it to His laboratory, dashes it through the right side of the heart, and exposes it to the action of air in the lungs, thus transforming it into *blood*—blood, the seat of animal life !

Digestion is, in reality, a double process. It consists of—

(I.) Digestion proper, which occurs within the alimentary canal, and which has for its object the rendering of the food soluble and susceptible of absorption into the circulation ; and

(II.) Assimilation, which occurs after it has

left the alimentary canal, in the mesenteric glands, the lungs, and finally in the blood itself. Nay, even the liver plays a prominent part in these changes, for it not only secretes some eight ounces of bile in the course of twenty-four hours, but it also effects changes of the highest importance in the food-constituents, which, having entered the blood by endosmosis (as above stated) from the stomach and intestines, are brought directly to it by the vena portæ. One product of this action is sugar, which is taken away in the blood of the hepatic veins.

Nutrition is the further use made of the food in the body. Yet only certain ones of its many principles are really nutritious, and renovate the tissues. They are those already mentioned as digested in the stomach, viz., the fibrine of meat, the albumen of eggs, the caseine of milk, and the gluten of bread and leguminous foods, such as peas and beans. The other principles, such as starch, sugar, and oil, are not really nutritious, but are consumed in supporting respiration, during the carrying on of which process they are

burnt up in every tissue of the body in order to produce animal heat. If not consumed in this manner they are stored up in the form of fat, which is a reservoir of fuel, useful to maintain vital heat, should the supply of food be interrupted. From this it is evident that all kinds of food may be divided into the flesh-formers and the heat-producers.

The fæces pass from the small intestines through the ileo-colic valve into the large intestine, where they are joined by excrementitious matter, the product of the follicles of the gut. The valve itself permits of no return. Finally, the fæces collect in the sigmoid flexure of the colon, whence they are finally expelled from the body. A limited amount of absorption takes place in the large intestine.

CHAPTER III.

THE CAUSES OF INDIGESTION.

IN the former chapter I gave a very brief sketch of digestion. Purposely I glanced only at main facts, passing minor details unnoticed. We will now proceed to inquire—What are the *causes of dyspepsia*?

The two principal causes of indigestion are—
(1) Imperfection of the organs themselves; (2) Unsuitability of food, either as regards quantity or kind. These two conditions usually co-exist.

The accessory causes I must also mention. Their number is Legion, but the principal are as follows:—

- a. Impairment of the general health.
- b. Disease in a distant organ.
- c. Alternations of temperature, unaccompanied by compensative changes in clothing.

- d.* Irregularity of meals.
- e.* Changes of climate without compensative changes in diet.
- f.* Exercise, either insufficient or excessive.
- g.* Smoking, chewing, and snuff-taking.
- h.* The stooping posture.
- i.* Insufficiency of air.
- j.* Mechanical pressure on the digestive organs.
- k.* The lack of occupation.
- l.* Sexual excesses.
- m.* Adulteration of food.
- n.* Impurity of water.
- o.* Excessive study.
- p.* Insufficiency of sleep.
- q.* Impurity of air.
- r.* Insufficiency of light.
- s.* Mental emotions.
- t.* Taking either a hot or a cold bath at an improper hour.
- u.* Use of opiates—more particularly of chloral.
- v.* Covering the palate with a plate for artificial teeth.
- w.* Carious teeth.
- x.* Diseased tonsils.

Most of these conditions I shall, in due course, illustrate by appropriate cases.

I conclude this chapter by dotting down a few aphorisms, which I recommend the dyspeptic to learn by heart. They are:—

a. “Let each individual take that which he finds, by experience, to suit him—not his neighbours;” carefully distinguishing between natural tastes and acquired bad habits.

b. “What is one man’s meat is another man’s poison.”

c. “Earn your loaf before you eat it.”

d. “Always rise from table unsatiated.”

e. “Stimulation must be followed by depression.”

f. “Live peaceably with all men.”

g. “Eat slowly.”

h. “Don’t drink whilst eating.”

i. “After dinner sit a while; after supper walk a mile.”

j. “Eat when you are hungry, not when it is meal-time.”

k. “Eat only such a quantity that you shall be hungry when meal-time comes round.”

l. “Let your food be proportionate to your work.”

CHAPTER IV.

SYMPTOMS OF INDIGESTION.

THE *symptoms of indigestion* are, if possible, more numerous than its causes. It is not too much to say, that every feeling of discomfort, from which an individual suffers, from the crown of his head to the sole of his foot, may be caused by dyspepsia. Some of the more common symptoms are the following:—

1. Flatulence.
2. Heartburn.
3. Depression of spirits.
4. Giddiness and staggerings.
5. Sudden loss of vision.
6. Sudden loss of hearing.
7. Loss of sensation in any part.
8. Palpitation.

9. Drowsiness.
10. Sleeplessness.
11. Extreme debility.
12. Retchings.
13. Asthma, or shortness of breath.
14. Cough.
15. Shiverings.
16. Diarrhoea.
17. Constipation.
18. Acid-risings.
19. Water-brash.
20. Pain, even in distant organs.
21. Headache.
22. Excessive dryness or moisture of skin.
23. A chopped, furred, or peeled condition of tongue; or all three co-existent.
24. Eruptions on the skin.
25. Spasm in throat or large intestine.
26. Pains in back.
27. Pains in either shoulder.
28. Burning sensations in palms of hands or soles of feet.
29. Tenderness of eyeballs.
30. Wateriness of eyes.
31. Piles.

32. Epilepsy.
33. Chorea.
34. Several forms of insanity.
35. Sickening pulsation at the epigastrium.

Why should I lengthen this list? To speak succinctly, the symptoms of dyspepsia, like its causes and its results, extend over the whole domain of physic.

CHAPTER V.

ACUTE INDIGESTION.

ACUTE indigestion, or “bilious attack,” as it is usually termed, almost invariably arises from over-indulgence at table. The symptoms of this disorder, nearly every man is, unfortunately, acquainted with, having learned them in the school of suffering. They are nausea, vomiting, a loathing of food, diarrhœa, utter prostration, insomnolence, headache, thirst, feverishness.

The *treatment* is of the simplest character; yet, even in this matter, I am somewhat heterodox in my notions. I contend, that to endeavour to arrest the vomiting—that is to say, to compel the stomach to retain an oppressive load—an irritating burden—is to commit a great mistake. My plan is to

assist it in its endeavours to cast off its incubus.

CASE I.—One morning, as I was going my rounds, I was requested to visit A. K., a gentleman about sixty years of age, who was, as the messenger stated, “vomiting fit to bring his heart up, and racked with pain.”

On my arrival at his bedside, his wife said to me, “Oh, doctor, do, for goodness’ sake, give him something to stop his sickness, or I know he’ll die.”

I elicited from the speaker, that the patient had attended a public dinner on the previous evening, and had partaken plentifully of good things.

I ordered the attendant to bring a large jugful of hot water, and of the fluid I administered tumbler after tumbler, until the patient relieved himself by a copious vomit. Almost immediately he exclaimed, “Thank God! I am in heaven now!”

Against his will, I insisted upon his repeating the operation. At the expiration of five minutes from the second vomiting, I

gave him a pill containing a fiftieth of a grain of aconitine, and applied, over the stomach, a compress sprinkled with tepid water. On quitting the house I left strict injunctions that he should partake of nothing, except soda-water or iced-water, until real hunger set in; and departed, promising to visit him again the following day. A. K. called upon me early the next morning. He stated that he had quite recovered; that the rapidity of his restoration surprised him very much, as he always expected a bilious attack to last four or five days. "But then, you see, doctor," he added, "they always made me take peppermint to ease my pain, and when I refused to swallow any more, they gave me either a zinc emetic, which scalded me for days, or else mustard and water, which flayed my inside." I declined the guinea he offered me, as I knew he had, lately, fallen upon evil days. He, however, insisted upon my accepting my fee, on the ground that "it was money well spent; would save him ten pounds a year in doctor's bills, as he had learned how to treat himself,"

and that, as soon as attacked, he would, in future, "try the hot-water plan." I hinted that prevention was better than cure. To this he replied, with a smile, "No, no, doctor, I must have a feed, now and then, but I'll undo the mischief as soon as possible!"

I am convinced that the action of hot water, in cases like that above recorded, is of a two-fold character. It not only effectively washes away irritating matters, but it also foment the stomach, relieving the over-distended small vessels thereof.

CASE II.—One evening, about nine o'clock, I was sent for to attend upon C. C., a retired tradesman, aged about fifty. I found him rolling on the floor with agony; perspiration, literally, dripping from nose and chin. His attendant informed me that he had been suffering under "cramps in his stomach for about two hours," and that "neither hot-baths nor turpentine-flannels, nor anything else, did him any good."

This was clearly a case in which the relief of pain was the first object to be aimed at.

I sent to the nearest druggist's for some chloroform, and this I administered, very cautiously, until my patient obtained ease from his sufferings. I then gave hot water till vomiting occurred. Under the influence of this he ejected a small quantity of perfectly undigested meat. Almost instantly thereupon he felt relieved. We made him a shakedown on the floor. I gave him an aconitine pill, and left for the night.

The following morning I examined him carefully. He stood about five feet ten inches when in his slippers, and was a model of manly development. There existed a general dilatation of the venous system; the liver was somewhat enlarged, and the tongue, which was much furred, appeared as if it had been hacked all over with a minute chopper. He stated that he was "well enough, provided he did not take either beer, wine, spirits, or solid meat." He added that he "seldom took a meal from home, because people worried him by declaring that he was starving himself." That he had "dined out that day, and, foolishly, eaten a little

roast mutton," which had upset him, although "he had adopted the precaution of cutting it very fine."

I explained that his was a highly sensitive organism, one that, clearly, could not tolerate stimulants. That whereas he would derive much benefit from animal food taken in the fluid form (as milk), or semi-fluid (as butter), from solid meat he would acquire only harm. That he must strengthen his internal skin by deputy (so to speak), viz., by sponging the surface of his body, from head to foot, with cold water every morning.

Twelve years have elapsed. My patient is one of those satisfactory clients who are content to do exactly as requested. His diet consists exclusively of fruit, vegetables, boiled fish, bread and butter, plus cocoa or water. He is, as he expresses it, "always well, though I inherit a ruined constitution from a drunken father!"

C. C., very wisely, carefully eschews drugs.

CASE III.—One day, as I sat at luncheon, I was requested to visit L. H. "instantly,

as he was dying of diseased heart, and would most likely be dead before I got there, and his club-doctor was out." I laid down my knife and fork, and walked, as briskly as the intense heat of the weather would permit, to my patient's house.

I found him a broad-shouldered, muscular man of sixty-eight years of age. He was suffering the most intense agony. With his right hand he either beat his breast or clasped his left wrist, all the while exclaiming, "Oh, doctor! Oh, my wrist! Oh, doctor! Quick! My chest! I'm dying!"

I put to his relatives my universal question—"What has he taken to eat or drink?" and elicited that he "had just partaken of a full dinner, and drunk a quart of ale that was a little hard!"

I administered hot water until he vomited. He threw up an enormous quantity of imperfectly masticated cabbage. Instantly he exclaimed, "Oh, thank God! I'm in heaven! Thank God! Thank God!"

Inasmuch as L. H. belonged to the class that refuses to believe in cure without the aid of

physic, I ordered him a mixture containing soda, bismuth, sal volatile, and lime water (a dose to be taken every four hours), and departed.

At the request of his usual medical attendant, I visited him the following day for the purpose of, if possible, instilling caution into his mind. The action of his heart remained tumultuous, though he had become, as he expressed it, "a different crittur since yesterday." I spent ten minutes explaining fully what he should eat, drink, and avoid. He replied, "Thank'ee, doctor, Mr. C—— told me the same nigh upon forty year ago!"

I confess to having felt very small. This case, that so closely simulated angina pectoris, was simply one of acute indigestion!

Twelve years have elapsed. The patient is a hale man of eighty.

CASE IV.—One afternoon, in May, 1868, I was summoned to the house of a butcher to prescribe for the nephew of the proprietor, aged twenty, who was in convulsions. On my arrival, I found a young man, of very

full habit, just recovering from an attack of epilepsy. He had been out, for a day's pleasure, with some associates, and had eaten largely of boiled beef, plus carrots, potatoes, rhubarb-tart, and bread and cheese. He had also drunk, somewhat heavily, of bottled stout. Shortly after dinner he was, whilst batting at cricket, suddenly seized with faintness and vomiting. These symptoms persisted till convulsions set in. His friends, very wisely, brought him home without delay, and sought medical aid.

I cautioned him, for the future, to live sparingly, and upon light food; also to avoid stimulants, irritants, and excitants of all kinds, and, that too, for a period of at least six months.

He rigidly adhered to my instructions.

When last I heard of him, now some three years since, he had experienced no return of his alarming symptoms.

CASE V.—Mary S., aged thirty-eight, wife of a greengrocer, came under treatment on June 30, 1865. She complained that she

“felt grumbling pains in the stomach, all day long, and positively loathed the sight of food.”

Upon examination I discovered that she possessed one of the tumid abdomens so common to dyspeptics. Her tongue was much coated, and her eyeballs tinged with bile.

She had been a free-eater, and had, usually, taken a heavy supper, late at night. She had suffered much from constipation.

Clearly, this was a case of indigestion, dependent upon an obstructed colon, which pressed upon the gall-bladder.

A London physician having lately read me a lecture on the disadvantages of mercurials, and the glories of podophyllin, I determined to ascertain the relative merits of the two drugs in relation to this particular case. First I ordered a brisk purgative of magnesia, salts, and aloes—a small dose to be taken every six hours. This, speedily, dislodged nearly a nightstoolful of hardened motions, some black, some greenish, and some white in colour. I then administered a grain of

podophyllin, conjoined to ten grains of powdered rhubarb, on each of the three successive nights. The pains continuing, and both patient and friends becoming anxious, I determined to try the old-fashioned blue-pill, combined with rhubarb. The result was of the most satisfactory character. A large amount of black bile was voided; the discoloration of eyeballs speedily disappeared, and appetite returned.

CASE VI.—G. N., a child of six years of age, the son of independent gentlefolks, was brought to me some time in 1862. The parents reported that it, not unfrequently, happened that, shortly after taking food, he squinted, and turned his thumbs to the palms of his hands. Upon inquiry I found that this highly-sensitive little boy, was accustomed to eat from the same dishes as his parents ate; also to drink tea, coffee, and port wine.

I explained to the father that the grave symptoms mentioned were entirely dependent upon indigestion; that they betokened a strong tendency to brain mischief, and that,

for the future, his diet must consist solely of the lightest, simplest, and most digestible food; the staple articles thereof being milk, beef-tea, and toasted bread.

The parents promised obedience to all my injunctions. I never again saw my little patient. I heard, some years afterwards, that his friends considered me "one of the starvation doctors," and refused to alter their mode of bringing up the child. I gathered that, after suffering much from convulsions, he died of water on the brain, at the age of twelve years.

CASE VII.—H. A., aged seventeen, was staying in Dover in the year 1864. On one occasion he climbed a very steep hill immediately after dinner. The result was that, upon his descent therefrom, he became faint and ejected his dinner. His stomach did not recover its tone for several days. I confined him to bed, allowed him only spoon diet, and gave him an effervescing draught every four hours. At the end of a week he was quite himself again. Doubtless the vomiting

prevented a serious attack of congestion of one of the internal organs.

CASE VIII.—W. H., by trade a carpenter, and aged about sixty, consulted me in June, 1862. He had been engaged for two days, repairing an old-fashioned privy. The result was, as might have been anticipated, diarrhoea, vomiting, cramps in the stomach, headache, “that sounded” to him “like the beating of a drum,” heat of skin, thirst, clamminess of mouth, and a slight tendency to delirium. I sent him to bed forthwith, and ordered him to lie, with his window open, night and day. I placed a disinfectant in his room, and removed all superfluous furniture. Naturally I feared lest the case should terminate in some form of chronic blood-poisoning. I therefore encouraged, rather than arrested, the vomiting and diarrhoea above-mentioned. I dissolved a couple of drachms of chlorate of potash in about a quart of hot water, and bade him drink of this until his stomach had, twice, been thoroughly relieved. This very considerably checked the colonic spasms. I then

allowed him to have a sound sleep, extending over four hours. I, next, administered half an ounce of castor oil, with which thirty minims of Battley's solution of opium had been well mixed. This I followed, in two hours, with a copious enema of warm water, which very efficiently relieved the bowels. Believing, as I do, that quinine is a powerful antiseptic, I now began to exhibit the drug in one-grain doses (gradually increased to three grains) every four hours. The following morning he was so much better that I ordered him to rise from his bed, and to spend as much time as possible, on the high-lands that surround the town. I also caused him to inhale a pint of oxygen gas twice daily. He returned to work in about four days, but did not fully recover his health for several weeks. Unfortunately, he was prejudiced against the water-cure. I am satisfied that the use of the pack, would have very materially curtailed his period of sickness.

CHAPTER VI.

CHRONIC INDIGESTION.

WE now come to a disorder, more grave and more difficult of management, than that of which we have just treated, viz., *Chronic Indigestion*.

The causes of indigestion, both acute and chronic, also its symptoms, I have already referred to, so I will now proceed to mention its *results*.

The reader must bear in mind, that, though we speak of the body as being composed of a number of different organs, these organs stand to one another in the relation of the wheels of a watch, or of a steam-engine. If one becomes untrue to its office, the whole machine suffers — if one breaks down, it comes to a standstill.

The Results of Dyspepsia.

Again the whole domain of medicine stares us in the face. For the information of the reader, I will trace a *few* cases through to their termination:—

a. Congestion of stomach; congestion of liver, leading to congestion of the *whole* of the abdominal viscera, and terminating in ulceration, or even cancer, of one or more of them. Death.

b. Congestion of stomach; congestion of liver; fatty liver; fatty heart. Sudden death.

c. Congestion of stomach; congestion of liver; rheumatic fever; diseased heart. Death.

d. Congestion of stomach; congestion of liver; deposits in various organs. Lingering death.

e. Congestion of stomach; congestion of liver; rheumatism; diseased heart; clot carried to the brain; softening of the brain. Death.

f. Congestion of stomach; congestion of

liver; eczema on skin; sudden accession to the brain; apoplexy. Death.

g. Congestion of stomach; congestion of liver; erysipelas. Probable death.

h. Congestion of stomach; congestion of liver; congestion of kidneys; disease of kidneys; stone in kidneys; stone in bladder; operation. Possible death.

i. Congestion of digestive organs; congestion of spinal-cord; epilepsy. Death.

j. Congestion of digestive organs; general irritation of nervous system; insanity. Death.

k. Congestion of digestive organs; congestion of lining membrane of eyelids; eversion of lower eyelids; irritation of exposed eyeballs. Blindness.

l. Congestion of digestive organs; leprosy of skin; or chronic spottiness of face.

m. Congestion of digestive organs; congestion of lining membrane of lungs; bronchitis; consumption. Death.

n. Congestion of digestive organs; bronchitis; asthma; diseased kidneys; diseased heart. Death.

o. Congestion of digestive organs and con-

sequent generation of acid; rheumatism of the eyeballs; opacity of the lens; cataract. Blindness.

p. Congestion of digestive organs; rheumatism; chronic rheumatism of ears; deafness.

Chronic Indigestion is variously subdivided by different authors. Dr. Leared tabulates it thus—

Slow Digestion—or simple dyspepsia.

Undue Acidity in digestion—dyspepsia with acidity.

Painful Digestion—dyspepsia with gastric pain and frequent soreness.

Foul Digestion—dyspepsia with fetid eructations.

Impaired Digestion, with mental disturbance—dyspepsia in which mental symptoms predominate.

To this list I feel compelled to add *Feeble Digestion*, with clamminess of skin.

Slow Digestion

Occurs more frequently in men than in women, and is, most commonly, found to

attack those who follow sedentary occupations. Such individuals are, usually, irritable and fretful. They speak and act—nay, unfortunately, eat also, in a very impulsive manner. They, generally, feel relieved as the day advances, enjoy a heavy supper, and awake, the following morning, clammy in mouth, and, in no degree, fitted to perform the toil of the coming day.

These men are highly energetic; usually live to a good old age, and do more than a fair share of the work of the world.

Acid Dyspepsia.

This is, by far, the most common form of indigestion. Individuals who suffer from acid dyspepsia are, usually, “of the nervous temperament,” and both act and speak in a very decided and energetic manner. Their tempers are so hot, as to render them, scarcely to be tolerated, by their neighbours and belongings. The appetite is bad. Sometimes, however, it is voracious. The

gnawings in the stomach are, frequently, mistaken for those of hunger—hence food is ingested when, in reality, the stomach is already overburdened. Even their breath smells of acid. Their energy is commonly boundless. Doubtless nature's object in keeping them, perpetually, on the move, is the elimination of superfluous acid from their systems, through the medium of both skin and lungs. They are sometimes pale and thin; but, more commonly, plethoric and gouty. The amount of cold they can endure is astonishing, provided always that they keep on the move. Commonly, they wear no more garments, out of doors, than when sitting at their firesides. This, too, they do with impunity. Nevertheless, it behoves them to use caution, as they are very prone to suffer from deposits in various organs—those in the abdomen aggravating indigestion; those in the lungs, as a rule, terminating in phthisis; and each one increasing the natural tendency to the formation of deposits of a similar character. Pleurisy and peritonitis frequently attack the victims of acid dyspepsia.

Painful Digestion.

This is a most annoying malady, even when existing in its milder forms—terrible when it assumes a grave type.

The pain usually comes on shortly after taking a meal. The period of its duration is doubtful—sometimes it lasts only a few minutes; more frequently, it persists for several hours.

It is felt in a spot situated between the lower ribs—that is to say, in the region of a mass of nerve—a small brain, in fact, called the great solar plexus. It, by no means follows, however, that the cause resides in the spot at which the pain is felt. On the contrary, it is the opinion of those physicians who have given their attention to the subject, that the *fons mali* may reside either in the pancreas, or the commencement of the small intestines. My individual experience is, that it may exist in any portion of the alimentary canal that lies on the distal side of the œsophageal opening of the stomach, and that the pain is felt at

the spot indicated, simply because it is the seat of the nearest nerve-mass. Satisfied am I, that it, not unfrequently, depends upon a congested condition of the solar-plexus itself, strumous deposit in the pancreas, and superficial ulceration of the mucous membrane of the stomach or small intestines.

In my experience, this form of indigestion is more common amongst women than amongst men.

Foul Digestion.

Foul digestion is the result of eating food, either too large in amount, or too rich in quality. Again, the principal sufferers are those who follow sedentary occupations, more especially when they work in close or hot rooms. Journeymen-tailors, also shoemakers, are, markedly, subject to foul digestion. The symptoms do not, usually, present themselves until the lapse of several hours after the cause of the mischief has been swallowed. The process of digestion appears to be arrested half-way—as if the stomach had given up, in

despair, the hope of working through its load. Putrefaction occurs, accompanied, of course, by the evolution of volumes of foul gas. There are, coexistent therewith, constitutional disturbances of a very severe character, including headache, nausea, heat of skin, great thirst, foulness of tongue, pains in head, back, and limbs; sometimes nervous tremors or twitchings. Usually, also, there is diarrhoea; the fæces smell almost putrid; nay, the breath and vomited matters possess an odour as of decomposed eggs. If sufferers from foul digestion sleep after partaking of food, a fit of dyspepsia is the almost-certain result. Veal or pigeon pie, also cooked eggs, constitute some of the bitterest foes to sufferers from foul digestion.

Impaired Digestion, with Mental Disturbance.

In this form of indigestion, the stomach-symptoms frequently occupy but a very subordinate position, the head-symptoms alone being those of which the patient complains.

He consults a physician "for his brain," as he tells him. His "stomach is right enough," he not unfrequently adds.

Such a patient will, not uncommonly, walk his room continuously—even while he is reporting the details of his case. He is, seldom, without imaginary enemies, many of whom desire to place him in a lunatic asylum.

This is the class of case that is most difficult to deal with. If left to itself, it usually terminates, either in hypochondriasis, or some form of insanity.

Impaired Digestion, with Clamminess of Skin.

The patient is, usually, slenderly built, has a pale, thin, anxious face, and is frequently, but by no means always, stunted in growth. His shoulders droop from mere inability to hold them up. He is round-backed and hollow-chested. Commonly, he is taciturn and tranquil—once excited, his face lights up with enthusiasm. Talented and persevering, he is one who can "go anywhere and do anything."

Nothing is too much for him to undertake; no obstacle daunts him. The pabulum prepared by the digestive organs is insusceptible of development into blood, containing the due proportion of red corpuscles.

The sufferings of the victims of this dire disorder, amount, in the aggregate, to a living death. Dissolution is, commonly, the object of their ambitions; yet their morality is of so lofty a type as to preclude the idea of self-destruction.

Such persons faint under the pressure either of slight pain, or any form of mental excitement. They are wretched sailors, and naturally cowards; yet, once nerved up, will face any odds. One of England's most celebrated naval heroes must have been a sufferer from this form of dyspepsia.

This, I regard, as one of the most serious phases of indigestion, on account of its strong tendency to run into consumption. Yet no form of indigestion, is, as will be shown hereafter, more amenable to rational treatment. It is more fatal in women than in men.

CHAPTER VII.

OF HYPOCHONDRIASIS.

VOLUMES have been written on this subject; octavos will yet be penned thereupon; yet I fear that, if we desire to retain our character for truthfulness, we must confess that, after all, we know very little about either its causes or its treatment. It is, commonly, a disease of middle age and advanced life. Sometimes it attacks the young, continues through middle life, and recedes, or even entirely disappears, as age creeps on. It involves great suffering to the patient. It attacks both sexes indiscriminately. It causes the individual to be regarded as "that nuisance So-and-So," or "that crazy old A. B."

During my years of study of indigestion,

I, like my predecessors, have, at various times, located the disease in liver, kidneys, pancreas, spleen, stomach, intestines, and, finally, solar plexus. I now, however, freely confess that my knowledge of the subject is most unsatisfactorily small in amount. That it is, appropriately, named hypochondriasis is beyond question, inasmuch as the greater part of the pain that it induces, is referred to a spot situated "under the cartilages" of the ribs. Some of its causes are as follow:—

In Women.—Most commonly, irritation in some portion of the genital tract—womb and ovaries being the organs usually affected.

In Men.—Also irritation in some portion of the genital organs, and commonly intensified, if not initiated, by gonorrhœa or syphilis.

In both Sexes.—Tape worms (even in very advanced life), obstructed colon, internal piles, calculi in the gall-bladder, mental anxiety, any disorder of the abdominal viscera—strumous deposit in the pancreas being one of them—the whole aggravated by an excess of blood, present in the solar plexus.

CHAPTER VIII.

INFANTILE INDIGESTION.

BEFORE entering on the treatment of indigestion in the adult, I desire to write a few lines on infantile indigestion.

It is a law the whole creation through, that the young animal shall receive its nourishment from the mammæ of its *own* mother. The stomach of the infant of the superior animal is constituted to digest *human milk and nothing else*; that is to say, *animal nourishment, living*, and in its most assimilable form. Now, human milk is extremely watery and very sweet. Infants fed thereupon, usually, grow rapidly, and are both *intelligent* and peaceful. The middle classes, as a body, recognize this fact; not so, however, either the upper or the lower. The

former refuse to give up the pleasures of society, in order that they may attend to the requirements of their infants; the latter, through ignorance of physiology, insist upon feeding rather than suckling them.

The result is—a rate of mortality amongst infants so large, that one cannot contemplate it without dismay. I do not hesitate to affirm that, according to my individual experience (and that experience, to my knowledge, of a, by-no-means, exceptional character), *three-fourths of all the infants that die are killed*—some by mistaken kindness, I freely grant—yet, nevertheless, killed. It is the exception for a child to be born diseased. Physicians find it difficult to bring home to the minds of mothers, either the possibility of an infant starving, though its stomach may be full, or the fact of the future man being, not unfrequently, either made or marred, within the first twelve months of his existence. A well-meaning neighbour comes in and says, “Oh, Mrs. A——, your baby is not satisfied, you must give it something to eat.” Something to eat is given. The infant

soon begins to suffer the torments of dyspepsia—possibly of colonic spasms—and roars lustily. “Give it a little soothing-syrup, Mrs. A——,” says neighbour Number Two. Soothing-syrup is accordingly administered. As soon as the effects of the sedative have passed away, neighbour Number Three appears upon the scene. “Give it a little port wine, Mrs. A——,” says she. So, at once, the poor little creature, that is unable to tell the tale of its woes, has a wretched mixture of logwood and beet-root brandy poured down its throat. It sinks into a drunken slumber, rouses in a state of depression, and, of course, yells again. Neighbour Number Four now steps in. “Why, the little darling is starving, Mrs. A——,” says she. “Give it some sopped bread to fill its poor little belly.” Sopped bread is accordingly administered. The yells increase. The mother grows fretful, and the father leaves the house in disgust. The child wastes. Eczema—*nature’s attempt at cure*—breaks out on its skin, and spreads nearly over the entire surface. One day neighbour Number Five becomes the

medical attendant. "I've brought the dear little thing a bit of nice cakey, Mrs. A——," says she. A piece of plum-cake is administered. Convulsions supervene. The doctor is summoned. He makes inquiries; at once divines causes, and gives instructions for future treatment. These are fairly well carried out. But, alas! the digestive organs are permanently injured. The child grows to maturity, with enlarged joints, a projecting forehead, sore eyelids, drooping shoulders, a round back, and a hollow chest. He dies of consumption at the age of thirty!

Let us make another sketch.

A. B. resides in Belgravia. He is born somewhat weakly, his mother having injured her health by late hours, spent in a whirl of fashion; also, she has usually indulged in a little more alcoholic stimulant than was good for her. Of course she refuses to suckle her infant, as such would interfere with her pleasures. Under the advice of a celebrated physician-accoucheur, cow's milk, goat's milk, and ass's milk, are alternately put on their

trial. One morning the physician-accoucheur looks grave, and says that human milk *alone* can save the child's life. A wet-nurse is obtained. She is examined by the physician-accoucheur and pronounced to be, as far as he can judge, in good health. For a time all goes well. Shortly, however, the physician-accoucheur is again summoned. The child has a constant running at the nose, he turns his thumbs on to his palms, and has ugly copper-coloured spots upon his skin. The man of science now looks very grave indeed; says the child must be forthwith weaned, and must, moreover, go through a long course of physic.

Alas! the child has contracted syphilis from his nurse. In a few months a little coffin is taken to the house in Belgravia.

Another child is born at the West End mansion above mentioned. Once more the mother refuses to perform maternal duties. The services of the physician-accoucheur are not again sought. Clearly "he did not use caution" in the selection of the former nurse, so an M.D.-Baronet is called in. A healthy

mother is brought from the country, and the child progresses fairly well. He does not exactly *thrive*, but then, who can wonder thereat, inasmuch as she, from whom he draws his sustenance, is constantly bemoaning her absence from her own darlings. As a boy he manifests painfully fierce tempers. As a young man he dislikes the society of his equals—spends his time with jockeys and rat-hunters. “What a bear is young Lord A.!” says Lady B. “And how unbearably ugly and common!” adds the Countess of C. “*And how like his wet-nurse, both in face and manners!*” adds the Duke of D. “And cares more for her than for his parents!” chimes in Mrs. Dives.

Yet another sketch!

This is a “dear, placid little angel!” Its mother is “in society,” and, of course, therefore, cannot be expected to attend to “the fruits of her own womb.” The doctor “does not quite like the aspect of affairs,” and suggests a change of nurse. Nurse Number Two is imported, but, alas! remains only a few days, for the scene is changed—the child screams

the greater part of his time. The attendant, unable to explain the meaning of it all, insists upon leaving. The nursery has to undergo a cleansing process; accordingly, the corner-cupboard is cleared out; *a regiment of empty bottles, labelled "Soothing Syrup," are unearthed!* As the infant develops, its relatives discover that it is a semi-idiot!

Now for a brighter picture.

This smiling, happy lady was, formerly, a clergyman's daughter. The lessons of duty, acquired in early life, have borne good fruit. The master of the house is a physician. The mother permits nothing to interfere with the due performance of her sacred duties. The greater portion of her life is spent in the society of her children. Like Cornelia, the Roman matron, "these are" her "jewels." She cares not for finery. Her home is her world. Both she and her husband take their meals with the little ones. They seldom touch alcoholics—the children have never tasted them. The two youngest sleep in cots that stand beside the parental couch. All are fed with a sufficiency of plain food, of

which milk forms an o'ertowering item; they are bathed daily; they are warmly clad; they are not overburdened with lessons.

Now for results—

The home is the abode of peace. Sickness but rarely crosses the threshold. Sound sleep is the portion of that happy household. The mother is contented, the father peaceful. The daughters are certain to marry well—they are so fresh, so happy, so ladylike, so natural!

Fred—the eldest—is an athlete at Cambridge. Already he shows symptoms of becoming, at no distant date, a family prop. Let any one dare to injure a hair of the head of father or mother! or to whisper a letter derogatory to Fan or Jenny! Fred would flay him alive!

At once the question arises, “What is to be done in those exceptional cases where the mother would, willingly, suckle her infants, were it not that suppression of milk prevents her so doing?” To this I reply—Few, very few, women are physically incapable of performing the maternal function, pro-

vided only they will study their digestive organs, and obey general hygienic laws. I will illustrate this fact by stating a case.

In the first year of my life as a practitioner, F. H. consulted me. She stated that she had already borne three children; and that her milk had left her, in each instance, when the child arrived at the age of six weeks. Of course she desired that, for many reasons, a similar misfortune should be, if such were a possibility, avoided during future lactations. Falling in with the customs of the day, I ordered her to eat plentifully of meat; also to drink half a bottleful of stout, in which two grains of quinine had been mixed, at each of the three meals—luncheon, dinner, and supper. Her milk disappeared as heretofore, though she carried out my injunctions to the very letter. She ceased to take medicine.

Some three months afterwards, I, incidentally, lighted upon F. H. She informed me that, a few days after last seeing me, she met a teetotal friend, who persuaded her, on the one hand, to abandon the use of alco-

holics—also meat, except in very moderate quantities—and, on the other hand, to partake plentifully of vegetable diet, and to drink at least a quart of milk in the course of each twenty-four hours; that she followed her friend's advice, with the result that her milk not only reappeared, but flowed in abundant streams.

I stumbled across this patient, in London, some four years since; she told me that she frequently, during the periods of successive lactations, drank as much as two quarts of milk daily, and that, so long as she continued to do so, she experienced no difficulty in suckling her infants.

It would be unworthy of me, either as a logician or a physician, to measure the universal by the standard of the particular. The details of this interesting case did, however, set me cogitating. Experience has since taught me, that, the number of women who are physically incapable of suckling their infants, provided they are willing to follow the example of F. H., is very small indeed.

What steps must be taken in cases where

a mother either refuses to suckle her offspring, or is actually incapable of imparting the requisite amount of nutriment? The plan that is, under all like circumstances, to be recommended must be followed, viz.—*in the absence of Nature, follow on her heels as closely as possible.* The outside foods best calculated to supply the place of human milk rank in the following order:—

1. Ass's milk.
2. Goat's milk.
3. Cow's milk.
4. Swiss milk—*not the ANGLO-Swiss.*

I am often requested to express an opinion as to the relative merits of the various kinds of Prepared Foods that are offered to the public, at the present day. I can only repeat that which I have already stated, viz., that an infant's stomach is constituted to digest human milk, and human milk *alone*—that is to say, animal food, *living*, and in the form most easily assimilable—and that, therefore, *vegetable* food, of any kind, must be, more or less, unsuitable. I am frequently told that the constituent elements of the two kinds of food are

identical. To this I reply that constituent elements, built in Nature's laboratory, produce resultants differing widely from those piled up in man's workshop, and that the *universality* of nature's law, in reference to the nourishment of the young animal, proves it to be a matter not to be lightly set aside.

Many individuals point to leviathan-children, fed on irrational principles, and, with apparent reason, ask, "How can your assertion be founded on truth, when we see fed-children develop as this child has grown?"

My reply is five-fold in character. It is—

1. If you desire your child to develop into an *intelligent, superior* animal, you must feed it upon superior animal.

2. Don't imagine that because a baby is a mountain of *flesh*, it is, therefore, a mountain of *health*.

3. The physician alone sees the number who die of improper feeding.

4. The death-rate amongst fed infants is ten times higher than amongst suckled children.

5. Though some few possess the vitality necessary to fight against unnatural surround-

ings, the majority will sink under their weight.

And now arises a further question. It is, "What is the best food for infants in cases where, on account of special circumstances, milk, in sufficient quantities, is unobtainable? I reply that all the Patented Foods *usually* answer *fairly* well. These failing, baked flour or the Patent Corn Flour stop a gap with tolerable efficiency. Any food that has undergone fermentation—and, therefore, *bread*—is to be, as much as possible, avoided. If alone available, it should be scalded at least twice, and the supernatant liquor poured off. Thus the ferment, present in the bread, will be reduced to a minimum.

"Are spirits or soothing syrup never to be employed?"—I am not unfrequently asked. I reply, "*Never*, except under the direction of a qualified medical man; when, of course, they will be called into requisition for the purpose of meeting a temporary emergency.

Now let us sketch a few of the results, both near and remote, of improper infant-

feeding and consequent indigestion, bringing in its train mal-nutrition:—

1. Indigestion, gradual wasting. Death from actual starvation at the age of four months.

2. Indigestion, intestinal irritation. Death from diarrhoea at the age of six months.

3. Indigestion, irritation of the digestive tract. Death from convulsions during dentition.

4. Indigestion, permanent disorder of the digestive tract. Death from disease of kidneys at the age of five years.

5. Indigestion, rickets, curvature of bones and of spine, permanent disfigurement. Early death.

6. Indigestion, formation of acid in the digestive organs. Rheumatic-fever, between the ages of six and eighteen. Death from disease of heart at the age of twenty-one.

General Hygienic Considerations, I shall, of course, touch upon in a future chapter.

CHAPTER IX.

OF THE INDIGESTION OF YOUTH.

THIS also is a more serious matter than the indigestion of adult age, for the reason that it occurs whilst the body is still in a state of transitional development, and when, consequently, due nutrition is a matter of primary importance. The boy is pallid and restless, usually drowsy, and unable to learn his lessons. His muscles become flabby; he begins to stoop; he appears loose about the knees; is irritable in temper, disinclined to mix in youthful sports, as of yore, and his appetite is uncertain and depraved.

Inappropriate diet, excessive study, evil practices, or terror either of the master or a dictatorial fellow-pupil, rapidity of growth, foul air, or insufficiency of clothing, are the

more common causes of the indigestion of youth.

This form of indigestion is, also, very amenable to treatment. Man has reason to congratulate himself on the existence of this fact, since youth, not age, is the season for successfully fighting the battle with indigestion.

The treatment consists in light diet, unlimited sleep, fresh air, a sufficiency of outdoor exercise, daily ablutions, temporary remission of study; also the separation from any cause of terror that may exist.

The principal of every school should pass through a course of instruction in physiology, chemistry, and practical hygiene.

I hope to see the day when schools shall be registered, and placed under the surveillance of a qualified physician, who shall make a daily visit to each establishment.*

* See a three-page pamphlet on "Education," written by myself.

CHAPTER X.

THE TREATMENT OF INDIGESTION IN THE ADULT.

ONCE more the whole domain of practice of medicine lies spread out before us. The various items employed in the treatment of indigestion should, in my opinion, be classified in the following order:—

1—and most important of all—A carefully regulated *Diet*.

2. *Baths* — *i.e.*, Hydropathy, scientifically applied.

3. *Mental* occupation of an engrossing character.

4. *Hygienic* considerations.

5. *Drugs*.

6. *Galvanism*, scientifically applied.
7. *Oxygen gas* (Inhalation of).
8. *Surgical interference*.
9. *Change of air and scene*.
10. *Sufficiency of clothing*.
11. *Mixing in society*.

CHAPTER XI.

ON DIET.

VOLUMES have been written in days gone by ; nay, doubtless, will be penned, in years to come, and that, too, by physicians of eminence, on the subject of diet in dyspepsia. To me it appears that, after all, the subject is included within a small boundary-line. The *rationale* of it all may be summed up in one sentence, viz., "The more nearly one's digestive organs approach, in weakness, those of an infant, the more nearly must the diet approach that of an infant also."

This is a fact, difficult of reception by the public at large ; nevertheless, it is a fact, and one, moreover, that any individual may, by calling his perceptive faculties into requisition, observe for himself. Maximinus

was accustomed to eat forty pounds of meat, and drink six gallons of wine daily. Tarrare, a Frenchman, could, at the age of seventeen, devour a quarter of beef in twenty-four hours! I have, myself, seen a Derbyshire coal-miner lay a thick piece of raw steak upon a huge slice of bread, cut the two into fingers, and eat them thus. On the other hand, I can place my index on two middle-aged men (one of whom is a baronet, and able, by mere length of pocket, to command every luxury of the table), whom disease has taught, in the hard school of physical suffering, that if they desire to enjoy even an approach to bodily comfort, their diet must consist exclusively of milk.

During the late sad Russo-Turkish War, the amount of food on which the subjects of the Sultan, not only fought like demons, but also enjoyed splendid health, was almost incredibly small.

Dyspeptics must, most rigidly, abstain from the practice of taking suppers. The brain cannot sleep if the stomach be at work; the stomach can work but imperfectly if the

brain be asleep. The result of supper-eating is, restlessness, horrible dreams: foulness of mouth, and debility the following morning.

The Grape-Cure has, within the last few years, done marvels to comers from every nation. Yet, what is its essence? Simply this—That, at Durkheim, in Germany, patients, prostrated by various forms of disease, are received, and fed — all principally, many entirely—upon ripe grapes; and, with results that are truly astonishing. They recover health, with a rapidity that is scarcely to be credited by him who has not witnessed resurrections of the kind. Unfortunately, grapes, at Durkheim, as elsewhere, remain in season for two months in the year only; unfortunately, also, the occurrence of disease is not limited to a certain season, hence only a very small proportion of the sick-ones of Europe can be cured by this pleasant means of relief.

Fortunately, however, Milk—the grapes of the animal kingdom—remains in season the whole twelve months through. It is a most regrettable circumstance, that so comparatively

few individuals can be induced to place full reliance on this all-sufficient article of diet—this truly powerful medicine. I can fully understand a dweller in a large city, refusing to partake of the milk of a cow, that passes its life in an urban shed. I should, myself, refuse to do so; knowing, as I must, that an animal, whose nature is to roam, at large, in the fields, can no more retain health under such conditions, than a man can enjoy freedom from disease, if confined in a cupboard both dark and dirty. Yet, I ask, what reason exists for urban-cowsheds in these days of railways and macadamized roads? Certainly the dwellers in beautiful Hastings, may enjoy a perfect immunity from such unwholesome inflictions.

The pea and bean tribe of plants, supply us with food, most nourishing in character. Lentils occupy, probably, the first position in this truly valuable family. It is generally believed that a certain Patent Food, that bears an African name, is composed entirely of lentils, ground to an extreme degree of fineness. Yet, beyond doubt, the food in question

has saved the lives of thousands of our fellow-countrymen. Why?—*Because it presents to debilitated digestive organs nourishment of a character that is most easily assimilated.*

I have, very frequently, been requested to enlighten patients, as to the comparative digestibility of various kinds of food. I will shortly draw up a table setting forth this matter; yet premising that digestibility is a relative term; also that that which is food to the many may prove poison to the few; and that, moreover, I write for the benefit of those who are inhabitants—not of foreign countries, but—of the British Islands.

For much of our knowledge in reference to digestion we are indebted to Alexis St. Martin. He was a Canadian, of French descent; and, in 1822, received a wound in the stomach by the accidental discharge of a musket. His case is unique. Within three months, from the date of receipt of the injury, a natural valve had formed, which, on the one hand, entirely prevented efflux of food, but, on the other, admitted of being, readily, pushed back, from without, by the

finger of an operator. From experiments conducted upon him by Dr. Beaumont, his medical attendant, the following facts were obtained :—

Article.	Mode of Cooking.	Time occupied in conversion into chyme.	
		h.	m.
Rice	Boiled	1	0
Sago	„	1	45
Tapioca	„	2	0
Barley	„	2	0
Bread	Baked (new)	3	0
„	„ (stale)	2	0
Sponge-cake	„	2	30
VEGETABLES—			
Cabbage	Raw	2	30
Cabbage (Vinegar much assisted)	Boiled	4	0
Potatoes	Roasted	2	30
„	Boiled	3	30
Carrots	„	3	15
Beets	„	3	45
Turnips	„	3	30
Beans	„	2	30
Parsnips	„	2	31
FRUIT—			
Apples	Sour and hard	2	50
„	Mellow	2	0
„	Sweet and ripe	1	30
Peach	Mellow	1	30

Article.	Mode of Cooking.	Time occupied in conversion into chyme.	
		h.	m.
FISH & SHELL-FISH—			
Trout	Boiled or Fried	1	30
Cod	Cured and boiled	2	0
Oysters	Undressed	2	50
„	Roasted	3	15
„	Stewed	3	30
Bass	Broiled	3	0
Flounder	Fried	3	30
Salmon	Salted and boiled	4	0
POULTRY, GAME, &c			
Turkey	Roasted	2	30
„	Boiled	2	35
Goose (Wild)	Roasted	2	35
Fowls (Domestic)	Boiled or roasted	4	0
Ducks (Tame)	Roasted	4	0
„ (Wild)	„	4	30
BUTCHERS' MEAT, &c.			
Soused Tripe	Fried or boiled	1	0
Pigs' Feet	Boiled	1	0
Venison Steak	Broiled	1	35
Calf's Liver	„	2	0
Lamb's „	„	2	0
Sucking Pig	Baked	2	30
Mutton	Broiled	3	0
„	Boiled	3	0
„	Roast	3	15
Beef (Fresh)	Broiled	3	0
„	Roasted	3	0

Article.	Mode of Cooking.	Time occupied in conversion into chyme.	
		h.	m.
BUTCHERS' MEAT, &c.			
Beef	Lightly salted and boiled	3	36
„	Old hard salted	4	15
Pork Steak	Broiled	3	15
„	Lately salted and boiled	4	30
„	Stewed	3	0
„	Roast	5	15
Veal	Broiled	4	0
„	Fried	4	30
VARIETIES—			
Eggs	Raw	2	0
„	Roasted	2	15
„	Soft-boiled	3	0
„	Hard-boiled or fried	3	30
Custard	Baked	2	45
Milk	—	2	0
Butter and Cheese	—	3	30
Suet	Boiled	4	30
Oil	Uncooked	Rather longer	
Apple Dumplings	Boiled	3	0
White Calf's-foot Jelly	—	Rather more than 30m.	

Of course, inasmuch as we, in England, are not Canadians by birth, do not reside in the biting Canadian climate, nor live upon the fruits of Canadian soil, it behoves us to use

caution and judgment in applying a standard, like that of St. Martin, to our requirements. Without doubt, however, this table is, as a whole, susceptible of a near approach to general applicability. If called upon to draw up a table, suited to the requirements of *dwellers in the South of England*, and arranged according to digestibility, I should place my articles of diet in the following order:—

FRUITS.

Grapes. Then—after a long gap—	Cherries.
Strawberries.	Currants, Red.
Pears.	„ White.
Oranges.	„ Black.
Melon.	Gooseberries.
Raspberries.	Apples (ripe).
Mulberries.	Almonds (blanched) and Raisins.
Greengages.	Figs.
Nectarines.	Almond-Nuts.
Peaches.	Barcelonas.
Pine Apples.	Brazils.

VEGETABLES.

French Beans.	Peas.
Scarlet Runners.	Celery (stewed).
Vegetable Marrows.	Artichokes.
Cauliflowers.	Spanish Onions.
Broccoli.	Lettuces.

VEGETABLES—*continued.*

Potatoes.	Herbs containing essential oils, as—
Parsnips.	
Carrots.	
Broad Beans.	
Cucumber.	
	Mint.
	Thyme.
	Sage.

FISH.

Turtle.		Bloaters.
Oysters.		Plaice.
Eels.		Salmon.
Turbot.		Cod.
Sole (boiled).		Mackerel.
„ (fried).		Shrimps.
Brill.		Lobster.
Herrings (fresh).		Crab.

POULTRY.

Chicken.		Duck.
Turkey (boiled).		Goose.
„ (roast).		

GAME.

Pheasant.		Snipe.
Partridge.		Ptarmigan.
Prairie Hen.		Hare.
Grouse.		Rabbit (Wild).
Woodcock.		

FLESH.

Mutton (boiled).		Beef, Round (roasted).
Beef „		„ Ribs „
Mutton (roasted).		Lamb.
Beef, Sirloin (roasted).		Veal.

ANIMAL FOODS.

Butter (fresh).		Butter (salt).
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CHEESE.

Glo'ster.		Dutch (good).
Gruyère.		Stilton
American (good).		

FARINACEOUS.

Arrowroot.		Maccaroni.
Rice, Ground.		Vermicelli.
„ Whole.		Semolina.
Tapioca.		Corn-flour.

PRESERVES.

Red Currant Jelly.		Pine Apple Jam.
Black Currant „		Apricot „
Greengage Jam.		Red Currant „
Strawberry „		Gooseberry „
Raspberry „		Plum „
Blackberry „		

The dyspeptic must make up his mind, when he places himself under treatment, to obey his doctor even against the wishes of friends and relatives. The moment they see him losing flesh, they begin to feel alarmed; apparently, they cannot realize the fact, that the adipose tissue of the sufferer from indigestion, is, usually, unhealthy in character, and that he is better without it. Seldom, indeed, can they

believe that a few ounces of properly selected nourishment will afford more nutriment than many pounds taken haphazard. Yet such is the fact. A trifling amount of indulgence at one meal, will, frequently, undo the benign work of days of self-denial.

NON-ALCOHOLIC BEVERAGES.

Water (if impure, boiled and filtered through charcoal).	Coffee and Chicory.
Cocoatina (Schweitzer's).	,, (French).
Cocoa (Epps').	,, (English).
Cocoa (commoner varieties of).	Soda Water.
Tea (cold infusion of, heated to desired temperature).	Ginger Beer (aërated).
Tea (hot infusion of).	,, (as usually sold).
Coffee with Dandelion.	Lemonade.
	Seltzer Water.
	Beckitt's Fruit Syrups.
	Ginger Wine.

ALCOHOLICS.*

Brandy (diluted to extreme tenuity).	Gin (diluted to extreme tenuity).
Whisky (diluted to extreme tenuity).	Sherry (old and dry).
Clarets.	,, (recent).
Light Wines (Continental, high-class).	Rum (diluted to extreme tenuity).
	Port (old and dry).

* Messrs. Bray, wine merchants, of White Rock-place, Hastings, have, at my request, furnished me with samples of various kinds of wines and spirits. The Brandy, Whisky, Clarets, and Chablis forwarded, appear to me to be

It is needless to add that, in the preparation of a list, suited to the dimensions of a book the size of that which I am now penning, I can only allot sufficient space wherein to mention the articles of diet in more general use. For the second time, I impress upon my readers that I can deal but with generalities—that, in exceptional cases, “What is one man’s meat is another man’s poison.”

In regard to alcoholics, the dyspeptic may safely adopt the broad principle that the less alcohol he imbibes the better for his digestion. Dr. Beaumont’s experiments performed upon Alexis St. Martin, already mentioned, proved that the ingestion of even a very small quantity of this fluid *invariably*

very well suited to the requirements of dyspeptics. I refer, of course, to those who persist in taking alcohol in some form.

Messrs. William Rankin & Son, wine merchants, of Kilmarnock, sell a high-class rich, pale, ginger wine, which I have found admirably suited to the requirements of dyspeptics.

Messrs. Beaufoy, of London, have sent me a very nice sample of inexpensive ginger wine.

induced inflammation of the lining membrane of the stomach. My own observations entirely support those of Dr. Beaumont.

One marked result of the treatment of indigestion, by means of diet and hydropathy, consists in the voluntary abandonment of alcohol by the patient.

I must not pass from the subject of drinks in dyspepsia without writing a few words on the usual beverages of the breakfast and tea tables.

Schweitzer's cocoatina, when brewed weak, and drowned in milk, is as grateful to a feeble stomach, as it is nourishing to the body. Next in order, comes Epps's Cocoa, then Van Houten's, and, finally, the numerous preparations of the bean, that appear in the market. It is a most exceptional event to meet with a dyspeptic whom cocoatina does not suit.

Coffee, either conjoined with, or separate from, chicory, scalds the stomachs of the great majority of dyspeptics. Herbert's coffee; also the taraxacum and coffee, are the least irritating forms of the berry.

Tea is, as a rule, most sedulously to be avoided by dyspeptics. Not one in fifty can

partake of it without paying a most severe penalty for his indulgence. The symptoms that follow its use are—lowness of spirits, frequently amounting to melancholia; flatulence; foulness of mouth; shortness of breath; insomnia; temporary suppression of urine; tremulousness; colonic spasms; and a scalding sensation in the stomach.

Many dyspeptics absolutely refuse to abandon the use of tea. Under such circumstances, it behoves the physician, to devise means by which the injurious effects of the beverage may be reduced to a minimum. This object is, in my opinion, most easy of attainment, by using high-class leaf, and infusing it with *cold* distilled water. The latter being unattainable, I recommend the substitution of rain-water, boiled, allowed to stand till cold, and then filtered through charcoal. The infusion may be heated, as required, to the desired temperature. By the employment of these means a considerable amount of flavour is obtained, yet conjoined with the minimum of astringent principle.

Messrs. Phillips and Co., tea dealers, of

King William-street, London, also Messrs. Revill, tea dealers, of Hastings, have afforded me valuable aid in experimenting with various kinds of tea. Both firms have sent me fine specimens of leaf. The Kaysow Congou of the former; and the Assam, price four shillings a pound, supplied by the latter, are, to my judgment, particularly little unsuited to the sensitive stomach of dyspeptics. Messrs. Phillips also sent me a specimen of dandelion-coffee. This appears to be a considerable improvement upon the crude berry.

The mode of cooking the food of a sufferer from dyspepsia is a matter not to be lightly passed over. Thus, meats should be placed on table, either hot or cold, roasted, boiled, or steamed—never baked, never twice cooked, never cooked inside a crust. In the case of pastry, the fruit should be prepared separately from the crust, and spread upon it shortly before being eaten. The cooking utensils must be kept scrupulously clean. The mistress of every household should charge herself with the surveillance of this very important matter.

CHAPTER XII.

BATHING.

A BRIEF sketch of the skin and its functions, is a necessary introduction to the hygienic consideration of the question of indigestion.

The skin is composed of three layers, viz., the Epidermis, or covering; the Basement Membrane; and the True Skin.

The last is that which, principally, concerns us, at the present moment. It covers the whole surface of the body, and is liberally supplied with blood-vessels and nerves. These endow it with acute sensibility, and enable it to excrete fluids from its surface. It possesses the threefold power of tension, extensibility, and contractility.

The Perspiration is derived from the *sudoriferous* glands. These exist in almost every

portion of the skin, and discharge their contents through openings, or *pores*. High authority sets down the number of pores, of an ordinary sized body, as 7,000,000; and the length of tubing that composes these glands at twenty-eight miles. The average quantity of perspiration cast off by the pores is believed to amount to $2\frac{1}{2}$ lbs. in twenty-four hours.

A vast amount of impurity is eliminated by the skin. It is, in fact, one of the sewers of the body. In consequence, however, of the variations in atmospheric influences, and also of the insufficient use of the bath, it is a most rare occurrence, to meet with an individual, whose skin discharges its functions with, even, medium efficiency. The result is, that much work to which they are unsuited, is thrown upon the internal or mucous membranes, congestion of which, as a natural result, follows.

Mucous membrane very nearly resembles skin; so closely, indeed, that if everted and kept dry, it speedily assumes the characteristics of integument. On the other hand, skin, if inverted and kept moist, speedily

puts on the characteristics of mucous membrane.

Even in health, but more particularly in disease, the due performance of the functions of the skin, is a matter of primary importance. The investing membrane is the regulator of the temperature of the body; and also the principal safety-valve for discharge of diseases or disorders of the internal organs. Whatever affects either of these membranes, directly influences the other also.

Theoretically, it is a matter of paramount importance that the functions of the skin should be maintained in a healthy condition. This is found, practically, to be absolutely true.

The skin of the adult, is, when in a state of health, almost as soft as that of a young child. Let us, however, examine the integument of almost any individual, and we find it in the opposite condition to that in which it should be. Nature has, however, provided a remedy, as abundant as it is inexpensive, for this universal disorder. This is Water, used at various temperatures, and applied by hands that have studied the profession from its first

rudiments. I have no faith—and that, too, not without reason—in amateur hydropathy. I am satisfied, that, unqualified aspirants to hydropathic honours inflict not only temporary pain, but also permanent mischief upon their too-reliant patients.

I recommend every sufferer from indigestion to try, in his own person, the two experiments now to be suggested.

1. Let him enter a water-bath, the contents of which, have been raised to a temperature, as high as he can comfortably tolerate, and let him invite a second person to knead him thoroughly, whilst reclining therein, from head to foot. As a result, the amount of impurity, that the operator will extract from the pores of the bather, will be so large that the patient will shudder with disgust; or

2. Let him get into a bath of similar character, and both soap and scrub himself thoroughly, the latter, either with a rough-glove or a flesh-brush, also from head to foot. After the lapse of fifteen minutes, let him leave the bath. When sufficient time has passed by to permit of the subsidence of solid matter,

let him pour away the water, leaving only the dregs in the bath. He will stand astonished at the quantity of impurity, that he has removed from the surface of his body.

Surprise, No. 3, will be his portion, when by passing his hand gently over his skin, he realizes the velvety softness of surface that he has acquired.

Should he, after immersion, feel weak and exhausted, he may restore himself to his pristine strength, either by taking a shower-bath, or sponging, with cold water, from head to foot.

If one of my readers desires to prove, *in propriâ personâ*, the tonic powers of water, used in its natural condition, let him try one or more of the following experiments:—

1. Let him plunge into cold water, and come out therefrom, as speedily as possible; or

2. Let him take a shower-bath three seconds of time in duration; or, fearing either of the above courses.

3. Let him request a friend, the latter having caught him whilst sleeping, to let fall upon his face a single drop of cold water. He

will thus discover that, as soon as the water touches his skin, a sensation of intense coldness will be induced, which coldness will, however, after a few moments, be succeeded by a glow, more or less permanent in duration.

If, as the hour of refection approaches, he feels totally disinclined to eat, let him take a vapour-bath, followed by the cold sponge or cold shower. By these means he will relieve internal congestion, and, in all probability, feel that he can enjoy a good meal.

If appetite does not return, he may rest satisfied that his system does not stand in need of food.

If a dyspeptic partakes freely of indigestible food—say meat-pudding—or drinks a couple of glasses of port wine, he frequently finds that a sensation of general flaccidity, accompanied by a feeling as of greasiness of skin, overtakes him. He sponges from head to foot, or, even, sluices his face with cold water, and applies a large sponge, partially wrung out, to his abdomen, retaining it in position for about fifteen minutes, and

lo! his unnatural sensations are, to a great extent, removed.

When heated and applied to the skin for a brief period—say, two or three minutes—water draws the blood to the surface; if maintained in contact therewith, for a prolonged period—say fifteen to twenty—it is a powerful depressant. If applied cold, and for a duration of a few minutes only, it is a vigorous tonic; but if applied for a long period, it becomes an energetic depressant.

Beyond question, every individual living, ought, if he regards the preservation of his health, to wash from head to foot, daily, upon rising from bed. The mucous membranes are continuous with the skin, and, as already stated, are very similar in structure. Whatever affects the one, necessarily, therefore, affects the other.

“Laugh and grow fat,” says the old proverb. “Get your digestion into good order,” say I, “then, and not till then, will you not only grow fat, but also, and as a result of good digestion, laugh.” The *Forms* of bath most useful in indigestion are—

1. The Russian vapour-bath.

This bath is so constructed, that the patient can assume the recumbent posture, whilst taking it; hence, all fear of becoming faint is obviated. The steam with which it is supplied is superheated—rendered translucent—hence, its therapeutic effects are much greater at a temperature of 110 or 120 degrees, than those of the Turkish bath at 150 or 160 degrees.

2. The Turkish bath.

3. The Hot-air bath.

4. The ordinary Steam-bath.

5. The indoor portable Turkish bath, as it is generally called.

I have arranged them in order of merit. The last I scarcely care to mention, (1) Inasmuch as it is too feeble to be productive of real benefit; and (2) because, within my personal knowledge, it has, in more than one instance, become the means of setting fire to the surroundings of the patient.

Cold baths I classify as follows:—

1. The Cold Plunge fresh-water bath.

Advisedly, I write *fresh* water, it being my

experience, after a prolonged residence in Dover and Folkestone, that *salt-water* baths do not suit dyspeptics.

2. The Shower-bath.

This is a most invigorating tonic in cases where the shock it induces can be tolerated.

3. The Sitz or hip-bath.

This also is a tonic of no mean power. It is most serviceable in cases where the debility appears to be confined to the lower parts of the body, as, *e.g.*, in cases of congestion of the hæmorrhoidal veins, and in prolapsus of the womb or bowel.

4. The Hand-basin-and-sponge bath.

The last-named is the most useful, because it is, at all times obtainable; because inexpensive; and because, in no degree, calculated to shock dyspeptics, almost all of whom are keenly sensitive. It does not possess the power to unload a blocked skin, but it will maintain it, when unloaded by more powerful measures, in reasonably good working order, enabling the pores to open at the approach of warmth, and to close at the approach of cold. Cold baths

of all kinds, are great safeguards against the taking of a chill. Only those individuals who feel in a glow upon emerging therefrom should resort to the use of the cold bath. When the latter cause blueness of surface, shiverings, or temporary death of extremities, they must not be taken. In such cases the patient may warm the water he employs, according to his wishes.

A course of Vapour-baths will, usually, speedily put a point to this unhealthy condition of skin.

The sensitiveness of every portion of the individual is directly proportionate to the sensitiveness of his digestive organs.

CHAPTER XIII.

MENTAL OCCUPATION.

THE *curse* of Work, was one of the great blessings conferred by the Deity upon man, at the time of his Fall. No class of men suffer more heavily, under the depressing influence of idleness, than the dyspeptic. With them, occupation, of such a character as shall *engross* their thoughts and time, leaving no idle hours wherein to brood over their ten thousand unpleasant sensations, is a matter almost of life, certainly of comfort. Industry generates an electrical fire in the brain, that sends nerve force to the fingers' tips, bearing renewed life in its current.

It is, of course, desirable that the prescribed occupation should, if possible, stop short of

overtaxation of the physical powers of the individual; still—better even excess of toil than destructive idleness. His rest should consist in a variation of occupation.

CHAPTER XIV.

HYGIENIC CONSIDERATIONS.

Pure Air.—This is a most important matter. The more nearly a dyspeptic can live in pure air, the less he will suffer. If he can, without taking cold, even sleep with his window a little opened, it is very advisable that he should do so. A residence out of town is, when possible, to be secured.

He should refrain from burning gas either in bed-room or sitting-room. If compelled to use it in his office, he should take care that the gasalier is arranged in such a manner that the products of combustion may either ascend a chimney or pass through perforations in the ceiling, so as to be, at once, conveyed to the outside of the premises. The days of electric-lighting will be happy for the dyspeptic.

The obtaining of fresh air, *without draught*, and, at a minimum of expense, is, at all times, a difficult problem to solve. The most inexpensive plan is, to raise the lower window-sash about two inches, and to place beneath it a piece of wood exactly filling the opening thus created. By these means the air enters between the two sashes, and is directed upwards to the ceiling.

Sewer Gas is destructive to the sufferer from indigestion. He should take steps to ascertain that no uninterrupted communication exists between the main drainage and the interior of his premises. His sewer-pipes should be placed outside his house, and made of earthenware. The joints thereof should be most carefully stopped, and that, moreover, to the very top of the house. It is most important, in these days of lax building, that the head of each family should ascertain for himself that they are properly connected with the sewers. Drain pipes should not be laid underneath the house, but should pass along both the back and the front thereof.

Water-closets have no right of existence

whatsoever inside dwelling-houses—certainly they should not be tolerated near dormitories. If placed inside the outer walls, a ventilating shaft should be carried from a point below the valve of the soil pipe to the top of the roof.

The traps of drains should be kept, at all times, in their places. No refuse-matter, either animal or vegetable, should be permitted to remain in or near the premises. All such should be thrown on to the fire and destroyed, as soon as it becomes refuse. No live-stock should be permitted to dwell in proximity to the house. The house should be surrounded by grass and flowers, and, at a short distance, by trees also, because the vegetable kingdom absorbs impure gases and gives out oxygen. Clothes-washing should be done on the premises.

The house should stand either on gravel, chalk, or sand, and in an elevated position; never upon clay or upon a site that has been, at any known period, the abode of impurity, such as, *e.g.*, a rubbish-heap or a dried-ditch. It should face south; and, if

situated in a town, stand at the western end thereof, and be sheltered from both east and north winds. The water-supply should be obtained from the works of a public company, never from a well, inasmuch as well-water is usually found to be contaminated with percolations from factories, cesspools, or churchyards. The drinking-water cistern should be made either of galvanized iron or slate, and kept carefully covered. It should be placed within easy reach of the members of the household, thoroughly cleansed at intervals not exceeding three months, and its locale should be, as far distant as possible, from a water-closet. The over-flow pipe must have no communication with the sewers.

Even spring-water frequently receives contaminations as it flows; hence, in country districts, if doubt arise on this point, rain-water, boiled and filtered through charcoal, should be used, not only for drinking, but also for cooking purposes.

No *Paper* should be allowed on the walls of rooms. They should be washed with a solution of slaked-lime, coloured according to taste.

The admission of plentiful *Light* is a matter not to be overlooked. Neither animal nor vegetable can flourish in the absence thereof. The Italian proverb, "Where the sun does not come the doctor does," is literally correct. Blinds should be drawn to the top of the windows, and curtains thrown back.

Excessive heat—either fire or solar—is extremely trying to the dyspeptic. During the hot months of the year, he should dress in white outer garments, and wear a light hat made of straw, undyed and loosely-plaited. He should avoid heated and crowded rooms, and should, frequently, have recourse to the bath. Venetian sun-shades are a great comfort to a dyspeptic man.

He should spread out all his bed-clothes to air, the moment that he leaves his bed. At night, he should hang up all his day-attire for the same purpose. On the other hand, he should be careful, during *cold* weather, to keep his chest—but more particularly his abdomen—well protected. He need not, as a rule, irritate his skin by wearing flannel-vests next thereto, provided that

he uses the bath daily. It is advisable that not only his waistcoat, but the upper portion of his trousers also, should be lined with cricketing-flannel.

Tobacco is a narcotic, irritant poison, and should not be used by the dyspeptic. That it destroys appetite, by paralyzing the minute extremities of the nerves of the digestive tract, is an established fact. These nerves are far too highly organized to endure, without reprisal, being tampered with in such a manner.

CHAPTER XV.

DRUGS.

DRUGS should, in the treatment of indigestion, be, as much as possible, dispensed with. The dyspeptic invariably possesses a highly sensitive digestive tract, lined with membranes that are, usually, intolerant of medicines. Consequently, he should refrain from taking physic, except under medical supervision. Yet drugs, *when exhibited by skilled hands*, are, undoubtedly, valuable *accessory* means—nay, will in many cases alleviate, in the few, cure.

The drugs most commonly used for the cure of dyspepsia are—Pepsine, the digestive principle of the gastric juice; ginger, rhubarb, ipecacuanha; bismuth, opium, hydrocyanic acid; ice, morphia, and carbonic acid;

soda, potash, and magnesia; tincture of orange, of cascarilla, of calumba, of gentian, of hops, of chiretta, and of cinchona; quinine; salicine; nitric, hydrochloric, phosphoric, and sulphuric acids; phosphorus, strychnine, morphia; iron—more especially the ammonio-citrate, the ammonio-tartrate, and the lactate; cod-liver oil; sulphuric ether and ammonia; hyposulphite of lime, permanganate of potash, and carbolic acid; wood charcoal, silver, zinc, pure oxide of manganese; mineral waters. Purgatives: castor oil, with essential oil of almonds; colocynth; rhubarb pill; sulphur combined with magnesia and ginger; aconitine.

The difficulty that meets us in the treatment of indigestion by means of drugs, is, that their action varies with individuals—nay, with the same individual at different seasons. I confess that I have not yet succeeded in discovering a test, by means of which I can say, for certainty, whether acids or alkalies will prove the more appropriate remedy in a given case. In fact, I generally put to each patient the leading question: “Do you crave for sour things?” If he answer affir-

matively, I begin with acids; if negatively, —and this happens in the great majority of cases—I administer alkalies. Doubtless all physicians have their favourite formulæ. I, certainly, have mine. A few of these I shall give on future occasions.

Alkalies are especially indicated in cases of acid dyspepsia. Soda is very grateful to the stomach; it also induces a slight secretion of bile. Potash is useful in cases of extreme acidity, where lithates appear in the urine; in all cases its exhibition should be, as soon as possible, dispensed with, as, if given in excessive quantities, it is likely to burn, so to speak, the mucous membrane of the stomach. Magnesia is not only an antacid but a sedative also to the lining membrane of the stomach. These drugs should be administered in carefully-graduated doses, lest excess of them *more* than neutralize the *excess* of acid. They should be given at the moment of greatest suffering from acidity, and this usually occurs from two to four hours after meals. Unfortunately, the taste for alkalies becomes a growing evil.

Pepsine is one of our most valuable remedies. It is an assistant digester—literally, a pony that helps a diseased cart-horse to do its work. Ginger is a most useful stomachic; rhubarb is the best tonic to the stomach that the pharmacopœia holds out to us. Many a sufferer from indigestion, experiences vast comfort, by chewing a morsel the size of a pea, several times daily. Bismuth, opium in small doses, hydrocyanic acid, carbonic acid, also ice swallowed in tiny fragments, prove charms in cases of irritable mucous membrane. The vegetable tonics—orange-peel, hops, calumba, cascarilla, gentian, chiretta, salicine, cinchona, and quinine—are valuable, more particularly when administered in conjunction with either acids or alkalies. Phosphoric, nitric, and hydrochloric acids are useful tonics. The various preparations of iron appear to be especially indicated in those cases where extreme pallor of face shows that the digestive organs do not possess power to form the red cells of blood in due quantities. It is better to begin with small doses of the mildest—say one grain of the lactate—and,

after a time, pass through the ammonio-citrate, and finish with the ammonio-tartrate. Steel wine is frequently found useful. The tincture of steel but rarely suits a sensitive lining membrane. *Pancreatic-Emulsion* is a medicinal food, through the instrumentality of which, other articles of diet are assimilated. Its use is called for in cases where loss of flesh and loss of digestive power are foremost symptoms. It is especially serviceable when cod-liver oil cannot be tolerated, also when the functions of the pancreas become, from any cause, suspended. Cod-liver oil, either crude, or in the form of jelly or hydrated oil, is both food and physic, when it can be borne. It is necessary to begin with tiny doses, and to increase them very cautiously. Zinc is a tonic, but, in my opinion, not of much value in dyspepsia. In small doses it is valueless, in large it is apt to induce much smarting, burning pain in the stomach. Oxide of silver, also nitrate of the same metal, are considered by some to be valuable sedative tonics. Vegetable charcoal, reduced to the form of biscuits, such as

those sold by Messrs. Bragg, of London, permanganate of potash, and carbolic acid are highly serviceable in cases of fermentative dyspepsia.

A feeling of relief comes over me as I begin to write on *Strychnine*. It is one of the very few drugs, used in indigestion, the therapeutic action of which may be, with tolerable accuracy, foretold. Almost every case of dyspepsia is accompanied with a greater or less amount of nervous atony. Strychnine is a most powerful nervine tonic. At the same time it is a non-irritant; hence, both in theory and practice, it meets the requirements of the dyspeptic. It should be administered in very small doses. It is generally found necessary to extend its exhibition over a prolonged period — three or four months, in fact. It should always be given in the form of a pilule, scientifically coated, and, consequently, tasteless; inasmuch as, in any form other than that mentioned, its intensely bitter taste proves most irritating to the palate of the dyspeptic.

Mr. Bolton, Chemist, of Robertson-street,

Hastings, lies under a promise to myself, to keep in stock all the drugs and preparations that I mention in this volume.

The usual dose of strychnine is the thirtieth, fortieth, or fiftieth part of a grain. It should be taken immediately after meals. Its use is especially indicated in the large subdivision of cases of indigestion, that are accompanied by neuralgia or chorea.

Aconitine is, also, a drug of remarkable value in the treatment of indigestion. It is a powerful nervine sedative, and, of course, called for in those cases that are accompanied either by pain or acute nervous irritability. It may be administered either in combination with, or separate from, strychnine. The fiftieth of a grain usually suffices to afford relief. This drug also, may be obtained from respectable druggists, in the form already mentioned. Strychnine and aconitine are, in my opinion, the two pharmacopœial crutches of the dyspeptic.

Phosphorus is useful in those cases of indigestion that have prostrated the nervous systems of the sufferers. Many years ago,

Dr. Pereira wrote of it: "After its absorption it acts as a stimulant to the nervous, vascular, and secreting organs. It excites the mental faculties and the sexual feelings, raises the temperature of the skin, increases the frequency of the pulse, promotes the secretions, and operates as a powerful sudorific and diuretic. It is administered as a stimulant to the nervous centres in convulsive and old paralytic cases." It cannot, in my judgment, take rank with strychnine as a permanent improver. It is an anodyne as much as, if not more than, a tonic. Useful adjuncts to phosphorus are strychnine and quinine.

Purgatives are seldom admissible in the treatment of indigestion. The lining membranes of the dyspeptic are in a condition, much too sensitive, passively to tolerate their presence. Even when they afford temporary relief, such relief is followed by an aggravation of original symptoms. The least injurious of them are almond-oil, olive-oil, castor-oil (the last combined with small doses of liq. opii sedativus), magnesia, sulphur, confection of senna, and Tamar Indien. I never

travel beyond these limits when a patient insists that I shall prescribe a purgative; indeed, the avoidance of purgatives constitutes a primary element in my plan of treatment of indigestion. Fortunately, diet and hydro-pathy supply us with all the means of purgation that we require. Fruit, vegetables, stewed-prunes, stewed-pears, brown-bread, oatmeal-porridge, ginger-bread, or rhubarb-jam usually effect the desired purpose. Even the last-named I seldom employ, as I find that the oxalic acid that the rhubarb contains frequently acts as a powerful irritant. I recommend every dyspeptic to make a trial of the Whole Meal-Bread, before resorting to the use of purgatives. It frequently induces an alvine evacuation, when drugs have failed so to do.

Mineral waters, some dyspeptics find useful as purgatives; to others, the taste of them is particularly repugnant. A third of a tumbler of cold-water, taken before breakfast, and repeated twice or three times, at intervals of six hours, is frequently found useful.

A current of *Electricity*, passed from tongue

to anus, often proves of essential service in indigestion complicated with constipation. In hydropathy, however, the physician's strength lies. An enema of soapy water, used either warm or cold, seldom fails, when properly employed, to procure an evacuation. It is, unfortunately, frequently but imperfectly applied, hence it unjustly acquires the reputation of failing to produce benefit. The object to be aimed at is to *fill* the large intestine—using two quarts or so for the purpose. Thus used, it seldom fails to effect its object. There are, however, many individuals to whose feelings, both mental and corporeal, the use of the enema is absolutely repugnant. Let such make trial of the following means:—

1. Dipping the hips into and out of a deep sitz cold bath for about five minutes; or,
2. Taking a sponge in each hand, dipping one into hot and the other into cold water, and applying them alternately, and for the space of five minutes, first to the abdomen and then to the loins; or,
3. Irrigating the perineum twice or

thrice daily, and for five minutes at a time, with the ascending-douche. If the patient possess a bath-room it is only necessary to affix to his cold water-tap a vulcanized tube, terminating in a galvanized-iron elbow, fixed to a base, and surmounted by a rose. This can be placed at the bottom either of a sitz, or a large chamber-utensil, and he can sit over it.

These means, when persevered with for a reasonable period, seldom fail to obliterate constipation.

CHAPTER XVI.

GALVANISM.

I USE this agent in cases of constipation alone. I apply one pole of the battery to the tongue—the other to the anus. I have not found it necessary to introduce a rheophore into the bowel. Dyspeptics are, invariably, preternaturally sensitive, both in mind and body. A physician who fails to bear this fact in mind, will speedily lose the confidence of his patient. The *Constant-Current*, applied for the space of three minutes, generally suffices to induce a tolerably satisfactory motion. In exceptional cases, it is necessary to repeat the electrization after the lapse of six hours.

CHAPTER XVII.

OXYGEN GAS.

BOTH the physician and the dyspeptic owe much to Mr. G. Barth, of Duke-street, Bloomsbury, for the pains he has taken to supply them with an apparatus that is at once inexpensive and portable. The gas is invaluable in the case of those who follow sedentary occupations ; also of the many who manifest a tendency to obesity, to rheumatism, or to gout. The usual dose is one pint, diluted with four or five of common air—the whole being slowly inspired, and, if necessary, repeated twice or three times daily. The quantity may be, with safety, increased to the point of inducing headache. Those individuals, to whom extreme portability is non-essential, will do well to provide themselves with the Cylinder, rather than the Bag-form of apparatus.

CHAPTER XVIII.

SURGICAL INTERFERENCE.

THIS is rather a wide subject, yet need only be touched upon in this place. Thus—the roof of the mouth must be denuded, if covered with the plate of artificial teeth; carious teeth must be either stopped or extracted; if a ragged point of a tooth excoriate the tongue, and thus render the patient incapable of duly performing the function of mastication, it must be filed down; if the teeth are so deficient in number, as to render mastication impossible, artificial ones must be supplied; if the palate be cleft it must be closed by operation; or, and as a very imperfect substitute therefor, a gold-plate fitted over the aperture; if the patient suffer from hernia, he must be supplied with

a properly adjusted truss. In the case of a female, afflicted with prolapse of the womb, the viscus must be returned to its natural site, and retained in position through the agency of a pessary, introduced into the vagina. If he suffer from fistula or piles, the disease must be remedied by surgical operation. It must be borne in mind that digestion is, *directly*, influenced by any derangement or disease of the digestive tract, from beginning to end.

CHAPTER XIX.

CHANGE OF AIR AND SCENE.

CHANGE of air and scene is valuable in the treatment of indigestion, provided that it be obtainable under fairly favourable conditions. Dyspeptics must never become absolute idlers, inasmuch as lack of occupation rarely fails to call into existence scores of aches and pains, that, under the influence of occupation, would never have been experienced. When, however, they are in a position to obtain a change of surroundings, limited in duration, and accompanied with a sufficiency of mental pabulum, they, usually, derive benefit therefrom. I, very rarely, sanction their departure from our own shores, and for the following reasons:—(1) Because foreign cookery usually upsets their diges-

tion ; and (2) Because the imperfect cleanliness of foreign hotels, not infrequently, causes considerable derangement of the general health. Fortunately, dyspeptics can, if they will consent to remain at home, obtain the climatic conditions that are necessary for their sanitary well-being. Let us enumerate a few of the health-resorts that England holds out to them. In winter they can retreat to Torquay, The Undercliff, Bournemouth, or our own beautiful town, sheltered Dover, or, last but not least, balmy Sandgate. During the hotter months of the year, they may invigorate their unstrung nervous systems at Margate, Ramsgate, Folkestone, Broadstairs, Brighton, Scarborough, Whitby, Yarmouth, Lowestoft, the highlands of Hastings, The Peak, or the mountainous districts of Scotland or Wales. Why, then, I ask, should they travel farther afield, more particularly, inasmuch as, being only mortals, they may, at any moment, be overtaken by sickness, and consequently fall into the hands of a physician who still clings to the bleeding customs of the last century ?

CHAPTER XX.

ON CLOTHING.

BUT little need be written on this subject. It is a question of individual experience. Dyspeptics, as a rule, obtain the greatest amount of bodily comfort when but lightly clad. They flourish in an air that is fairly bracing, provided, of course, that they are reasonably-well covered. They cannot tolerate flannel worn next to the skin. It irritates the external investment of the body, and, by sympathy, the internal membranes also. They easily chill when indoors, and, as a consequence, taking no exercise; but experience no difficulty in keeping up animal heat whilst on the move in the fresh air. Friends look on in astonishment at their recklessness; *they* smile at

their relatives' unnecessary fears. Nevertheless, it becomes dyspeptics to use caution, lest, by exposure, they acquire deposits in various organs, more particularly the lungs.

CHAPTER XXI.

ON MIXING WITH SOCIETY.

THIS subject ought to occupy a foremost position in the treatment of dyspepsia. Unfortunately, I am compelled to place it at the lower end of my table of remedies, on account of the difficulty, I usually experience, in inducing sufferers from indigestion, to avail themselves of its advantages.

Dyspeptics commonly consider themselves, unsuited, from mere shyness, to mix with their fellow-man. Such, however, is, usually, not the case. As the dyspeptic quits his home, he will tell his companion—"I'd give five pounds rather than go to A——'s dinner, even now. I shall only become a blanket to others, and upset myself." Yet, as a fact, once launch him fairly, and his natural

brilliancy soon asserts itself. The pleasing impression that is created upon his mind reacts upon his body; and, the morning after the lately dreaded ordeal has been successfully surmounted, he will acknowledge that he indulged in the pleasures of the table with exceptional freedom, and that he feels wonderfully improved by his dissipation.

A dyspeptic patient of my own has schooled himself, to such an extent, that he now delights in addressing monster audiences.

Society is, like occupation and exercise, life to the dyspeptic.

I now proceed to detail a few cases, which have for their object the support of the theories I have already propounded.

CHAPTER XXII.

CASES.

CASE IX. — *Vesical Calculi, the result of Indigestion.* — E. W., aged four years, a dispensary patient, fell under treatment on October 1st, 1876.

My little client was a strumous member of a strumous family. Her mother died of phthisis a few months after her birth. Her digestion had been always weak. Attendants had considered that she was suffering from inflammation of the bladder. A paroxysm of pain occurring during my visit, I separated the labia externa, and saw a stone presenting at the orifice of the urethra.

On October 17th, I, assisted by Dr. Allen Duke, of Dover, proceeded to operate. Having rapidly dilated the urethra, I

grasped the presenting calculus with a pair of long forceps and removed it. I then passed my left fore-finger into the bladder for the purpose of thoroughly exploring the viscus. To my surprise, I discovered two other calculi, each suspended to the fundus of the organ by a pellicle of mucous membrane. These I, after expending some little trouble, succeeded in grasping and removing.

The child made a rapid recovery; kind lady-visitors having supplied her with nourishment, light and suitable.

I gave strict injunctions in regard to her future dieting—injunctions, which, as far as the limited nature of the resources of the father would permit, were strictly carried out.

The portions of calculi saved amounted to a drachm and a half in weight. To this must be added the quantity of débris lost during the performance of the operation; also a number of pieces begged from me by the child's friends. The total amount of calculous material was probably about two drachms. The stones were of the phosphatic variety.

Within four months of the date of per-

formance of the operation, she had not only completely recovered the power of retaining her urine, but had also developed into a comparatively well-nourished individual. I last saw her in June, 1879. She was then perfectly well.

This case I published in the *Lancet* of August 23rd, 1879.

CASE X.—*Vesical Calculus, occurring in a Girl of ten years of age.*—One evening in March, 1864, I was called to see S. B., residing in Snargate Street, Dover. Her mother had suffered from indigestion, for many years. S. B. “took after her mother.” This patient had been, more or less, laid by for upwards of two years, and was considered to be suffering under inflammation of the bladder. Of late she had had no medical attendant, but her friends had administered soothing medicine in large quantities. They had sent for me, on the evening in question, as they considered it doubtful if she could live till morning. She was a mere skeleton. She lay in bed, stretched upon her back,

with her knees drawn towards her chin. She had pressed the fingers of both hands upon the urethra, until the integument thereof had become perfectly soddened, and had acquired the appearance of that of the hands of a woman who had done a long day's washing. For form's sake I passed a sound into the bladder; of course, with the result of finding a stone. I gave her opium to deaden the keen edge of her sufferings, and, as soon as arrangements could be perfected, placed her in the London Hospital.

Mr. Curling rapidly dilated the urethra and removed a calculus of (to the best of my recollection) the uric-acid variety.

This patient last consulted me in Folkestone, in the early part of 1879. She is married, but has no family. Thanks to a regulated diet, she has experienced no return of her sad malady.

CASE XI.—*Indigestion terminating in Lateral Curvature of Spine.*—Catherine W., aged fourteen, resident in London, became a patient in June, 1866. Her mother, a highly intellectual

lady, stated that, whereas, on the one hand, Catherine W. had never been a muscular girl, and had suffered considerably from dyspepsia, for the last several years, she, on the other hand, had enjoyed fairly good health. About twelve months previously, she had begun to flag, and had, consequently, been sent to a school at Richmond. Of late she had always appeared drowsy, and disinclined for study. She had also begun to stoop.

The patient herself informed me that she "could sleep all day long;" that "she could not study"—in fact, "could not fix her attention;" that if she tried to do so, she "got a very bad headache," and felt she must "jump out of window, or do something dreadful;" that her mistress "thought her lazy;" had made her "sit on a form without a back;" that this "caused her to feel sick," in fact, "sometimes made her actually vomit;" that she "felt sparks running down her back, legs, and arms," and that *then* her "limbs jumped;" that "the girls laughed at her," but that she "did not consider it a laughing matter." Her pupils

were dilated, her respiration hurried, her breath foetid, and her tongue coated. Her head was hot, and her extremities cold.

I examined this patient very carefully, stripped to the waist. No organic disease existed, but her right shoulder had grown out, that is to say, she had acquired lateral curvature of the spine.

My instructions were as follows:—

To lie upon a mattrass, and to sleep till she woke of her own accord; to sponge piecemeal, from head to foot, with cold water, every morning; to recline upon a hard sofa, or the hearthrug, for several hours daily. To take just the amount of walking or driving exercise that she felt equal to—no more.

Her diet to be as follows:—

Breakfast.—Cocoatina, with plentiful milk, and sugar to suit palate; egg or bacon; toast, cold, and well buttered.

Dinner.—Soup, more particularly *pea* soup (if found suitable), boiled salmon, cod, whiting, sole, or eel; a little meat if craved for, not unless; plenty of vegetables, especially

vegetable-marrows, peas, beans, cauliflowers, broccoli, artichokes, potatoes, French beans or scarlet-runners; never cabbages, radishes, or, in fact, any of the *cruciferae*, any that possessed a hot taste. Milky puddings to any amount, pie-crust with jam or cooked fruits spread thereupon, after it had cooled; pears, cherries, strawberries, oranges, apples, melon—*ad lib.*

Tea.—Same as breakfast.

Supper (if found not to disturb rest).—Cocoatina and milk, with cold buttered toast; or plain biscuit and a little water.

Grapes, the jelly of raisins, and milk, to be taken whenever desired.

Medicine.—

R—Sodæ Bicarb. ℥j.

Tr. Aurant. ℥ij.

Spt. Ammon. Aromat. ℥j.

Ad. Hydrocy^c. Dil. ℥ viij.

Aq. add ℥viiij., sumat sextam part: ter die, horâ unâ ante cibum.

The patient shuddered at the thought of taking cod-liver oil, so I prescribed as a substitute therefor,

R—Ol. Amygd. Dulci ℥iv.

Sumat ℥j. bis terve de die, grad.
 cres. ad ℥ss ter in die.

C. W. improved rapidly, until she, one day, very unwisely, and without previously obtaining my sanction, took a cold sea-bath. The result was a great throwback. She was not herself again for at least a fortnight. It is my experience that the application of sea water, even in small quantities, to the skin, usually and, by sympathy, upsets the mucous membranes of dyspeptics.

At the expiration of a month I substituted, for the last medicine, the following:—

R—Sodæ Bicarb. ℥j.

Spt. Ammon. Aromat. ℥j.

Tr. Cinchon. Co. ℥iss.

Liq. Pot. Arsen. ℥ss.

Syr. Aurant. ℥iij.

Aquæ destillatæ ad ℥viiij., sumat coch. ij., ampl. ter die, horâ unâ post cibum.

After two months residence at Dover, she returned to London, wonderfully improved in health. My final instructions were, that her diet was to be regulated upon the sound

principle of not "what you like," but, "what suits you." That she was to continue with unlimited sleep, and to do no more studying until her health was perfectly restored; also that she was to be permitted to become a wild colt, rather than be forced into the mould of a drawing-room young lady. I further directed that she should take the fiftieth of a grain of strychnine twice daily for six weeks, and once a day for a further period of three months. Shortly after her return to London the catamenia established themselves, and continued with uninterrupted regularity.

About four years afterwards, a young lady hailed me as I drove down East Cliff. It was my old friend Catherine W. She had developed into a magnificent woman—tall and stately. I am satisfied that the well-instructed fashionable young ladies of the age of Miss W. must have found her a formidable competitor for the attentions of the lords of the creation.

Just a general remark or two, suggested by the case of Miss W. The old saying, that "men are hardware and women porcelain," is

absolutely correct. The physical conformation of the latter proves beyond doubt that their earthly mission is to bear and to suckle children. Mental strain, either at the beginning or the cessation of the uterine flux, is a matter fraught with danger to health. Over-education of woman is, in all respects, a monster mistake. It impairs the maternal nature. Heaven created her to become an addendum to the man—not his compeer—certainly not his rival. True, one here and there pushes forward into the man's first rank; equally true, a man here and there falls back into the woman's. *With what result?*—That each is unsexed—each viewed askance by the world at large.

CASE XI.—In July, 1865, J. L. K. was brought to me by his father. He was about seventeen years of age, tall and well developed. The boy said nothing. His father stated that he had got on capitally until about twelve months previously, when he “had taken a lazy fit, and would not learn.” Also that he had “begun to throw his eyes

up, and to stutter, and to become a devil of a temper; but he meant to cure him, or else to kill him—he didn't care particularly which." A brief examination convinced me that the case was easy of diagnosis. That it was one of colonic indigestion. I requested the father to leave his son alone with me for a few minutes. I then kindly and gently requested the lad to give me his confidence. He told me that, a year previously, he had discovered his inability to apply himself to his studies; that wind rolled in his stomach, and went up to his head; that he felt shocks running all through him; that his family sometimes laughed at him, sometimes teased him, and sometimes scolded him; that he told falsehoods because he could not bear to be bored; that he would rather poison himself than bear all his vexation much longer; that he wished to die, as he was sure he could not suffer more in the next world than he had endured, of late, in this. I assured him that he might dismiss all fear, as he would, with the employment of a little care, speedily become his former self again. I then sent him away, recalled

his father, and explained that the poor lad required both care and gentle and kind treatment. I added that suicide would probably result if matters continued to take their present course. I ordered him a diet of fruit, vegetables, and fish, with plenty of milk, but very little meat; also total abstention from study. I prescribed a blue-pill to be taken at bedtime, followed by a black-draught in the morning; also the interrupted cold shower-bath, night and morning. The day after taking the pill and draught he voided a large quantity of lumpy motions, some black, some white, some green. Forthwith, I prescribed the fortieth of a grain of strychnine, to be taken night and morning.

Within six weeks he was, once more, perfectly himself, and competent to resume shortened studies. The change proved lasting.

In my opinion, J. L. K. was rescued from suicide.

CASE XII.—I attended Mrs. W. B. in six accouchements. The first three infants she declared her inability to suckle. They grew

up pale and thin, with projecting foreheads and enlarged joints. When she desired to secure my attendance at her fourth confinement, I declined to yield to her request, except with the understanding that she would consent to suckle the new-comer, fully, and for a period of at least eight months. This course, she, after a little hesitation, consented to follow. The result was, as might have been anticipated. Number Four speedily shot ahead of Number Three. She had neither over-hanging forehead nor monster joints. Numbers Five and Six are as healthy as Number Four. The contrast between the suckled and the fed members of the family is of the most marked character. The three eldest continue to suffer greatly from indigestion, and have carious teeth. The three youngest suffer in no degree from dyspepsia, and possess teeth firm as rocks.

CASE XIII.—H. B. A. was a schoolfellow of my own more than thirty years ago. In those days he suffered greatly from dyspepsia, frequently rejecting his food. He also ex-

perienced much annoyance from headache, and was, not seldom, laid up either with colonic spasms or strumous ophthalmia. Being a talented boy, his parents were extremely solicitous that he should be pushed on with his studies as rapidly as possible.

Three years' since, I was consulted in reference to his case. He suffers from indigestion, and has been on the verge of insanity on two several occasions. Fortunately for himself, he has, at all times, been a very moderate drinker, nevertheless he is the victim of a fatty liver.

A cold plunge-bath daily, unlimited sleep, vegetable diet, with an abundance of milk, and finally, the thirtieth of a grain of strychnine night and morning, have worked wonders in this case, which, at one time, threatened to prove most distressing in its issues.

Remarks.—It is a mistake, of a by no means trivial character, to attempt, intellectually, to force a child of weak digestive powers. Frequently, consequences do not manifest themselves for many years. Never-

theless, the fact remains, that if we draw bills on the future, Nature presents them for payment, *as they become due.*

CASE XIV.—R. B. was born on the borders of the Essex marshes. In infancy he suffered so heavily from convulsions that his life was despaired of. At the age of eight years he was, by the advice of a Scotchman, sent to Scotland to receive his education. To use his own words—“The cold killed me. The big boys would not allow me to get near the fire. I could not eat the Scotch food. I used to lean against the walls and cough.” During the eleven months of each year that he spent in the north, he grew nothing; during the one month that he passed in the south he grew rapidly. His head was large, his temper so violent that he could scarcely be accounted a sane man. At the age of twenty-five he experienced a cross in love. This blow he never fully recovered from. He suffered severely from indigestion throughout life, frequently also from its resultant, rheumatism. The whole digestive tract was pre-

ternaturally sensitive. The mere mention of a dish that he considered unsavoury would cause him to eject wind from the stomach, in large quantities. He would shudder and become violently angry, if the subject of enemas was mentioned. He was a great smoker, and, though a so-termed "moderate drinker," drank much more than his sensitive mucous membrane could tolerate. He died of cancer, in several organs, at the age of forty-nine.

This patient was, frequently, under my observation. He was extremely obstinate, hence my oft-repeated endeavours to induce him to abandon the use of tobacco and (so-termed) moderate drinking proved futile.

Though only five feet four inches in height, he was broad in shoulder and possessed of considerable muscular power. He positively revelled in physical labour.

R. B.'s case is one of the many that the physician encounters, in which *a man may be the victim of mortal disease, yet be totally unconscious of its existence.* It chanced that, one day he was dining with me, and

the conversation turned upon the subject of sick men. Suddenly he swang his arms about, in a somewhat frantic manner, and exclaimed, "Well, thank goodness, I'm always well; never sick nor sorry!" I remarked, unthinkingly, "I cannot divine the cause, but *whenever you laugh or exert yourself your right cheek becomes blue.*" About six months after this date, he wrote, informing me that he suffered from a terrible cough, and that he "had a lump as big as a hen's-egg under his right collar bone." Clearly, even at the time of his boastings, cancer in the chest had advanced so far that a neighbouring absorbent gland was enlarged and pressed upon the lower end of the external jugular vein!

I am well acquainted with the medical history of R. B.'s family. An intense vitality pervades it. I entertain no doubt but that, had he been placed under conditions reasonably favourable to longevity, he would have attained man's allotted three-score and ten.

CASE XV.—B. J. was brought up on the banks of the Lea. He always disliked the smell of the fresh-water, more especially at low tide. As a child he was a mere skeleton, with a large pendulous abdomen. He was talented, but very weak and nervous, being the victim of chorea, and stuttering very considerably. The aim of his parents was to save as much money as possible for the benefit of their numerous progeny; hence his food was coarse in quality and his clothing insufficient in amount. He dreaded night, because he knew he should see “horrible faces” as soon as the light was extinguished. On account of his nervousness, he was terribly scolded by his parents, and sadly teased by his brothers and sisters. He used to be “sick in his throat,” as he expressed it, “all day long;” and unable to stand erect first thing in the morning. He dreamt “awful things;” so much so, indeed, that he “had a horror of sleep,” and used to “put his head under the bed-clothes because he felt safer there.” At the age of four he was sent to a preparatory school. His mistress was not kind to him.

The boys treated him "very badly," but the girls "loved and kissed him." At ten he went to a boys' school. His preceptor was of a most passionate temper. (He died of softening of the brain at the age of forty.) Although he always strove to learn his lessons, his "master" would "cane him if he lost his temper with one of the lazy boys." In fact, he was "in a state of terror" all the year round. He was very fond of swimming, and frequently went into cold water three times a day, remaining immersed for half an hour at a time. He was usually "laid up with a cough" for several weeks every winter. He made up his mind to become senior pupil in the school, and he did succeed in struggling into the first place. At twenty-two he went to college. Determined to be a foremost man, he studied hard, and laid himself up in eighteen months. This brought back the indigestion which had been slowly receding since the age of fourteen. This gentleman is now hard upon fifty. He has gone through a sea of troubles, yet still he lives on and

enjoys comparative health, *provided that he studies his stomach.*

His table of diet is as follows:—

Breakfast: Cocoatina, or milk and water, with a little bacon. Tea: Ditto, minus the bacon. Dinner: A good meal, consisting of a little meat, plentiful vegetables, light puddings, possibly fruit. No beer, wine, or spirits. No supper. Either of the latter invariably calls forth indigestion. Beckitt's Fruit Syrups are great favourites with B. J. He finds that they suit him admirably.

B. J. very seldom takes medicine. Drugs "always upset him;" purgatives "kill him."

If his liver becomes very much deranged, he sometimes indulges in a dose of Hyd. c. Cret. Now and then he takes an effervescing draught, composed of soda and acid; occasionally—

R—Sodæ Bicarb. ℥j.

Spt. Ammon. Aromat. ℥j.

Tr. Aurant. ℥ij.

Aquæ ad ℥viiij., sumat sextam part. ter in die.

Generally, he goes on the more sensible plan

of giving his stomach a few hours' rest. Then, unfortunately, "his wife bothers him," declaring "he will starve himself, and have a serious illness;" but "he knows better." He flourishes under the influence of hard work; at once flags if unemployed.

B. J., like many another dyspeptic, finds that a dose of Lamplough's pyretic saline affords speedy relief when indigestion threatens to overpower him.

CASE XVI.—Mary P., aged twenty-eight, is frequently under treatment, the victim of heart-burn. She is very tall, and stoops a great deal. She grew rapidly "between the ages of fourteen and seventeen, and has never been herself since." Her father is a farmer, doing well on a small scale. M. P. would like to become a lady's-maid. Indeed, she has had several good places, but always is laid by, if so situated that she is unable to obtain unlimited fresh air. She has twice suffered from rheumatism. Her former medical attendant considered her disease to be weakness, and treated her with quinine and increased diet.

Light diet and matutinal cold spongings have worked marvels in this case.

The only medicine that her sensitive stomach can tolerate is the following:—

℞—Sodæ Bicarb. ℥j.
 Liq. Bismuth. ℥j.
 Tr. Aurantii ℥ij.
 Spt. Ammon. Aromat. ℥j.
 Syr. Zingib. ℥iij.
 Ad. Hydrocyc. Dil. ℥ viij.

Aquæ destillat. ad. ℥viiij., sumat ℥ ss. quater de die.

CASE XVII.—In January, 1868, I was called to see H. P., aged ten, the child of a publican. She was a weakly little creature, with a large head and tumid abdomen. She was “always crying,” and hence named “Jennie Grievous.” She “hated meat” and the “nasty port,” that they “made her take.”

I explained to the parents that she required more clothing, abundance of fresh air, and light food, suited to the weakness of her stomach. They told me at once that

they "had no faith in starvation," and that "the pale face of the child told plainly that she wanted good, nourishing port wine."

Of course, I did not call a second time. Within twelve months of the date of my visit to her, "Jennie Grievous" had pined and died.

CASE XVIII. — Mary W., aged nine, was under my care, at frequent intervals, between 1864 and 1871, and always for the same ailment—dyspepsia. This patient was pallid in face, round in the back, and tumid in the abdomen. In 1871 she "tripped over the curb and struck her stomach." The following morning I was sent for. I found her lying on her back, her knees drawn up, constantly vomiting, and her face betokening the keenest agony.

She could tolerate no local applications, so all that I could do was to ease pain. I threw one-fourth of a grain of morphia on to her tongue every four hours. She speedily sank into a state of typhoid, and the case appeared hopeless. On the tenth day of

her illness, an abscess began to point at the umbilicus. On the fourteenth, it broke. The child showed great symptoms of improvement immediately after the escape of the pus. The first article of diet she asked for was pork-pie. This I, at once, allowed. About the seventeenth day she ate enough to satisfy a navvy in hard work. She made a splendid recovery, and her indigestion left her. I saw her about two years afterwards. She had become "a strapping girl." This was, clearly, a case of *tabes mesenterica*, which the blow on the abdomen had caused to terminate in abscess.

CASE XIX.—In August, 1870, B. J., a medical student, fell under my care. He was a tall stripling, twenty years of age. He had studied very closely, and feeling unwell, had come to Dover for change of air.

Wishing to get up his strength as speedily as possible, he ate meat three times daily, and that, too, very insufficiently cooked. With the same object in view, he drank half a

bottle of Bass's stout; in which had been dissolved four grains of quinine, with each meal. He felt, however, that he got worse rather than better, and hearing that I devoted much attention to the subject of diet, thought it advisable to consult me.

I explained to him that such a course as he was pursuing, might be very safe for a man who was performing hard physical labour, but was totally unsuited to an individual in his position; that the intense pallor of his face informed us at once that his digestive organs had power, *at that date*, to elaborate but little red-celled blood.

I ordered him to partake of an unlimited quantity of milk, soup, vegetables, fish, and bread; also a table-spoonful of brandy in half a tumbler of water, twice daily. I further directed him to lie prone for an hour after each meal; to sponge from head to foot every morning, and always to have his sleep *out*. His recovery was both speedy and satisfactory. Within a fortnight I allowed him a mutton-chop once daily; and, as he very much desired it, half a bottle

of nourishing stout with his dinner. He returned to London at the expiration of a month from the date of his first visit to me, and, finally, passed his examinations very creditably.

In 1872, he wrote that he "had learned from" me "what *true* feeding consisted in."

CASE XX.—W. W., aged twenty-six, had just taken to a most arduous vocation—one, in fact, that allowed him scarcely any certain repose, either by night or by day. Following his own inclination, plus the advice of his friends, he had adopted the universal opinion, that he "must eat and drink *well*, in order to keep up his strength." Accordingly, he ate meat three times daily, and drank half a bottle of port (sometimes more) during each twenty-four hours. He was so feeble he could scarcely stand; suffered severely from night perspirations, violent palpitation of the heart, and nausea, sometimes terminating in vomiting; also from coldness of extremities and heat of head.

Fearing the supervention of phthisis, I urged him, if possible, to abandon his voca-

tion, at least for a time. This, however, he declined to do, except as a last resource, inasmuch as it was certain to prove very lucrative, within a few years.

Treatment.—For the present, entirely to give up the use of meat and alcoholics. To take as much as he felt he could digest of milk, beef-tea, vegetables, cocoatina, fruit, and toast well-buttered. Also to sponge piece-meal, from head to foot, and with cold water, twice daily. Furthermore, to take Liq. Arsenicalis, ℥v.; Aq. destillat. ad ℥j., ter die post cibum.

At the end of a week he had considerably improved. He found the cold sponging “delightful—fresh life in fact.” He “would like a little alcohol, though, very much indeed,” if I would allow him to take it.

Treatment.—To continue as before. To take a table-spoonful of brandy, in half a bottle of soda-water, twice daily.

A fortnight passed, and he was “wonderfully better.” His “night perspirations had entirely disappeared.” To be allowed a little good fish or poultry for dinner daily. To use the

interrupted cold shower-bath night and morning; and to make trial of the following mixture:—

℞ Quinæ Disulph. gr. xij.

Ferri Sulph. gr. vj.

Acid. Sulph. Dil. ℥ss.

Syr. Aurant. ℥j.

Aquæ destillatæ ad ℥viij., sumat ℥ss., ter in die post cibum.

Three weeks after this, I permitted him to take, at his own desire, a mutton chop, twice daily, and to substitute claret for brandy and water. I, further, ordered the thirtieth of a grain of strychnine to be substituted for the quinine and iron mixture, above referred to.

My patient made an excellent recovery. He, in due course, abandoned his alcohol, of his own free will. He continued the use of the shower-bath.

Remarks.—There can be no doubt but that consumption would speedily have terminated W. W.'s career, had he persevered in the course of over-stimulation he was then pursuing. Like many another dyspeptic, he was undergoing a process of slow starvation,

though his stomach was full—full, that is to say, of food unsuited to his digestive organs in their *then* condition.

The tonic powers of cold water are simply marvellous—incredible, in fact, to him who has not, *in propria personâ*, experienced their efficacy.

CASE XXI.—Mrs. A. K., a most devoted wife, was in the habit of taking long walks with her husband—sometimes, indeed, they “got over fifteen miles at a stretch.” She “felt it was too much; but did not like to leave dear C. to wander about alone.” Very often—usually, in fact—she could not digest her food, on her return home. She was losing flesh rapidly, and felt that “something must be done.” She was “unwell during the greater part of her time, and suffered much from leucorrhœa during the intervals.” Her sight failed her, disappearing suddenly, and returning without a moment’s warning. She also had “creepings from her stomach upwards, and shocks through the right side of her head, down her body and left leg.”

C. told her "she would be all right in time. Every one had to go through a hardening process."

This was a serious case—clearly nervous exhaustion, inducing indigestion, and threatening to terminate in epilepsy.

Treatment.—To confine herself to the sofa; to take only the articles of diet she found to suit her, and to sponge from head to foot, with cold water, twice daily.

This patient was well-to-do. Her diet consisted of fruit, cream, high-class soups, poultry, and game. She implored me to spare her the misery of "swallowing nasty drugs," as she "hated physic." She was particularly partial to Robb's biscuits. These she ate in large quantities.

At the end of a fortnight she had much improved, and begged to be allowed "a cut from an honest sirloin of beef." The cold sponging she found "delightful." Water was "worth a guinea a pailful, if people could only be brought to think so." She now began to walk moderate distances. I had a shower-bath constructed for her use, the sieve

of which was pierced with *tiny* holes. I ordered her to use a pailful of water night and morning, her body being covered with a waterproof sheet. Very speedily she, without asking my leave, dispensed with the sheet. Shortly afterwards she requested that the tiny holes might be enlarged into very big ones. She was, at this date, capable of walking, without fatigue, four miles daily.

She made a good recovery. When last I heard of her—now some three years since—she was still compelled to use care in diet.

CASE XXII.—This case resembles, in some respects, the former, but was, unfortunately, by no means as happy in its termination.

J. R., a clerk, was picked up in the street, having fallen in an epileptic fit. Being well known in his town, he was carried direct to his home. I was sent for. Upon arrival I found him still partially unconscious. His pupils were dilated; his head was hot, his feet cold, and his tongue severely bitten.

He was a dyspeptic member of a dyspeptic

family. Had been in the habit of taking things at table "just as they came." Was very fond of tea and coffee, and ate a good supper every night. He was accustomed to drink two or three glasses of ale daily; sometimes a little spirits as well, "when he felt done up." The premonitory creepings always began at the stomach; he had frequently felt dizzy and staggy, in consequence of them, but had never before fallen to the ground. He had eaten meat-pie for supper the night previously to his attack, and had "had a bother with a fellow-clerk that morning." When this patient had recovered consciousness, I explained to him the exact position and prospects of his case; viz., that, with strict care in diet, he might look forward, with confidence, to complete restoration; but that unless the means necessary were used, he would, in all probability, become a confirmed epileptic.

The diet I ordered was as follows:—

For breakfast and tea—Cocoatina (very milky), either egg or bacon, and cold buttered toast or biscuits—the last more particularly

of the charcoal variety. For dinner—Vegetables, fruit, poultry, fish, milky puddings, pie-crust with preserves spread thereon, *if found to suit*. For drink—Aërated ginger-beer or Beckitt's fruit syrups. Most rigidly to abstain from tea, coffee, cheese, beer, wine, spirits; anything either cooked inside a crust, or warmed a second time.

To wear a straw hat, pale in colour, all the year round, and a white coat when the weather was hot. To keep his feet warm.

To avoid irritants, and excitants of all kinds. To stand on a flannel, spread in a saucer-bath, and to squeeze the contents of a monster sponge, dipped in cold water, over his head, night and morning.

To sleep in a cool room, to lie upon a mattrass, and to use no more bed-coverings than he found necessary to secure adequate warmth.

To allow his beard, which he had hitherto shaven completely off, to grow fully. To have three teeth that were carious extracted. At every meal to masticate his food thoroughly; to abstain from drinking till he had finished eating; to rest for half an hour after each

refection, but, under no circumstances, to fall asleep. For medicine, to take fifteen grains of bromide of ammonium thrice daily.

For a time, this patient improved, although he refused to submit to extraction of the carious teeth before mentioned. One day, he again quarrelled with his brother clerk. The result was a severe epileptic attack. Believing his case hopeless, he ceased to take medicine; and finding that his fits recurred in spite of comparative care in diet, he returned to his old careless ways. When last I heard of him, he had become a confirmed epileptic.

Remarks.—This case demonstrates the advisability of seeking medical advice in the early stages of disease. In *physic*, a stitch in time saves *ninety-nine*. This patient ought not, even from early childhood, to have taken such indigestibles as tea, coffee, cheese, and beer; still, much might have been done, had he sought the aid of a physician, when first he began to feel the “creepings” mentioned. I ordered the abandonment of shaving for two reasons: (1) On the general principle that we can seldom interfere with nature without

paying a consequent penalty; and (2) because close observation has proved to me that the beard does, in some manner that I do not understand, adjust the electrical balance of the system. I shall never forget a reproof that nature inflicted upon me, some twelve years since. I removed all the hair from the head of a little girl of six, who was suffering from continued fever. *Shortly, a soft down grew over the lower part of the face, including the nose!* I ordered the extraction of teeth in the case of J. R., because I am convinced that carious teeth are frequently the cause of epilepsy. The limits that I have prescribed to myself in this book do not permit me to quote a tenth part of the cases I should like to record. Did space allow, I should touch on several points in connexion with epilepsy.

Many patients appear somewhat surprised that I, *as a general rule*, permit dyspeptics to partake both of pie-crust and sugar. Of the former my experience is, that, whereas it is a fruitful source of indigestion, when made with inferior ingredients, such as salt butter

or lard; it very seldom upsets, even the most delicate lining membrane, if prepared with high-class materials. Sugar, when taken in moderate quantities, also *seldom* causes uneasiness. Eau-sucré is, in fact, a valuable drink in dyspepsia. The beverages with which it is usually mingled, such as tea and coffee, almost invariably give rise to disturbance. Thus, very frequently, sugar is blamed for the sins of its coadjutors.

We must not lose sight of the fact, that the food provided for our sustenance in the hour of greatest weakness contains a large amount of sugar.

I have treated several cases of indigestion in which *highly-sweetened* cocoatina has been the staple article of diet permitted; and this the patients have described as proving most soothing and grateful to their debilitated digestive organs.

CASE XXIII.—In December, 1865, I attended C. M., a well-to-do lady, aged about fifty. She had suffered from indigestion throughout life; and had resided, for

the space of thirty years, in the West Indies.

She was paralysed in the right arm, and suffered much from neuralgia in the right side of the face. Upon examination, I found the whole abdomen tender, but the region of the liver especially intolerant of pressure.

Treatment.—I ordered the immediate removal of a carious molar tooth on the affected side of the face. This very materially modified the neuralgia. I administered a blue pill at bedtime and a black draught the following morning. These brought away an enormous quantity of hardened fæces and black bile. I also directed my patient to take a hot sitz-bath, night and morning, until the abdominal tenderness had disappeared. Within *a few hours* of unloading the liver and bowels, the paralysis of the right arm had nearly vanished. Six baths were taken, and the tenderness of the abdomen almost ceased to exist.

Remarks.—This case illustrates (First) the interdependence of the various organs of the

body; and (Second) the fact that disorder or disease may flow from more than one *fons*.

CASE XXIV.—Lady B. fell under treatment in May, 1864. Her hair was black, and her whole countenance betokened bile. She had suffered from indigestion almost from her cradle. Ten years since, she had voided gall-stones. Her bowels were usually constipated; and, at times, piles troubled her greatly. She never walked out; in fact, was not strong enough to take bodily exercise. She drove out in her carriage daily, and enjoyed the air very much. Supper was the only meal she cared for. She was a great lover of tea. She never quitted her bed earlier than 10 A.M.; or retired for the night before the small hours had set in. She was comfortable enough at evening; but dreaded the reappearance of morning, as she always felt very ill for the first few hours of the day. She knew no one could cure her indigestion; but she sent for me, hoping I “might do something for her

hearing, which frequently deserted her without a moment's warning."

I explained that this interruption of the sense of hearing betokened irregular nervous distribution of a somewhat marked character. That, in the present stage, it was, undoubtedly, perfectly curable; but that, if allowed to continue in its course, unchecked, I could not take upon myself to answer for results. Not a little astonished at my statement, she, being considerably frightened, promised implicit obedience to my injunctions.

Treatment.—My usual diet for the dyspeptic, viz.—Cocoatina, egg, bacon, toast, vegetables, fruit, fish, milk, butter, very little meat. No alcoholics. Cold sponging night and morning. Daily walking exercise.

Results.—Rapid improvement. At first the giving up of tea, also of suppers, was a severe trial. She remained under my care for six weeks, then returned to her seat in the Midland Counties.

The following summer, I enjoyed a friendly interview with my late patient. She informed me she "had not felt so young for

many years;" and that, as I had foretold, she now disliked even the smell of her late special weakness—Tea.

Remarks.—I regard tea as one of the worst foes of the dyspeptic. Its ravages are peculiarly noticeable among the lower classes—the majority of whom keep the teapot stewing on the hob during the greater portion of the day.

The two cases, now to be recorded, demonstrate the power of tea, temporarily to unseat reason.

CASE XXV.—K. C., aged thirty-three, had been dyspeptic for many years. Was nearly drowned at the age of twenty. Of late has had much mental anxiety, which has occasioned great loss of sleep. Enjoys tolerable health, provided that he watches his diet carefully, and lives principally on milk. Is extremely fond of tea. This, however, he dares not take, inasmuch as one cup, even of moderate strength, will throw him into a state of religious mono-mania, causing him

to kneel down, and, despite the presence of onlookers, pray in the most violent manner.

CASE XXVI.—J. T., aged fifty-five, has suffered from indigestion for many years—in fact, “has always been bilious.” Of late has met with severe pecuniary reverses; also, has lost his wife. “Lives on the most simple diet,” yet, occasionally, becomes very bilious in spite of all “his self-denial.”

Tea throws him into a state of religious melancholy, causing him to pace his room incessantly. If spoken to, when in this condition, the only answer he gives is, “Lost soul, Sir! Lost soul!”

CASE XXVII.—M. S., a retired tradesman, aged fifty-five, has “great faith in keeping yourself up.” Suffers from gout now and then, but “does not complain of that” as he is “always better afterwards.” In 1872 he met with an accident, which confined him to bed for several weeks. Being his medical attendant I, at once, explained to him, that, now that he was debarred from all exercise, he

must cease to take full diet. In vain I appealed. His wife openly set her face against my teaching. The result was, as I had foretold, the supervention of a most severe attack of gout. As he lay in bed he thought matters over. Finally, he resolved to abandon the use of alcoholics and to take much less food than he had, hitherto, indulged in.

Result.—He speedily began to feel lighter, stronger, better, happier. Several years have passed since M. S. received the injury. He has experienced no fresh outbreak of gout. He has long since resumed business.

CASE XXVIII.—B. H., aged thirty, a banker's clerk, came under my charge in July, 1868. He was, naturally, a dyspeptic man, and, of late, had become much worse. His breath was foetid beyond endurance, his tongue foul, and his face wore an anxious expression. The symptom that caused him the greatest distress was "wind in the stomach;" every movement of which "he felt in the head." His bowels were in a highly irritable condition. He was compelled

to run to the closet from eight to twelve times in the course of twenty-four hours. Usually, he passed a quantity of small motions, "like the stems of tobacco pipes;" frequently he voided only a little frothy slime; always he "expelled wind, with a 'bob' like the explosion of a toy-cannon."

Treatment.—To lie prone for several hours daily. To take only vegetables, fruit, poultry, fish, bacon, milk and water, and a little soda-water and brandy; charcoal biscuits to be substituted for bread. Under no circumstances to eat after seven p.m. To take the following medicines:—

R—Hyd. c. Cret. gr. ij.

P. Rhei. gr. ij.

P. Ipecac. Co. gr. iv. ft. pulv. o. noct. s.

R—Liq. Donovan. ℥ xxv.

Tr. Cinchon. Co. ℥ j.

Spt. Ammon. Aromat. ℥ j.

Syr. Zingiber. ℥ iij.

Aquæ ad ℥ viij., sumat ℥ j., ter die post cibum.

To take a Russian vapour, or an ordinary vapour, or a hot-air, or a hot-water bath each night, remaining in the bath for five minutes

only. To dry himself, thoroughly, upon leaving the bath; and then to sponge, from head to foot, with cold water.

Result.—Within forty-eight hours he was “a new man.” He could sleep soundly; the foetor of breath had, to a great extent, departed; he desired to go to stool three times daily—no more. “Could not have believed it possible had he not experienced it.”

Within a month he went back to town, wonderfully improved. I recommended him, on his return home, to inhale a pint of oxygen gas; to take the thirtieth of a grain of strychnine; also to plunge under cold water, for one second, night and morning. This plan of treatment to be continued for, at least, three months.

At the termination of the period specified, I received from him a most amusing letter. I give a few extracts therefrom.

“Hurrah, Doctor, old friend, here I am at the L. S. D., as usual, and as jolly as a sand-boy, whatever sort of animal that may happen to be.”

“I vary my diet as much as possible—

cocoatina and charcoal for breakfast; charcoal and cocoatina for tea; some of Izant's rice pudding for dinner—nothing else, honou bright—and a hungry belly and some gas for supper. I swallow gas down to keep other gas from coming up—*similia similibus curantur*, you know." "I sleep like a top." "I have had a mighty bath made—my landlady does not take kindly to it, although I both fill and empty it myself." "You should see me roll into it. You would think I was *ursa pater* at the Zoo, after partaking plentifully of cayenne-pepper walnut." "The fellows here tell me I am starving, but, when I invite them to have a round with me, they, at once, throw up the sponge." "I hope to lead a beautiful young creature to the altar before long." "Some tell me she will lead me by a halter after marriage. *Nous verrons.*"

B. H. was, in 1874, manager of a bank at the Antipodes. He is married and has several children, all of whom are healthy.

Remarks.—This class of case is, in most instances, perfectly amenable to appropriate treatment; yet, if allowed to run

its course unchecked, usually terminates in cancer of some portion of the large intestine, at or about the grand climacteric—sixty-three.

What a mystery is Number Seven, even in physic! Seven, fourteen, and twenty-one, we all recognize as critical periods. We do not, I think, attach due importance to the woman's six times seven, the man's seven times seven, and the man's nine times seven.

Case XXVIII. must be studied, side by side, with Cases XXIX. and XXX.

CASE XXIX.—G. J., a gentleman of property, was under my care, more or less continuously, from 1870 to 1873. He had been dyspeptic and nervous throughout life. At about the age of forty, was incapacitated for several months, suffering under severe depression of spirits. Was much annoyed by irritation of the skin, particularly of the hands, which he scratched until little bloody points appeared, which refused to heal. The bowels acted several times daily. His motions were always very small, "like tobacco-pipe

stems." He never went to stool without wind escaping "with a pop—like a gun going off." He would willingly take drugs, but refused to give up his tea, coffee, cheese, ale, and sherry.

The medicine that he usually found suit him was—

℞—Sodæ Bicarb. ʒj.

Liq. Bismuth. ʒj.

Spt. Ammon. Aromat. ʒj.

Tr. Aurant. ʒij.

Ad. Hydrocyc. Dil. ℥vj.

Liq. Pot. Ars. ʒss.

Aquæ destill. ad ʒviiij., sumat sextam part. 4 tis horis.

The irritation on the skin becoming all but intolerable, I sent him to consult a specialist. He returned with a prescription for soap, lotion, mixture, and pills, and with promise of speedy cure, but with no instructions as regarded diet.

About this time he began to flush from hair to collar-bones immediately after meals, more especially if he partook of alcohol, even in the tiniest quantities. I explained to

his relatives that I considered this an ugly symptom. Shortly afterwards he complained that his motions "fell through"—that he had lost all control over his lower bowels. He slowly sank, and died of cancer in the rectum, at the age of sixty-four.

CASE XXX.—A. M. was a thin, spare, weed of a man. I knew him, intimately, from 1837 to 1852. He then removed from my neighbourhood. About 1845 an attack of depression of spirits laid him up for several months. In 1870 I heard that he was very ill—slowly sinking in fact. Having obtained permission from his medical attendant, I paid him a professional visit. He was suffering under a large carcinoma at the lower opening of the bowel.

CASE XXXI.—B. D., a foreman carpenter, came under treatment in 1862, suffering from eczema of both legs, which, as he said, "drove him almost crazy, they itched and smarted so." I told him I must not venture to attempt a cure without first endeavouring

to rectify the indigestion that was the cause of the eruption; that he must abandon the use of beer, tea, coffee, and cheese. He replied that he worked hard and must have his cheese and beer, but added that *he* would run all risks if *I* would cure his legs. I ordered bran lotion (one quart of boiling water to be poured on to a double-handful of bran); I administered internally—

R—Potass. Iodid. ℥ss.

Liq. Potass. Ars. ℥xxx.

Infus. Gent. Co. ℥j.

Aquæ destillatæ ad ℥viij., sumat coch. ij., amp. ter in die, post cibum.

To the delight of B. D. his legs soon healed. One evening I was summoned hastily to see him, as he was supposed to be dying. I found him suffering severely from asthma. I administered hot water until he threw up the contents of his stomach. He had, a few hours previously, eaten heartily of beef-pudding and cabbage. The vomiting relieved him; nevertheless the asthma continued, though to a modified extent. The following morning, finding him

still suffering, I ordered him to scak his legs in a pailful of hot water, in which four ounces of mustard had been well mixed. This speedily caused the eczema to reappear in the former locale. At once his asthma subsided.

He refused to carry out legitimate instructions, I therefore declined longer to attend him. I lost sight of this patient altogether.

CASE XXXII.—J. M., aged thirty-five, a farmer's wife, fell under treatment in April, 1866, suffering from Eczema Rubrum of the right leg. I confined her to bed, placed her on a diet of vegetables and milk, and used the following medicines:—

R—Liq. Donovan. ℥ss.

Tr. Cinchon. Co. ℥iss.

Spt. Ammon. Aromat. ℥ss.

Aq. ad ℥viiij., sumat sextam part. ter in die.

R—Ad. Acet. Fort. ℥j.

Liq. Plumbi Diacet. ℥j.

Spt. Vini Rect. ℥j.

Liq. Opii Sed. ℥iij.

Aquæ ad ℥xx. Make a lotion to be kept constantly applied.

The leg speedily improved, but all attempts to set the digestive apparatus in order proved futile.

She resided in a country district where baths were unobtainable. I took my leave, having explained that she must look forward to a further attack of sickness before much time had elapsed.

Three days afterwards, I was again summoned to attend J. M. Eczema had reappeared—on this occasion, on both legs. I allowed her nothing but milk, soda-water, and grapes. I applied hot opiate lotions to the limbs. Recovery from the eczema was slow. When, however, the eruption terminated in desquamation, the indigestion, from which she had, so long, suffered, had almost entirely disappeared.

CASE XXXIII.—J. S., a widow, aged sixty, fell under treatment for erysipelas of the head and face, three times during the year 1876. The crisis of the third attack was so serious in character, that I felt compelled, upon her recovery, to warn her as to

future possibilities in a manner as decided as it was fatherly.

She promised that she would entirely abandon the use of tea, coffee, cheese, the crust of pie and pudding, and ale and wine; also that she would consent to walk a distance of, at least, three miles daily.

About eighteen months afterwards, I met her in the street. She told me she had implicitly followed my instructions, and was "never so well in all her life." She added that "she now saw" that I "was right in stating that her attacks were Nature's struggles after health."

CASE XXXIV.—C. V., aged forty-five, a colonel's widow, came under treatment in August, 1864.

Symptoms.—Flatulence, heartburn, dislike of food, combined with a feeling that she must, nevertheless, either take it or sink. Tongue foul, breath offensive, bowels constipated. Spirits so depressed that she was constantly in tears. Sometimes "feared she should make off with herself." Rest dis-

turbed by horrible dreams. Was always either sleepless or very drowsy.

Treatment.—To walk at least three miles daily. To sponge with cold water, from head to foot, every morning. To adhere closely to the following scale of diet:—

Breakfast and Tea.—Cocoatina, very milky. Cold buttered toast, a little bacon, or an egg.

Dinner.—Beef-tea and charcoal biscuits for the next three days. Afterwards vegetables, fruit, soup, and milky puddings. At the expiration of a week, to try a little boiled fish, and gradually to creep up to meat.

Supper.—Better without any; but, if very hungry, a little milk and water, and a charcoal biscuit.

Medicine.—To take

R—Ad. Nitro-Mur. Dil. ℥ss.

Tr. Calumbæ ℥j.

Syr. Zingiber. ℥iij.

Aquæ ad ℥viii., sumat sextam part. ter die, horâ unâ post cibum.

C. V. made a rapid recovery. In August, 1865, she wrote that she was perfectly well. He added, naively, that her friends violently

opposed her consulting me, in the first instance, as they were sure that my "starvation system would soon kill a person in her weak state of health."

CASE XXXV.—Miss A. M., aged nineteen, resident in London, and sent to me by a former fellow-student, came under treatment in August, 1867. She had been dyspeptic, and, consequently, highly nervous for several years. Of late had been unable to sleep without taking a dose of chloral-hydrate. Still became weaker.

After investigating this case thoroughly, I arrived at the conclusion that, if A. M. would regulate her diet, and abandon her nightly dose of chloral, she would speedily improve in health. This she steadfastly refused to do, on the ground that she "should not sleep a wink" if she were to omit her narcotic. One day I was summoned hastily to attend A. M. I found she had experienced an attack of epilepsy.

I, now, most peremptorily ordered, that not another dose of chloral—or, in fact, of any

narcotic—should be taken. I, further, enjoined a little nutritious diet, also daily general ablutions.

The patient improved rapidly. She returned home, at the expiration of four weeks, a changed individual, acknowledging that chloral was not, as she had supposed, a necessity of her existence.

CASE XXXVI.—M. W., aged about forty-five, a tradesman's housekeeper, was under treatment for asthma, dependent upon indigestion, on various occasions between the years 1862 and 1866. Light diet and alkaline medicines, never failed to afford considerable relief. In 1867 her master, who was a veteran total-abstainer, induced her to sign the pledge. The result was, that the asthma entirely disappeared.

Remarks.—I may mention, in this place, that Dr. Beaumont's experiments on Alexis St. Martin, proved that the introduction of alcohol into the stomach, was invariably followed by inflammation of the lining membrane.

Dr. Benjamin Richardson is, beyond all

question, justified in affirming that many a man who is a very moderate drinker, nevertheless, "dies of drink."

CASE XXXVII.—Jane P., aged about fifty, had suffered from indigestion for many years, but had not experienced much relief from medicine. Her struggles after breath, when attacked by dyspepsia-asthma, were terrible to witness. Her conjunctivæ were swollen to such an extent that the eyes appeared to be almost floating in fluid. Her face was, at all times, congested.

Treatment.—To walk two or three miles daily. To sponge from head to foot, piecemeal, every morning, using water at first tepid, but gradually reduced to cold.

Diet.—Never, from that hour forward, to taste tea, coffee, cheese, beer, wine, spirits, the crust of pie or pudding, anything either warmed-up or cooked inside crust. To live on a diet of milk, vegetables, fruit, and fish, the last to be raised to meat if the stomach were found, in course of time, to be sufficiently strong to tolerate the change.

I attended Jane P. for about a fortnight—then I left her, and, 'midst the worry of a large practice, entirely forgot her. Some twelve months afterwards, I met her in the act of taking her daily constitutional. She informed me that, thanks to adhering closely to my system of diet, she quite lost the asthma, shortly after I ceased my visits

Remarks.—This was, apparently, a hopeless case; one, in fact, of congestion of the internal membranes, of a very marked character.

CASE XXXVIII.—In September, 1871, I was summoned, in hot haste, to the bedside of A. T., aged forty, “who had thrown up a lot of blood and was dying!”

Upon arrival I found that A. T. had vomited about twelve ounces of blood from the stomach. She was a sallow, bilious woman, and had suffered much from indigestion.

Treatment.—I confined her to bed, and ordered her to live exclusively on soda-water and milk, plus the jelly of grapes. Under

the influence of this light diet, plus rest in bed, the liver slowly unloaded itself; the patient, day after day, passing motions that were almost black in colour.

She made a recovery, tedious in duration, though satisfactory in result.

Remarks.—This was a clear case of ulcer of the stomach, and, as usually happens, dependent upon obstruction of the liver.

CASE XXXIX.—In March, 1868, I attended T. A., a professional man, aged forty-two, who suffered severely from indigestion, and consequent asthma. Week after week passed by, yet T. A. became thinner and more debilitated, and, that too, in spite of nominal obedience to the diet scale I had laid down for his guidance. At last I boldly inquired of his wife if I was correct in supposing that he drank more freely of wine than was good for him. She replied that, though never any approach to a drunkard, he had been a somewhat free drinker from the age of sixteen; and added, that, several physicians of high repute, whose

names she gave me, had pronounced his case perfectly hopeless.

A second examination of his urine confirmed a diagnosis that I had previously made, to the effect that he was in an advanced stage of albuminuria.

By dint of much persuasion, he consented to try my "new system," as he called it, for the space of six months. The new system consisted in the total abandonment of alcohol, also narcotics of all kinds; the diet to consist entirely of milk and grapes, and to be gradually raised, through the stages of beef-tea, soups, vegetables, and fish, until it, finally, reached the stage for meat. Now for

Results.—At the end of four months he had gained three stones in weight; was perfectly free from asthma; could eat a beef-steak for his breakfast; walk four or five miles daily; and remain out of bed from 8 a.m. until 10 p.m., instead of from noon till two, as heretofore. An examination of his urine now proclaimed the fact that the late disease of the kidneys had, to a great extent, disappeared.

Now for the dark side of the picture—

Circumstances separated him from me. He returned to his old habits, and in a few months, died, I am told, suddenly; another victim to so-termed moderate drinking.

CASE XL.—In July, 1876, I was called, late one evening, to see M. B., aged about twenty-five, whom I found dying. She had suffered from indigestion for many years, but had never laid up for it. That morning, feeling poorly, she had asked her ordinary medical attendant to send her a little medicine. So trivial in amount, however, did he consider her ailment to be, that, when sent for in the evening, he refused to attend.

Remarks.—This was, in my opinion, a case of perforating ulcer either of the stomach or duodenum. Doubtless, appropriate treatment would, had it been entered upon, many months previously, have warded off this family catastrophe. Yet in spite of oft-recurring calamities, such as the death of M. B., the physician experiences the greatest difficulty in inducing his patients to believe

that *functional derangement, existing year after year, means organic disease at last.*

CASE XLI.—E. A., a gentleman of property, aged forty-four, came under treatment, in 1870, suffering from diffused eczema. He stated that he “had always suffered from indigestion, but that he liked a good dinner notwithstanding. Eczema, however, was more than a joke; in fact, it allowed him no peace night or day.”

The whole mucous tract was in a state of intense irritability. His tongue was pealed, he experienced considerable pain after taking food, and his bowels were constantly on the work. Nay more, they were absolutely superficially ulcerated, as was proved by the fact of his, frequently, passing blood and pus with his motions.

Treatment.—Perfect rest in bed. His diet to consist solely of soda-water and milk, Revalenta Food, the jelly of grapes, and, if he felt very hungry, a little charcoal-biscuit carefully chewed.

To take the following medicine internally :—

R—Tr. Aconiti ℥ xvij.

Ad. Hydrocy^c. Dil. ℥ vj.

Aquæ destillatæ ad ℥ viij., sumat sextam part.
4 tis horis.

To apply to legs:

R—Tr. Opii ℥ iij.

Aq. ad ℥ xx.

Within three days he felt “wonderfully lighter and happier; in fact, in all respects, better, and as for” his “legs, they were famous.” He “could sleep, now, without tearing them to pieces.”

At the expiration of a month this patient was perfectly cured, and was able to take the ordinary dyspeptic man’s diet, such as cocoatina, vegetables, fish, and fruit.

I now dismissed him, with many cautions. A week afterwards I was again summoned to attend E. A. A city friend had called upon him. “He hated such starvation nonsense, he declared. E. A. had better get up his strength again by taking a good beefsteak and a glass of sound old sherry.” Alas! E. A. yielded to persuasion. He drank a glass of good old sherry! Within

fifteen minutes he felt rheumatism, lodged in his eyeballs: within four hours his legs and chest were, again, invaded by eczema. A return to light diet speedily ridded him of his troublesome enemy. He gave up city dinners; took a house at Highgate, and enjoyed a comfortable existence thenceforth.

CASE XLII.—W. H. sought advice in 1864. He complained a great deal of indigestion, but “the thing that troubled him most” was that as soon as he began to eat “he was compelled to make a rush to the w.c., and, to speak truthfully, did not always succeed in getting there quite in time.”

I explained that his symptoms betokened violent irritation in the large intestine; and, that it was most important that the irritation should, if possible, be arrested without delay.

Treatment.—Diet to consist solely of soda-water and milk, vegetables, fruit, cocoatina, charcoal-biscuits, and cold buttered toast. To assume the recumbent posture immediately after meals. To take a vapour bath, followed by cold sponging, every second day. The following medicine to be taken as directed:—

R—Tr. Opii ℥ xviiij.

Tr. Aconiti ℥ xviiij.

Ad. Hydrocy^c. Dil. ℥ vj.

Aq. destillatæ ad ℥viiij., sumat sextam part. horâ unâ ante cibum.

W. H., finding himself much relieved, at the expiration of about ten days, refused further treatment, and returned to his accustomed diet.

Nature, however, cured him in spite of himself. She threw him out into eczema from head to foot. For several weeks he lay, apparently, at death's door. When sufficiently recovered to stand, he was, as he expressed it, "only skin stretched over bone." Nature made yet another struggle in his behalf. His appetite returned, like the big wave rolling on shore after having been driven back by an earthquake. The quantity he ate was almost incredibly large—amounting to, as much as, two pounds of meat, a half-quartern loaf, three pints of milk; a pound of grapes; a fruit tart; some figs, and half a melon in the course of twenty-four hours.

I examined both himself and his excreta

daily; and finding that he assimilated all he took, encouraged him to eat as much as he wished for. After a time the appetite fell to a normal standard, and the patient completely recovered health.

CASE XLIII.—M. A., an unmarried lady, thirty-two years of age, came under treatment in July, 1866. Her symptoms were very similar to those of J. H.

Medicines and regulated diet appeared to do her but little good, so I determined to, if possible, draw out the irritation through the natural eliminator, the skin.

As she lived in a district where vapour-baths were unobtainable, I used the water pack. At the end of a fortnight an eruption, resembling nettle-rash, appeared upon the surface of the body. In two days it became papular, in eight it was vesicular, in twelve pustular, in eighteen squamous. The scales did not cease to re-form for several weeks.

This patient completely recovered.

Remarks.—*How to pack a patient.*—Envelope him in a sheet which has been dipped in

tepid water, and thoroughly wrung out. Wrap him in a dry blanket and cover him with three or four more. Tuck a down coverlet over all. Let him remain packed from thirty to sixty minutes, according to the sudorific effect produced. Remove every covering. Dry him. Sponge him over with cold water. Dry him again. Let him rest.

CASE XLIV.—B. W., aged forty, has, since infancy, suffered from indigestion. Of late, family troubles, plus losses of money, have beset him on all sides. Two small ruptures—one in each groin—have, as a result of depressed vital powers, formed. Is not conscious of having overstrained himself; but, having a large family dependent upon his earnings, is very anxious to, if possible, rid himself of his herniæ.

I explained that, inasmuch as he was beginning to descend the hill of life; and inasmuch as, moreover, his protrusions were, as far as I could ascertain, the result of a natural yielding of tissue, I could not promise any result beyond relief obtained by mechani-

cal means. Nevertheless I advised him to consult a London specialist. The latter guaranteed him a cure, within two years; and ordered him a new form of truss, for which the maker charged three guineas.

B. W., like most dyspeptics, possessed a highly sensitive skin, and, not infrequently, suffered from eczema. His truss kept him in a state of continued irritation, round the pelvis; moreover, the hinges formed by the junction of the springs with the pads, frequently picked up the pubis. He bore his purgatory, with comparative equanimity, for the space of three years. One morning he, much out of temper, called and informed me, that unless I could supply him with something in the form of a truss, much less irritating than that which he was then wearing, he must seek other advice, as he would no longer consent to bear suffering, which he believed to be susceptible of obviation, by means of skilful surgery.

I obtained from a neighbouring chemist an ordinary spring truss of the required size; and this I, myself, adjusted.

Within a week the redness of skin had departed from the whole of the recently-invaded surface, with the exception of one patch, about an inch in diameter, and situated over the last dorsal spine of the sacrum. This patch, however, persistently refused to yield to the soothing treatment adopted.

I now removed a portion, two inches in length, from the back of the spring of B. W.'s truss. This afforded relief to the tender spot mentioned. Nevertheless, the pressure induced by the divided ends of the spring proved insupportable. I removed a further portion, two inches in length, but, alas, with a similar result. I now took away a third portion, of similar dimensions; but still the pressure proved insufferable.

I obtained from Maw's, Aldersgate Street, a truss made of the very best, and consequently softest, materials; and containing a spring of *extreme feebleness*. From that spring I directed a saddler to remove nine inches of the middle portion, and, very carefully, to re sew the coverings.

What small amount of grip was necessary,

I obtained through the medium of the grasp that the remaining portions of spring exerted upon the ilia, resting as they did, between the superior and inferior spines. Pressure I secured by means of a strap passed from a pin situated on the back of one pad, to a similar pin, projecting from the back of its fellow. This instrument answered its purpose admirably.

Maw's firm is prepared to supply appliances of the kind for the sum of seven or eight shillings. I have requested that every truss of this variety that they sell shall be impressed with my name, also the size, stated in inches.

I drew the attention of the profession to this form of truss in "The Lancet," of April 12th, 1879.

The advantages that I believe it to possess are as follows:—

Whilst perfectly fulfilling the object for which it was called into existence, it is—

- (1) Inexpensive ;
- (2) It never irritates the skin ;
- (3) It cannot become entangled with the

pubis. Inasmuch as it fits closely, and requires but dwarf brass pins,

(4) It does not impart a bunchiness to the figure ;

(5) It does not destroy the under-garments ;
or,

(6) Cause them to ride up and collect in a roll on the loins ; also

(7) It does not require the use of galling perineal straps to keep it in position.

There are sundry precautions to be taken during the process of manufacture of this truss ; these, however, Messrs. Maw's workmen are well posted in. I recommend sufferers from mild forms of hernia, to obtain these instruments from Messrs. Maw, through the medium of their local druggists.

B. W. was delighted with his truss. He has never had an irritable spot on his pelvis since he has used it.

The late Mr. John Adams, surgeon to the London Hospital, who chanced to be staying in Dover, saw this patient in consultation with myself. He highly approved of the truss I provided. He further gave it as his

opinion, that a cure of the hernia was a termination of the case, scarcely to be hoped for.

Shortly afterwards, B. W: applied to me stating that "as soon as his stomach became upset, his ruptures always gaped very much." I purchased a Savory & Moore's ear-syringe; I removed the nozzle, and substituted therefor a flat rose.

By means of this he irrigated his inguinal regions night and morning. The stream of water thus adjected "bound him up beautifully," he said.

B. W. continues to suffer from indigestion. He has given up all hope of curing his herniæ. He uses his syringe persistently. He often rallies me about "my friend, the London specialist," and pronounces the £3:3s. truss to be "a transaction that put, at least, £1:1s. into the specialist's own pocket."

CASE XLV.—C. F., aged fifty, consulted me in 1865. He had suffered from indigestion for many years; also from eczema; but his greatest trouble, by very far, was prolapse of the lower bowel.

Treatment.—To live on light diet; to eschew tea, coffee, cheese, beer, and suppers. To pump a stream of cold water, against his perineum, for five minutes, night and morning.

I only saw C. F. once. Two years afterwards he again called on me in reference to the illness of a very aged relative. He told me that my “water-spout soon took his bowel up.”

CASE XLVI.—C. K. consulted me in 1868. Had never suffered much from indigestion until 1865, when, “having exchanged a thick double-breasted coat for a thin open one, he rode outside the coach from Dover to Deal in the teeth of a cutting east wind.” He “did not think it was cold until” he “got to the top of the Castle Hill; or” he “would not have been guilty of such folly.”

I examined this patient carefully, and finding that liver, kidneys, and bowels were free from disease, I could arrive at no other conclusion than that the solar plexus was the organ at fault.

Treatment.—To have both waistcoat and upper portion of trousers lined with cricketing

flannel. To wear a broad flannel belt. To live as much as possible on fluid food, and to take that at the temperature of the body. To use the vapour-bath twice a week, and to take a strychnine pill (grain one-thirtieth) night and morning for three months. To consider a chill as his bitterest foe.

C. K. continued this treatment for four months, when. "feeling wonderfully better, he allowed Nature henceforth to take her own course." Somewhat to my surprise, much to my satisfaction, he perfectly recovered.

CASE XLVII.—T. G., aged sixty, consulted me in January, 1878. Had been under treatment for two years, on account of cough, coupled with frequent vomitings. Did not suppose I could do him any good, in fact, believed he was "done for;" and would rather die than suffer as he did.

A careful examination proved to me that T. G.'s principal ailment was congestion of soft palate and upper part of pharynx.

Treatment.—To remain indoors whenever the wind blew from east or north; to walk

briskly in the open air when it came from west or south. To live on light food. To wear, round the throat, every night, a flannel well sprinkled with warm water, a dry flannel being super-imposed. The affected portions of the throat to be brushed lightly over with Tr. Ferri Perchlor. every morning; to use a steel gargle (Tr. Ferri Perchlor. ℥j., Aq. destill. ad ℥viij.) three or four times daily.

Results.—Within three days he was much relieved. At the expiration of a fortnight he “considered himself cured, and right glad should” he “be to have no more of” my “nasty brushes down his throat.”

CASE XLVIII.—E. M., aged twenty, was never well; in fact, her stomach was always upset. The diagnosis in this case was extremely easy, her wasp-like shape pointing, unmistakably, to constriction of the waist as the cause of her disorder.

Treatment.—To take light food only. Above all, to wear her stays loosely laced. To take no medicine at all. To sponge with cold water, from head to foot, every morning.

This patient made a speedy recovery.

CASE XLIX.—C. B., a young giant, aged seventeen, and nearly six feet in height, was brought to me in August, 1875. He was growing at the rate of upwards of four inches a year. He ate so enormously, his mother stated, that she really feared he must, some day, fall in a fit. C. B. himself stated that he was always hungry, notwithstanding his great eatings, and that he “could attack a leg of mutton at that moment.”

“Had he worms?” the anxious mother asked. After careful examination of the patient, I could only conclude that he perfectly assimilated all he ate, and that there was no evidence of the existence of worms. I therefore congratulated the lady that her son’s digestive organs had proved themselves equal to the strain, necessarily imposed upon them, by his rapidity of growth. As she quitted my consulting-room, she informed me that he “was destined for the army, but did not appear able to study.” I urged that no study should be permitted as long as he grew at his present rate.

I saw nothing more of C. B. I do not

doubt but that he, in course of time, made a perfect recovery from a monster appetite.

CASE L.—A. N. M., an unmarried lady, aged thirty-two, consulted me in 1870. Her “digestion was terribly bad”; but that she was not at all surprised at, as a tendency to dyspepsia pervaded her family. The redness of her nose was that for which she desired, more particularly, to consult me. Many persons thought she drank, and this annoyed her excessively, as she was most abstemious in her habits.

Treatment.—To take light food only. To walk at least three miles daily. To sponge from head to foot, every morning. Never again to touch tea, coffee, cheese, beer, or wine. To take the following medicine:—

R—Potass. Iodid. ℥ss.

Potass. Bicarb. ℥ss.

Tr. Cinchon. Co. ℥j.

Spt. Ammon. Aromat. ℥j.

Tr. Aconiti ℥xij.

Aquæ ad ℥viiij., sumat ℥ss., ter die post cibum.

R—Ung. Hyd. Nit. Ox. ʒj.

Paululum nar. n. m.q. infricand.

This patient did not improve. After a time, I began to suspect secret drinking. My suspicions proved correct. 'Twas another crime to be laid at the door of "The grocer's licence."

CASE LI.—M. B., aged twenty-eight, an unmarried lady, came under treatment, in July, 1876. She had suffered from indigestion, for a prolonged period. Usually felt as if she had a hot brick in her stomach. Of late, her nose and chin had begun to show ugly red spots, and to smart very much. She was greatly perturbed in mind lest she should be thought a drunkard. "She was no drunkard—far from it—in fact she was all but a teetotaller."

I soon discovered that the chief cause of the indigestion and redness of face was the somewhat large use of tea. I ordered her entirely to abandon tea and coffee, to live on light food, to walk several miles daily, and to sponge, from head to foot, every morning. To apply a tiny quantity of Ung. Hyd. Nit. Ox.

to the spots on the face twice daily, and to take the following mixture:—

R—Potass. Iodid. gr. xij.

Tr. Aurant. ℥ij.

Spt. Am. Aromat. ℥j.

Syr. Zingib. ℥ij.

Liq. Potass. Ars. ℥xxx.

Aquæ destill. ad ℥viiij., sumat ℥j., ter die horâ unâ post cibum.

This patient made an excellent recovery. She, however, craved so intensely for her tea that I allowed her to take a single cupful of her favourite beverage, infused with cold water, from high class leaf, twice daily.

Remarks.—This case must be read, side by side, with that of A. N. M.

CASE LII.—E. B., aged fifty-eight, came under treatment in December, 1866. He had suffered from dyspepsia for many years; of late he had become afflicted with asthma. As he derived little or no benefit from the treatment I prescribed, I requested permission to examine his business premises. I soon discovered the cause of his disorder.

His warehouse was low-pitched. His office was situated in a corner thereof, and was so devoid of light that he was compelled to burn gas all day. Moreover, just outside it, was a urinal, used by the men in his employ, and which was not even trapped. In this office E. B. spent the hours that lie between 9 a.m. and 7 or 8 p.m.

I ordered the urinal to be removed, or at least trapped, and abundantly supplied with water; the warehouse to be whitewashed throughout; perforated zinc to be substituted for glass in the upper frame-work of the office walls; a chimney to be placed over the gas-burner; the patient to keep an oxygen gas-apparatus in his office, and to inhale one pint therefrom three or four times daily. Under no circumstances to omit to walk in the fresh air, for the space of ten minutes, every fourth hour.

Of course, I, from the first, placed him on dyspeptic man's diet. He improved considerably, though not to the extent that I desired, so I asked to be allowed to visit him at his home.

I found his house situated in a, by no means broad, street. It was small, and stood between two large ones. Behind it was a perpendicular cliff, some 250 feet in height; in front stood several four-storied tenements. The windows were nearly covered with curtains. The house, was, in fact, the abode of darkness.

I explained to him that, as with the vegetable, so with the animal, light meant life, darkness death! That 'twas impossible he could enjoy health under such conditions. His wife appeared decidedly angry with my statement. She said she "hated such a glare; besides, she did not want all her furniture spoiled."

I called at the office the following day, and, once more, laid truth before E. B.—that dyspepsia, plus asthma, went on, if unchecked, to disease of liver first, to disease of kidneys next. I urged him to give up his dark house, and take a residence near to the first country station—two miles, in fact, inland. He refused. Three months afterwards he called on me and stated that his wife and

himself had determined upon following my advice. They retired to the country accordingly. E. B. speedily lost his asthma and recovered his digestive ability.

The three following cases illustrate the power of displacement of organs in the causation of dyspepsia.

CASE LIII.—J. D., aged twenty-eight, a refreshment-house-keeper, came under treatment, suffering from indigestion, in June, 1876. He stated that he had been slightly dyspeptic for several years; that he had ruptured himself about twelve months previously, and had been worse since the occurrence. Upon examination I found him suffering from a bubonocèle in the right groin.

I gave him the necessary instructions as regarded diet; ordered him to wash from head to foot every morning; and to wear a truss, such as I should obtain for him.

J. D. was, in common with other dyspeptics, extremely thin-skinned. In a few days he came back telling me that his truss had rubbed

his spine sore, and that he could not bear it as he "had to do a lot of stooping." I had the truss altered to the pattern worn by B. W. The sore on the spine soon healed and the indigestion nearly disappeared.

CASE LIV.—M. W., aged fifty, the mother of ten children, sought my advice in 1876. Her uterus was not only prolapsed, but superficially ulcerated also. Her great complaint, however, was, "that if she only took a cup of tea, it lay like a lump of lead at her chest."

A few applications of caustic cured the ulceration of the prolapsed organ. I returned the uterus to its natural position, and retained it there, by means of an elastic pessary. This, conjoined with a regulated diet, daily ablutions, and a course of strychnine pills, worked wonders for M. W.

CASE LV.—M. N., aged forty-eight, lodging-house-keeper, came under treatment in June, 1878. She suffered much from dyspepsia. Her life had been despaired of, after the birth of her first child, thirteen

years since. Has now an umbilical hernia, the size of two fists. "Could not trace her rupture to any accident. Thought it came of itself."

A persevering catechization convinced me that the rupture was caused by general debility, the result of indigestion.

Treatment.—To wear an abdominal belt with elastic sides: to live upon the dyspeptic's diet, already, and so often, mentioned; to have a cold shower-bath every morning, and to take a strychnine pill night and morning.

Remarks.—At the expiration of three months, this patient had wonderfully improved in general health; also, the gaping sensation, that formerly existed in the neighbourhood of the hernia, had disappeared.

CASE LVI.—A. P., draper's wife, came under treatment in March, 1862. She was six months advanced in her first pregnancy, "could keep nothing down," and her "chest scalded like hot lead."

In this case there existed a peculiarly ugly symptom. One side of her face was flushed,

the other pallid. I explained to her relatives that this betokened an irregularity of nervous distribution, that caused me to look forward to her accouchement with the gravest apprehension.

Every means employed by myself and a brother practitioner to arrest vomiting proved futile. One morning, when I called, she appeared wonderfully relieved. She informed me that some medicine, that her father had brought with him from the country, had arrested the vomiting in a few hours. Of course I begged leave to read the prescription. It ran as follows:—

R—Mag. Carb. ʒj.

Ol. Cassiæ ʒx. Bene misce.

Æther. Chloric. ʒiij.

Liq. Calcis ʒvj.

Aquæ ad ʒxvj. Take a table-spoonful every ten minutes until vomiting ceases; then every two hours.

If a dose be rejected, give a second immediately.

This I write from memory.

The vomiting ceased. Labour came on in

due course. All went well for the first three days. Then restlessness and fever set in. She died of puerperal mania on the tenth day.

Remarks.—I have tried this same mixture with many pregnant women since I attended A. P. I have not found it *generally* successful. Many persons are unable to tolerate the taste of the oil of cassia.

CASE LVII.—W. H., aged sixty, was a foreman cabinet-maker. He was a sallow man, with very watery eyes. When I first hinted to him the advisability of using caution in his diet, he smiled at the suggestion. He said, "Indeed, Sir, I always thought I was very well." A few months after this event happened, I was, one morning, summoned hastily to see W. H., "as he had had a fit." Upon examining his urine I found he was voiding albumen in considerable quantities.

I placed him upon spoon diet, and entirely forbade the use of tea, coffee, or alcohol. He refused to give up "his little drop of

ale;" nevertheless, he, for a time, greatly improved in health.

Shortly afterwards I was again summoned to W. H.'s aid. He was enjoying his pipe and glass in a hot tap-room when he fell backwards in a fit.

He now consented entirely to abandon both drinking and smoking; but, alas, his day of grace had departed. Irregular nervous action of a very marked character set in. When he had not a headache, he could digest nothing. One Saturday, he told me he was so much better, that he intended to return to duty the following Monday morning, after breakfast.

On Monday about 8 a.m., epilepsy again seized him. He died at 2 p.m. the same day.

The two following cases demonstrate the power of mental emotions in the causation of Indigestion.

CASE LVIII.—A. B., a medical practitioner, middle-aged, and in poor circumstances, sought my advice in May, 1862. He stated that

he had, for a length of time, attended C. D., an unmarried woman, aged twenty-two, and that when, lately, he sent in his bill, one of her relatives called, accused him of most unprofessional conduct towards the girl, refused to pay his fees, and threatened exposure. "This happened four days since, and during that time I have eaten but little, and digested nothing," he said.

Fortunately for A. B., I was acquainted with the antecedents of C. D. I told him at once, that I did not doubt but that I could, very speedily, see him righted on all points. Immediately the expression of his face changed. I bade him rest on the couch of my consulting-room, whilst I visited C. D.'s mother. On my arrival I refused all colloquy with C. D., and demanded to see her parent. I explained to the latter that I was acquainted with her daughter's past history; that, whereas A. B. was poor, I was well to do; that unless all charges against him were withdrawn, and his bill settled within one week, C. D. would find me ranged, side by side with A. B., etc. etc.

Before he left my house he partook of a good meal.

It is needless to add that his account was paid. Also that C. D. troubled him no more.

CASE LIX. — E. C., aged forty-six, a man who stooped, was grey-headed, and, in fact, showed decided symptoms of premature age, came under treatment in March, 1863. He had sent his wife, to whom he was devotedly attached, to Dover, for change of air. She was not supposed to be seriously indisposed; notwithstanding, she died with extreme suddenness, shortly after her arrival. E. C. was telegraphed for, and arrived only to receive the fatal news. When informed of the catastrophe he became deadly pale; he seated himself, and said very calmly, "Then I wish to go with her."

He took little or no food. He sat in front of the fire, wearing his overcoat, all day. He spoke to no one. He said plainly, "Why should I take food? It does me no good."

This went on for about a fortnight; then

miliary tubercle began to appear in the lungs. Within five weeks of the death of his wife, E. C. was laid at rest beside her.

CASE LX.—In January, 1873, I was called to see E. T., aged about forty-five. She had been, for several days, under treatment, before I saw her, and was pronounced to be suffering under a severe bilious attack. Her prominent symptoms were diarrhœa, vomiting, dryness of mouth, plus some amount of sordes on teeth. I speedily arrived at the conclusion that she was the victim of blood-poison.

I commenced, at once, with spoon diet, a small quantity frequently repeated, and a mixture containing quinine and arsenic.

At the end of about six weeks, she was sufficiently recovered to go for change of air—first to Tunbridge Wells, next to Malvern.

She was not herself again until the lapse of about four years. Although she had not left home for several weeks before seizure, all attempts, on my part, to discover the cause of her attack proved futile.

CASE LXI.—In May, 1876, M. S., aged fifty-seven, fell under treatment. Her symptoms were vomiting, purging, a dry tongue, sordes on teeth, insomnia.

Knowing that, even in health, her stomach was very intolerant of quinine and acids, I treated her with—

R—Tr. Cinchon. Co. ℥ij.

Spt. Ammon. Aromat. ℥j.

Syr. Zingib. ℥iij.

Liq. Pot. Ars. ℥ss.

Aq. destill. ad ℥viiij., sumat ℥j. 4 t̄is horis.

She inhabited a mansion, the drainage of which I knew to be very good; nevertheless, I examined it from roof to basement, but without finding any cause for the attack.

M. S. was one of those wise housekeepers, who take upon themselves the active superintendence of all household arrangements.

She chanced, on one occasion, to mention, that, a few days before she was seized, she had found, under her sink, a tub containing a large quantity of decomposing matter, both animal and vegetable. The cause of her illness was manifest! This patient has

taken several changes of air, and those, too, severally extending over many weeks; still the old symptoms, occasionally, show out.

May, 1879.—M. S. is again under treatment.

CASE LXII.—In September, 1877, I attended B. M., aged forty-five, a married lady without family. She was clearly suffering under blood-poison.

After carefully examining the premises, I looked out of the window, at which she was accustomed to sit. I observed that one joint of the down rain-water pipe, was not efficiently stopped. The wind had, of late, blown from a quarter calculated to convey sewer gas directly in through the open window mentioned.

I ordered that all the joints of the pipes surrounding the house should be thoroughly stopped. This, combined with quinine and good nourishment, soon brought recovery to B. M.

CASE LXIII.—In June, 1876, I attended J. H., aged fifteen.

Almost immediately after his return from

school he began to show symptoms of blood-poison; diarrhœa, vomiting, and dryness of mouth, being especially noticeable. The water-tank, from which the family supply was drawn, had been allowed to remain uncovered. In it I found a heap of impurities of various kinds, including the decomposing body of a kitten.

The tank was cleansed; the water used both for cooking and drinking purposes, was filtered through charcoal, and J. H. speedily recovered.

CASE LXIV.—In April, 1875, I attended the members of the B. family, all of whom were attacked with diarrhœa and vomiting.

In the case of the B.'s, the mischief was clearly traceable to the filthy condition of the cooking utensils. They were thoroughly cleansed, and the B. family, in due course, recovered health, though a beautiful little boy of five, had a narrow escape of losing his life.

CASE LXV.—In December, 1876, I attended several members of the D. family. They had no particular disease, but they all

had lost their appetites, and felt weak and ailing, of late.

A careful examination of the premises convinced me, that their ailments were caused by sewer gas, which escaped from a pin-hole aperture in the soil-pipe of the w.c., which soil-pipe passed through the larder!

Remark.—Soil-pipes of w.c.'s should *always* be conveyed down the *outsides* of walls.

CASE LXVI.—In November, 1877, W.H.B., a bachelor, aged forty-eight, sought my advice. He said that, for some weeks, he had been “continuously becoming queerer and queerer.” He added that he fancied his under-linen smelt very unpleasantly.

I called at his house, and examined a quantity of under-clothing that had recently arrived home from the laundry. The smell was characteristic of advanced cancer. Alas! I had smelt it but too often! His laundress was, when questioned, compelled to confess that she did receive linen, of a most offensive character, from a patient suffering under that terrible disease.

I ordered W. H. B. to provide himself with new under-linen, sufficient for present use; to throw all his supposedly clean garments into a large tub of water to which some of Burnett's fluid had been added, and to refrain from again wearing them, until The Great Disinfecter—Nature's fresh air—had been permitted to blow through them for a week.

I, further, directed that he should take a vapour-bath, twice weekly, for three weeks; and also that he should, if possible, and for the rest of his life, do his washing on his own premises. He speedily recovered.

Remarks.—I recommend every man who is blessed with a garden, to refrain from sending his linen to a laundry. I shall not forget, that, some eighteen years since, I attended the little son of a laundress, the former suffering under that deadly disease, Scarlet Fever, who lay in a room, surrounded by clothes, that were shortly to be returned to some eight or ten families.

CASE LXVII.—In July, 1877, C. B., a married lady, sent for me. She stated that

her family had always enjoyed wonderfully good health, until they entered upon residence at their present place of abode, but that now, none of them were in a satisfactory condition. She added that she felt satisfied that there must exist an impurity somewhere about the house; and that, knowing that I was a Medical Officer of Health, she had preferred to send for me, in reference to sickness dependent upon undiscovered insanitary conditions.

I examined the premises very carefully, yet did not succeed in discovering a sufficient cause for the indisposition mentioned.

As I was about to take my departure, uncomfortable at the reflection that I had failed in the object for which my advice had been sought, the lady suddenly exclaimed, "Oh, wait a moment, please, Doctor, we have not yet visited the larder."

It was situated underground. Outside the window was a small area. In this area I espied an untrapped drain. The family edibles were spread out, close to the area already mentioned, in order that air, supposed to be fresh and pure, might pass over them.

I ordered all the food that the larder contained to be burned; the drain to be, forthwith, trapped; both the larder itself and the utensils it included, to be disinfected. The place itself to remain unused for, at least, a month.

C. B.'s family speedily recovered from their late indisposition.

The physician, every now and then, stumbles across a case, that runs counter to all his theories in reference to diet, and appears to be governed by laws yet to be discovered. Of such a character are the four now to be recorded.

CASE LXVIII.—W. R., aged twenty-four, came under treatment in April, 1865. He stated that he had, from infancy, suffered more or less from indigestion, and that the eating of roast-mutton, *sometimes* caused him to break out into nettlerash.

I requested him to observe, if the conjunction of the dish with the eruption, did not occur only when the wind blew from the *east*.

He called upon me, a few months afterwards, and stated that my surmises had proved correct.

Cold sponging every morning; a vapour-bath twice weekly; and a regulated diet of light food, did wonders in regard to the cure of general dyspepsia in this case.

Additional clothing, when the wind blew from the east, prevented a return of the nettlerash.

Remarks.—Beyond question, many cases of indigestion are materially aggravated by insufficiency of clothing.

CASE LXIX.—E. M., aged fourteen, was brought to me in 1860. She was naturally weakly, and had always suffered from indigestion. Of late her spine had begun to curve, laterally.

After seeing E. M. six times, I lost sight of her for about nine months; then I was requested to visit her at her father's house. I found her confined to bed, a mere skeleton, unable to take food; in fact, to all appearances, rapidly sinking.

I suggested milk, eggs, grapes, fruit, vegetables, beef-tea, soups—but to each suggestion I received the stereotyped answer, “I can’t eat it, Doctor.”

I then said, “Is there anything you can fancy?”

She replied, “Yes; I should much like some cold beef and pickles, but that, I know, I must not have.”

I instructed her relatives to give her any reasonable amount of her favourite dish, that she might desire.

She took *no* other food for about six weeks; then a normal appetite began to return.

Within four months she was able to walk about the house.

1874.—Her spine remains sadly crooked. Her general health appears excellent.

CASE LXX.—G. P., aged seventy-six, dying of natural decay, in 1868. She can take neither milk nor farinaceous foods. She only desires bacon and cabbage, plus a little sherry.

I can, to some extent, understand this case. G. P. was a farmer’s daughter; consequently,

in early life, the articles she now craves for, were staple foods.

When the circle of existence is completed, it is, not unfrequently, found to be the case, that the two ends correspond, and that, too, in many particulars.

CASE LXXI.—G. E., aged sixty-two, has always been dyspeptic. Nearly died of dysentery thirty years since. Has an exquisitely sensitive spot under the cartilages of the right ribs. Can, at all times, induce vomiting by exerting the slightest degree of pressure on that tender spot. He, now, lies dying. He has been ill for some time, and was recently injured in a railway collision. Can eat nothing but lobsters and tripe.

These are sent from London, twice weekly, to his home in the western counties; and these he, apparently, digests.

The post-mortem examination, held on G. E., revealed the presence of a stone impacted in the common gall duct, and also inflammation, the result of a blow received in the collision, surrounding the spot indicated.

CASE LXXII.—M. T. R., aged eighty, had, for many years, suffered severely from indigestion. Being in easy circumstances, she was accustomed to indulge in the pleasures of the table; and from these she refused to debar herself.

On the occasion of my first visit she loudly bewailed the agonies she suffered at the hands of acid dyspepsia. She further stated, that she had, for a length of time, lost the use of her legs; also that her urine constantly dribbled from her. She refused me permission to explore the bladder.

Her insomnia was of so marked a character, that she, not infrequently, swallowed the contents of one of Collis Browne's small bottles of Chlorodyne, in the course of a single night. Her custom was to take soda, potash, and magnesia, *ad lib.*, in order to relieve heartburn.

At the age of eighty-six she consented to permit me to introduce a sound into the bladder. I found the viscus nearly filled with soft calculus.

I explained to M. T. R. that relief was scarcely to be obtained, except through the

medium of an operation ; but that surgical interference was a matter bristling with perils to an individual of her advanced age.

She replied that she would elect to run all risks, rather than continue to endure the torments she had, for so many years, suffered.

Mr. Curling, of London, dilated the urethra and removed the calculus. The patient sank about three hours after the performance of the operation.

The calculus was of the phosphatic variety, and was, in all probability, to a considerable extent, the outcome of the large doses of alkali she had been accustomed to indulge in, for the relief of heartburn.

Remarks.— This case demonstrates three facts—

(1) That long-continued functional derangement usually terminates in organic disease.

(2) That it is a most unwise proceeding on the part of dyspeptics to physic themselves.

(3) That when women refuse to submit to necessary examinations at the hands of a medical man, they, not unfrequently, by that act, decline to ward off future suffering.

CHAPTER XXIII.

ON RHEUMATISM, GOUT, CONSUMPTION, CANCER, AND INSANITY.

I FEEL that it would ill become a man who, like myself, has devoted much time to the study of indigestion, to lay aside his pen without inditing a passing notice of these, its five most dire resultants. Indeed, by the light of indigestion we, I take it, learn the reason of past failures, and read the first lines of the future more hopeful treatment, of these scourges.

Rheumatism does not, as is popularly supposed, depend upon "taking cold." The great predisposing cause is acid dyspepsia; the slight exciting cause is the reception of "a chill"—a something, in fact, that drives the blood from the surface to the already over-

burdened digestive tract. *I utterly deny the incurability of rheumatism—except in the very chronic cases where more than one of the digestive organs have become disintegrated.* There is scarcely a disease extant that proves more amenable to scientific treatment. The individual who will study his stomach sufficiently to prevent the supervention of acid dyspepsia, and who will keep up the action of his skin, through the agency of the vapour-bath, can scarcely suffer from rheumatism.

In cases of acute rheumatism, it is a matter of primary importance that the aid of the bath be sought, in the earliest stages, inasmuch as, when the disease is once established, the pain involved in the performance of the slightest movement, is so severe in character, as to exclude the possibility of bath-medication.

Gout, also, is directly dependent upon indigestion. The acid, through the agency of which, the system becomes, in cases of gout, poisoned, is generated in the stomach. A judiciously applied system of baths, coupled with scrupulous care in the avoidance of greasy

dishes—nay, high living in its entirety—will both prevent and cure this painful malady. The difficulty to be encountered lies in the fact that gouty old gentlemen, usually, openly confess that they would prefer good dinners plus gout, to abstinence from luxuries, coupled with freedom from its pangs. In the face of such a confession the medical man is, of course, reduced to silence. Mentally, he says that the speaker is a very selfish person, who in order to gratify his own appetite, scruples not to hand down misery to perfectly innocent descendants.

I as firmly deny the incurability of gout, as I do that of rheumatism. Baths, however, must, in this disease, be used under the eye of a qualified hydropath alone. It is an inflammatory affection, and, as such, apt to throw off internal irritation in the form of erysipelas. This latter affection is very terrifying to on-lookers. The non-professional mind fails to realize the fact that a patient dies—not of a certain disease, such as erysipelas, but *in spite of it*. This is, nevertheless, the fact. The first three or four baths

should not, each, exceed five minutes in duration.

Phthisis Pulmonalis, or Consumption. — Whilst, on the one hand, I should consider myself to have earned the, by no means desirable, soubriquets of “Quack” and “Charlatan” were I to insist upon the curability of every case of consumption, I do not scruple to assert that judicious treatment, by means of baths and regulated diet, plus appropriate hygiene, will render many cases, that are incurable under the old system, curable under that, the adoption of which, I urge. Very much depends upon the treatment being entered upon, in the early stages, before distant organs have begun to suffer.

This disease is not so *apparently* dependent upon malnutrition as rheumatism or gout; nevertheless it is *actually* so. What does the formation of a cavity in the lung imply? This—that a deposit of foreign matter has, some time previously, taken place in the lung, and that Nature is making a supreme effort to cast off that foreign matter. *Phthisis, like every other disease, is an attempt at cure.* We

know, as a fact, that even under the somewhat unsatisfactory system of treatment usually employed, one case in ten terminates favourably. In the post-mortem room we, occasionally, find cicatrices in the lungs of individuals who have never, during life, been credited with being the victims of the disease. *Yet, here, we see absolute proofs, not only that it has existed, but also that it has undergone spontaneous cure.* Unload the pores of the skin, relieve the internal congestion, and, at once, Nature has some approach to fair play—some chance of working under reasonably favourable conditions.

Of Cancer I desire to write but in the most guarded terms. The practitioner very seldom sees it in the early stages of the disease. In almost every case there is a distinct history of indigestion—and, consequently, of malnutrition—previously experienced. Hence, I think I may, without overstepping the bounds of honesty and prudence, assert, that if we can prevent the occurrence of congestion—the invariable sequela of dyspepsia—cancer, the first stage

of which is that of congestion, may be postponed until advancing age brings about natural decay, possibly of the cancerous variety.

Insanity, again, is, frequently, the direct product of dyspepsia. In many cases, rheumatism is actually present—may be discovered in the eyeballs. If taken in the early stages, regulated diet, plus scientific hydropathy, usually brings about an amelioration of symptoms. Insanity forms one side of a square, of which the other three are rheumatism, phthisis, and cancer.

CASE LXXIII.—In May, 1864, I was called to see E. L., aged sixteen, suffering under acute rheumatism. In addition thereto, she was the victim of valvular disease of the heart, the result of a former attack.

For diet I allowed her nothing beyond soda-water and milk, plus a little charcoal-biscuit when she became extremely hungry.

I ordered her to take a water-bath, as hot as she could bear it, night and morning, and furthermore, to continue the immersion until faintness threatened.

To the delight of her widowed mother, she recovered wonted health in the space of three weeks. Her former attack, during the course of which she was treated by drugs alone, persisted for several months.

Since 1864, E. L. has, on several occasions, and in spite of care in diet, been threatened with a return of the malady. A few baths, taken in the very early stages of the disease, have, however, never failed to effect a speedy cure.

CASE LXXIV.—B. G. belongs to a highly rheumatic family. He is, by far, the weakest member of that family, and, therefore, ought to have suffered beyond the others. He regulates his diet; he keeps up the action of the skin by matutinal cold-sponging; he leads a very active out-of-door life; he takes no alcohol. As a result he, unlike his brothers and sisters, has never been confined to the house with an attack of the family enemy, for a longer period than one day.

If he drinks even half a glass of ale, he finds rheumatism invade his eyeballs within fifteen minutes; a cup of tea will cause the

same disaster in an hour; the same quantity, taken twice daily for a week, will induce rheumatism to appear in the fingers.

B. G. has four children, two of whom were born weakly. By means of regulated diet, all four are growing up healthy.

CASE LXXV.—M. D., aged forty-seven, came under treatment, suffering from lumbago, on November 5th, 1875. Drugs, embrocations, hot fomentations, ironing with a hot flat-iron—the routine treatment, in fact—doing but little good, I, on the 15th of the month, persuaded her to take a Russian Vapour-Bath. Although she had been, from the hour of attack, totally unable to stoop, she dressed without assistance, upon quitting the bath. She remarked, “I am so sorry I did not hire a fly, and come for a bath a week ago, as you desired.” I discharged her, cured, on the 17th.

She has suffered no relapse.

Remarks.—The Russian-vapour, is the most powerful of all baths in its therapeutic effects. Unfortunately, it is cumbersome, must be built as a fixture, and requires two hours to make ready.

I am taking the opinion of experts as to the possibility of rendering the steam translucent through the agency of gas. That desideratum once secured, I shall reduce the size of the bath to the narrowest possible limits, and thus obtain the power to carry it to the homes of those patients, who are too infirm in health to go to it.

CASE LXXVI.—W. B. came under treatment on October 9th, 1875, suffering from sub-acute general rheumatism. Drugs, diet, and topical appliances, proving but of little avail, I, on November 1st, persuaded him to try my Russian Vapour-Bath.* When in the bath-room he declined to sit, because, he said, he knew he “could not get up again.” Upon quitting the bath he not only dressed himself, without assistance, but even drew on his own boots. He added, “Now I’m ready for a fight.” The weather about this time became so inclement that he feared to quit his home. He relapsed and finally sank. I entertain

* See “The Russian Vapour-Bath in Acute and Chronic Disease.” Written by myself.

no doubt but that perseverance with the bath, would have saved this patient's life.

CASE LXXVII.—J. S., aged forty-two, came under treatment in August, 1875, suffering from chronic rheumatism.

I, at once, recommended him to make trial of my Russian Vapour-Bath. He pronounced it "delightful," and declared he "could, with pleasure, remain in it all day." Wishing to be a physician rather than an individual realizing a profit from a bath, I asked of him the sum of five shillings only, each time he used it. He insisted upon paying me double that amount; nay, more, urged me, as a matter both of profit to myself and benefit to others, to erect the bath in the great centre—London.

Unfortunately, J. S. was compelled, after taking about six baths, to return to town.

CASE LXXVIII.—F. H., a master-tradesman, was frequently under treatment, during 1877 and 1878, suffering from mild attacks

of gout, a disease to which his father had been, for many years, a martyr.

I explained to him that his immunity from physical suffering, both as regarded the present and the future, lay exclusively with himself; that he must live, principally, upon vegetable diet; must abstain from eating suppers; must walk several miles daily; must sponge from head to foot every morning; and take a prolonged hot-bath if he felt an attack setting in.

F. H. speedily discovered that he must abide by the letter of my injunctions, as the slightest infringement of the prescribed rules, brought upon his head punishment swift and condign.

The medicines that proved best suited to his requirements were the following:—

The Soda and Bismuth mixture so often mentioned. Or,

R—Magnes. Carb. ʒj.

Magnes. Sulph. ʒss.

Vin. Colch. f.ʒss.

Aq. ad ʒviiij., sumat sextam part. ter in die.

R—Sodæ Bicarb. ℥j.

P. Rhei. E.I. gr. x.

Tr. Calumb. ℥j.

Aq. ad ℥viiij., sumat sextam part. ter die.

CASE LXXIX.—In February, 1875, I was requested to visit T. B., whom I found in the last stage of phthisis. Observing that one of his daughters appeared extremely unwell, I requested permission to examine her chest. As I anticipated, I found a considerable area of consolidation to exist in the apex of the left lung.

As the disease continued to spread, in spite of ordinary treatment, I, after the lapse of some weeks, urged her to take a few Russian Vapour-Baths. I experienced considerable difficulty in persuading her that hot baths were not weakening—that, in fact, by removing causes of weakness, they were highly strengthening. This prejudice once overcome, the patient cheerfully submitted to make trial of the bath. The result exceeded my utmost expectations.

Two baths removed the burning pain she

had, for a length of time, experienced, in the pectoral muscles of the affected side; also the removable portion, amounting to about two-thirds, of the area of consolidation.

I examined her chest, at intervals, up to December, 1878. She experienced no return of the old symptoms. No extension of consolidation took place.

CASE LXXX.—M. R., aged nineteen, whose sister had lately died of rapid phthisis, came under treatment on November 4th, 1875. No actual invasion of lung tissue had taken place, but there existed indigestion marked and of long standing, to which had been recently superadded, great debility, anxiety of countenance, hurried respiration, soreness of pectoral muscles, and night perspirations.

She took two baths only; one on the 8th, the other on the 15th November. These removed muscular soreness, increased the digestive power, and, in fact, produced a general change for the better, and that, too, of a decided character, in the system of M. R.

The weather became so wild about this date, that, living as she did, several miles distant from my house, she could no longer continue the use of the bath. Nevertheless, the steamings that she had already passed through, had relieved internal congestion, and given Nature a fair field wherein to struggle for the mastery. This She did in a very efficient manner.

I last saw M. R. in July, 1876. At that date she pronounced herself quite recovered.

CASE LXXXI.—M. K., fell under treatment, in October, 1876. She was nineteen years of age, and had, from her birth, lived in a high and dry locality. Two elder sisters, weakly from infancy, had died of phthisis. M., however, had, throughout life, been remarkably healthy and muscular. Frequently had her mother reproved her for indulging in trials of strength—her antagonists being young men employed on her father's farm. Her only ailment, in days gone by, had been indigestion.

An examination of her chest revealed the

existence of a small cavity in the apex of the right lung. I persuaded her to lose no time in making trial of the Russian bath. She followed my advice. The result proved astonishingly satisfactory. When she had taken three baths only, the appetite had much improved, and the cough had subsided; also the night-perspirations had nearly disappeared. When she had taken her fifth bath I felt justified in holding out strong hopes of recovery. The day following that on which she took her sixth, sunshine gave place to cold wind, accompanied by heavy rain.

Being, no longer, able to continue the use of the vapour-bath, she lost heart; refused to take medicine; began to run down hill; and died, within three months, having a cavity in the left lung as well as in the right.

CASE LXXXII.—F. B., aged thirty-seven, and, unfortunately for himself, a gentleman of independent means, came under treatment in May, 1864.

Of late he had passed through a season

of great trial, and had become so irritable, restless, and nervous, as scarcely to justify the appellation of sane man. He walked his dining-room, almost incessantly, from morning till night. He slept but little; he ate comparatively largely, and, having regard to the irritability of his brain, drank immoderately of sherry. His chief occupation consisted in the vowing of vengeance against the individual whom he considered to have injured him most heavily.

His head was hot; his feet cold; his tongue furred; and his eyeballs showed symptoms of rheumatic sclerotitis.

Treatment.—To school himself into calmness by reading, writing, working in his garden, or walking abroad. To live on light food, such as vegetables, fruit, fish, and poultry. To touch neither tea, coffee, any form of alcohol, nor solid meat. To take a cold shower-bath last thing before entering, and immediately upon quitting, his bed. If unable to sleep, to take Chlorodyn ℥x., Tr. Aconiti ℥ij., ex. Aq. ℥j., 4 tis horis per noct. To allow his beard to grow. To wear

a light straw hat, also comparatively thin clothing until cold weather set in. To seek occupation, even if paid nothing for his services; also to frequent society as much as possible.

Results.—F. B. very soon began to improve. Within three months he had quite recovered.

CASE LXXXIII.—J. H., aged thirty-nine, came to Folkestone to seek advice in March, 1879. His symptoms were—Indigestion, insomnia, aural hallucinations, inability to concentrate thought on any subject, heat of head, coldness of feet, and rheumatic sclerotitis.

I had, in 1860, attended his mother. She went out of her mind, and was confined in an asylum for many years; finally, phthisis supervened, and she returned home to die, her mental symptoms having receded as the disease in the lungs advanced.

J. H. considered his case hopeless, saying he knew he was going the same road as his mother had gone. I explained that it, by no means, followed that he should inherit his

mother's disease, more particularly as indigestion was, clearly, at the root of his ailments.

Treatment.—Certainly not to give up business as proposed. To hire a clerk, to afford himself temporary ease. To take a cold shower-bath night and morning. Most rigidly to abstain from alcohol, meat, tea, coffee, and cheese. To live, exclusively, on vegetables, fruit, toast, plentiful milk, poultry, game, and, above all, fish. To keep his mind occupied; to wear thin clothing, also a light straw hat, and warm stockings.

To take the thirtieth of a grain of strychnine night and morning.

J. H. promised most implicit obedience to my instructions. He added that he should not inform the members of his family of the details of the advice I had given him, as he felt quite certain they would not permit him to carry them out, they considering that he required to eat animal food at least twice daily.

I saw no more of my patient, so concluded that his relatives had dissuaded him from following my instructions.

In July I met his father, who had come to Hastings for the day, walking in St. Andrew's Road. In reply to my inquiries, relative to his son's health, he informed me that "some doctor had persuaded him to give up meat and beer and wine," and that he was "very much better" for the change in diet inculcated.

CHAPTER XXIV.

ON INDIGESTION AMONGST THE POORER CLASSES.

LADY-VISITORS and other philanthropists who throw themselves in contact with the poor, may do much to relieve them of their almost universal ailment—indigestion. They should teach them—

(1) That their houses, as well as their bodies, must be cleansed at intervals brief and regular.

(2) That curtains, and dwarf blinds, must be removed, and roller blinds kept drawn to the top of the sashes (except, of course, when the sun sets in strongly), the reason being that, whereas their houses are naturally dark, the presence of light is indispensable to health.

(3) That foul air of all kinds, must be, as much as possible, avoided, and that the air of the house must be renewed at intervals.

(4) That the teapot, that is usually to be found stewing on the hob, must be given up at once, and for ever, and cocoa or water substituted for its contents. That plain water, obtained from a water-company, must, in conjunction with any harmless drink, take the place of beer. That

(5) Bread, toasted and eaten dry, is far more wholesome than when untoasted and eaten with *common* butter. That

(6) Meat is merely a luxury of life. That fish, if fresh, is very wholesome, and that the vegetable kingdom supplies ALL the elements necessary to nutrition.

(7) That infants must be suckled—not fed.

CHAPTER XXV.

ON THE CLIMATE OF HASTINGS.

A BELIEF, as wide-spread as it is erroneous, exists amongst non-residents to the effect that Hastings is "a very relaxing place," and as such, totally unsuited to sufferers from dyspepsia, rheumatism, gout, or consumption.

The facts, as proved by the researches of Dr. Garrett and Mr. Savery, are that it is—

- (1) Warmer in winter; and
- (2) Cooler in summer than most other places; and
- (3) That it experiences a smaller daily range of temperature.

Hence, delicate persons can scarcely find a locality better suited to their requirements.

In our beautiful town they may fix their residence either upon high or low land, and

yet be sheltered from the cold wind, by the double range of hills, that constitute both the eastern and the western heights. Moreover, let them settle in any part of the town they please, they remain within easy reach of country that is unequalled for beauty, on the south-east coast.

Its water supply is unsurpassed, and its system of drainage as nearly approaching perfection as may be. It stands upon a loamy soil.

Its chalybeate springs, have not, as yet, I regret to state, received the attention they merit.

CHAPTER XXVI.

SUMMARY.

LET us pick up our threads. I contend that INDIGESTION is caused by—

(1) Imperfection in the organs more immediately concerned in the digestive process ;

(2) Disorder or disease in distant organs ;
and,

(3) Unsuitability of food. Also that

(4) It invariably leads to mal-nutrition,
and is consequently

(5) The cause of every disease to which man is heir. Furthermore,

(6) That the enormous majority of individuals suffer from indigestion, in one or more of its many forms.

That as regards freedom from bodily suffering,

(1) Appropriate food will soothe irritable digestive organs; whereas,

(2) Inappropriate will vex them.

(3) That the *Indigestion of Infants* is usually dependent upon the administration of unsuitable diet, and is the great cause of infantile mortality, of prolonged debility, and of premature death.

(4) That the *Indigestion of Youth* is brought about, not only by inappropriate diet, but also by excessive study, unfavourable mental impressions, overcrowding, insufficiency of clothing, and several minor causes.

(5) That *Acute Indigestion of adult age* usually depends upon the ingestion of unsuitable food, and is best treated by hot-water emetics, and rest to the digestive organs. That in regard to

(6) The *Chronic Indigestion of adult age* both symptoms and treatment permeate the whole domain of practice of medicine. That in regard to

Treatment, the chief items are as follows:—

(1), and most important of all,

Diet, graduated carefully, according to the greater or less strength of the digestive

organs; and, *contrary to the popular belief*, consisting principally of vegetables and fruit, to which may be added animal food in the fluid or semi-fluid condition. That, in certain exceptional cases, it must consist almost entirely of animal food—nay, even of flesh itself. That the articles of diet that, usually, cause indigestion are—tea, coffee, cheese, alcohol in all its forms, anything either cooked inside a crust, or warmed a second time; that some stomachs require food to be given at short, and others at longer intervals; that suppers usually disagree, inasmuch as, when the brain is asleep, digestion can scarcely proceed in a satisfactory manner; and that the drinks of the dyspeptic should consist of water, effervescent, fruit-syrups, cocoa, cocoatina, and PERHAPS a TINY modicum of whisky, brandy, or claret, very much diluted. That, in regard to

(2) *The Manner of Eating*, dyspeptics should eat slowly, should refrain from drinking whilst eating, and should partake of nourishment at the intervals that they find best suited to their idiosyncrasies. That in regard to

(3) *Drugs*, many, such as soda, bismuth, rhubarb, hydrocyanic acid, and aconitine, will afford temporary relief; but strychnine, phosphorus, and possibly quinine and iron—the latter two most cautiously administered—can alone be regarded as curative agents. That in regard to

(4) *Purgation*, *drugs* must be abstained from, and the object attained by means of appropriate diet, galvanism, and hydropathy scientifically used. That

(5) *Engrossing mental occupation*;

(6) *Clothing*, sufficient, but not excessive;

(7) *An outdoor life*; or, its nearest substitute,

(8) *The inhalation of oxygen gas*;

(9) *Free mixing in society*;

(10) *The avoidance of foul air*, and—that deadly poison—

Sewer gas, are necessities of existence. That

(11) *Surgical interference* is frequently advisable, and that

(12) *Bathing, i.e., scientific hydropathy*, ranks next in order to diet as a curative agent, and for the following reasons, viz.:—That the skin is a monster eliminator; that it is

the organ that Nature has selected as a safety-valve to the internal membranes; that it is both contiguous to, and continuous with, them; nay, more, that it is most easily convertible into mucous membrane; that, as a matter of practical experience, we find that, to act upon the skin, signifies to relieve congestion of internal organs; and that baths take the following order of precedence:—

As Eliminants—

- (1) The Russian bath;
- (2) The Turkish bath;
- (3) The Hot-air bath;
- (4) The Vapour-bath; and
- (5) The Wet-sheet pack-bath.

As Tonics—

- (1) The cold Plunge-bath;
- (2) The cold Shower-bath;
- (3) The cold Soap-and-water bath;
- (4) The Piecemeal cold sponge-bath.

That, in cases where reaction does not readily follow the use of cold water, tepid may be substituted therefor. That

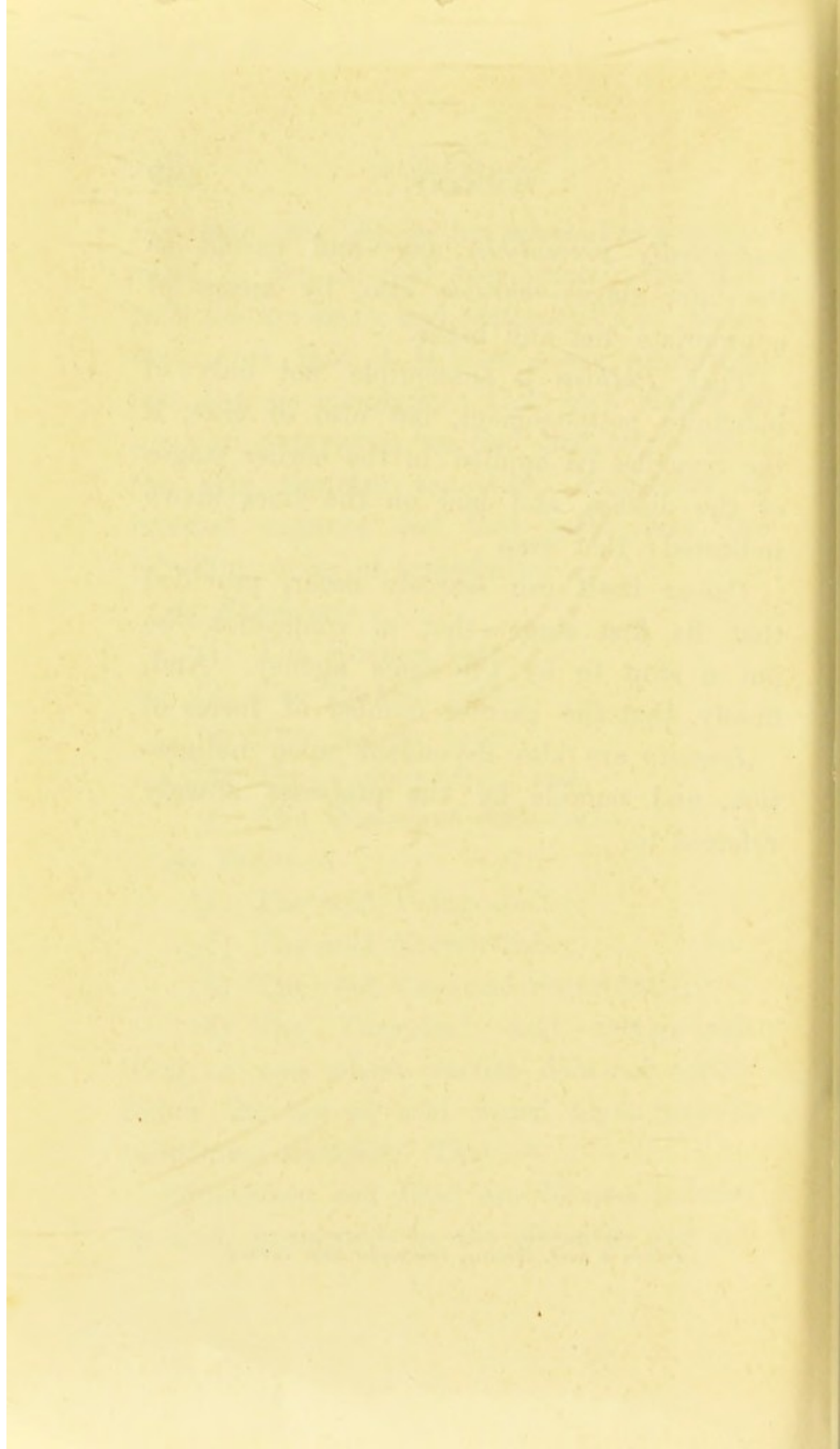
Rheumatism and Gout are diseases induced by acid, generated in the stomach, and are

undoubtedly preventible, nay—and except in the later stages—*curable* also, by means of appropriate diet and baths.

That *Phthisis* is susceptible not only of indefinite postponement, but also of cure, if the remedies be applied in the earlier stages of the disease, and laid on the lines above indicated: that even

Cancer itself can scarcely occur, provided that its first stage—that of congestion—be put a stop to by the same agency. And, finally, that the greater number of forms of

Insanity are also dependent upon indigestion, and curable by the processes already referred to.



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