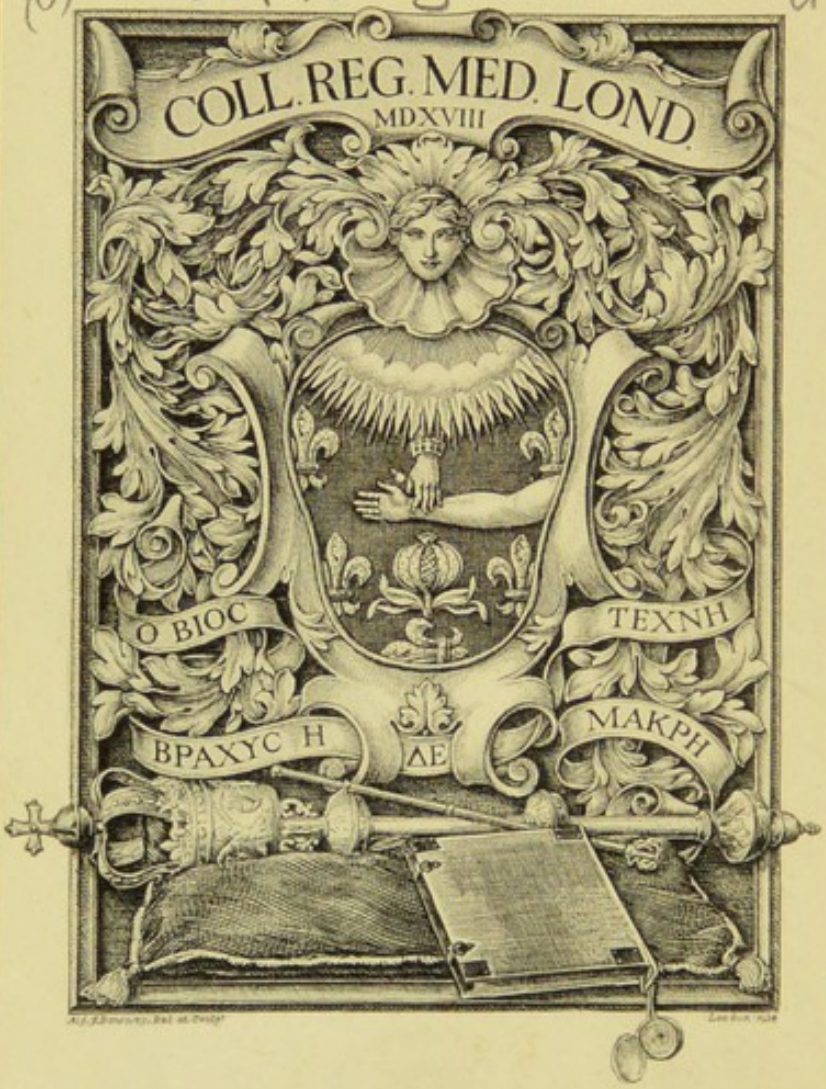

M K Stocks

AN

ESSAY

ON

THE INFLUENCE OF TEMPERAMENT

IN MODIFYING

DYSPEPSIA, OR INDIGESTION.

LONDON:

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THE INFLUENCE OF TEMPERAMENT

IN MODIFYING

DYSPEPSIA, OR INDIGESTION.

BY

THOMAS MAYO, M. D.

PHYSICIAN IN ORDINARY TO HIS ROYAL HIGHNESS THE DUKE OF SUSSEX;
FELLOW OF THE COLLEGE OF PHYSICIANS, AND LATE FELLOW OF
ORIEL COLLEGE, OXFORD.

LONDON:
B. FELLOWES, LUDGATE STREET.
MDCCCXXXI.

TO

HIS ROYAL HIGHNESS

THE DUKE OF SUSSEX.

SIR,

THOSE, who obtain the notice of an illustrious Patron, may sometimes feel, that their acquisition has no necessary connexion with desert. The favour of your ROYAL HIGHNESS is not thus dispensed. Nor should I fear to rest my hopes of public approbation on the permission granted me to introduce this ESSAY, under the sanction of your ROYAL HIGHNESS's name.

I am, SIR,

Your Royal Highness's

Most dutiful and grateful Servant,

THOMAS MAYO.

TUNBRIDGE WELLS,
March 26, 1831.

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AN

ESSAY,

&c. &c,

INTRODUCTION.

OBJECT OF THE ESSAY STATED.—ERRORS IN MEDICAL RESEARCH.

A PATIENT labouring under indigestion applies to his medical adviser, or perhaps takes up one of the many valuable treatises by which the public has been familiarized with this interesting subject. He receives from his doctor, or he finds in his book, a series of rules, which seem to apply to many symptoms of his case. But he finds himself unrelieved, though he has employed remedies, directed against symptoms which have a real existence in himself, and which, he knows, his similarly disordered friend, Mr. A. or Mr. B., has found greatly beneficial. Or,

reading many treatises and consulting many practitioners, he finds each of them assigning to his symptoms a different treatment.

Again, a young medical practitioner applies for instruction to some esteemed work on indigestion. He soon becomes aware, that it contains much valuable matter. But when he begins to practise from it, he finds the application of its rules involve him in numberless errors; and he begins to suspect that the work is valuable *only* as it sets him thinking for himself, or perhaps that it has no value at all. This surmise is greatly strengthened by his observing, that in many treatises, each evidently relating to the same class of symptoms, very different views of practice are entertained.

It is my object, as far as I can, to explain and to remove the above difficulties.

It is a painful reflection, which must force itself upon the minds of most of those, who investigate the subject of medicine, that the advancement of determinate knowledge bears a small ratio to the quantity of labour bestowed.

The many sources of interest contained in this subject—the constant intermixture of theory and practice, to which it affords room and furnishes incentives, amply account for the activity and energy, which it seems in all ages to have called forth. On the other hand, it must be confessed, that it is far more difficult in this than in the exact sciences, or in those other studies, which depend upon principles purely conventional, to determine how much has been made good by any given investigation. Under this uncertainty every inquirer is apt to begin, as it were, from himself; or if he does not actually do *this*, still he contents himself too readily with a general and rough outline of the previous state of the science. He is perhaps unwilling to involve himself, while analysing the labours of others, in the perplexities which their indefiniteness may occasion.

From time to time, out of the mass of accu-

mulated knowledge, there emerge some few well-ascertained principles which command general assent. But it is to be regretted, that the materials, out of which so many more might be obtained, lie unarranged and comparatively valueless; and it is yet more to be regretted, that for want of careful transmission to posterity, many facts, after having been ascertained and admitted, fade and are lost in the obscurity of time.

Inaccuracy of observation, and inaccuracy of language, both contribute to this result; and they are aided by the unreasonable way in which those, who apply themselves to the philosophy of medicine, are apt to place the sagacity of an acute practitioner in a kind of opposition to what they are pleased to call speculative and fanciful views:—I judge and I decide by what I have met with in practice;—I do not entangle myself in theories;—I am a practical man;—we are all mere guessers, &c. &c.—are the common remarks carelessly thrown out by such persons. No doubt, hastily concocted theories have been full of the most mischievous consequences to the science of medicine. Some ready hypothesis, by

means of which the physician, when called upon to decide upon his line of practice in a given case, at once classifies his previous knowledge, is often mistaken by him for a general principle worthy to be made the basis of a scientific division.* Hastily formed by its contriver on an emergency, and afterwards too partially entertained by him, it is naturally enough received by others with doubt and abandoned with readiness.

It thus happens, that an undue disgust at theory on the one hand, and a rash formation of theories on the other, prevail widely in medical science. Those who fall into the first of these

* In regard to the use of hypothesis in medicine, one important proposition must be borne in mind, that *no two cases are alike.* From this truth, which is indeed repeatedly overlooked in medical discussion, it follows that in every instance, in which the treatment of previous cases is to be rendered serviceable towards the treatment of a new case, some hypothesis must be constructed on the resembling points of the previous cases, and the one under consideration. "By which word (hypothesis)," as Boscovich well observes, "are to be understood not fictions altogether arbitrary, but "suppositions conformable to experience and analogy. By "means of these we are enabled to supply the defects of our "data, and to conjecture or divine the path to truth, *always* "*ready to abandon our hypothesis, when found to involve con-* "*sequences inconsistent with fact.*"—De Solis et Lunæ Defectibus. Lond. 1760. Pp. 211, 212.

extremes require to be reminded, how much they have themselves learnt, if not from early study, at least from that mass of knowledge, which is afloat in the world on medical subjects, and which, if they admit its existence, they must admit had better be methodized and arranged under heads; a process which requires for its execution some theory or general view. The opposite party often forget how many causes may disturb the analogy from which the theory derives its practical utility. The former of these persons will approach the bed-side of the sick without any leading views that should direct his researches; the latter would not indeed be destitute of such views, but would be apt to endeavour to accommodate the facts to them.

I have said thus much on this interesting subject, because speculative reasoning, in some form or other, is absolutely unavoidable in any attempt to arrange the stores of medical knowledge, and because the term speculative often becomes a ground of unjust disparagement. Thus it is a speculative or conjectural process through which the medical reasoner arrives at the probable conclusion, respecting a class of cases, from a

well-grounded and exact analogy. And though he may not have been able to pursue his induction far enough to construct a general principle, still his argument is good as far as it goes. Again, there is another kind of reasoning, often called speculative, but which might be more properly termed fanciful; and *this* also is not without utility, provided it be justly appreciated. I allude to reasoning from an imperfect analogy. When the degree or the points of correspondence are mistaken, it may indeed be very mischievous. If, however, fanciful analogies were on this account altogether banished from philosophy, much useful discovery would be prevented, and much that has been made would never have existed. Let any one, who doubts this, examine how the associating principle works in his own mind. Many fanciful analogies, many guesses will have occurred to him before any one has suggested itself which could authorise a general conclusion. But if this is the process of the human mind with its own thoughts, such also should be its process in communicating their results. For one great object of every work should be to make its reader think for himself.

And surely *he* will best gain the sympathies of his readers, so as to impart to them this impulse, who pursues, in his statements, the same methods which he has pursued in the workings of his own mind.

Now, he who complains of the danger of reasoning from either of these kinds of analogy, if he looks at the many instances in which their value is overstated, may possibly be right. But let him not run into the opposite extreme. A little knowledge, he should remember, is *then* only a dangerous thing, when the person using it is not aware, that it is but a little.

The important mischief which may result from misconceptions on the subject of speculative reasoning in regard to medicine may easily be traced. The following principles of study are inculcated in the lectures of the late Dr. Armstrong, a practitioner, whose activity of mind fitted him in many respects to advance the science, and whose early death is a just subject of regret. I refer to them as accurately reported in the *Lancet.* After remarking contemptuously on Dr. Cullen, as being, what in the philosophical humility of his mind he was content to be, " a

man who introduced nothing original;" as if indeed to systematize the labours of others could involve no claim to intellectual merit, he states his own notions as to the extent and kind of information which a teacher should give, and which a medical student must be contented to receive. "I wish you to understand," says the Doctor, "that these lectures will be neither elaborate nor "learned in quotations, but will simply contain "the results of my own observation and expe-"rience, laboriously conducted through a period "of upwards of twenty years at the bed-side "of sick individuals."*

Now this is just the kind and extent of error which a little vanity, combined with a very dangerous misconception of the value of previously accumulated knowledge, is calculated to produce. It would almost appear, that there was a real advantage in knowledge of twenty years' standing over knowledge combining the results of these twenty years, with the collective experience of ages. But let the lecturer ask himself, how his modicum of practical information would ever have been obtained, but for these

* Lancet, vols. v. vi. p. 361.

previously collected stores, which he affects to contemn, and which would probably assume a much more digested and valuable form, but for the mischievous sarcasms of similar reasoners. I know no other way to obviate this wayward tendency than that of giving just and reasonable views of the value of sound nosology as contrasted with precipitate theorizing. Had the ingenious writer just mentioned been aware how necessary it is for the practical utility of medical views, that they should rest on a broad basis of general principles obtained by comprehensive inquiry, he would, at the risk of being sometimes "elaborate," and even of indulging in quotations, have ventured upon a more extensive field than that supplied by his twenty years of personal experience. If Dr. Armstrong *himself* proceeded upon these principles through the whole of his own practice for those twenty years, what must we think of the perils of his patients during the first ten?

I select a medical lecture as an illustration of this error, because the importance of medical lectures in forming the views of the rising generation is extreme. They inculcate principles and

practice, with all the attractive circumstances of oral communication, and all the immediate influence which may be supposed to be possessed by the teacher, who is afterwards followed by his hearers to the patient's bed-side. It is difficult in after life to attain sound views, if these attractive performances have once laid an unsound basis in the learner's mind.

Connected with this limited view of medical subjects, there is another mischievous error, which the advocate for mere personal experience is likely to inculcate by his example in laying down the principles of the science: it consists in a tendency to form the description of a disease upon an individual case. In addition to its facility of execution, there is no doubt that the portrait of an actual case will have the advantage of captivating the attention of the reader, much more than the combination of symptoms obtained by analysis of many attacks of a similar disease. It has of course far more reality, being in fact, in one sense, though not the sense here wanted, more true to nature. But the scientific writer should remember, that this is a very different resemblance to nature,

from that one, which it is his business to produce, when he is forming the heads of a nosological system with a view to the general laws of disease. Instead of thus drawing our attention to a portrait as representing the class, it is rather his business to restrain our tendency to generalize from single cases. Thus, in comparison with the description of an individual case, he *ought to* fail in apparent truth of delineation, no less than a plan of the arteries of a limb will fall short of an engraving from a dissection; or, to use a more agreeable analogy, than the botanical representation of a flower will fall short of a drawing from nature.

The writer, who incurs this mistake, has probably forgotten, that though he may relieve the dryness of his general descriptions by examples, he must not substitute a case for a species.

It would not be difficult to show, that this oversight has vitiated the entire description of fever given by Dr. Armstrong; while, on the other hand, many writers, of far greater philosophical precision, have been eclipsed by the graphic effect which histories of disease, founded

upon individual cases, are sure to possess.* But after all, the latter method produces very perishable effects. Meanwhile, the cause of science loses ground, and its claims appear disputable; when works, enjoying in their brief day a high reputation, fade and are forgotten.

The above considerations apply principally to errors in medical reasoning. There is another which claims some attention, not as it relates to the actual merits of the professors of medicine, but as it concerns the judgment which the public is pleased to pass upon their labours.

Medical men, in the judgments which they pass upon each other, often make insufficient allowance for the difficulties which impede research. They cannot therefore be surprised that these difficulties should be undervalued by the public. They deal not with words, but with things. Their premises do not rest on precedent, like those of the lawyer, or on definition, like those of the mathematician. It is

* It may be observed, that this remark does not presume a limited experience in the writers to whom it applies. A medical writer may have seen *many* cases, and yet theorise and practise from a *single* one.

equally difficult, therefore, to discover and to state them. This is one of the reasons why the number of fixed principles handed down to us in medicine is small in proportion to the laborious thought expended on it. Much of the science of a physician must perish with him; and much, during his life-time, must resemble oracular remarks, or vague guesses, because he cannot definitely explain his processes of thought. Now this is frequently and very unjustly made a topic of invective against us; and no where more frequently than in courts of law. But we beg leave to remind the advocate, that a reasoner, whose business it is to draw his conclusions from the written law of a country, or from precedents equally definite, has no right to expect the same precision from those interrogaters of nature, whose progress often must be

> "Quale per incertam lunam sub luce malignâ
> Est iter in silvis."

They frequently must be obscure, for such is their subject. The definition cannot be clearer than the thing defined.

Such are some of the causes, placed either in the nature of medical reasoning, in the errors of medical reasoners, or in the erroneous views entertained by the world, which seem to have prevented our science from attaining as much completeness and compactness as might have been expected from the severe labour expended on it, and the materials collected through successive generations. It is useful, indeed, to place in a clear point of view the mistakes which are to be avoided, and the indulgences which may be claimed, throughout the following inquiry.

CHAPTER I.

INDIGESTION DEFINED.—DIVISION OF IT RELATIVELY TO TEMPERAMENT.

THERE is no subject in medicine which has been enriched with a larger quantity of useful information than that of Dyspepsia, or Indigestion; no subject, accordingly, in treating which it is more necessary to refer to the stock of information previously accumulated. In explaining my own views on this subject, it will be my object carefully to point out the relation in which they stand to these stores of previous knowledge, and to consider myself as endeavouring to fill up and to arrange, rather than to supersede.

Indigestion is defined by Dr. Paris a "primary disease, in which one or more of the several processes, by which food is converted into blood, are imperfectly performed, in consequence either of functional aberration or organic lesion."

I am most willing to adopt this valuable definition, provided the word, primary, is excluded

from it. This term appears to me to limit, far too closely, the cases which the definition comprehends. An attack of indigestion *secondary to*, or ensuing upon the symptoms and the treatment of some other disease, may have all those common points with another attack not apparently ensuing upon any previous malady, which authorise us, for practical purposes, to place the *two* in the same species.

It is hard to say at what point functional indigestion may be considered to cease, and organic indigestion to commence. My business is, however, at present with the first form, as far as it can be viewed separately. Functional indigestion has been considered sometimes as one disease, and sometimes as a general term comprehending many species.

The first nomenclature, that in which indigestion is considered as a single disease—though many admirable writers have expressly or impliedly adopted it, appears to me very objectionable. For practical purposes there can be no *one* indigestion.

With no disposition to depreciate the labours of other inquirers, I shall endeavour to take up the subject of indigestion where they have left

it. I shall thankfully refer to them for its general symptoms; and I shall then endeavour to show, how the disease thus characterized may vary in different classes of men, according to certain combinations of qualities, physical, moral, and intellectual, called temperaments, by which these classes are distinguished.

This being the proper object of my Essay, it will be expedient to consider, first, the division under which mankind may be ranged relatively to temperaments;—secondly, the common symptoms of indigestion; — thirdly, the modifying influences of temperament upon indigestion thus characterized.

The temperaments, or natural aptitudes of mankind in regard to health and disease, were considered, by the earliest writers, in relation to four supposed humours, and received a corresponding division. These humours were bile, black bile, mucus, or phlegm, and blood. From the time of Hippocrates to our own, this kind of division may be traced in the opinions and writings of medical men, and even in ordinary language. The phlegmatic, the melancholic, the bilious, and the sanguine, are alluded to in conversation and in books, as possessing, each, a

combination of physical and moral qualities correspondent to their names, even by those who attach no medical meaning to these words.

On these grounds I prefer making use of the above division, illustrated as it is, and sanctioned by long usage, to advancing one altogether new. In the course of its application to the admitted phenomena of indigestion, its discrepancy or fitness will become more obvious.

It is most true, that a fault of reasoning, to which I have already adverted, is largely observable in the speculations of Hippocrates and Galen, as far as these humours are concerned. They dogmatize, indeed, with a confidence far beyond their knowledge, in explaining phenomena, and laying down rules of practice on the basis thus supplied. But it is not necessary, that this error should be committed by all, who employ the above division. I may accept the theory as a convenient scaffolding, without mistaking it for the house, which it may assist me to construct. Thus it may be quite true, that mucus, bile, and blood, are fluids very predominant in the morbid states of man; and it *may be* equally false, that (according to Hippocrates) each of these fluids has its separate mode of purgation,

so that the medicine by which each is *peculiarly* relievable, when used in excess, *elicits the other humours in a given order of succession.**

One important head must, however, be added, which, in the imperfect state of ancient physiology, could not have been recognized by the early writers. The fluid components of man formed the *entire* basis of *their* division. But considering the important part assigned to the *nervous* system, as influencing man, both physically and morally, in health and in disease, we must view him, in relation to the influence of this element, also in his structure. I shall, accordingly, consider indigestion in reference to the bilious, the sanguine, the phlegmatic, or, as it is often called, the serous,† and the nervous temperament. The three first heads condense the division of the early writers, for the distinction between the bilious and atrabilious state involves no useful difference.

* Περι φυσιος ἀνθρωπου. X. 367.

† Occasionally, Hippocrates introduces *water* as one of the heads in his enumeration of temperaments. But he generally describes the serous class of disorders, as those into which the phlegmatic are disposed to run. Thus dropsy is considered in *our* time as the disease of relaxed habits.

CHAPTER II.

DESCRIPTION OF TEMPERAMENTS.

1. *Bilious Temperament.*

Various descriptions, more or less fanciful, have been given of the properties combined under the term bilious temperament, and the relation in which they stand to the phenomena of the liver.

In some points, all who use this term seem to agree as to its meaning. The expression, bilious temperament, assumes the tendency to a copious secretion of bile in the person, of whom it is predicated; and this is compatible with a good state of health. The morbid form of the temperament implies an obstructed, or vitiated, or excessive secretion.

When a bilious temperament is spoken of, as it frequently is, in some contrast with the sanguine, or with the serous temperament, a habit of body is assumed in the two latter cases, in which disorders of the circulating system are the most prevalent.

As distinguished from the nervous temperament, which implies irritability, the bilious supposes a state of oppression and obstruction.

The bodily conformation of the bilious, is usually represented as rigid and spare, rather than full, or largely developed.

The effect of the bilious temperament upon complexion, is certainly to render it less clear, less brilliant, more sallow, than the same complexion is, whether dark or fair, under the sanguine temperament. In this sense alone we are authorized to describe it as influencing *colour*. The *texture* of the skin seems, on the other hand, very materially influenced by temperament. In the bilious, compared with the sanguine, it is harsh, and often arid. The sanguine temperament, as will be observed, gives a remarkable smoothness and elasticity, as well as brilliancy, to the skin.

"Cependant sans cette maudite bile, on ne gagne pas de grandes battailles," said Buonaparte, according to M. Ségur, after complaining of its inconvenient effects in deranging his temper. Now, fanciful as this remark, and a great deal more of the same kind, may appear, I am

not prepared to assert, that the universal impression as to the bilious predisposition possessing peculiar qualities of a moral and intellectual kind, is unfounded.

Among its most admitted traits, I should enumerate a gloomy but active imagination, a jealous, distrustful, and unsatisfied disposition, and an anxiously reflective cast of thought.

The dissatisfied nature of persons thus predisposed, would account for the stirring, restless, and ambitious course of action with which they are often charged. Such *would be* the prominent features of a life, in which it is supposed, that the *present* and *possessed* enjoyments become, *as such,* comparatively valueless.

One of the most distinctive features in this moral character, is the combination, which it often displays, of extreme and restless anxiety to be engaged in some employment, with a dull lethargic state of intellect, which entirely precludes useful exertion.

We may, indeed, generally observe, that the efforts of the bilious fall short of their aspirations.

But the works of MM. Richerand and

Cabanis may be consulted, for a very diffuse and fanciful account of the temperament which I have here endeavoured to sketch. It has been *my* object to avoid conjectural remarks, and to limit myself to what appears extensively admitted or implied.

2. *Nervous Temperament.*

The difficulty which meets us immediately on our endeavouring to give any accurate view of the nervous temperament is principally this, that most *medical* readers have a much clearer unexpressed conception of nervousness, than any terms can realize. We are, therefore, constantly liable to fall into the error of explaining a thing unknown by something equally unknown.

The principal characteristics of the nervous temperament may perhaps be thus stated:—First, That it is highly susceptible of impressions. Secondly, That impressions once made are easily re-excited. Thirdly, That when it is in the state of morbid action proper to it, the solids of the body exhibit earlier and more marked phenomena than the fluids.

In the well-developed nervous temperament the susceptibility is so much heightened, that affections of that system are capable of being propagated as if by infection from one person to another. Thus hysterical spasms are often communicated, and it must be by this kind of sympathy, that the remarkable influences of animal magnetism are produced. To say that these and similar influences operate on the imagination, and thus to represent the consequent symptoms as in some sort unreal, is a very unphilosophical escape from the difficulties of the subject. The word imagination is used in different senses at two stages of this argument. To say that in many nervous cases the imagination is highly excited, so that the morbid impression is conveyed through that faculty, is sound and reasonable. But afterwards, in describing the case, to give to imagination its other and popular sense, that of non-reality, is to obtain our assent to an untrue proposition, through a very gross logical sophism. Of course the nervous complaint *may be* imaginary in the latter sense of the word, that is, unreal, and so may any other complaint; but this state of the

case must not be assumed on the ground, that the *faculty of imagination,* which is as *real* as any other that we possess, happens to be the seat of the disease.

Nervous susceptibility may be viewed in relation to this temperament under three important heads, which I will briefly consider.

A person of a vigorous intellect, and of a firm and intrepid spirit, may be so organised, that the loss of a trifling quantity of blood by the lancet, shall produce syncope, even when he is in a high and complete state of health. Of this I know an instance in a very gallant officer, who has lost blood copiously from wounds, without any such result; but whom, on the above account, it is extremely difficult to bleed. Now, in this case, two points may very fairly be assumed. First, That it is not the quantity of blood taken by the lancet, but some influence produced on the nervous system of the patient, that occasions the loss of power. Secondly, That the part of his nervous system, which first receives this impression, can scarcely be considered as having any reference to his intellectual or moral character. In this case, therefore, we must conclude,

that the impression conveyed by the nerves is primarily of a physical kind; or, in other words, that it operates on a part of his system which does not concern him either as a moral or an intellectual agent. Whatever suspension of the powers of mind has ensued, is secondary. This first kind of nervousness I shall, therefore, call physical or bodily.

Totally distinct from this is the susceptibility of nervous affection from moral impressions; a species of nervousness which I shall call moral. It is remarkably shewn in the bodily symptoms occasioned by timidity. But in each individual it must vary in form, according to the class of emotions, to which he is most predisposed.

Both of the foregoing species may be illustrated by the phenomena of hysteria. This affection may arise out of a series of moral feelings and impressions, influencing the nerves of the uterine system; which, once excited, occasion the various spasmodic symptoms distinguished by that name. Or it may arise from an irritation commencing in the womb, and not propagated from any prior emotion of the mind. In the first case, hysteria has a moral, in the

second it has a physical origin. And how different will its treatment be in these two cases, if justly distinguished and appreciated!

Thirdly, There are persons, in whom some operations of the intellect instantly produce a disturbance in the nervous system, which greatly interferes with the success of these operations. I have heard the sufferer describe this state of his nerves, as occasioning a cloud or mist suddenly to diffuse itself through his mind. In this way, again, nervous defects in articulation may be explained. A gentleman of very distinguished talent, singularly free from the two forms of nervousness above described, is well known by his friends to labour under the third. The occasions on which this defect has been observed in him, are usually those, in which the time for the performance of an intellectual task happens to be limited, the spectators or witnesses numerous, the object important. It is not that he feels more apprehensive of competition, or more anxious about the event, than other men similarly situated, but that his intellectual powers require to be humoured in every way, and are perplexed by

circumstances, to which others of a more hardy, though less powerful intellect, would be impassive. Now this state of the understanding is liable, unless the above distinction be appreciated, to be treated as obstinacy, or as stupidity, or as deceit; because it wants those external phenomena of nervousness, which are palpable and conspicuous in the physical, and yet more so in the moral form.

The gentleman whose case I have adduced possesses the utmost steadiness of nerve, both physically and morally. His principles and his bodily constitution are alike sturdy and vigorous. It is only when his intellect has to energize, that the phenomena of nervous irritation are observable, and they are probably heightened by his complete consciousness of the powers which he possesses, and his occasional inability to exert them.

This, therefore, I shall call intellectual nervousness. Whether the above division is adequate and just, must be decided by more impartial judges than I can be. Of this, however, I am sure, that the practitioner who should undertake the treatment of any disease modified by the nervous temperament, without possessing *some*

arrangement of its phenomena, would find himself involved in perplexities which he would find it hard to unravel.

3. *Sanguine Temperament.*

It may seem needless to remind my reader, that I am laying before him the *tendencies* of the several temperaments, and not following them into their complete development. It will however be observed, in popular as well as medical discussion, that each of these temperaments is habitually associated with one of its opposed states in regard to health and disease, rather than with the other. Thus the term bilious is associated, as soon as used, with a train of morbid phenomena. Such is also the habitual association when the nervous or the phlegmatic temperament is alluded to. Our first impression presents us with the *defects* incidental to each of these habits. But the sanguine temperament seems, in its ordinary form, more allied to healthy than to morbid actions. It implies a free and energetic circulation, a well developed but firm

muscular system, and a powerful conformation of the whole person. The complexion is usually florid; but the principal characteristic of the temperament, in *this* point, is 'brilliancy.' This term best expresses, in English, what would, I believe, in Latin be '*nitor*.' The moral and intellectual properties of the sanguine are assumed to be such as correspond to a vigorous structure. These are vivacity, energy, and confidence. It is, I believe, not an ungrounded remark, that the buoyancy, the brilliancy, the joyousness of the sanguine temperament, somewhat indispose the mind for persevering exertions of thought. Hence the advantage possessed, in comparison with it, by the bilious temperament.

4. *Phlegmatic or Serous Temperament.*

The main characteristic of this constitution is a deficiency of energy. It admits of a division into two heads: one embracing those cases in which the want of energy appears connected with a want of excitability; the other comprising those in which it is connected with a want of power. The first of these divisions is well described by the popular term relaxed; the other is the basis of the asthenic or feeble constitution, and, as such, is productive of the long and melancholy class of scrofulous affections. In both of these forms of the serous temperament the natural complexion is most frequently pallid. In both there is a remarkable absence of buoyancy and resiliency of habit. But the skin of the relaxed person, though pallid and bloodless, differs greatly from the unwholesome delicacy of the asthenic, and his muscular system is often even largely developed; while, on the other hand, in the asthenic form, it usually happens, that the bodily structure, if not actually small, is rather fat than muscular.

Persons of the relaxed habit are colourless; while the complexion of the asthenic is often of a delicate redness. The pulses of both, except where fever occurs in the asthenic, are languid: but the languor of the relaxed seems connected with sluggishness, that of the asthenic with feebleness. In the relaxed person there may indeed be power; but it is difficult to communicate an impulse which may bring that power into action. In the asthenic, the impulse communicated is felt indeed; but it elicits no reaction, it merely exhausts.

In regard to moral and intellectual characteristics, as well as those which are purely physical, the serous temperament is well distinguished into the above varieties. The habitual sluggishness of simple relaxation, and, on the other hand, the feeble virtues and vices, and the languid conceptions of the asthenic class, are easily recognized. The character of Dr. Johnson was essentially of the first kind, which, it may be remembered, is compatible with *power*. Such were his strong but cumbrous exertions, slowly excited by the stimulus of necessity. Such, indeed, was the lazy application of extreme labour,

which produced his dictionary. *He* well describes those painful exertions, under which the nobleman to whom he addressed himself, failed to assist him, until assistance was no longer wanted by him. Without some reference indeed to his languid temperament, it is difficult to account for the indifference with which a man so competent, and so disposed to investigate, could leave questions of extreme philological importance to pass unheeded, or to take their chance in the course of his execution of this extraordinary work.*

For instances of the asthenic class we must not explore the annals of intellectual or moral greatness. In its simple form, this kind of character passes through life unnoticed and unattractive. When complicated with the nervous temperament, it produces a kind of sensitive but powerless enthusiasm, which is in small repute as a quality of *men*,† but is often painfully beautiful

* On this point Dr. Johnson is repeatedly censured by Horne Tooke.—The above remarks must be understood in reference to those operations of Dr. Johnson, in which even *he* was compelled to labour. The greater part of his works must have been *child's play* to his comprehensive understanding and richly furnished memory.

† Such is the character of Wilfred in Rokeby.

in the other sex; painfully, I say, because, in the latter case, we *can* give it our sympathy. For the want of defensive power which it implies, and which we are always disposed to treat contemptuously, when observed in man, is no blemish in the character of woman.

CHAPTER III.

GENERAL SKETCH OF INDIGESTION.

In entering upon the next part of my subject, that is, in presenting my readers with a *general* sketch of indigestion or dyspepsia, I must remind them that originality of matter is not my main object. If I could establish any just principle in regard to the application of medical science to the disorders of the digestive organs, I should be satisfied, even though I gave in no other contributions to this object than the labours of others, and were original only in *applying* them.

There is a remarkable diversity in the methods in which medical writers have respectively undertaken the history of indigestion. In the three able writers, whose works justly enjoy the highest present reputation on this subject, Dr. Paris, Dr. Wilson Philip, and Dr. Johnson, I find but little reference to tempe-

rament or constitution, as any ground of pathological distinctions. Dr. Wilson Philip furnishes a very masterly description of the disease. He has looked at his subject analytically, and he places his reader in full possession of *his* view of it. But this view is, in fact, just such a one as might be expected to occur to a clear medical eye, after a careful abstraction of those differences which a consideration of temperament would suggest. It will, I trust, appear in another part of this Essay, how necessary it is that such distinctions should be *entertained* and *admitted,* with a view to the complete development of Dr. Philip's subject. It is indeed curious, that he should not have applied such distinctions to indigestion, considering the avowed object of his treatise, "to give arrangement to the affections termed nervous and bilious, and to ascertain the nature of the disease on which they depend."

Without establishing any such division of the subject, Dr. Johnson's admirable work furnishes a much larger stock of materials for it, than that of Dr. Philip. The principal difference between the views of these two writers is, that Dr. Philip places before us a definite complaint, — Dr. Johnson

describes a morbid habit. The first delineates an attack of dyspepsia, and follows this to its termination; the second draws from the life many characteristic features of a dyspeptic person.

Now it will be expedient to consider the ordinary form of the dyspeptic disease, as given by Philip, and the ordinary features of the dyspeptic patient, as pourtrayed by Dr. Johnson. This will form a useful basis for the more immediate subject of this Essay, the inquiry into those influences, by which temperament modifies the common phenomena of indigestion.

The first symptoms of this disease, according to Dr. Philip,* whose words I use, are such as immediately arise from undigested food itself, or from the state of the stomach and bowels, and the irritation of their nerves, occasioned by the undigested food, and their own vitiated secretions.

The symptoms of the undigested food are, flatulence, distension of the stomach and bowels, and acid, oily, and putrescent eructations.

From the debility of the stomach and bowels,

* In the following sketch I have sometimes abridged Dr. Philip, sometimes transcribed his exact terms.

and the irritation of their nerves a greater variety of symptoms springs. The production of these he well illustrates, by the operation of an emetic on the stomach in its ordinary state.

In the commencement of the disease, the symptoms, which arise from undigested food, are often the only ones which occasion much uneasiness. People frequently complain of a sense of distension after eating, and flatulent and acid eructations, who, notwithstanding, enjoy good general health, and can easily prevent even these symptoms by taking less food, and of a more digestible quality.

In the majority of cases, however, these symptoms continue to recur, either through neglect of the patient, or a greater obstinacy in the cause;—gradually other parts of the alimentary canal partake of the disease;—their secretions begin to deviate from the healthy state;—the bowels act less readily than usual;—the mouth is clammy, and the tongue more or less white;—the patient is apt to be thirsty, and his appetite is impaired and variable.

Still his symptoms obtain from him but little attention, as they yield readily for the time.

Gradually, on their more frequent occurrence, he becomes alarmed, and occasionally feels a degree of despondency. He now regards his complaint in the most serious point of view. While this state of mind is taking place, the alvine discharge begins to deviate from its healthy appearance, sometimes consisting of bile, sometimes too light, more frequently too dark; sometimes green, sometimes blue, and occasionally mixed with, or wholly consisting of, undigested food.

The urine also deviates from its healthy state. It appears to Dr. Philip, that when acid greatly prevails in the stomach and bowels, or the skin becomes more inactive than usual, so as not to throw off the acid which should pass by this organ, a red lithic deposit takes place from the urine after it has stood sometime. When, on the other hand, the skin has been unusually excited, or an alcalescent state of the stomach prevails, the urine becomes turbid, and deposits a white sediment, consisting of the phosphats.

Under constipation, which Dr. Philip seems to consider the most prevalent defect occasioned by indigestion, the urine has been observed to

remain scanty and high coloured. It flows freely, and of a pale colour, as soon as a free discharge from the bowels has been obtained.

But a copious flow of urine has sometimes been observed, as a symptom of indigestion, and not as an evidence of its being relieved. A failure in the action of the skin seems connected with *this* increased discharge. And the same cause seems to account for the diarrhœa which occasionally attends indigestion.

The patient frequently now complains of an unusual distension, and a sense of weight in the right hypochondrium, and a depression of strength, particularly after unsatisfactory operation of aperients, almost amounting to syncope. His despondency is hardly equalled in any other disease.

There are often marks of an habitual undue determination of blood to the brain, producing *languid* inflammation of the eyelids, tinnitus aurium, and occasionally throbbing of the temples; sometimes drowsiness, sometimes continued pain in the head.

While only the above symptoms are proceeding, the disease of indigestion is supposed by

Dr. Philip to be in its first stage. We have now to follow him into his second stage.

"At various periods of the disease, generally after repeated hepatic derangement, comes on a permanent tenderness on pressure, sometimes but slight, of the soft parts close to the edge of the cartilages of the false ribs, on the right side, after they have turned upwards, to be joined to the sternum. This spot is often very circumscribed, and always lies half way between the end of the sternum, and the place at which the lowest of the cartilages begins to ascend. The cartilage itself often becomes very tender near this tender point, sometimes even more so than the soft parts. The patient is generally not aware of this tenderness, till it is pointed out by the physician.

"This symptom never exists long, and to any great degree, without the pulse becoming hard; and it often becomes rather more frequent than in health. This hardness is sometimes such as would on all occasions obtain the name of hard; but more frequently it is only to be distinctly perceived on the pulse being examined in a particular way."

Explaining *this particular way,* Dr. Philip observes, " If pressure (made on the pulse) be gradually lessened till it comes to nothing, it often happens that a distinct hardness of the pulse will be felt before the pulse wholly vanishes under the finger, when no hardness can be distinguished in the usual way of feeling it."

" The occurrence of the tenderness of the epigastrium, and of the hard, or wiry pulse, are considered as dividing the disease into two stages."

" Feverishness then supervenes. The chilliness of the patient is interrupted by languid and oppressive fits of heat. The thirst increases, and there is a tendency to partial sweats in the morning, especially if the patient lie longer than usual."

These are two stages of indigestion which Dr. Philip notices as forming a prelude to those symptoms which constitute his third stage, in which organic affection has occurred, either in the stomach or in the other organs with which the stomach sympathises.

The principle of treatment which he applies to his first stage is one of gentle mercurial

alteratives, aperients, stomachics and tonics.—"The first thing," which appeared to him "to throw light on the treatment of the second stage, was the effect of applying leeches to the tender part of the epigastrium." The effects which he found were not merely relief of this tenderness; but the patient breathed and walked better—the bowels were more easily moved, the skin appeared more relaxed, the evening feverishness lessened.

On these grounds Dr. Philip was induced to suspend his tonic, or stomachic plan, in the second stage of indigestion, and to pursue a gently antiphlogistic system, principally by means of leeches and small blisters applied to the epigastrium. He continues the use of mercury, but solicits a change in the constitution of the patient, by giving it, at this time, in very small repeated doses.

With Dr. Philip's third stage I have no concern at present; though I most readily admit the very interesting nature of the inquiry, how dyspepsia may here also be modified, through each of the temperaments in which it is found, in relation to structural changes either in essential or in sympathizing organs.

The indications of debility and irritability of

the stomach and bowels, which Dr. Johnson considers the proximate cause of indigestion, are placed before us more loosely indeed, and with less attempt at system, but in a far more graphic way than by Dr. Philip. Dr. Johnson, indeed, enjoys the advantage, on which he frequently insists, of writing from his own feelings: an advantage, I beg leave to say, of a very questionable nature. In analysing disease, the physician has to deal with his own mind upon the same principles which he applies to the judgments formed by his patients and their sympathizing friends. He has *in them* to correct a tendency in constant operation to give unequal relative weight to the several features of the case, and he is sure to find that tendency active in regard to those points of disease with which their own personal experience may have most familiarized them. Now, the same difficulty besets *him* in keeping his own views steady and clear, when he has been himself a severe sufferer from any given illness, in regard to *that* illness; and his readers should always be on their guard, lest he should deal with his stores of knowledge with no greater discernment than a father may be observed to exhibit in regard to his children,

when he has seen a great deal of some, and very little of others.

In common with most other writers on dyspepsia, Dr. Johnson directs his attention and his remarks chiefly to that form of the disease most frequent in the bilious habit. Though this, however, is his leading subject, he comprehends in many of his remarks, and, in his enumeration of the causes of morbid sensibility, a far wider field;* so that his work approaches more nearly than that of Dr. Philip to a view of indigestion classified according to the diversities of temperament.

Though no distinction founded expressly on such a theory is laid down by Dr. Johnson, he supplies some materials for it, so far as nervous indigestion may be contrasted with that of the bilious constitution. There is indeed much valuable practice suggested in relation to the nervous phenomena of the disease. Thus he animadverts on the system of Mr. Abernethy, where it well deserves animadversion, namely, as aiming at the recovery of health through a purgative and mercurial treatment alone. He

* See particularly the valuable Remarks on the Phenomena of Repletion, and on those of Dyspepsia and Indigestion, from p. 18 to p. 43.

similarly reprehends the abuse of Dr. Hamilton's purgative system; an abuse which may be entirely referred to the heedlessness of his followers, and not to any doctrines laid down in his invaluable work.

The following passage well delineates some important features of the treatment of indigestion, viewed as "a state of morbid sensibility of the stomach and bowels."

"Infinite mischief," says Dr. Johnson,* "is daily occasioned by the indiscriminate employment of strong purgative medicine in dyspeptic complaints. Bad secretions may be thus *removed,* but their reproduction will never be thus *prevented.* It is by withdrawing the sources of irritation, and gradually improving the functions of the liver, the stomach, and the intestinal canal, that the formation of morbid secretions can be arrested. Purgation, therefore, should be cautiously employed. It may be proper, just at the beginning, to clear the alimentary canal of all its lurking contents; but, after this, I do maintain that the main object is to produce but one evacuation daily, and that of a solid rather than

* Pp. 86—88.

a liquid consistence. If practitioners knew the misery that is often produced by irritating cathartic medicines, in dyspeptic and hypochondriacal complaints, in this country, they would be more sparing than they are of their calomel at night, and black-draught in the morning.

"Experience has shewn, that there are some medicines which produce little irritation in the stomach and upper bowels, and act principally on the colon and rectum, as, for instance, aloes and sulphur. Jalap, calomel, salts, senna, antimony, and many other purgatives, produce a good deal of disorder in the stomach, and along the whole course of the alimentary canal, causing a copious secretion from the glands and secreting surfaces of these parts, as well as of the liver. They are very useful, upon occasions, to remove all offending matters, but should not be too often employed. A combination of several different kinds of aperient medicine, that will act mildly, but gradually, along the whole line of the digestive apparatus, is far preferable to any one medicinal substance. Simplicity of prescription is very generally, on this point, accompanied by insufficiency of the effect designed. In

dyspeptic cases, and especially where there is morbid sensibility, in any considerable degree, in the stomach and bowels, it is of great consequence to join hyosciamus, or some gentle anodyne, with the aperient. When the morbid sensibility is not in great degree, the anodyne may be left out. The following formula may be found pretty generally applicable as an habitual aperient :—

℞.	Ext. Colocynth. Comp.	
	—— Rhei	*aa.* Gr. xv.
	Pil. Hydrarg.	℈ss.
	Ipecac. pulv.	Gr. ij.
	Sapon. Venet.	Gr. iij.
	Olei Caryoph.	Gtt. iij.

M. ft. pil. x. Capiat i. ij. vel iij. horâ somni vel statim ante prandium.

"These pills should be taken according to the effects they produce. If one be sufficient to procure one easy evacuation the succeeding morning, well and good. If not, two, three, or any number may be taken, so as to effect the purpose desired. If much irritation prevail, from three to five grains of extract of hyosciamus may be taken at night with the pills.

"There will be many cases where the irritability of the stomach and bowels will not bear more than a few grains of rhubarb and magnesia, without producing much distress. Where acidity prevails much, with disposition to pain and flatulence in the stomach, some carbonate of ammonia, or the spirit. ammoniæ aromaticus, should be conjoined with magnesia and rhubarb.

"But in fact there is great difficulty in adjusting the aperient to the state of the case, so as to fulfil the essential indication — that of moving the bowels once daily, and always with as little irritation as possible."

But Dr. Johnson's view of this subject would have been more comprehensive than it is, had it been constructed with a direct reference to a theory of temperaments. Thus, if he had considered the large class in whose constitutions atony and relaxation predominate, and the liability of such persons, in an extreme degree, to the symptoms of dyspepsia, he surely would not have made this complaint identical with "morbid sensibility of the stomach and bowels."

In these persons it is morbid *insensibility* that constitutes the main feature of their ordinary

indigestion. Such indeed is the usual state of the stomach induced by long continued gluttony; a vice unusual in highly sensitive constitutions. The dyspepsia of the glutton has no *necessary* connexion with any process of nervous irritation: it has duly ensued upon a long continued course of excessive stimulation, and consists in entire atony and languor.

In his strictures upon Dr. Philip, Dr. Johnson appears to me severe, particularly in his mode of reviewing the principles on which Dr. Philip justifies his distinction between the two first stages of the disease: "the state of the pulse, and the sensation communicated by pressure on the epigastric region." The world, no doubt, will always criticise our profession for distinctions apparently too finely drawn; but in criticising each other let us remember, that such, after all, *are* the distinctions on which we must often rely for our practical measures; and each of us must feel the difficulty under which he has occasionally laboured, when he has endeavoured to clothe these distinctions in language. If all the physicians who are justly eminent in the present day were tried without this mitigatory consideration

for the terms by which they respectively denote their opinions about the pulse, they would, most of them, be often subject to corresponding criticisms.

The other point of distinction, namely, pain on pressure of the epigastric region, is assailed by Dr. Johnson in the following remarks:*

"In respect to a symptom on which much stress has been laid by Dr. Philip as marking an important stage of indigestion, namely, tenderness at the pit of the stomach on pressure,—that it exists in every stage of indigestion, I will venture to affirm; and I will go one step further: for I have no hesitation in affirming, that if a whole regiment of soldiers were turned out, and the region of the stomach pressed on with the pointed fingers with the force with which Dr. Philip presses it, they would all wince, from the general downwards."

The question between the two doctors really is, not whether every individual in Dr. Johnson's supposed regiment will, or will not, be sensible of *some* pressure made upon the epigastric region;

* Dr. Johnson, p. 34.

a question of which the affirmative is obvious, and the admission proves nothing; but, whether a kind of pressure may not be conceived, under which the morbid shall wince, while the healthy are impassive to it; and whether a very experienced physician, such as Dr. Philip really is, may not be presumed to make that kind of pressure to the just degree, when he employs it as a criterion.

CHAPTER IV.

INDIGESTION OF THE BILIOUS TEMPERAMENT.

HAVING thus traced the common symptoms of indigestion, such as they are described in some of those works which are justly considered to have taken the most comprehensive view of this subject, I proceed to apply to the collection of symptoms thus made, the principle of division which it is my peculiar object to recommend.

The first temperament which I shall endeavour to illustrate is, that which has virtually attracted the most attention, both with the above pathologists, and with most others who have written on dyspepsia. In the greater part indeed of the direct histories given us of indigestion, the disease described as such is little different from that which, agreeably to *my* arrangement, would be termed bilious indigestion.

The accounting for this fact is by no means difficult. For of all the organs immediately

concerned in the process of digestion, there is no single one so *evidently* influential over that process, according as it works healthily or morbidly, as the liver; and it is unnecessary to add, that, in persons biliously predisposed, the influence of this organ must be proportionately augmented.

On the other hand, the inconveniences which indigestion produces to the phlegmatic and the sanguine, are far milder than those occurring to the biliously constituted. And the symptoms of the nervous form of the disorder, though intensely severe, are in their apparent position often distant from the place really affected, and thus either lose entirely their character *as* symptoms of indigestion, or are traced with difficulty to that source. But in *bilious* indigestion, every bodily symptom is either an abdominal sensation, or so closely linked with, so immediately springing out of, one, that its connexion with processes of the digestive organs cannot for an instant be doubted. Few again, who have ever felt the moral and intellectual symptoms of bilious indigestion, are long in discovering by their sensations the strict alliance in which these symptoms are

placed with some morbid state of the digestive organs.

The extreme importance of these moral symptoms would of itself justify my present principle of division. For they are connected with indigestion, not simply *as* indigestion, but as the indigestion of the bilious temperament; and are accordingly liable to receive very inappropriate treatment, if this distinction is not kept in view; or in other words, if they are associated with a form of the disorder, with which in truth they have no alliance.

Nor is this indeed a groundless precaution. No mistake is more common, than that of imputing to bilious melancholia the tendencies and corresponding treatment of the nervous temperament, and thus *improperly* subjecting the patient to nervous medicines, antispasmodics and stimulants.

The question, to what extent moral defects may be subjected to medical as well as moral discipline, has a most immediate reference to the above distinctions. Thus, when such defects coexist with an arrested or vitiated state of the bile in *any one,* much more in the *biliously*

predisposed, they claim, on their own account, the fullest and most careful application of those medical agents, which tend to restore the free passage, and the healthy state of the secretion; otherwise, the intellectual powers want the *material* condition requisite to their healthy operation.

The story of that military officer is well known, who, at the eve of an expected engagement, showed an anxiety respecting the event of the coming day, greater, and more mixed with apparent timidity, than belonged to his habitual character. A judicious medical friend, the surgeon of his regiment, withdrew him from the table at which he was making these remarks, and at once questioned him as to his bodily state. The story goes on to say, that a well-inflicted dose of calomel, &c., restored this gentleman to his customary state of cheerful resolution. True or false, this story is at least extremely illustrative.

But the state of the supposed case *may be* reversed;—the body may be viewed as the suffering part, and a moral affection or emotion may be the agent. Here judgment is sometimes shown in abstinence from medicine. This remark

may possibly appear superfluous to some of my readers, who perhaps are not aware, that there are parents who always give a dose of calomel to their children when they are naughty, in place of correcting them.

The facts exhibiting the influence of mind over body, afford ample testimony to the importance of a division, founded on temperament, in relation to our present subject. The *bilious* affection of a biliously predisposed person, will obtain relief from a train of emotions, which would intensely aggravate the same symptoms in a more nervous person. Most physicians will remember, that they have sometimes mischievously excited *one* patient by topics, which have very beneficially excited another, the disease being the same in the two cases, and the only difference consisting in the nervous temperament of the one, and the bilious temperament of the other.

I do not imagine that the melancholic person, who finds a kind of relief from the most shocking narrative that can be laid before him, provided it has no connexion with his peculiar distress, is at all more selfish than the nervous person, who shrinks, even by anticipation, from a horrid

statement. The one absorbing horror of the melancholic finds relief in any topic of sufficient power to divert *his attention;* but the nervous person instantly associates every torture and calamity that he hears of, with his own case, and virtually *sympathizes with himself.*

In thus illustrating the relation of moral and physical phenomena, I am not aware that I have advanced any doctrine calculated to shake our conviction of the free agency of man. I am rather extending the sphere of its operation. It is certainly most true, that a given bodily state is followed by a corresponding moral state. *Therefore* the arranging and ordering our body, so that it may best assist our moral and intellectual energies, involves a part of our probationary duties. We are responsible in this point, as one in which our own choice can place us under circumstances favourable or unfavourable to right conduct. We are even responsible for the grounds on which our election is being formed, while we allow ourselves to balance between an Astley Cooper, and a St. John Long,* as our medical adviser.

* *Vide* Appendix, No. I.

With these preliminary remarks, I shall now compare bilious indigestion with such other species in my arrangement, and in such points, as best may furnish an opportunity of contrast. I shall take Dr. Philip's *general* description of the disease, and of its treatment, as a fair account of its *bilious* form; and I will add to it such other distinctive marks as may occur to me.

It should, however, be remembered, that *some* few points in each of the heads of my division, will be best considered under some other head.

Bilious indigestion may perhaps be most usefully contrasted with the nervous. In the *latter* class of cases, it will be observed, that stimulants, stomachics, and tonics, are generally useful; that aperients are only valuable as they are unavoidable; or rather, that the good which they confer must generally be measured against some corresponding evil. It would appear, that in removing *nervous* indigestion, the stomach itself, in its sympathies and antipathies, must be primarily consulted. But in the bilious temperament, both the sympathies of the stomach, and also its antipathies, must occasionally be disregarded in the treatment of indigestion. Thus,

instead of the direct application of strengthening and soothing medicines, we are here obliged often to exclude them. While, in managing *nervous* indigestion, we avoid irritation, sometimes at the expense of allowing constipation, by withholding aperients, on the other hand, in controlling *bilious* indigestion, we must assume, that the immediate comfort which may be derived to the stomach from cordials and stimulants, will be overbalanced by the mischief ultimately accruing to the whole system, from an over-stimulated liver. Thus dinner pills have given a dangerous and deceitful comfort to many a bilious sensualist.

Again, in nervous indigestion we shall have occasion to observe, that the question of local congestion is of very secondary importance. The fact of its occurrence is rare. The circulation in this temperament is over-active, rather than sluggish. But in bilious indigestion, we have, at every point, to defend our patient against local congestion. Here, indeed, the diagnostic of Dr. Philip, namely, tenderness in the epigastric region, is extremely indicative of the practice which he recommends, when congestion is verging

upon inflammatory action. Whereas, if we should apply leeches to the epigastric region of the nervous dyspeptic every time that *he* expresses slight or even acute tenderness at that point, we shall be inflicting constant mischief.

But of all the measures by which the bilious dyspeptic may obtain both immediate relief and protection against the severer symptoms of his disorder, the frequent use of mild aperients is the most important. A very ill-founded prejudice is entertained against the continuous use of aperients. It is assumed that this practice implies an unnatural and artificial procedure, calculated as such to end in mischief. Those who hold this doctrine forget what are the principles on which the action of the bowels is maintained, where *no* medicine is used. In such cases, it is the daily food which excites the peristaltic movements, and elicits the secretions of the intestines, and thus occasions their requisite action. Now aperients do precisely the same thing; and it will be difficult, by any reasoning, to make good the supposition, that small portions of aloes, of rhubarb, of ipecacuanha, or of compound extract of colocynth, have generally a more

unwholesome purgative effect, than cabbages, potatoes, and turnips. Of this point I feel certain, that the state of the intestinal canal in many nervous persons, who are so far from requiring aperients, that a tendency to irritation is constantly besetting them, possesses a more morbid character than the opposed condition of the bilious temperament. In the latter case, digestion may be very well performed, provided the aperients are well selected. In the former, or nervous case, it must frequently be hurried.

There is much valuable information scattered through M. Lorry's admirable work, "De Melancholiâ et Morbis Melancholicis," which may be used in illustrating this formidable class of symptoms, as connected with bilious dyspepsia. Lorry must indeed be read with great allowance for his tendency to regard his humoral pathology, not as a hypothetical arrangement, by which medical views may be conveniently systematised, but as established and made good by strict analysis. He talks about his humours with as much confidence as Hippocrates himself. Still his tendency to keep *some* theory of temperament in view is extremely useful.

The following is a good description of mental symptoms stealthily approaching, and ultimately gaining formidable magnitude.

"In most persons, at the commencement of melancholia, you will recognize scarcely any thing, except that they are frequently carried, as it were, beyond themselves, and exhibit a kind of excess, at one time of sorrow, at another time of joyousness. Such persons you may pronounce to be labouring under a nervous melancholy. But in humoral," that is, bilious "melancholy, nothing but grief and distress is then observable. Presently," (in this latter kind) "another step is arrived at; for, under the influence of fear, and distress of mind, the train of his thoughts is disturbed, and begins to waver. Indeed, in every melancholic, there is a slight delirium present while he is speaking of his own disease. He tells of every thing as dreadful, destructive, cruel *to himself,* with a continual and tedious repetition; and he scarcely perceives how foreign such statements are to right reason, and the habits of society. The advice of his friends and his physicians, opposing these fancies, is absolutely unheeded; or, if he is shamed into

occasional silence on this subject, his stern, dark, abstracted expression of countenance, shows that he is still regarding the one sad object of his thoughts. From this point, he soon passes on into unequivocal delirium; — a delirium, however, distinguished by this trait, that it is never shown by such sufferers, except in matters relating to, or supposed to relate to themselves. This delirium varies, however, according to the degree of the disease. When it is displayed in the fulness of its over-mastering paroxysm, only in relation to the supposed malady of the patient, and on this occurring to his mind, the evil may be considered less formidable. Soon, however, it bursts out into its fullest state; and then, all shame conquered, he wildly and openly proclaims the excess of his terrors; nay, throws himself in the way of danger, *from fear of death.* For it is so horrible to be always trembling at the present image of death, that it seems better at once boldly to embrace it." *

I cannot agree with Dr. Johnson's remark, that "indigestion is by no means essential to

* *Vide* Appendix, No. II.

hypochondriasis."* Considering the evidence which we possess of the reciprocal dependencies of the brain and the digestive organs, the hypothesis, that a morbid state of the one must affect the other part, is far more justifiable. The burthen of proof certainly rests with him, who supports the opposite view of this case. To recognize with precision the symptoms of indigestion under hypochondriasis, *may be,* I confess, very difficult. The patient often gives us no help. It is extremely difficult to distract his mind from the morbid bias which it has received, and to bend it into that direction which we wish it to take, while we are making our inquiries. Thus the hypochondriac, whose imagined complaint is a stone in the bladder, cannot afford time or thought for any other consideration; or, if his attention is called to his digestive organs, as connected with his fancied disease, all his dyspeptic sensations will be instantly exaggerated, and he will admit any thing that his physician may choose to impute to him. Many patients, while recovering from hypochondriasis, have complained of symptoms which it is reasonable to suspect had existed

* Page 67.

in a higher degree previously to their improvement, though then unnoticed by them. Thus the patient who is devouring his food with utter indifference as to its quantity, or quality, or effects, is not at that time so well able to tell his physician how far it oppresses his stomach, as, if his case proceeds favourably, he will be in a few weeks. These considerations may assist us to account for the apparent absence of dyspepsia, without assuming its non-existence.

As melancholia* unfolds itself, the difference of treatment which given symptoms require, in relation to the accompanying temperament, becomes more important. The slow pulse, the extreme sense of lassitude, the moist relaxed skin, the entire absence of feverish excitation then observed in the bilious dyspeptic, symptoms which, it is to be observed, they possess in common with the phlegmatic, would incline us to the same active use of tonics and stomachics, as is really suitable to these symptoms, when met with in the latter temperament; and supposing we combine this practice with the occasional use of mild mer-

* I know no other useful distinction between hypochondriasis and melancholia, than that of degree.

curials (a combination highly expedient under serous or phlegmatic indigestion) we shall find the bilious dyspeptic make accelerated progress towards the most dangerous stage of his disorder. For the mild mercurials excite, without giving it a due vent, the secretion of bile;—tonics lock up the enemy who requires to be expelled. The motions will become livid or dark; icteric symptoms will probably supervene; a suffusion will take place over the mind, as dark as the hue given to the face; and the mental affection, which overhangs the confirmed state of bilious dyspepsia, will become decided in character and very difficult of cure.

There is a change of symptoms often observable during the development of melancholia under bilious indigestion, which is very apt to give apparent reason for the use of strengthening and stimulating measures. In the case which I am supposing aperients *seem* rather prejudicial than salutary, from the extreme uneasiness which they produce: "Omnibus fere melancholicis commune est," says Lorry, "ut statim ab alvo depositâ in pejus ruere sibi videantur." Now the physician has to defend himself against the influence of

this *appearance;* it does not, of itself, justify a change to the use of stimulants, though it may compel him to employ less irritating purgatives.

Some very able remarks are to be found in Dr. Johnson's work, in regard to change of scene and place, as it concerns the dyspeptic patient. And these may be applied, without much reserve, to the nervous and to the serous dyspepsia. But in regard to the bilious dyspeptic, when the worst (the mental) class of symptoms are impending, the most extreme caution is required in applying these remarks. Before the disorder has taken this direction, or again, when the melancholic symptoms are on the wane, at either end, as it were, of the disorder, travelling is very beneficial; but not in the intervening state. The serous, or nervous indigestion is better at almost any period for change of place, *as such;* for in these two latter kinds of disorder the stimulus thus applied often works a cure more promptly and effectually than any medical or dietetic expedient. But it is not thus with the *bilious dyspeptic:* "cælum non animum mutat;" and in the meanwhile he postpones, or half performs those measures by which that part of his

cure which depends upon medicine must be effected.

The "bilious are usually incontinent:" and while travelling they are apt to avail themselves of the immediate benefit derived to their appetite from locomotion, and to take, with apparent impunity, articles of food, which they would otherwise be *unable*, and are still *unfit* to cope with.

The use of exercise is a most important consideration to the bilious temperament. In nervous indigestion it is often greatly overdone. Here it is seldom mischievous, except when applied at an unfit time in relation to meals; a point in determining which the idiosyncrasy of the patient must be consulted.

I have spoken of melancholia as an advanced stage of dyspepsia, and I believe that this is its character in a majority of cases. Still there are some in which the bilious temperament would appear to conduct to melancholia without the intervention of any hitherto recognized symptoms of dyspepsia. Sometimes, indeed, I have almost thought it a matter of congratulation to persons deeply tinged with the bilious temperament, when, owing to the immediate inconvenience of

dyspepsia, they have been compelled to adopt precautions, and to obey rules of diet, and medicine and place. The same *kind* of measures as are requisite to preserve peace and comfort in the intestinal canal, under such symptoms, are equally adapted to avert cerebral disease, where there is no precursory dyspepsia.

In either case temperance, active exercise, and often a frequent repetition of mild aperients, are expedient, where the bilious temperament is strongly marked. Temperance, indeed, the rising from table with a stomach unoppressed, and a head not heated, is of paramount importance. And if the dark mental symptoms of this temperament are impending, such precautions are doubly requisite. For it is one of the afflicting circumstances of melancholia, that it deprives its victim of the moral energy by which alone he can persevere in measures requisite for his cure. In other diseases it is hard to find the appropriate remedy; in this, it is equally hard to apply the remedy when it has been found. And thus it happens, that we often see the unhappy sufferer unnerved in courage and enfeebled in intellect, revolving in a tedious cycle through a long series

of medical advisers, without resolution enough to pay to any one of them consistent obedience.

With regard to the treatment of melancholia, viewed as an advanced stage of bilious indigestion, it must, from the outset of that treatment, be remembered, that the state of the patient has by that time become a very debilitated one.

The bilious temperament is not essentially a feeble one, but he, in whom the mental disease has supervened upon dyspepsia, has *become* asthenic. If his powers of *receiving food* are not greatly impaired, his powers of *obtaining nourishment* certainly are. Food, except when taken in the smallest quantities, generally oppresses him from the moment at which he has taken it, until some rapid aperient has freed him from it; and this state has, in most cases, continued long before the mind obtains attention as a seat of disease.

The risk of depletory measures, as tending to convert this secondary affection into an almost incurable state, the *démence* of the French writers, has accordingly become extreme. The lancet has no place here. The use of mercurials requires perseverance indeed, but caution and

moderation. I have seen them, when pushed to salivation, change perversion of intellect into hopeless fatuity. This caution is the more required, in regard to our present subject, because melancholia or hypochondriasis, when a primary disease, and not the sequel or advanced stage of dyspepsia, bears on the whole more active depletion, than that acute and noisy form of insanity which belongs to the nervous temperament.

In considering this subject I am unwilling to lose the opportunity, which it gives me, of recalling an opinion, which I formerly adopted and published, on an important point connected with it. It is very probable, that the opinion and the publication may be alike forgotten, but the moral duty of admitting an error remains in equal force.

The error which I have to admit was that of inculcating a depletory process in certain forms of mental derangement, without recognizing an important principle, which subsequent experience has made clear to me; that in *every* form of this disease a greater and more depressing effect is produced on vital power by processes of

depletion, than the analogy of other diseases would lead us to expect. Farther observation has convinced me, that such symptoms of apparent fulness or plethora in the patient, and of action in his pulse, as would warrant active depletion when the symptoms of insanity do *not* exist, would not always authorize it under the presence of that disease.

The vehement irritation proceeding in mania, which we may denominate nervous derangement, and the state of distressful and bewildering thought, which belongs to melancholia, amply account for this want of power.

Such seems to have been the practice of the late Dr. Gooch, although he does not assign his grounds for it. After considering puerperal insanity as an asthenic disease, he thus generalizes his remark:—" I would lay down this rule for the employment of blood-letting, never to use it as a remedy for disorders of the mind, unless the disorder is accompanied by symptoms of congestion, and inflammation of the brain, such as would lead to its employment if the mind were not disordered. *Even here, however, great caution is necessary; local is safer than general*

blood-letting."* It is perhaps needless to observe, that in the above remarks I do not pretend to consider the *entire* pathology and treatment of melancholia.

* Page 161.

CHAPTER V.

INDIGESTION OF THE NERVOUS TEMPERAMENT.

A GENTLEMAN of a highly nervous temperament, placed in a situation of continued mental exertion, and much responsibility, in a West India island, was subjected, for some bilious symptoms, which were viewed without any reference to the predominant character of his constitution, to a severe mercurial treatment. He, at the same time, suffered from hemorrhoids, occasioning profuse discharges. His strength broken; his circulation so disturbed that apoplexy at one moment, heart affection at another, seemed closely to impend; his skin constantly arid and giving no relief by perspiration to these last symptoms, he returned to this country. It is not my present purpose to detail the subsequent treatment of this case; I wish to call my reader's attention to the fact, that it was found necessary, in the course of his treat-

ment, to allow a far longer suspension of the action of the bowels than accorded with the general principles of practice, or than was comfortable to his own feelings, rather than expose him to the intense nervous excitement and exhaustion, which was occasioned by the process of fæcal evacuation, even when conducted in the mildest way. The relief, indeed, from feelings of obstruction, which purgatives were calculated to give him, his bowels being always in a confined state, was completely overborne by the attendant aggravation of *all* his other symptoms, such as flatulence, violent palpitation at the heart, with sense of approaching syncope, and vertiginous feelings in the head. All these sensations ensued upon the action of aperients so mild and so carefully chosen, as to imitate strictly the operations of nature, and yet to unload the bowels completely. Time, a patient endurance *on his part* of symptoms of which it was hazardous to attempt the complete relief, and a persevering abstinence *on the part of his physician* from such measures as might relieve present symptoms, and yet increase exhaustion; and, finally, a very cautious use of bark, ultimately

restored him to health. The decisive and complete evidence of his recovery was, according to his own remark, the power of perspiring freely.

Now I do not adduce this case as an instance of dyspepsia, but as remarkably illustrating the effect of the nervous temperament in occasioning the ordinary functions of digestion, those indeed which we are usually compelled to excite and encourage in obviating morbid states of the digestive organs, to become, even in their moderate performance, a source of mischief through exhaustion.

This state, though strongly marked in regard to aperients, was not confined to *their* influence. Bark, as I have observed, promoted his recovery; but the difficulty of introducing bark without startling his nervous system, was extreme. I first decidedly succeeded in effecting this by means of inunction.

Mr. H——, a gentleman aged about forty-five, of a very anxious and excitable character, and accustomed to combine, in an extraordinary degree, mental and bodily exertion, was seized, in the autumn of 1825, with slight fever and bilious diarrhœa,—that symptom, which, from

the relief afforded by it to *some* of our patients, we are too apt to encourage in *all*. The diarrhœa, assisted by an aperient, became violent, but in no respect dysenteric; and, gradually, symptoms supervened, under which he was labouring when I was sent for. It was then impossible to say at *what* point the powers of life were most decidedly breaking. There was every appearance of closely impending dissolution; the pulse was scarcely perceptible; his intellect wavered. The failure of his powers closely resembled that of a person sinking from hemorrhage; though, in this case, the drain was of another kind. The diarrhœa, however, being pacified by large doses of quinine (opium was quite ineffectual in regard to it), he rallied; but it returned after an intermission of twenty-four hours. He sunk and died.

This gentleman was by no means deficient in apparent muscular strength and vigour of constitution. The bilious diarrhœa which occasioned his death was common, at that time of year (autumn), in the town in which he lived; and there was no such excessiveness in the discharge as would warrant its fatal termination, if we should take an average of bilious diarrhœa *in*

general, and not of bilious diarrhœas occurring in the nervous temperament.

The air in which he lived agreed with him; it was dry and very bracing. But Mr. H——'s excitable nervous system afforded him constant motives and means of incurring exhaustion. He had no spare force, if I may say so, to expend upon illness; his habitual and daily draughts upon his stock of vital energy, were as much as it could answer.

In these two cases we see, though in different degrees, a depressing influence applied to the functions of the intestinal canal, in persons of an excitable nervous temperament. In the one, vital power was carefully economised through the whole of its treatment: in the other, a fatal exhaustion of it had been effected by a depletory measure before I saw it. The course which they pursued respectively, and the events in which they terminated, are highly illustrative of the influence of the nervous habit upon the class of disorders with which we are concerned; indeed, upon disease in general.

Now, in applying more closely the theory of the nervous temperament to a state of

disease, and comparing it with the bilious temperament, the first fact observable is, that the morbid actions are easily excited, and, if the remedy suit the disorder, easily tranquillized. If a nervous person bring on an attack of dyspepsia by excess, a diarrhœa often supervenes, or a very mild aperient achieves the same purpose; the peccant matter is hurried away, and the disorder is far more easily pacified than in the bilious indigestion. But though the disorder is itself removable on far easier terms, and more promptly in the nervous than in the bilious subject, the severity of the shock, which it has inflicted upon the former constitution, is far greater. It is true that the bilious constitution may have required a severer and more prolonged discipline for the removal of its dyspeptic symptoms; but these measures leave the patient not only cured of his complaint, but in health; while the relief given by the spontaneous diarrhœa, or the aperient, to the nervous person, leaves *him* shaken, enfeebled, and yet excited: so that it has been often found expedient, as in the case above quoted, to let the immediate dyspeptic symptoms linger, by delaying the process that would afford them relief.

The relief of dyspepsia by spontaneous diarrhœa is not infrequent in the bilious any more than in the nervous habit; and in the first it is a source of immediate comfort. In each a deficiency of bile in the fæces often constitutes a sequel to this diarrhœa. And here a difference in the treatment required deserves to be noticed. In the bilious temperament it may be assumed as a principle, that, until the fæces have resumed their healthy hue, the use of purgative and mercurial medicines cannot be safely discontinued. But in the nervous, such a deficiency constitutes no necessary ground for a repetition of such medicines. The return of an adequate secretion may often be securely left to the irritability of the patient's system, which has more to fear from action than from torpor. Here indeed a purgative treatment might reproduce diarrhœa.

The above remarks illustrate the general influence which an excitable state of the nervous system may exert over indigestion modifying the symptoms of the disorder and influencing its treatment. Now, pursuing this line of investigation, we may classify the general symptoms by which the nervous temperament produces this

effect, under six heads, in most of which it is strongly contrasted with the bilious temperament.

First, The irritability of the nervous temperament renders it liable to diarrhœa, and at the same time renders this symptom a source of uneasiness and exhaustion. The relief is not wanted, as no excess of bile is supposed. On the other hand, bilious diarrhœa is a source both of benefit and of comfort to the bilious in temperate climates, when the discharge is moderate. Accordingly, purgatives do more good, and disagree less readily in bilious than in nervous cases.

Secondly, Pains in the head in nervous indigestion are acute, pungent and limited in the space which they occupy, often attended by a bursting sensation that seems to proceed from within outwards. Pains in the head are in the bilious a dull heavy sensation, accompanied with external tightness. A sense of heat is, I believe, common to both temperaments when the head suffers.

Thirdly, Acute neuralgic pains are readily produced at various points by the dyspepsia of the nervous constitution.

Fourthly, The symptom of flatulence, which exists nearly in an equal degree in the nervous and the bilious, in the former excites various forms of irregular action, besides the sensation of distended intestines, which is its *direct* result. This fact is indeed amply illustrated by the multitude of cases simulating organic affection of the heart, which are brought before the physician, and cured by him upon principles which his acquaintance with the nervous temperament has established.

There is nothing inconsistent with this view in the fact that the medicines most applicable to the cure of these symptoms are often mercurials and aperients. The symptoms are, in fact, often the evidence of bilious obstruction or of simple constipation occurring in the nervous constitution. The medicines, therefore, must be such as relieve obstruction, allowance being made for the character of the temperament in the mildness of the quantities administered.

Fifthly, It may be presumed that the various forms of hysteria* must attend upon nervous dyspepsia. On this point, a wide field of useful information is laid open by the researches

* *Vide* Appendix No. III.

of Dr. Whytt, on the subject of nervous affections.

Sixthly, The inappetency, or even aversion, in regard to food which belongs to nervous dyspepsia in its more aggravated forms, and into which in all cases it seems liable to lead the patient, if it once gain ground in his constitution. But I shall reserve the subject of nervous atrophy until I shall have occasion to compare it with another class of symptoms equally deserving the generic term of atrophy, which I shall have to consider under the head of serous or phlegmatic indigestion. The inappetency of *the bilious* differs from the above in this material point, that it strictly accords with the other phenomena of the case. The bilious person loses his appetite for food, because he is generally ill, and only so far as he is so. The nervous person drops into this state out of vigorous health, and without any definite cause

The above remarks, on the subject of nervous indigestion, apply to that branch of the temperament to which I have given the name, physical nervousness. They presume the existence of that bodily state, which Dr. Johnson terms a morbid

sensibility of the stomach and bowels, as the basis of the disease. The other two forms, under which the nervous temperament may display itself, now deserve some consideration. I allude to what I have termed, moral nervousness and intellectual nervousness.

With regard to moral nervousness, its importance relative to the treatment of indigestion cannot be disputed. Ill would it fare with that patient who should be subjected to the discipline appropriate to the bodily phenomena of his case, separately considered, and without any means being taken to obviate the state of mind (if such there be) which is keeping him unquiet! The dose of blue pill administered to him at night, may make him rise the next morning with a cleaner tongue. But the letter which he receives at breakfast will place him nearly where he was before, except perhaps that he is somewhat more excitable in consequence of the remedy. It is in this state of nervousness, particularly when it exists in union with the bilious temperament, that the soothing attentions of a friend, and the measures of a physician, are almost equally conducive to recovery.

With regard to nervousness, as shewn in the operations of the intellect, its effects through this medium upon health are perhaps no where more observable than in the preparation of young men for public examination. The prospect of a severe *oral* examination mischievously excites the irritability of an intellect thus constituted. I have seen all the early symptoms of indigestion result from this state, and the intellect itself eventually enfeebled by their reaction.

I do not, however, mean to draw any inference from this remark *against* public oral examinations. They are of incalculable service in promoting promptitude and vigour of thought, and inducing a state of the intellectual powers, in which all their resources may be instantly made available, even at a disadvantage, towards a given point. But, making this admission, I may still urge, that the severity of the discipline should have some relation to the capacity of the pupil for attaining this gift. In ascertaining this point, in giving him as much of this kind of hardening as the metal will bear, and in placing before him such other trials, with their appropriate honours, as may better suit him, the tutors

and guardians of his college should become in some sort his medical advisers. Much of the future happiness of his life may depend upon the correctness of their judgment.

CHAPTER VI.

INDIGESTION OF THE SANGUINE TEMPERAMENT.

THERE are many measures, which we are constantly applying for the immediate convenience of our patients, which are calculated to depress strength, though so slightly, that they can only be recognised as weakening, after reiterated use, and by a very careful comparison of those who do, with those who do not, employ them.

Human life is maintained by a series of depositions and absorptions, tending, by a very gradual progression, to a state appointed to be incompatible with the performance of its functions. It then ceases.

The expression, *living too fast,* has often been applied to the sensual exhaustion of life, or to that of excessive bodily exertion. But it is not only by sensualism, or by violent exercise, that we may hurry those successive stages through which we have to pass (supposing that we are

not intercepted by disease). It may indeed be doubted, whether every unnecessary medical infliction is not antedating our death.

It ought to be the boast and object of medicine to supply the rules by which, first, the sum of vital power can be economized; secondly, by which antagonist forces can be counterbalanced or overcome. Now either of these objects may certainly receive attention at the expense of the other.

Thus, for fear of exhausting strength, we may allow acute disorders to advance dangerously near, or to a dangerous height. And again, we may erroneously lay aside some exercises, both bodily and mental, which, by their salutary influence upon the nervous system, would reproduce more vital energy than they would exhaust by the fatigue which they involve.

On the other hand, we may destroy vital power by repeated precautionary measures, or by extreme violence of treatment.

It is the tendency of the present age to run into the latter error in the management of dyspepsia. Nothing is allowed to take its course. For every assumed deviation from the healthy

performance of its functions, the appropriate aperient or alterative is instantly applied to the digestive apparatus. Now one reason why I advert to this point, in treating of the sanguine constitution, is, that in the other habits we are far more on our guard against the medical measures which may enfeeble, than in this. We are here aware, that we are drawing upon a large bank, and we are proportionately lavish in our drafts. We choose to overlook the fact, that every expenditure of strength, which we heedlessly inflict by an unnecessary medical measure, may advance the strong as well as the weak farther into that avenue, the termination of which is death.

The mischievous consequences of medical exhaustion are not so easily recognised as where the defects of a more frail machine have to be set right. Accordingly, the physician is more strongly tempted to allow himself a loose and careless practice in regard to doses administered to the sanguine than to any other temperament. But this mistake might be easily avoided, if it were remembered that moderate doses of aperient medicine act powerfully on the sanguine habit.

Thus, in the case of constipation, *that* very susceptibility which makes the ordinary stimulus of food sufficient, on the long run, to maintain the action of the bowels, renders them promptly obedient to one of increased power.

Thus the quantities of doses required by persons thus constituted, may be inversely as their physical strength, instead of being, as the prevalent practice seems to suppose, in a direct ratio to that state.

But besides the facility with which this temperament can obtain relief under obstruction, there is, implied in it, and constantly at work, a principle of resistance to the *formation* of such morbid states, which, in other temperaments, has to be supplied from the resources of art. This resistance to the formation of morbid states is wonderfully shewn in the endurance of external violence exhibited by athletic men. It is recognised, empirically indeed, in the very point under consideration, by those who train boxers. They often venture to allow their patients to undergo very protracted constipation without applying any relief. They rely confidently upon the energies of the athletic, which they know by

experience will resist morbid obstruction under circumstances, in other cases, productive of it. Thus they *dare,* in a judicious reliance upon the resources of nature, to withhold a measure which might reduce strength.

The object of the above remarks is to point out, that the sanguine temperament belongs to a machine less easily put wrong, and more easily put right, than is the case with other constitutions. I trust I shall not be understood as recommending an inert practice in the disorders of this class of men. That these are often very severe, and that they then require proportionate severity of treatment, I fully admit. Let it, however, be remembered, that in a great proportion of cases in which the disorders of the athletic have run to this height, they have been permitted to do so from the confidence which repeated instances of success have given the patient, both in the reparatory powers of his system, and its unwillingness to admit a morbid state.

In the above remarks I have hitherto presumed that the temperament which I am considering is in its perfect state, and that the force and fulness of the circulating system by

which it is distinguished, are not carried too far. Under these circumstances I have endeavoured to point out that medical measures should not too readily be allowed to interfere with the curative operations of nature. Let it however now be supposed, that the action of the heart and arteries is faulty in that extreme to which this temperament is most liable; namely, in excess: in other words, that the patient is plethoric. Where any *such* tendency to fulness exists, the state of oppression connected with it is sure to be increased by the occurrence of indigestion. And as the direct symptoms of indigestion, and those again of fulness and plethora, are both relievable by the use of mercurials and aperients,—as this is *one* method of obviating the former state, and the principal mode of treating the second state, it is as natural, as it is common, to rely entirely upon this class of measures for the treatment of the *whole* disorder. Thus the stomach and bowels become the *sole* channel through which the system is to be cleared. For in cases of this kind, trusted entirely to purgatives, it is not till after a very copious use of such medicine that the skin and kidneys begin to act for the patient's

relief. Now I have met in practice with many persons whose digestive powers have never recovered the rough usage which they have undergone, when the plethoric state of the system has been relieved *solely* through this channel. Here, a well-timed blood-letting would have been a most economical line of proceeding; for, acting in combination with a much shorter and less severe course of medicines than would otherwise be requisite, it would have spared the digestive organs that long continued attrition and excitation which has often converted acute into chronic indigestion, instead of entirely dispelling it.

It has more than once happened to me to be *requested* by patients labouring under those sensations of heat, fulness and irritability, which certainly obtain relief from aperients, to prescribe to them a loss of blood, rather than *that* class of medicines. They have urged, from their personal experience, that the use of purgatives will disturb that regular action which they at present possess, and occasion constipation; while a moderate loss of blood will restore them to a state of general freedom and comfort. This measure, they have

also assured me, will be attended by some relaxation of the bowels, which, if effected by aperients, would be a process of much irritation. The persons from whom I have collected these remarks have been females, of a mixed nervous and sanguine temperament, and moderate in their diet.

CHAPTER VII.

INDIGESTION OF THE SEROUS OR PHLEGMATIC TEMPERAMENT.

I HAVE considered the serous or phlegmatic temperament, which is opposed to the sanguine, under two points of view. One of these states is characterized by relaxation, the other by feebleness, having in common a liability to disorders of congestion and a freedom from feverishness; differing, however, remarkably in *this* point, that the relaxed constitution is capable of great endurance, while the asthenic is, as its name implies, easily exhaustible.

It has been above observed, in speaking of the sanguine temperament, that persons thus constituted are not easily set wrong, and *are* easily set right. Now if we pursue this consideration through the two forms of the serous temperament, we may perhaps affirm, that the relaxed offer a difficulty in each, instead of one, of these respects.

For it is equally difficult to set persons of this temperament wrong, or when wrong to replace them in a state of health. They are not easily hurried down into fever, nor raised up into strength.

Of the asthenic again, the contrary of the state imputed to the sanguine may be taken as characteristic. They are easily set wrong, but recover a state of health slowly and unwillingly.

Now these two forms of the serous, or phlegmatic temperament, differ remarkably in the treatment, which their incidental disorders require. Very active purgation, and at the same time very active stimulation, are generally found to suit the relaxed habit. It can bear, indeed it can profit by, profuse serous discharges. To the feeble temperament this, or any other lowering treatment, is absolutely inappropriate.

In bearing with advantage copious purgation under dyspepsia, the relaxed branch of the serous temperament has much affinity to the bilious, with however one remarkable distinction, namely, that the immediate union of tonics and aperients is highly suitable in the relaxed constitution; whereas the more bilious his temperament, the

less readily can the dyspeptic bear the constrictive effects of tonic medicines. This distinction is remarkably applicable to the use of steel. Mercurial medicines, used temperately, both relieve and excite the relaxed habit: in either effect they are beneficial.

All that class of applications, which promote activity of circulation on the surface of the body, are applicable to this temperament; such as friction with liniments, or the flesh-brush, and cold affusion, or the shower-bath. The feeble or asthenic are sometimes depressed by these remedies; the sanguine may be over-stimulated, the nervous may be irritated by them: but the relaxed habit is simply braced and invigorated by their use.

That persons thus predisposed should be moderate in their diet, so as not to overload sluggish organs of digestion, is a point of obvious importance. But I have had occasion to observe, that the system of dividing the allowance of food into small meals, with brief intervals, is, in this class of cases, an extremely bad one. The most wholesome of stimulants, namely, hunger, is thus withdrawn, where it is most wanted, and a

substitute must be found in an increased quantity of wine and cayenne pepper. Besides, I have reason to believe, that the relaxed stomach, when roused by a meal as large as it will bear, is in a much more efficient and vigorous state, than the same stomach, when inadequately supplied. Let the patient, however, in order that this rule may not be *abused,* keep one other constantly in his mind; namely, that he should always rise from his meal with an appetite.

It is with persons of the relaxed temperament, that a cautious economy of liquid food under dyspepsia has been found so valuable, as to have given to such abstinence the authority of fashion, in a very mischievous degree. The dry stimulating food thus supplied to the mucous membrane of the stomach, compelling it to secrete its juices freely, and to perform its contractions forcibly, may well be conceived to suit the state of atony, which I impute to it. On the other hand, this dry stimulating food is calculated to inflict the severest mischief on a stomach differently constituted; one, for instance, in which the phenomena of indigestion coexist with a nervous irritability of membrane in the intestinal canal.

The same remark applies forcibly to the childish extension of the use of the white mustard seed. If this remedy be efficacious in any case, it must also be mischievous in those cases to which it is inapplicable, namely, in the same class of cases as would be injured by the dry system of diet.

Patients labouring under a tendency to scirrhous disease of the stomach, treated with this kind of diet, and this class of stimulants for dyspepsia, have rapidly proceeded into the ulcerative stage of their disease.

It has frequently been urged, as if to the disgrace of medicine, that this disorder has never been cured. Let it however be remembered that in many cases it has probably been prevented from ever coming into action. For instance, the mistakes in treatment, to which I have adverted, are such as a scientific use of medicine is *calculated* to prevent. They are generally the result of daring empiricism.

In discussing the asthenic form of the serous or phlegmatic temperament, as it may be supposed to influence the character and treatment of dyspepsia, we are again involved in many of

the considerations to which we were led while the subject of nervous indigestion was before us.

The best practical distinction between these two states is, that in the latter temperament the vital principle is subject to rapid exhaustion; in the asthenic it is essentially deficient.

But the points of contrast or comparison, which these states allow, are best developed in the severer stage of each, a form of disorder to which in each the term atrophy seems to have been applied by common consent, but without any reference to the distinction proposed by me. Though indeed, at this period, the points of difference which have in some degree existed at every stage of the two morbid states, stand out in bold relief and are vividly coloured.

The states to which, accordingly, I apply the terms, nervous and asthenic atrophy,* are those to which the phenomena described by Dr. Philip tend, when, occurring in these temperaments they run their gradual course, or which they sometimes rapidly arrive at, under some powerfully exciting cause in a predisposed subject.

The causes respectively occasioning nervous and

* *Vide* Appendix, No. IV.

asthenic atrophy are very similar. In each temperament, fatigue and excitement have this tendency. Each suffers from the relaxation of a residence in climates warmer than the patient is accustomed to. Excessive stimulation depresses each. But both climate and stimulation are more severely felt by the feeble than by the nervous temperament.

The symptom most in common to nervous and asthenic atrophy is emaciation. In regard to the symptoms in which these two states differ, we are authorised to hope that the atrophy is nervous, not asthenic, when its prominent features are those of spasm, hysteria or catalepsy, the pulse remaining comparatively good *under these symptoms.* An intense aversion to food, or a spasmodic inability to swallow it, and a suddenly extreme loss of muscular power, lead to the same conclusion. Under nervous atrophy, the appearance of the fæcal excretions is often but little altered, or only in proportion to their long retention from spasm. The temper becomes intensely irritable, or capricious; and the most persevering opposition is made to the arrangements of friends, or medical advisers, for the benefit of the patient.

On the other hand, the atrophy immediately

springing out of dyspepsia, in the asthenic or feeble temperament, is both physically and morally a quiet and subdued state. None of that averseness, or spasmodic inability in regard to food, which we have imputed to the nervous atrophy, is *here* observable. Food is indeed often very acceptable and agreeable, until the process of digestion shall have made some progress. Sometimes, during this entire process, no obvious disturbance occurs, particularly when the food is rapidly hurried through the intestines by a lienteric state of the canal. Under these circumstances, indeed, the patient expresses himself conscious that the food is doing no good.

Atrophy implies either an incapacity to receive food, or an inability to obtain chyle from it. The first of these states is most characteristic of the nervous, the second of the asthenic form of atrophy. But indifference to food, or aversion to it, or spasmodic inability to swallow it, have no necessary connexion with structural disease in the organs of digestion. Whereas the imperfect passage of chyle in the atrophy of feeble constitutions, both arises from and promotes mesenteric obstruction.

The complaints of uneasiness made by the asthenic denote oppression and congestion, and are often such, in regard both to head and abdomen, as in a different temperament would warrant depletion. Tenderness of the abdomen is perceived on pressure, with a hard and tumid state, which is easily distinguished from the *muscular* rigidity often observed on pressure being made in the nervous disease. Mesenteric affection has, indeed, sometimes been suspected, without any real existence, in nervous atrophy. But then it will perhaps be found, that an equal degree of sensitiveness on pressure exists every where else. In this case the symptom by which we have been guided, namely, tenderness on pressure, has proved too much. In one remarkable case of nervous marasmus which I attended, pressure applied to *any* part of the miserable patient was liable to produce the most violent spasms, amounting to opisthotonos. On the same principle, light gave him the most intense torture, and food was repelled by the spasms which the painful attempt to swallow occasioned. In this case the nervous character of the disease was well marked. The only defect in the

appearance of his excretions, through the long period of his disease, was the darkness of them resulting from spasmodic retention. This retention produced no feverishness; but the agonies occasioned to him by the mildest aperients seemed extreme. The only cause to which I could trace the disorder, was constitutional disturbance from a few moderate doses of calomel, which seemed to have poisoned him. This young man recovered, gradually indeed, but completely.

It is perhaps needless to observe, that in asthenic atrophy there is no train of nervous symptoms appertaining to the disorder *as such.* It *implies* neither capriciousness of will, nor irregularity of thought. The feebleness belonging to the temperament precludes all that perseverance and force which occasion intemperate frowardness in nervous atrophy: but there rolls on a very undisturbed and tranquil tenor of life; and except when suffering elicits a complaint, there is often an apparent indifference to the whole subject of illness.

The mesenteric affection, which is ordinarily in progress when atrophy has taken place in the asthenic temperament, gives a slight hectic flush

to the cheek, and exhibits other evidences of subacute inflammation. But even then it is ordinarily less frightful, though more dangerous, than the nervous form of it above characterised. It wants the symptoms of spasm and hysterical affection, which distinguish nervous atrophy. Indeed, in the asthenic atrophy the symptoms proceed so gently and insidiously, that the sufferer sinks, contrary to expectation, or far sooner than had been expected. In nervous atrophy, provided too much is not done for it either of a depletory or of a stimulating kind, the patient, after running through a long series of fearful symptoms, emerges, *contrary to the expectation of friends,* into perfect health.

If, indeed, we compare the terminations of these two forms of atrophy, we find *that* which is engrafted upon original feebleness of constitution, ordinarily ending in death, through obstruction of mesenteric glands. With these, if the patient last long enough, the lungs eventually sympathize; and in this case phthisis appears to close the scene. With fully equal emaciation, and with symptoms apparently far more *formidable,* inasmuch as the long tribe

of nervous disorders are *here* attendant, the nervous atrophy usually ends well. Unless the above distinction is kept in view, the death of the one patient, and the recovery of the other, must appear strangely contrasted events. But spasm, even in its severest form, is rarely fatal, while mesenteric obstruction, in its lowest degree, is highly dangerous.

In the above attempts at distinction, I do not mean to suggest that these two states, the nervous and the asthenic, may not coexist in a given case. I have more than once seen the phenomena of hysteria proceed into a fatal atrophy; when the analogy of other resembling cases would have led us to hope, that, if carefully piloted, the patient would escape. In such cases, I have had reason to think that the character of the complaint had been changed by injudicious interference. The patient's strength, which would have proved commensurate with the disorder, if this disorder had been left to itself, has been exhausted by the physician. Scrofulous action has been silently set up; and a tuberculated state of the lungs or mesenteric glands has occasioned death.

It is however of the highest importance, that we should contemplate these very distinct states, *as distinct.* In this way we may become less likely to apply to the one part of a complicated case a treatment which belongs to the other, or to attribute to the symptoms a common origin, which they do not really possess.

Surveying the nervous and the asthenic temperament, in relation to the treatment of dyspepsia in each, we may assume the following principles :—That whatever either quiets or strengthens is *primâ facie* expedient in the nervous temperament, whatever strengthens in the asthenic.

But in the application of many strengthening measures, some degree of exhaustion, however slight, is implied. This is exemplified in the many forms of cold affusion. In all such applications, a question arises, whether the ensuing re-action is of more effect in invigorating, than the primary exhaustion in depressing. In dealing with the asthenic temperament, we are constantly disappointed by the result of such a calculation ; that is to say, we are constantly finding the measure expected to give strength, increase

feebleness. This is often experienced by medical men in their attempts to apply tonics to the feeble, under the pressure of indigestion. I think it might be expected *à priori,* it is certainly true in practice, that strengthening measures agree far better, and are more easily applied to the nervous, than to the asthenic or feeble. In the first, no want of re-action need be pre-supposed. Feebleness is not a *condition* of the temperament. In so far as the exhausting influence of irritation operates, some debilitating symptoms are no doubt implied; but the tonic or stimulant often appears to possess a specific effect in subduing irritable action of the nervous system. In scrofulous disorders we often find it difficult to apply a tonic, which is not also an incumbrance, either simply depressing the patient, or exciting him hurried, as it were, without being invigorated, into feverish efforts, which end in local congestion.

This distinction may be extended through a comparison of the dietetic system requisite in these two forms of atrophy. While both demand ample nutrition, in the asthenic atrophy the patient is generally willing enough to take

it, but is constantly checked by the severe inconvenience which it produces, unless taken carefully and in the lightest form. In the nervous, there is a perverted state of taste and appetency in regard to food, but it can often be borne with advantage to his constitution, even when productive of much inconvenience to his feelings. Thus I have known food advantageously given, even when a sense of painful indigestion has seemed plainly to contraindicate it; and here the *ultimate* effect has been, *not* to oppress, which would have been its result in the asthenic, I might add in the bilious, temperament, but to invigorate and relieve.

The asthenic temperament must undergo a very unfavourable comparison with the nervous, in regard to the depletory measures which each may occasionally require. Thus, in each, the use of aperients must sometimes be needed; each, again, is incapable of undergoing rough aperient action with impunity. So far they are similarly situated; but, with a judicious medical adviser, the nervous temperament is rarely exposed to mischief from strong medicine, for it answers to the influence of the mildest; while the asthenic patient,

torpid and unsusceptible, often requires the most drastic, in order to obtain very moderate relief, and at length suffers fearfully from their operation.

This result is often noticed in cases in which medicines of this kind have been allowed to accumulate in successive doses; the cautiousness of the physician having led him to begin with inadequate quantities, which he has been compelled to repeat, — and the whole coming simultaneously into violent effect.

The following circumstances, occurring to a young lady of a very feeble temperament, of a low pulse and flaccid muscular fibre, though finely made, and full in person, are highly illustrative of the effect of aperients, pushed to an undue extent, on the indigestion of the asthenic.

The patient, having taken at a supper some champagne which disagreed with her, was affected next day by bilious vomiting, to which obstinate constipation succeeded. There was some pain in the umbilical region, but by no means severe, except once, when excited apparently by a dose of magnesia. This yielded readily to a blister; there was no feverishness: the catamenia occurred before their time at

the beginning of this attack, and continued through the whole course of the disorder. For about a week, desultory and insufficient measures were applied; the constipation and bilious vomiting continued; at length an active dose of scammony and calomel, followed up by a strong enema, overcame the obstacle: free evacuations ensued,—healthy bile was elicited—the vomiting ceased,—the patient was convalescent,—and the physician dismissed. It might have been observed, however, that the patient's pulse remained very quick and feeble, and the prostration of strength considerable; but she was very capable of taking nourishment, and felt relieved and comfortable. Under a presumption that nothing need be feared provided a recurrence of obstruction should be averted by attention to the bowels, strong purgatives were continued, and a flow of healthy evacuations was kept up with considerable vigour. Towards the evening of the third day after the obstruction had given way,—the bowels, in the course of it, having been very largely moved, —she seemed very low, and some slight muttering delirium was observed. The tragedy which had thus begun advanced rapidly during the night;

in the morning, the low delirium had become constant, and petechiæ had appeared. This symptom rapidly increased, and the discoloration spread widely over her whole person. The urine became deeply tinged with blood; fæces mixed with blood passed involuntarily; the catamenia increased to flooding. Every barrier, indeed, that confines this fluid within its appointed channels seemed to have given way, and before the evening the young lady had breathed her last.

Here is a case of disease successfully *though tardily* treated in relation to its original symptoms, in the asthenic temperament. I know no other method of accounting for its fatal termination than the supposition, that her physical powers gave way under the operation of remedies too forcible for the texture to which they were applied. To those, who could appreciate this case, the painful consideration remained, that these remedies, in the extent to which they were carried, were unnecessary. No removal of blood, however, had taken place, except that *most perilous one* to feeble persons under acute disease,—the prolonged continuance of the catamenia.

The removal of blood, so often suggested as expedient by the many symptoms of oppression which occur in the complaints of the asthenic constitution, is the most formidable source of mischief to which it can be subjected in medical treatment. The cautious application of a few leeches has often appeared to commence the downward progression of persons thus situated, though local fulness may have been unequivocally present, and though relief may, in a degree, have followed their application. It is much to be desired that some other term than that of boldness, or even decision, could be used to express the opposite to feebleness and vacillation in the practice of medicine. For both these terms, in their most ordinary application, are expressive of *something done,*—some actual performance; whereas those principles of the human mind which they are intended to designate, are here often best shewn in the resolute abstaining from an act. *To dare to do nothing* is, in truth, in some cases, an effort of the most difficult attainment in the practice of medicine. While something is being done, however mischievous that something may be, there is less time for

anxiety of mind, both to the physician and to the friends of the patient.

With the fullest admission that every kind of depletion is comparatively undesirable, both in the nervous and the asthenic constitution, in the latter from defect of energy, in the former from exhaustion of it, I am disposed to assume, that purgatives are the least pernicious to the asthenic, and that venesection, when allowed by the general symptoms of the disorder, is the most capable of doing good, *unmixed with harm,* to the nervous temperament. The asthenic temperament never can *afford* a loss of blood, though it may be compelled to part with blood, as the least of two evils. The nervous temperament implies no such poverty in regard to the circulating fluid; but it *does* imply a susceptibility of irritation along the extended tract of mucous membrane lining the intestines, from the influence of aperients, which makes it expedient that other measures should sometimes be resorted to, if *their* application may thus be rendered less frequent. I need not say that such is the effect of a well-timed removal of blood.

The same reasoning will help to explain the

fact, that blisters often lower the nervous more than blood-letting. In applying Dr. Philip's doctrine of local depletion at the epigastrium, under the symptoms which commence his second stage, leeches will be found most useful to the sanguine and the nervous, and blisters to the relaxed form of the serous temperament; and also, if something *must be done,* to the asthenic. The blister left on just long enough to commence vesication is often sufficient. Leeches or blisters suit the bilious, according as action or oppression is most marked in the case.

On the use of sedatives and antispasmodics, in the nervous and asthenic atrophy, no very decided rule occurs to me. In some nervous cases I have seen the good done by them in procuring rest, or soothing abdominal irritation over-balanced by their general lowering and depressing effects. Antispasmodics are extremely valuable, but extremely uncertain. Steel tranquillizes the nervous, where the sanguine temperament is not mixed up with it. Where there *is* a union of this kind in any given case, an equally tranquillizing effect is obtained by moderate depletion. Thus the same symptoms are

relieved by opposite expedients, when differently combined.

In asthenic atrophy hemlock, in powder or extract, henbane, and the extract of lettuce, have answered a good purpose, as tranquillizing without lowering; a risk never to be disregarded in this disorder.

The remedies of cold affusion by sponging or by the shower bath, or again of cold immersion, sometimes deliberately, sometimes suddenly performed, have been used with the greatest benefit, and with the greatest mischief, in nervous and in asthenic atrophy.

Instances of hysterical affection relieved by these means, in all their varieties, have occurred in the practice of most medical men. And when they are symptomatic of nervous atrophy, they may still be relieved by this class of remedies, if not applied too late in the disorder. In the case alluded to (p. 105,) I did not venture to apply cold affusion, or the cold bath. The symptoms, though nervous, were too severe, and the case too safe, to authorize a doubtful remedy. I may, however, observe, that nothing appeared to benefit the patient so much as the

consumption of water ice, on which he *lived* for several weeks.

I have already suggested the unfitness of such remedies as require strong reaction, however tonic in their general character, under asthenia.

It is indeed a most potent objection to the use of cold affusion and immersion in asthenic atrophy, that they *presuppose* the existence of strength in the patient who can bear them; in other words, they presuppose the presence of a condition, the absence of which constitutes the disorder.

A case occurred to me, some years ago, forcibly illustrating their misapplication where any symptoms of the asthenic state exists, even in an affection primarily nervous. In a young lady of this latter temperament, the catamenia having been once partially obstructed, symptoms closely resembling hydrocephalic affection occurred. For these she was, for some days, fruitlessly treated with active mercurial doses, cold lotions to the head, and frequent leeches to the temples. A suspicion then arising that the complaint was hysterical, and that the depletory system had been carried far enough, nutritious food and the sulphate of quinine were given with the best

effect; delirium entirely ceased; and *all* the head symptoms were relieved. But she was thrown back into hysterical symptoms by a dose, not a large one, of tartarized antimony; and from this time she proceeded through a long series of spasmodic symptoms, principally affecting the muscles of deglutition, and when the inability to swallow had been removed, still accompanied by extreme averseness and loathing at food. Various untoward circumstances concurred to retard her progress out of these nervous symptoms. While, however, they were decreasing, I saw with regret that her powers were giving way; the pulse, which for many months had been extremely good, was becoming very quick and weak. Autumn came, and the fresh air, the very coldness of which had benefited her nervous symptoms, became now mischievous on other grounds. Finally, scrofulous disease of the lungs, of which her mother had died some years before, insensibly formed; and death came gradually under the shape of phthisis. Now in this case, I well remember the total absence of reaction, and the consequent bad effects, which resulted from cold affusion. The remedy was

tried, *late in the disease,* in compliance with the wish of a gentleman, who considered the case as one of unmixed hysterical affection. It did not, I trust, materially affect the issue of the complaint, for its repetition was not permitted, owing to the mischievous depression which it obviously occasioned.

This case seemed to me of use, both as exhibiting a class of phenomena, to which cold affusion in some of its forms is usually considered appropriate, and also as directing attention to the contraindicants, by which, in such a case, it may be forbidden. The evidence of congestive disease existing at the commencement of the above case, and a certain character of languor and feebleness, which existed throughout it, both rendered the inexpediency of this measure probable.

But it can scarcely be expected, that these powerful agents, cold immersion and affusion, should be applied with just reserve, and a discreet choice of appropriate subjects, when it is considered that in nervous cases the successful result of their use is generally taken as a proof, not so much of the efficiency of the remedy, as of the non-reality of the disorder.

If the bucket of water dashed upon the patient's head should effect a cure of her nervous symptoms, she certainly has undergone the inconvenience of being cured by one of the most powerful agents that can be inflicted on the human system, and she must now bear the mortification of being assured, that she never could have had anything the matter with her, *because* this remedy *has* cured her!

CHAPTER VIII.

APPARENT CASES OF ATROPHY.

It is one of the most important advantages of a theory of temperament, as modifying our views of disease, that it enables us to look with hope, and even with confidence, to recovery from illnesses, in which both the symptoms and the treatment which they require might authorise, by analogy, the most painful apprehensions.

Thus we are not compelled to assume, that every case bearing the *symptoms* of asthenic atrophy merits this designation in the formidable sense in which I use the words. To give it this character the original constitution of the patient must conspire with his actual symptoms.

Now, without any such predisposition, the temporary feebleness of constitution, which results from rapid growth, particularly in a female about the approach of the catamenia, is easily hurried into a form of marasmus, in which all the

formidable symptoms both of the nervous and the asthenic atrophy appear to coexist; yet having emerged out of this temporary state, the patient regains the most complete health.

Some years ago I attended a young lady, aged fifteen, of a prematurely large and full person, and of a very vigorous understanding, in whom, after long continued excessive exertions, this set of symptoms suddenly commenced, by an apparently accidental fainting fit. She soon recovered from this, but the disorder proceeded in a long and formidable course. Extreme indifference or aversion to food, severe pain at the sternum, palpitation, and an intermittent pulse, lasted for several weeks. Finally, her extreme bodily weakness compelled recumbency for many months, even after the above symptoms had subsided. Out of this state she gradually recovered by means of quiet and rest, and in spite of many measures, most inapplicably directed at *rousing* her nervous system, such as cold affusion, suddenly inflicted, and cold immersion. I call these measures inapplicable; they were certainly prejudicial. This young lady was suffering from exhaustion. Those who undertake to cure such

an illness by an exhausting process, must fancy that there is a want of flame, when, in truth, there is a want of fuel.

Measures thus inconsistent with the general state of the patient are often resorted to in the class of cases which we are describing, with a view to establish, or to increase the catamenia. It is here assumed, much to the detriment of the patient, that this deficiency or delay in the efforts of nature is the cause, whereas it is a necessary *sequel* of that debilitated state which renders the constitution incapable of establishing *a provision against fulness.* If this be a sound hypothesis, it furnishes an additional argument against measures calculated to *relieve* rather than to strengthen, in a case in which the acquisition of strength *must* precede the relief.

The following case affords an instance of the symptoms of asthenic atrophy arising from an accidental cause, and proceeding to a dangerous extent, without any predisposition in the habit of the patient.

A lady of a sanguine temperament, having had one child, and soon after its birth having been separated from her husband, and having also

undergone some over-exertion and much mental suffering, became subject to attacks of local pain, so situated, that, at first, hepatic affection was suspected. She underwent, accordingly, a mercurial treatment for some time. The remedy was quite inefficacious, and the symptoms were afterwards traced to uterine and ovarian irritation. This view of the case, adopted by Dr. Gooch and myself, was confirmed by a well-marked attack of inflammation of the womb, which this lady underwent, after a long journey and attendance upon a sick relative. This attack was relieved by recumbency and depletion; but the chronic symptoms of the case remained, and experienced considerable aggravation whenever she exerted herself in walking, or stimulated herself in the most moderate degree by generous diet. Besides local inconvenience, the head then became intensely uneasy and oppressed,—the skin dry,—and the kidneys inactive. As less disagreeable than inactivity of person, she resorted principally to the plan of extreme abstemiousness, as a means of averting these symptoms.

In this way the patient went on, gradually declining in strength and fulness. The only

exception to her plan occurred at a very relaxing sea-bathing place, where she certainly became able to take more nourishing food without occasioning uterine inconvenience,—because she there experienced a profuse and *weakening* state of the catamenia. There also sea air and sailing relieved her congestive symptoms. Farther to relieve her oppressed system without lowering expedients, which evidently injured the general vigour of her constitution, and, in the event, fell heavily upon her powers of digestion, she was advised to spend some time in the south of France. She accordingly spent a year there; and such was her improvement in that elastic air, both in the symptoms of uterine irritation, and in her power of taking nutritious food without exciting those symptoms, that she probably would have obtained a cure of her ills without substituting others for them, had she not been persuaded to take advantage of her improved state, and allow herself considerable exercise on foot. She therefore returned to this country with little advantage from her tour, which had been thus mismanaged. Here, residing about fifteen miles from the sea, in the south of England, during

the autumn and winter of 1828, she endeavoured to persist in the use of stimulants which she *could* take in the south of France. She also travelled, and over-exerted herself. From this time she gradually sunk into a state to which the term atrophy became painfully applicable. In order to avert or diminish the intense uneasiness of the uterine system and of the head, which was always increased by stimulants, she dropped continuously from one article of diet down to a lower one in the scale of nutritiousness. For some time the organs of digestion, although they must be presumed to sympathize with uterine affection, had shewn but little evidence that their own functions were impaired. Finally, however, the stomach, supplied as it was with inadequate food, became the seat of idiopathic disorder, that is to say, food began to disagree, not merely as over stimulating the womb, but directly, and as received into a stomach not sufficiently vigorous for its digestion. So completely was the force and elasticity of this organ impaired, that a sensible aggravation of its weakness took place whenever two or three leeches were applied locally, for the relief

of urgent uterine inconvenience. Quiet and abstinence, and recumbency rapidly mitigated *this* class of symptoms; but the emaciation of the patient, and her danger from atony of the stomach, became alarming. Every thing that she swallowed was a source of intolerable uneasiness, until hurried from the system by the action of aperients. She felt her food as a *foreign body* in the stomach, which she was incapable of assimilating, and the use of such tonics or stimulants as might obviate this state was justly feared, from the uterine irritation which they might excite, with its concomitants, dryness of skin and diminution of the quantity of water, and fulness and oppression in the head. *Now this form of atrophy came on through causes absolutely unconnected with the original temperament of the patient.* It remains to say, that the recovery of this lady has been very gradual. Measures, which I do not pretend to detail, not having witnessed them, have been adopted for the gentle introduction of such nourishment into her system as should support and augment strength and flesh, without exciting local irritation. At first isinglass was, I believe, employed with admirable

effect. The uterine symptoms have been alleviated by quiet and recumbency, and by the mildest depletion, namely, leeches, and small blisters, when unavoidable. I have recently heard of the great improvement which this patient has attained in *all* her symptoms. Those who know her, must be aware how much of this improvement she owes to her own steadiness and constancy.

The following case of atrophy cannot be explained by the application of any theory of temperament with which I am acquainted, neither was there in this case any influence from accidental disease to account for its commencement or development. The patient was a married lady, aged thirty-two; her constitution might be termed sanguine; she was strongly made, of a full, well-formed figure, and of a system remarkably free from any kind of nervousness. Her habits were those of active exercise, in a very bracing air; she was happy in her married state, and had two healthy children; finally, she was in affluent circumstances, and of a very well regulated mind. She complained to me, when first I saw her, of a confined state

of bowels, of deficient catamenia, and of general oppression; she described her head as feeling very full. The carotids were beating very strongly, and disproportionately to the pulse at the wrist. It might easily have been supposed that this lady was a full liver, and neglectful of the regulation of her bowels. The fact, however, was, that she had been very moderate in her diet, always, indeed, a person of small appetite, and very attentive to the state of the alvine evacuations; but that latterly her appetite and almost her power of taking food had left her, and that *extreme* constipation had taken place. I also learnt, on authority on which I could depend, that some years before her marriage an attack, beginning with similar feelings of oppression and apparent fulness, had placed her in the most extreme danger from a long continued inability to take, or, if taken, to digest, nourishment. I was further informed of the complete inefficacy of every depletory measure then applied, which had *only* tended to reduce her strength. I concluded that the singular disorder with which I had to contend, was a loss of power in the digestive organs, and that venesection, which had

been tried unsuccessfully, though fully, on the former occasion, was not more appropriate on the present. From this time, having once directed blood-letting at the very outset of my attendance, with little effect, I steadily abstained from such depletion; but, for several weeks, I persevered in a course of calomel, with a view to establishing an improved secretion of bile. The prominent features of this case, during this time, and afterwards, were the most complete inappetency, nausea or sickness soon after eating, urine high coloured and scanty, the whole abdomen very tense and hard, but not painful, fæces consisting either of undigested food or of a dark slime. Yet for some time she preserved her freshness of appearance and fulness of person. Such were the resources and vigour of her constitution! She rode, indeed, and walked, long after her powers of obtaining support from external sources had almost ceased; and it was long before her person displayed alarming symptoms of emaciation. Meanwhile I husbanded her strength, and applied every strengthening measure that I could obtain from my own resources, or the experience of Dr. Farre, whom

I met in consultation. I gave up the use of calomel, after a fair trial; it had only nauseated her. I did not try sea-bathing or sea air, having found that in her former illness the latter had not profited her, and that *every kind* of bathing had aggravated her symptoms of congestion. As her strength diminished, the catamenia became more scanty, the head more uneasy. This local fulness I could only venture to relieve by cold vinegar and water, small blisters, and a straw pillow. After many months, and when she was in the most deplorable state of exhaustion, her tongue and mouth being covered with aphthæ, an opportunity presented itself to her family of realizing an anxious wish, which I had long expressed, that she should find a drier and more buoyant air than that of England. She set sail for Canada, at my strong suggestion. From the very commencement of her voyage to its conclusion, the above symptoms *all* began and continued to disappear, and after her arrival in Canada, her recovery continued to its completion. During her convalescence, much anasarca took place, which had also terminated her former illness. This was successfully treated with

calomel and diuretics, which in this country, in the earlier stage, had been absolutely valueless.

The influence of sailing in *equalizing the circulation* never was more fully shewn than in this instance. The passage was a rough one, and the rougher it was, the more free and relieved were the feelings of the patient, *particularly in the head.* During the voyage the catamenia, and the action of the bowels, the kidneys and the skin were all restored in a considerable degree.

What concurrence of external and internal circumstances occasioned this formidable disorder, it is, I believe, at present in vain to conjecture. Of this I am sure, that it was one, out of which the recovery of the patient was very remote and uncertain, while she continued involved in the cold wet blanket of the English atmosphere. In this lady's *former* illness, she seemed, after reaching a very low point of depression, to have turned round and re-ascended into health, with no assignable reason. She was *then* in the very vigour of youth.

Although the coincidence of such disorders as the two last, with a sanguine and vigorous

constitution, forms an exception to the *ordinary* occurrence of atrophy, and proves that a disease *may* take place contrary to predisposition, it is much too *rare* to constitute an objection to the principle. Thus, to take the converse of this case, no one denies the influence of predisposition in causing phthisis, *because* the person thus predisposed *may* pass a long life without incurring the disorder. In spite of such exceptions, phthisis continues the disorder of the asthenic, and not of the sanguine.

It appeared to me, indeed, in each of the last described cases, that the obstinacy with which the constitution of the patient resisted the debilitating influence of the disease, went far towards giving it a prosperous issue.

It will be remembered that, at the commencement of this Essay, I described some difficulties in the treatment of indigestion which it would be my purpose to endeavour to elucidate.

A patient, I observed, labouring under indigestion, applies to his medical adviser, or perhaps takes up some one of the many valuable treatises by which the public has been familiarized with this interesting subject. He receives from his doctor, or he finds in his book, a series of rules which seem to apply to many symptoms of his case. But he finds himself unrelieved; though he has employed remedies directed against symptoms which have a real existence in himself, and which he knows his similarly disordered friend Mr. A. or Mr. B. has found greatly beneficial. Or reading many treatises, and consulting many practitioners, he finds each of them assigning to his symptoms a different process of treatment.

Again, a young medical practitioner applies for instruction to some esteemed work on the subject of indigestion. He soon becomes aware that it contains much valuable matter; but when he begins to practise from it, he finds the application of its rules involve him in numberless errors, and he begins to suspect, that the work is

valuable *only* as it sets him thinking for himself, or perhaps that it has no value at all. This surmise is greatly strengthened by his observing, that in many treatises, each evidently relating to the same class of symptoms, very different views of practice are entertained.

It has been my object to elucidate the cases here supposed, and to supply means for the removal of the difficulties which are implied in them by pointing out the relation in which indigestion must be viewed to those various forms of constitution in some one of which it must necessarily occur. I have adopted a theory of temperament, which has the sanction of long usage, and I have endeavoured to apply it to the existing state of medical knowledge. That the line of demarcation between the heads of this division is sometimes indefinite and uncertain, I freely admit; whether to the extent of destroying its utility, is a question which others must decide. But, if I am told, that, in order to be useful, my arrangement ought to be *free* from indefiniteness, I will resist the charge, and lay claim to be tried with due allowance for the indefinite nature of my subject matter. I may shelter myself under powerful

names; I may, indeed, refer my opponent to the principle of that division in which Sydenham distinguishes fevers into the stationary and the intercurrent; the former depending upon an "unexplained state of the atmosphere;" the latter, upon its "manifest and known qualities." Here we have the terms "unexplained" on one hand,—"manifest and known," on the other, expressing a most vague and indefinite difference; yet furnishing the hypothesis of an arrangement than which none has more tended to direct medical thought into right channels on the subject to which it relates.

It may possibly be urged that many of my remarks would apply, or actually are applied, to other diseases, just as well as to that which I have chosen for my subject. Should this be imputed as a fault, I answer, I am not writing a treatise upon indigestion, but endeavouring to ascertain such principles as may give additional value by giving a more practical application to the general doctrines on this subject. The more extensively these principles are found applicable to analogous diseases, the less reason there must be to distrust their soundness.*

* *Vide* Appendix, No. V.

APPENDIX.

No. I. Page 59.

A COOL exercise of discrimination might easily enable an attentive observer to satisfy his mind, as to the safeness of the remedies applied by this gentleman, or his competency to apply them. The awful cases which have come before a jury of this country furnish ample data. The questions to be considered will be these: first, whether Mr. Long was aware of the violent effects which his remedies might produce; secondly, whether he was aware of the *degree* of danger into which some of his patients were brought by them; thirdly, whether he understood the *kind* of danger, so as to be able to meet it with a treatment, which, if not *effectual*, might at least be *appropriate*.

If all these questions are answered unfavourably to Mr. Long, what is the value of his *successful* cases?

No. II. Page 65.

I subjoin the original passage in Mr. Lorry's work:

"Plurimis incipiente melancholiâ vix aliud agnoscas, quam quòd extra se ferantur sæpius et quasi excessu quodam laborent nunc mœroris nunc lætitiæ. Hos melancholiâ nerveâ laborare pronunties. Nostris nil nisi mœror atque mœstitia incumbit. Ab hoc primo gradu alter sequitur, vel potius illum excipit:—scilicet

præ metu præ mœrore turbantur atque vacillant ideæ et in omni melancholico leve delirium adsit, dum suo de morbo loquitur. Omnia dira, exitiosa sibi que condelia, semper atque tædiosâ repetitione loquitur, vixque sentit quantùm a ratione et a civilibus officiis alienum sit tam absurda loqui; nec solantibus medicis credit, nec obsequitur amicis saniora suadentibus: et si præ verecundiâ de morbo aliquando silet, aspectu torvo, tetro, occupato, facile demonstrat se aliis vix moveri, hoc solum triste objectum intueri. Inde brevi in planum atque apertum delirium fit transitus. Et id habet peculiare illud, quod de rebus ad se non pertinentibus nunquam delirent melancholici. Pro gradu vero morbi adhùc varietas inest in deliriis. Si enim circa morbum solum delirent, aut circa ejus gendum, ita ut quoties de eo cogitant præter constantiam virilem terreantur, levius est malum. Sed brevi excandescit illud, ita ut, jam palàm, apertè, inverecundè omnibus suum terrorem effutiant; sese in aperta pericula præ metu mortis conjiciant: adeò miserum est perpetuum sepulchri aspectum formidare, ut satius foret semel illud animosè ingredi."—Vol. i. p. 346.

No. III. Page. 84.

Dr. Whytt, in his admirable Work on nervous disorders, places hypochondriasis as the disorder of men, corresponding to that of hysteria in woman. Now I admit that hysteria must *etymologically* belong to the female sex. But it is plainly used as synonymous with nervous affection, in a much more general sense, both

commonly, and also by Dr. Whytt himself. The truth is, that hypochondriasis and hysteria do *not* correspond with each other in the two sexes, but each may exist in, and form the basis of, two strongly opposed temperaments. This is no futile verbal distinction. Hypochondriasis and melancholia are terms nearly synonymous; and it would be an arrangement full of *practical* mischief, which should assign the state described by these terms to man exclusively, and thus deprive woman, when she labours under it, of the appropriate treatment, by compelling the disorder to forego its name when it occurs in a female. This may, indeed, easily happen; for, in our ordinary apprehension, the treatment of a set of symptoms becomes closely associated with the name given them; so that, if a name is denied, the treatment usually associated with that name, is liable to be denied at the same time. Again, the same degree of mischief may accrue to the male sex, if deprived of the treatment belonging to the *nervous* class of disorders, by an arrangement which may *seem at least* to disallow their having any property in these disorders. Before he made this innovation, it was incumbent on Dr. Whytt to define hypochondriasis *anew*, and very much to limit his own description of hysteria.

No. IV. Page 102.

Dr. Whytt uses the term nervous atrophy, not, however, in the same limited sense in which I employ

it. The following valuable passage, is rather descriptive of the state which I term asthenic atrophy.

"The morbid affection of the nerves of the stomach by sympathy impairs the vigour and energy of the whole system; whence the motions of the heart and circulation of the blood will become slower and more languid, the body will be deprived of its natural heat, and be affected with a general weakness. The patient decays daily, though exhausted by no excessive evacuations: because his food is not converted into good chyle, and the nutritious fluid in the blood either does not possess its usual qualities, or, on account of the languid manner in which all the operations of the body go on, is not applied to the several parts in such a way as to repair the waste they daily suffer. Further, the watching or want of refreshing rest, and low spirits or melancholy, which generally accompany this disease, may contribute to prevent the proper nutrition of the body.

"This atrophy is generally attended with great costiveness. In some cases, the urine does not exceed the natural quantity, there is no thirst, and the tongue is clean; in others, the discharge by urine comes at length to be considerably increased, a drought prevails, and the patient decays faster.

"The pulse often differs little from what it is in health, except that it beats with less force. In some it has a small degree of quickness, and in others it becomes a good deal slower than is natural.

"After *a nervous atrophy* has continued long, and

reduced the patient much, obstructions sometimes begin to be formed in the lungs, either from the languid circulation or the fault of the fluids: a dry cough comes on, the pulse grows quick, and a hectic fever is kindled, which, together with the original disease in the stomach, increases the decay and hastens the patient's fate."—*Dr. Whytt's Works*, p. 600.

No. V.—Page 138.

If we compare the valuable accounts of Dr. Carmichael Smith and Dr. Clarke, of what the first calls hydrocephalus—the second sometimes hydrocephalus, sometimes inflammation of the brain, we shall be satisfied that each is describing the same disease. Yet how different the practice respectively prescribed! Now these two eminent men probably took their observations on different sides of the disease.—The one saw it in its relation to the *constitutional* delicacy of those children who are, perhaps, most liable to it, as being most liable to obstructed circulation. Dr. Clarke viewed it in relation to the intensity of symptoms into which the disease rapidly proceeds. Probably, also, Dr. Clarke, whose practice among the more opulent orders of society was immense, on this account saw more inflammatory symptoms in the disease than Dr. Smith witnessed.

I speak of the diseases described by Dr. Clarke and Dr. C. Smith as being the same. I am well aware of

the vagueness of this term. In its strict sense sameness never can be predicated of any two diseases. I only mean, that *these* diseases possess that number of resembling symptoms which warrants the term, with a view to classification.

Now here is a case of analogous difficulty to that which I have endeavoured to remove from the subject of indigestion. Until the student is furnished with some principle which may serve as a clue for his guidance, I need not say how large a portion of most valuable precept remains inapplicable to his purpose. For want of it he must wait until his own experience, that is, the blunders which he has committed, while teaching *himself*, have enabled him to decide, how much instruction he may safely borrow from these justly respected works.

But most of all is a theory of temperament applicable to the removal of difficulties in the treatment of phthisis. The vital question, whether patients labouring under that complaint shall be sent to the warm relaxing climates frequented on account of it in the south of England, or shall be allowed a bracing air, and corresponding regimen and treatment, is decided with very little reference to any general principle. But the first of these plans may be *curative* of that chronic sequel of acute inflammatory action, which generally constitutes the phthisis of sanguine constitutions, and, on the other hand, must be *destructive* in scrofulous or asthenic consumption.

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