

tation, and others referable to the digestive tract, such as belching, eructations, yawning, hiccough, gaping, griping, etc. Leube argued that there must either be a poison generated and absorbed, or the nerves of the stomach must be hyperæsthetic.

As the disturbances began almost immediately food was taken he concluded, rightly enough, that the poison theory was untenable and that hypersensibility was the only sensible explanation.

It is somewhat difficult to understand that these disturbances, coming often without any apparent cause, should affect the stomach, but few, if any, have a perfectly balanced nervous system, and vulnerable points are to be found if sought in every individual—points that respond too fully or too feebly. No resistance, no inhibitory power,—nerve storms sweep over them like the wind over the high seas. Weak by nature, weakened perhaps by excesses, what wonder that the stomach may, like other organs, call to us aloud. To-day it is admitted by all who have studied gastric diseases, that there exists a well-marked neurasthenia which admits of classification according to the function disturbed—so that we may distinguish motor, sensory, secretory, and perhaps vaso-motor disturbances, the latter because it is possible theoretically, though no cases have been reported so far as I know, and would no doubt be very difficult to diagnose, unless cases which are characterized by great faintness and pallor be put in this class.

It is first always necessary to determine whether the case belongs to the irritative or depressant form of neurosis, also how far the general bodily health needs toning up. In the irritative forms, shown by pain, vomiting, etc., opium and its alkaloids are our sheet-anchors, belladonna, hyoscyamus, chloral and other sedatives acting sometimes very well.

Washing out the stomach, as first recommended at Kussmoul's clinic, often relieves when everything else fails, and it is advisable, in all cases that resist for any length of time the influence of drugs, to try the washing.

Change of air very often does well; going from a low to a higher altitude and *vice versa*, or from a warm to a cooler climate: sea voyages, sea bathing: changes of occupation, as from a sedentary to active life.

In the depressant forms, stimulants and forced feeding. Forced feeding must very often be done

by means of a tube, as the patient frequently loathes the sight of food. In such cases gavage, as recommended by Dujardin Beaumetz, is the best method. This is carried out by means of a short rubber tube reaching down the œsophagus to a point opposite the cricoid cartilage. Food should be liquid, and introduced slowly to prevent vomiting. The amount of food per diem for an adult varies within wide limits, but it is always best to begin with a good deal and await developments. Wiessner recommends 100 grammes of albumin, 150 grammes of fat and 300 grammes of carbohydrates. This is represented by two quarts milk, two ounces butter, six eggs, and three and a half ounces sugar. Feeding as a rule has not to be continued very long, for when patients find that digestion proceeds regularly they get encouraged and begin to eat of their own accord.

The argument first used and still used against forced feeding for weak stomachs seems hard to answer. But as a weak heart, weak lungs, weak muscles are aided and strengthened by exercise, why cannot the same argument apply to the stomach?

Experience has proven that from forced feeding, and it alone, can we expect to get good results in the depressant forms. In the irritative forms, such as vomitus nervosa, forced feeding by the stomach is almost a fatal error, and we must rely on sedatives and enemata; so that care must be taken in diagnosis.

Each group of cases has its own peculiarities, and must be treated accordingly, and the physician who sticks to the one rut and changes not will often meet with failure. It is in neurotic patients that individual idiosyncrasies must be studied and treated. Patience, firmness and tact in the physician are most essential attributes in dealing with these cases.—GUNN, *Montreal Med. Jour.*

Lectures on the Conduct of Medical Life. (By S. Weir Mitchell, M.D., LL.D.)—A soldier was asked in my presence what was, in warfare, the most interesting thing. He said, "Recruits going into their first battle." What he thought as to the young soldier I feel whenever it is my lot to see a mass of men about to turn from the training of the schools and to face the grim realities of the physician's life.