

Then, again let us review the associations of dyspepsia. In the first place it is much more common in women than in men, and this fact at once supplies material for reflection. True primary dyspepsia, with a foul or raw tongue, is not more frequent in women than in men; and is in each sex equally amenable to its appropriate treatment. With the foul tongue a laxative pill at night and an effervescent saline aperient in the morning, with a mixture of nitro-hydrochloric and strychnia three times a day, is usually sufficient for the relief of the patient. When the tongue is bare and denuded of epithelium then alkalies with bismuth are indicated. In each case careful attention to the dietary is essential. But where the dyspepsia is found with a clean tongue, as it very commonly is in women, then this treatment, though it may give relief in many cases, is futile to cure. Here the dyspepsia, often accompanied by nausea, and less frequently by actual vomiting, is reflex and set up by some far away irritation: mostly pelvic, and very often uterine, but more commonly ovarian. Local treatment, with the exhibition of sulphate of magnesia till the bowels are well open; and bromide of potassium to deaden the nerve tracts along which the irritating currents pass from the ovary to the stomach, will soon bring a malady, otherwise treated as very intractable, under control, and permanent relief be afforded. Yet some bismuth and hydrocyanic acid with an alkali may be the readiest means of affording relief to the patient, and meet with the approval of her friends.

How often, too, is a state of biliousness or even lithiasis most quickly relieved by a dose of calomel, or a mercurial pill, followed by a black draught and a seidlitz powder in the morning. The patient, satisfied with this method of obtaining relief, goes away and commits acts of error and indiscretion in diet; because relief can readily be obtained. Yet surely it will be admitted that it would be far better in the permanent interest of the patient to regulate the dietary; cutting down the albuminoids, substituting a dietary of fruit and farinaceous food for the meat, too frequently stated to be the only food the patient can take. By such means the work of the liver would be greatly economized, not only as to the storing up of glycogen,

but, what is more important, the work of the oxidation of albuminoids would be lessened; and so the attacks would not be induced, or to a very much less extent. An occasional mercurial, given, as the late Dr. Murchison advised, for the furtherance of the oxidising processes of the liver, at night, and a saline aperient in the day till the bowels are freely open, twice in the morning and once at bed-time, will, in a few weeks, bring many a long suffering, bilious being to a state of health, or a near approach thereto. This last line of treatment will do permanent good; the first encourages the patient along a road that must terminate sooner or later in organic changes in the liver or kidneys.

Again, let us look at the treatment of diarrhoea. How commonly is an astringent mixture, containing an opiate, prescribed without reflection! Of course, in a great many cases, immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm. In those cases where there is an offending mass in the intestines setting up a secretion to sweep it away—but where the secretion is set up too low for its removal—there is a teasing diarrhoea, a persistent desire to go to stool, with small, ineffective motions affording no relief. Here the ordinary diarrhoea mixture only does harm; and what effect it has is to arrest a spontaneous reflex act often of a beneficial character. The proper treatment is to administer a dose of castor oil, or, better still, a scruple of rhubarb in powder, by which secretion is set up above the offending mass, and it is swept away; after which the diarrhoea ceases. The secondary action of rhubarb in constipating the bowels, renders it the agent *par excellence* for the treatment of this form of diarrhoea. The astringent and opium treatment of diarrhoea is equally, or still more out of place in those cases where there is a faecal mass lodged or accumulated in the rectum. Every surgeon who sees much of the diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persistent diarrhoea. The usual mixtures in great variety are prescribed without effect. At last the per-