

empty; whether the food is spare and simple, or abundant and rich. The use of liquor will usually stop it for a short time. There may be some particular time of the day at which the pain comes on, with tolerable regularity; very often this will be late in the afternoon.

There may be nausea, but not vomiting. The nausea does not follow eating, but is apt to occur in the morning.

The appetite often remains good. Food is taken with relish and causes no distress.

The bowels may continue to act with perfect regularity. Flatulence is a common, but not a constant symptom.

The patients are up and about, and able to attend to their business, but they feel languid and good for nothing. Sometimes they become much alarmed about themselves, and imagine that they are suffering from cancer or some other serious disease.

Not infrequently persons have several attacks of this condition, at intervals of several months. The earlier attacks only last a few days, the later attacks are more severe, and may last weeks and months.

Some of the cases are very easily relieved by treatment, others prove very obstinate.

The drugs usually indicated are cubeb, ipecac, and assafoetida. Cubeb is given in the form of powder or of tincture. Ten grains of the powder, or twenty minims of the tincture is the usual dose, to be given three or four times a day. Ipecac is given at first in small doses—one-eighth of a grain—and then increased gradually up to one to four grains, three times a day. Assafoetida may be given in four-grain sugar-coated pills, or in the shape of the compound Galbanum pill.

Riding on horseback is often of very great service; walking, on the other hand, does not seem to be of as much benefit. Travelling for several months from place to place may effect a cure, when all other remedies fail.

I am unable to show you any case illustrating this variety of dyspepsia. It is rare among clinique and hospital patients, although in private practice it is sufficiently common.

Dyspeptic symptoms dependent upon disordered function of the liver are very common. The great majority of cases of dyspepsia coming

to this clinique are cases of liver dyspepsia, either alone or combined with disorders of the other digestive organs.

In this variety of indigestion the symptoms are very variable, and often very intractable to treatment.

Physiologists teach us that the liver performs several important functions. These functions are very well summed up by Murchison as follows:

1st.—The formation of glycogen, which contributes to the maintenance of animal heat and to the nutrition of the blood and tissues, and the development of white blood corpuscles.

2nd.—The destructive metamorphosis of albuminoid matter, and the formation of urae and other nitrogenous products, which are subsequently eliminated by the kidneys; these chemical changes also contributing to the development of animal heat.

3rd.—The secretion of bile, the greater part of which is re-absorbed, assisting in the assimilation of fat and peptones, and probably in those chemical changes which go on in the liver and portal circulation; while part is excrementitious, and, in passing along the bowels, stimulates peristalsis and arrests decomposition.

It is not easy in any given case to say which of these functions of the liver is disordered and gives rise to the existing symptoms. I have found it convenient, however, clinically, to divide these patients into two classes according to their general condition. In the first class I include those of florid complexion, and with well-developed adipose and muscular tissues. In the second class I include those of pallid complexion, spare figure, and feeble muscles.

It has seemed to me that in the first class the symptoms are due to the derangement of those functions of the liver which should effect the destructive metamorphosis of albuminoid substances, so that the patients receive a full supply of the nutritious portions of the food, but do not get rid of the excrementitious.

In the second class of cases, on the other hand, there is no failure of these destructive and excretory functions, but those functions which should effect the assimilation of fat and peptones are disordered so that the patient is imperfectly nourished.