

cal Association, strongly recommends the bismuth lozenge (B.P.), which owes its antacid property to $3\frac{1}{2}$ grains of chalk and $2\frac{1}{2}$ grains of magnesia, the bismuth being inert. He suggests as a better formula, the chalk and magnesia, with one grain of sodium chloride to give it a sharpness that will promote the flow of saliva. The lozenge should be placed on the back of the tongue and allowed to slowly dissolve, so as to cause a concurrent flow of saliva, which will materially aid in overcoming the acidity. They are to be used only when the gastric pain is distinctly present and greater than can be well borne.

Constipation, if it exists, will require appropriate treatment; also attention to bathing and general hygiene.

CHRONIC GASTRIC CATARRH.

This condition exists in a large number of chronic dyspeptics. The catarrhal condition varies in degree from the mildest, between which and atonic dyspepsia there is no sharp dividing line, and the most severe, in which there is persistent vomiting and extensive abrasion of the gastric mucosa. The causes of it may be the habitual ingestion of food, excessive in quantity or irritating in quality, alcohol and other stimulants; or it may be secondary to diseased states of other organs, as of the liver, kidneys, lungs, or heart, by which the circulation is impeded or the blood rendered unsuitable by retention in it of excrementitious matters. In the mildest cases the symptoms are not distinguishable from those of atonic dyspepsia, in fact, there is a general atony present. In others there is a craving for food, which is satisfied, or, I might say, satiated, by the first mouthful or two, a feeling of over-distension, and, it may be, nausea following; or even the odors of the food may be sufficient to replace the craving by feelings of repugnance. How often women experience this while cooking the dinner. As we all know, such craving may continue for a day or two, to be succeeded by a so-called bilious attack, and many sufferers know the significance of such craving, and, by the exercise of self-denial, aided by a cholagogue purgative, they are able to forestall the attack. In such cases there is more or less coating of the stomach with tenacious mucus, containing many epithelial cells. Beneath this the mucous membrane is congested and highly

irritable. The gastric juice, on examination, is found to be deficient in HCl., and what is present is quickly destroyed by the alkaline mucus. The presence of food, or even its odor, is too great a stimulant to the unhealthy mucous membrane, and acts much as an emetic does in the healthy stomach. The craving for food is due to the demands of the nerve centres and tissues for more nourishment, their supply being insufficient on account of the imperfect digestion. The mental depression often present, the headache, the coated fowl tongue, and the high-colored urine loaded with urates, in short, the so-called bilious condition, are probably due, not to bile constituents in the blood as commonly supposed, but to absorption of the poisonous alkaloidal products of the decomposition of food in the stomach and bowels.

Lauder Brunton has advanced the theory that part of the function of the liver is to intercept and turn back in the bile all such alkaloid products, and is able to do so effectually under ordinary circumstances; but when an excess of these deleterious substances are poured into the portal vein, the circulation in the liver is impeded, owing to the low pressure of the blood in the portal vein, and then the liver cells become unable to eliminate all these poisons, and some of them escape into the hepatic vein and so into the general circulation. On this theory it is easy to explain the efficacy of the so-called cholagogue purgatives. Acting on the duodenum as well as the rest of the intestinal tract, they sweep out the food with all its decomposing products, also the copious discharge of bile, loaded with these poisons, that is being poured into the intestine, to be re-absorbed and carried again to the overburdened liver—unless removed by purging. The supply being thus stopped, the emunctories are not long, as a rule, in removing from the blood what deleterious matters it may contain. The stomach, however, may be in such a state as to continue to furnish the fermentative products; in that case it too should be cleansed, either by an emetic, or, much better, by the use of the stomach tube. While there are no means within our reach to compare in efficiency with lavage, yet in mild cases it is rather unpleasant to be resorted to; it would be like driving a nail with a trip-hammer. In these, restrictions of diet mild cholagogue purgatives and alkaline stomachics suffice. The cholagogue may be given at

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