

gin, its edge feeling resistant and smooth, but tender to pressure. Tongue rather brown, but moist, no icterus anywhere. Ordered hot poultices over liver, ice to suck, and milk and seltzer water.

July 12th.—Condition much the same. Temperature 103°. Sickness had ceased. Bowels moved several times; stools watery, small in quantity and very dark.

July 13th, 14th, 15th and 16th.—The temperature continued about 100° to 100.8°. Bowels moved several times a day, stools of same character as before. The liver remained about the same size, although the tenderness over it decreased. On the 16th I ordered a powder of calomel gr. v. with pulv. ipecac co. gr. x. In the evening of the same day the temperature had come down to 99.8° and the vertical liver dulness had decreased one inch. The same powder was repeated on the 18th, 20th and 22nd, producing a most satisfactory amelioration of all the symptoms, and on the 25th the liver could only just be felt below the costal margin. He was allowed to go out on July 26th for the first time, when his weight was ascertained to be 11 stone 7 lbs., and his girth was 35 inches; that is to say, since May 8th, he had lost in weight 3 stone all but 2 lbs., and in girth 7 inches.

It is to be noted that during the whole time of the liver disturbance, which necessitated absolute rest in bed, there were no attacks of dyspnoea. The nature of the illness at this time must, I think, be regarded as an attack of hepatic congestion with febrile symptoms. Whatever its cause might be it appeared to me, as I told my patient at the time, that the condition of fever through which he had passed had been for him by no means an unmixed evil, since it had proved a very rapid and effectual means of getting rid of a very considerable amount of fatty tissue that had previously embarrassed him, and had without doubt caused the attacks of breathlessness from which he suffered. The febrile furnace once set going had burnt up so much superfluous fat that my patient now appeared a comparatively lean man, with a heart freed from the superabundant deposit upon its surface and between its fibres, that had previously caused its embarrassed action.

I now argued to myself that if I could succeed in preventing the re-accumulation of fat I could almost positively promise my patient an absolute cure. With this object in view I determined to exercise a strict supervision over his dietary, and the plan that I adopted was that recommended by Oertel in his "Therapeutics of Circulatory Derangements," diminishing the amount of fluids, fatty foods, and carbo-hydrates to a minimum, while allowing a liberal supply of nitrogenous food. I need not enter into the details of his dietary during convalescence, further than to say

that by gradual modifications I worked him up to the following, which I prescribed on July 28th, and to which he has rigidly adhered ever since.

*Breakfast.*—One small cup of tea with milk, but without sugar; bread, 2½ ounces; an egg beaten up in the tea, and some lean ham or a lean chop.

*Dinner.*—A teacupful of clear soup. Of roast or boiled meat, game or fowl, without fat, seven ounces. White fish, green vegetables, no potatoes, carrots, turnips, parsnips, beetroot or artichokes. Bread, three ounces; custard pudding or jelly, stewed or raw fruits, with very little sugar. As beverage two-thirds of a tumblerful of water, or aerated water, either alone or with 1 to 1½ tablespoonfuls of old whisky.

*Tea.*—One small cupful, with an egg beaten up in it. Bread, 1½ ounces.

*Supper.*—White fish, game or poultry, with salad or fruit in small quantity; a little cheese; a little whisky and water as at dinner, or a little dry light wine, hock or chablis.

Such was the dietary. In addition, as his strength improved, I advised him to take as much physical exercise in the way of walking as he could, and after a few preliminary turns of a mile or so, on August 1st he managed five miles in the morning, and took a drive in the afternoon, without experiencing any dyspnoea, and with no discomfort beyond feeling a little tired. On August 22nd, when I last saw him, his condition was as follows: Weight, 11 stone 10 lbs.; girth at umbilicus, 36½ inches; appetite excellent, but he keeps strictly to the dietary ordered; heart normal in position and extent, first sound at apex much clearer and more distinct; liver also normal. On September 22nd, writing from the Isle of Wight, where he still remains, he reported, "I am now enabled to walk up hills without stopping, and can also walk seven miles a day on an average. I have had no attack of shortness of breath."

Again, on January 5th, 1891, he wrote: "I am pleased to say that I am well, and can comfortably walk 10 miles without any distressing sensations. I am now more reduced than ever round my waist, it being only 35½ inches, and my weight only 11 stone 10 lbs.

Now, from a consideration of this case one deduction appears to me fully justified, namely, that the disappearance of the cardiac symptoms must have been brought about by the destruction and removal from the body of the superincumbent fat; and, provided one had the power of successfully effecting such fat reduction, there appears to me no reason why all such similar cases should not result in an equally satisfactory issue. Fortunately for my patient he had the good luck to pass through a week of febrile condition, during which his superfluous adipose tissue was consumed. Believing that his pyrexia was not indicative of any particular danger, and realizing the good that