Health Department.

[A certain space in each number of this journal will be devoted to questions and answers of correspondents on all subjects pertaining to health and hygiene. This department is now in charge of an experienced Medical Practitioner, and it is believed that it will be found practically useful. Questions under this department should be as brief as possible and clear in expression. They should be addressed to the editor of this journal and have the words "Health Department" written in the lower left corner on the face of the envelope.—Ed.]

Doctors and Doctoring.

Half the complaints people—especially idle people—suffer from are imaginary. I do not deny that men and women get ill, and occasionally die, but I hold that, in a vast number of cases, a doctor is unnecessary at first, and quite helpless at last—that is, as far as his physic is concerned; and I have pretty good authority for what I say.

Sir William Jenner has the courage to declare that "the science of medicine is a barbarous jargon—every dose of medicine is a blind experiment!" When the great Majendie assumed the Professor's Chair of Medicine at the college of France, he thus addressed the astonished students:—"Gentlemen, medicine is a humbug. Who knows anything about medicine? I tell you frankly, I don't. Nature does a good deal; doctors do very little—when they don't do harm." Majendie went on to tell the following pungent little professional tale out of school:—"When I was head physician at the Hotel Dieu, I divided the patients into three sections. To one I gave the regulation despensary medicine in the regulation way; to another I gave bread, milk, and colored water; and to the third section I gave nothing at all. Well, gentlemen, every one in the third section got well. Nature invariably came to the rescue."

Physicking, as Sir William Jenner (quoted by Dr. Ridge) admits, is largely a speculative operation. The ingenious "doseist," as Artemus would say, has theories about what is the matter with you; he physics according to his theory, and then physics to correct his theory. This he calls "changing the treatment." Wrong again; Try back; alter diet; then physic away at the new diet. Wrong again! Patient gets worse. Perhaps it is change of air, not change of food, he wants—bright idea! send him out of town. Off he goes into the country; forgets to take his physic; feels better; gets well; doctor looks bland, nods his head and says—"Told you so; change of air—that's what you wanted." What he really wanted was to be let alone. Leave off worrying nature—that is what is required; not in all cases, but in a good many; and that is probably what Majendie, and Jenner, and all the wisest doctors think. They aim at diet and discipline—they assist, they do not try to force Nature's hand—and they every now and then admit this is a burst of confidence.

It is a law true in sociology and physics alike that independence grows by what it feeds on. There are doctors who always send people to bed directly they have a little cold—and those people are forever catching cold—they have no resistance left. You are somewhat out of order; instead of exercise and moderation, in comes the doctor with his dose, and, next time, Nature will refuse to have anything to do with you. "I am not going to trouble myself about you," she virtually says. "Send for the doctor; you prefer his physic to my more slow but more sure and more healthy recuperative power. Take physic—I strike work."

Of course, I admit that there are many cases to which these remarks are wholly inapplicable. Bronchitis, incipient cancer, and others, both functional and organic—to take these in time may be everything. There are cases where the diagnosis of a good physician is simply invaluable, his hints about food are not to be neglected, yet they should be taken perhaps, *cum grano*, and checked by personal experience. There are other cases, too, where cod liver oil, quinine, and one or two other drugs are absolute specifics.

What I have said as to the weak places of the healing art is less applicable to the surgical department, yet not wholly inapplicable. The skill of the surgeon is occasionally overdone. He performs needless operations—he can do them so well. Many a limb has been sacrificed to his amputating zeal. Still, in picking a few holes, not unkindly, I hope, in current medical practices, I wish fully to admit the extent of our obligations to the general kindliness, knowledge, counsel, and diagnosis of physicians as a class, whilst the enormous strides made by surgery in so many departments are amongst the marvels of modern civilisation.

I advise all who may feel anxious about themselves and their friends, by all means to call in a doctor, listen to his advice, get his prescriptions occasionally made up and still more occasionally take them; but, above all things learn the art of using your doctor without letting him use you; you are often, if not always, the best judge of Nature's energy in *yourself*. Don't let the doctor tamper with that native energy of yours too much. There is a good deal of truth in the saying that by the time a man is forty he should be his own physician. There is also considerable wisdom in the Chinese system of paying the doctor so much per annum as long as there is nothing the matter with you and stopping his salary the moment you get ill.

Feeding the Sick.

The proper administration of food is the great problem of the sick-room. There must be due regard to the kind, quality, and quantity, and to the time and manner of giving it. The kind of food to be given is to be prescribed by the physician. If it is left to your discretion secure a judicious variety, and do not let him know until you bring it what he is going to have next. Milk is the only article of diet which contains in itself all the essential elements of nutrition. It is, therefore, the only thing upon which you may allow a patient entirely to subsist for any length of time. The most concentrated forms of food are to be preferred, such as convey the greatest amount of nourishment in the smallest bulk.

Whatever is given, be sure that it is the best of its kind—milk perfectly sweet, eggs above suspicion. Remember that you have more than the ordinary fastidiousness to contend with, and never offer a sick person anything which you have not previously tasted yourself, and so feel absolutely sure of. This does *not* mean that you are to taste it in his presence. Bring only so much as can be taken at once. A large amount looks so discouraging that it destroys the appetite for even a little. Take away promptly what is not eaten. It is worse than useless to leave it in sight in the hope that it will soon be wanted. Give only a small quantity of food at a time, but give it at short and *regular* intervals. A cupful every two hours is more easily managed by weak digestive organs than would be a large meal three times a day. When a tablespoonful cannot be taken hourly without distress, give a teaspoonful every quarter of an hour. The idiosyncrasies of each individual case must be considered. Regularity is, however, always important. When you do not feed your patient again until morning, give him some light and easily assimilated nourishment the last thing at night.

If you have a helpless patient to feed, do it slowly, and avoid unmanageable quantities. It requires attention and care to do this well without making an external application of it. Fluid food is most easily given, and with the least exertion on the part of the patient, through a bent glass tube.

Serve the food in as attractive a form as possible. If it pleases the eye, it has a much better chance of proving acceptable to a delicate appetite. You can at least have the dishes spotlessly clean, and dry on the outside. Have hot things hot, and cold ones very cold. To successfully cater to the capricious appetite of an invalid requires the faculty of observation, judgment, and ingenuity; but it is worth the exercise of them all, for in most cases the question of nourishment is more important than that of medicine. Drinks of all kinds, including water, should be given only as the physician directs.

Climate.

The relation of climate to health and disease is now universally recognized. Hot climates give rise to undue activity of the liver and skin; render the digestive system sluggish, the nervous variable. Cold climates promote active digestion, muscular development, and render the nervous system sluggish; but expose the lungs and kidneys to grave diseases. The temperate climates are the healthiest, especially where the temperature is least variable.

Islands have a climate of their own, being warmer in winter and cooler in summer, and having a moister atmosphere. The climate of the sea-coast approximates that of islands; while that of the midland tends to extremes. Mountain climates are characterised by purity of air. The climbing of the hills on foot enforces deep inspiration, and promotes expansion of the chest.

Limited districts have each, to a considerable extent, their local climates. In many cases, a change of a few miles produces an atmosphere of different hygienic value.

More and more, at the present day, does the medical profession take advantage of these climatic diversities in curing disease or improving the general health.

The climate of the sea-shore, with its regular variations of temperature, its abundance of oxygen, and its saline particle suspended in the air, tends to increase the activity of the circulation and respiration, and is particularly suited to the scrofulous, to many chronic diseases, and to convalescence from acute diseases or from surgical operations.

Mountain climates are adapted to consumptives and to the consumptively inclined; to victims of hay-fever; and to such as are suffering from overwork, but are otherwise healthy. It is harmful to those afflicted with chronic bronchitis, heart-troubles, Bright's disease, chronic rheumatism, and to the aged; while all such, and those who suffer from most nervous diseases, are helped by the quieting and bracing climate of wooded districts.

We add (1) a mere change of surroundings in almost any direction is often sufficient to effect a change in the patient for the better. (2) No patient should go from home in an advanced stage of disease. (3) Such as need to go South will be helped only as they spend a large part of their time in the open air. They should rigidly guard against sudden atmospheric changes.

Adaptation to Climate.

The celebrated physician, Boerhaave, believed that no being breathing with lungs could live in an atmosphere having as high a temperature as that of the blood. According to the dictum, one ought to die at a temperature of 100°; but Banks enjoyed good health on the Senegal when the thermometer rose in his cabin to above 120° and 130°. Men live on the south-west coasts of Africa, and in other hot regions, where the heat of the sand under their feet reaches 140° or 150°. Men in deep mining shafts, and under diving bells, are able to support an atmosphere of 20,000 kilograms, as well as a pressure of only 8 000 kilograms on the highest mountains. Cassini thought that no animal could live at a greater height than 4 700 meters, or 15 000 feet; but several inhabited places are situated at a still greater height, as, for instance, Gartok, in the Himalayas. Alexander von Humboldt ascended Chimborazo to a height of nearly 6,000 meters, or 19,286 feet, without suffering any harm. The pressure of the atmosphere is so light at such elevations that, as Humboldt was assured, wild animals, when driven up to them, bleed at the mouth and nose. Only dogs are able to follow man as high as he can go; but this animal, too, loses his acute smell in Congo and Syria, and the power of barking in Surinam and at great heights. And the finer breeds of dogs cannot long endure the conditions of a height of more than 3 760 meters, or 12 500 feet, while there are towns in the Andes at as great a height as 12,500 or 14,000 feet.

Frequency of Ear Disease.

In a German medical journal a Dr. Buskner gives an interesting result of inquiries made by himself and other aural surgeons as to the statistics of ear disease. They may be summed up as follows: One out of every three persons in middle life does not hear so well with one ear as with the other. An examination was made of 5,005 school children, of whom 23 per cent. presented symptoms of ear disease, and 32 per cent. a diminution of hearing power. The liability to disease in the ear increases from birth to the fortieth year, and decreases from thence to old age. Men are more subject to ear affections than women, in the proportion of three to two. The external ear is affected in 25 per cent. of sufferers, the middle ear in 67 per cent., and the inner ear in 8 per cent. of total cases. The left ear is more frequently affected than the right, in the proportion of five to four. Acute affections of the middle ear occur less frequently in summer and autumn than in spring and winter, and of the total number of cases in the ear clinics, 53 per cent. are cured, 30 per cent are improved, 7 per cent. remain unimproved, and three-tenths of 1 per cent. end fatally.

Sneezing and Shivering.

Nature's provision against the consequence of "chill," and for prevention of a "cold," are sneezing and shivering. A violent fit of sneezing often saves a chilled body the consequences of the nerve depression or "shock" to which it had been subjected, and this shock may in its first impression be very limited in its area, for example, the small extent covered by a draught of cold air rushing through the crevice of a door or window. The nerve centers are roused from their "collapse" by the commotion or explosive influence of the sneeze. If sneezing fails, nature will try a shiver, which acts mechanically in this way. If this fails, the effects are likely to be very serious, and bad consequences may ensue. The cold is slight when sneezing suffices to recover the nervous system quickly from its depression: and grave when even strong shivering fails to do so. In case of chill, with threatened cold, sneezing may be produced by a pinch of snuff of any kind. This is how some of the vaunted "cures" of cold by snuff are brought about. Brisk exercise may also ward off the attack.

Try It.

Try cranberries for malaria.

Try a sun-bath for rheumatism.

Try clam-broth for a weak stomach.

Try cranberry poultice for erysipelas.

Try buttermilk for the removal of tan and walnut stains, and freckles.

Try hot flannel over the seat of neuralgic pain, and renew frequently.

Try taking cod-liver oil in tomato catsup if you want to make it palatable.

Try snuffing powdered borax up the nostrils for catarrhal cold in the head.

Try taking a nap in the afternoon if you are going to be out late in the evening.

Try breathing fumes of turpentine or carbolic acid to relieve whooping-cough.

Try a cloth wrung out from cold water put about the neck for sore throat.

A natural appetite is best satisfied by plain, simple, and therefore, wholesome food, taken regularly at proper times. On the contrary, a vitiated, abnormal one, an appetite produced by the use of unwholesome food, or any unnatural articles, as tobacco and the like, is never satisfied, always demanding more. Instead of a natural appetite, there is an unnatural craving, a longing for something, with no very definite ideas of what is needed. To attempt to satisfy such an abnormal appetite by constant eating is as unsuccessful as it is foolish and absurd. The more such an appetite is gratified the more abnormal it will become, and that of necessity.