

MINOR COMPLAINTS

ASSOCIATED WITH

DILATATION OF THE STOMACH.

-----o-----



The following is the account of my experiences as a
neurasthenic dyspeptic during nearly forty years.

In November 1896 I was convinced that till I

In November 1896, I was an invalid, involved in a
mystery for the solution of which I did not care to
ask any one.

How I found out the laws of Nature which I must
attend to I have set forth in the following pages.

However crudely I have expressed my experiences the
fact remains that in 1896 I was ill, and now I am
strong and well and that almost without the use of
drugs.

The following is the account of my experiences as a Neurasthenic dyspeptic during nearly four years.

In November 1896 I was convinced that till I got rid of a Red Nose I would never get on at my Profession and to the cure of this condition I set myself and narrate now what I noted of the workings of the human body during the process of finding out and curing my unfortunate condition. I hope never to be so introspective again. It is so difficult to get one's mind of work when that work is the watching of one's self.

I was always troubled with indigestion but not till May 1896 was this so bad that I took note of it. I got the notion that my dyspepsia was due to eating too much so I tried by eating almost nothing to get rid of it. Six weeks of happiness was followed by six weeks of profound despondency at the weak state I had brought myself into by working and playing excessively on next to no food.

Then I took Scarlet Fever and during my isolation I devoted myself to thinking about my digestion and bowels and touching my abdomen till I knew almost everything that happened inside, which

which happenings were always associated with pain.

In addition to this state of hyperæsthesia of abdominal contents I had a strong belief that a great quantity of food was necessary to keep up one's health. This was due to my collapse after eating so little formerly.

After some weeks of satisfying this desire to eat a great deal, I discovered that my nose at various times became very red. I had all my life been troubled this way but never to such a degree as now. I did not know when my nose would be red but after meals was one time I did know of.

I had been melancholy before but now I reached lower depths still. If I did not eat I felt I would starve; if I ate I would suffer from a red nose. Apart from vanity I was sure that a red nose would prevent me getting on. Some red noses are tragic; mine was comic, so large and red was it. But the comedy did not appeal to me, only to the onlooker.

I saw a consultant in November 1896 who told me my Stomach was dilated some three inches below the Umbilicus. The diet he ordered me I tried and gave up in disgust. I set to work to cure myself.

myself.

I lived for a month in Edinburgh and decided that to live quite alone and in the country was the proper course for me to take. Living with other people I found that I ate little during the day for the sake of my appearance before them. The pangs of hunger and dyspepsia, controlled during the day, had to be satisfied sometime and at bedtime I consumed inordinate quantities of whatever food I could clandestinely convey to my room. Secret drinking is a well-known vice. Alcohol had no attraction for me but I was a "Secret Eater." I concluded that free eating at meal times would stop this craze so I took an assistantship in the country and lived alone at a Branch Practice in a colliery district.

For three months I lived a lonely life to the surprise of my friends. So keen was I on my food that I was quite happy living in the country where I knew no one; after living all my life in Edinburgh and in touch with many friends. I allowed myself three meals a day and ate largely at each. I was out walking every day. Happy in the fact that I could eat and not be ashamed I worked energetically

energetically at my profession. My appetite at this time was often horrible. I sat down hungry and usually rose from the table with appetite increased not diminished. In consequence I only allowed a certain quantity of food to be laid before me at each meal. It is said "Eat till you're cold and you'll live till you're old." After my breakfast I often stood in front of a big fire with my teeth chattering in my head. After lunch and dinner I always had to sleep for an hour.

Despite this indulgence thanks to exercise, fresh air and careful resting, in three months my digestion was much improved and although very thin I was very strong.

The loneliness of my life now appalled me so I threw up my assistantship. At the time I did so I was very cheery, (though still very introspective) eating in moderation and my bowels were open as a rule.

I went to a country house to live for a few days. My old melancholy returned at once. The meals were at different hours to what I was accustomed. Some one chaffed me about my nose which was better in

in its colour but still abnormal. In consequence I ate little and crept around afraid to do too much. My bowels were absolutely bound up. There was every cause for such a social person as I used to be to be happy in this houseparty but I was miserable. I left as soon as I could and once more lived alone in the country, this time for a month.

Then I assisted a doctor in the country for eight months. Here also my fears took hold of me. The meal hours were different. The meals sometimes delayed. I had little to do. To wait for a meal meant for me abdominal pain and mental dread so I became very listless and melancholy. However I determined to stay at least six months as I felt sure I would get better some time and I considered I was not fit for hard work.

I will give here some notes I made on my bodily weight. In June 1896 I weighed 11 st : 4 lbs. I lost 1 stone during my six weeks of scanty diet. I remained at 10 St : 4 lbs. till I was laid up with Scarlet Fever and this despite the fact that I ate a great deal. Rest in bed and as free eating as the Fever Hospital would allow brought me up to 11 St : 4

4 lbs. again. I lived quietly in the country after my Scarlet Fever. One day on weighing myself I noted I had lost four pounds. In a week I was down to 10 St : 4 lbs. This had a very depressing effect on me.

At this time I saw the consultant who told me my Stomach was dilated.

That I should lose weight despite the amount of food I was taking was a puzzle to me. For the next two months I did not eat so much but when I went into the country to the Branch practice I was surprised I did not put on weight seeing I consumed so much food.

My weight kept low for some months. My explanation of this is that I found I could eat largely and digest the food taken and be less troubled with a red nose when I kept constantly on the move. I felt I was always straining to keep active. I may say I suffered from "Motor Melancholia" though not from insane reasons.

One day I decided I was tired of food and tired of the exertion necessary to eat that food and keep up a healthy appearance. I decided to eat less and

and to do the minimum of work and to rest a great deal. The lazy part of this plan I found easy. Unfortunately the self-restraint necessary to carry out the other part was not so simple a matter. Still by resting I knew I diminished tissue waste and so I eliminated from my "Appetite" the fear of starvation with benefit. From that day I put on flesh and in six weeks was 11 St : 12 lbs.

In addition to eating less I washed out my stomach every second day before my last meal. The quantity of food I washed out five or six hours after a meal impressed me greatly. I began to believe the hunger I suffered from could hardly be due to want of food seeing my stomach was full of food. Also I was getting fat. These two facts did a great deal towards disabusing my mind of the idea that food was so important. I now could believe various sensations I formerly ascribed to want of food were due to other causes.

My nose by now was much improved.

After remaining at about 12 stone for some months I gradually lost weight and came down eventually to 11 stone which I consider my normal weight.

weight. This loss of weight went along with improved digestion and return to activity of mind and body.

As I have said I gave myself up to laziness and getting fat but I kept up walking exercise, read books, medical and otherwise and was careful not to eat too much. I did everything however in a very listless fashion.

I then returned to town life once more. The worst of my dreads was past but I had got into lazy ways which I found great difficulty in shaking off. My pain was very commanding and although I did not know so well the exact whereabouts of my stomach and intestines I still suffered from hyperæsthesia of them.

I entered into the pleasures of town life using them as a means to accomplish my desires, viz., to overcome my pain, to get back interest in life and to cut down the amount of food I wished to eat. At the end of four months I once more went off into the country and have lived there ever since. I had become much more cheerful.

Here where I am I have had little to do and the task of spending the time has been hard.

hard.

At certain times of the year gaiety goes on for about six weeks. Each of these times I have set myself to the task of getting less introspective. Each time I felt I had made progress.

I started tennis and golf, at first very half-heartedly and consequently not with much success but eventually interest in the games increased and I played them better.

I will give more in detail events as they happened under the following headings:-

1. Three cardinal symptoms.
2. Pain.
3. The state of the bowels.
4. Appetite.
5. Other pathological conditions which I think were associated with the fact the stomach was dilated.
6. Impressions produced on me from my experiences.

1. Three cardinal symptoms.

As a boy and a youth I envied any one who could sit down calmly for an hour at a time and read. I got restless at once. I was good at sleeping or good at active exercises but calm contemplative work was well-nigh impossible. Not till I analysed my sensations some two years ago did I know the reason for this.

Under certain circumstances which I will give later, when I allowed my circulation to stagnate I suffered as follows:-

a. The face looks "blowsy." On analysis it is seen that the blood-vessels are full. The skin is a little swollen. This is particularly marked in the nose. Across its bridge blood-vessels are seen very distinctly. The eyes will water and may be a little blood-shot. The person looks hot and tired. The face is red, hot and swollen and feels so.

On close examination when the face and nose look firm it is seen that the skin is thrown into minute folds and small blood-vessels are distinctly visible over bony parts of the face.

When the face looks "blowsy" these folds are

are gone; stretched out.

b. There is a feeling as though sand were running through the blood-vessels of the brain. Patient feels sleepy.

c. In the upper abdomen there is a sensation as though some-one were rubbing the inside with sand-paper. This may pass away and an acute pain take its place.

The stomach is dilated.

1. November 1896. An Edinburgh consultant examined me and said my stomach was dilated quite two inches below the umbilicus. He saw me after my luncheon.

2. January 1897. One of the Resident Physicians in Edinburgh Royal Infirmary examined me one night on my return from a dance where I had eaten and drunk like other people and he said my stomach extended a hand's breadth below the umbilicus.

3. As a boy I used to amuse myself in bed making a splashing sound in my abdomen.

4. March 1900. Before breakfast I palpated my abdomen and could not make out any splashing sound.

sound. After breakfast I made out splashing by ear and touch as low as the umbilicus and as far as the anterior axillary line to the left, and nearly to the mammary line to the right. By rocking the body the stomach contents can be heard and felt splashing up into the thorax.

It is rare for the splashing to be made out at a lower level. On account of the hyperæsthetic state of the mucous membrane the limits of the stomach are easily defined.

This has been verified by Sir Thomas Lauder Brunton who kindly examined me.

These three symptoms

- a. Hot face.
- b. Sleepy feeling in the head.
- c. Discomfort in the abdomen

are most marked when the patient is tired, when the patient is hot, and when the stomach is distended with food. They interfere very much with a man's working powers. I have suffered from them all my life.

Two things I observed were

were

1. If I sat in a chair with my feet by the fire and an open window behind me I could sit and read for two hours or so and keep my head clear.

2. To go from the cold into a hot room after a short walk was at once followed by my symptoms. To stoop over a patient made me much worse.

I can now by care diminish the severity of the symptoms. The following experiences and experiments taught me what care was necessary.

A. I was sitting reading one evening about 5.30 p.m. when I had sudden occasion to go out. I put on a pair of cold shoes and the usual out-door garments and went out. The night was cold and I felt a little chilled. After doing some shopping which involved walking about half a mile I returned about 6.p.m. feeling uncomfortably warm. On reentering my room which was hot I experienced marked discomfort. On consulting a small hand mirror which I carried I saw my nose was very swollen and very red.

This was a very depressing state of affairs and I considered deeply how I might prevent its future occurrence.

The following evening I made an experiment based on the fact that, after a four mile walk, I could enter a hot room with very little discomfort.

B. As on the previous evening I sat from 4.30 till 5.30 reading. I then got ready to go out but I had my boots carefully warmed and before putting on my overcoat I used dumb-bells for a minute or so. I then did messages and returned about six. The weather was cold and I noticed the heat on reentering my room but my discomfort was not great. I carefully watched my nose. It became a little swollen and red but in less than four minutes the swelling was gone and the colour was quite natural except that across the bridge there was slight flushing.

Many people who live sedentary lives say they cannot take exercise because they feel so uncomfortable on their return.

Had I not analysed my sensations I would have said I was uncomfortable on my return the first evening and comfortable the second evening.

My theory was that sitting for an hour my blood-pressure fell owing to the large area of relaxed vessels in the dilated stomach, the feet and legs

legs becoming cold. Cold boots still further chilled the extremities. The amount of exercise was just enough to make the heart beat a little more powerfully. The blood then flowed where the blood-vessels were most dilated, namely, skin of warmly clad body. Hence the feeling of uncomfortable heat.

On coming into the hot room the heart would be still more stimulated and would drive blood more energetically into the easily dilatable vessels; hence the red face, sleepy feeling and discomfort in the abdomen. The blood-vessels in the chilled limbs would be contracted and so an excess of blood would pass to the more vascular parts of the body.

I could only surmise that the symptoms in stomach and brain were accompanied by congestion. As the nose, however, shared in their symptoms, I have no doubt its red condition was an index of the state of the blood-vessels in stomach and brain. Besides as its colour improved so did the symptoms I complained of.

By dumb-bell exercises the arms and skeletal muscles would take more blood. The warm shoes would at least not further contract vessels in the legs.

legs. On further experimentation I found that exercising the legs before going out much improved my condition on coming in.

Another experience I had showed me it was possible to have too much exercise.

G. One afternoon in February 1900 I went off to skate about 3 p.m. The weather was beautiful and not too cold. I walked about two miles, skated enough to keep me comfortable, and had twenty minutes rest at my usual tea-time. I arrived home at 6 p.m. The moment I entered the house I felt that it was very hot. Some visitors who were in I felt quite unequal to seeing. I retired to my room and there studied myself.

There was no nervous element in my complaint as in consequence of my experiences after four mile walks I had hoped for a pleasant hour after skating.

I lay down on my bed and was interested to note that my head, face and belly felt intensely tired, while my muscles felt intensely fit and well.

My face in the mirror looked very swollen, blotched with red. My head was sleepy. The discomfort in my abdomen became acute pain.

pain.

That a young man of 28, who, as it happened, for three weeks had been carefully exercising himself, who for a fortnight had been careful of his diet could not go out for three hours without suffering from an utter collapse shows what a distressing complaint a dilated stomach can be.

Of course if I had had to work on my return I could have done so but the performance of work under the circumstances would have been very poor.

After resting about half an hour I rose and dressed; my symptoms passed off and I felt very well and much the better for my exercise.

I learnt the absolute necessity of keeping my feet warm by the following experiences.

D. I wore a pair of Jaeger soles in my shoes outside my socks. In consequence they frequently worked up behind and I had to remove them. One cold day I played golf and my soles had to be removed for above reason. An older man who was with me chaffed me about "coddling." I felt at once the chill on my feet. On arriving home I was very

very uncomfortable. When a meal comes when I have the peculiar abdominal sensation I always have an almost uncontrollable appetite. Afternoon tea was waiting my arrival and I felt I could eat for ever but the first mouthful of tea aggravated the "blow-siness" of my face and increased my other symptoms.

E. The next day up I went to golf, but with my soles carefully fixed. Returned to tea. The hot room gave a moment's discomfort and then I took my usual tea with calm appetite and no facial or mental disquietude. Cold feet per se were of no harm to me. I did not feel they were cold, nor did I suffer from chilblains. They indicated a state of affairs which might be followed by unpleasant consequences. The three cardinal symptoms were almost invariably preceded by cold feet.

As the stomach condition improved so did the tendency to cold feet. The sluggishness of circulation which was the cause of this would no doubt be associated with small blood-vessels, which, in time, as by care the feet were kept more uniformly warm, would increase in size because of a greater amount of blood passing through them.

them.

My method of treatment for cold feet was as follows:-

1. Keep the warmth that the feet possessed.

a. Use bed-room slippers on rising from and going to bed.

b. Never put on slippers, boots or shoes without first bringing them to the temperature of the body.

c. See that everything put on the feet was quite dry.

d. Wear socks and stockings of proper thickness. No openwork material to be used.

e. In addition wear soles of woollen material that the feet might always rest on something very warm. From covering the feet so warmly I found

A. they perspired and were colder as the day passed from evaporation. This was obviated by changing socks and soles thrice daily.

B. Sometimes they became very hot and itchy; even painful. The benefit derived however, quite counterbalanced this occasional inconvenience.

f. Taking tepid and not cold baths.

baths.

2. Improve circulation by exercising the muscles of the legs.

3. Keep up circulation by never sitting for long without rising at intervals and walking about for a little preferably on tiptoe.

4. Never wear tight slippers, shoes or boots.

As the blood-vessels on the skin of the nose became less noticeable so did the circulation in the extremities improve. So also did the various cardiac symptoms from which I suffered. As the feet as time went on tended to keep warm, I concluded my treatment, although according to some was of the nature of coddling, was correct.

The following was my experiences with the bicycle as a means of progression.

F. One day after loafing in the house I went out a bicycle ride. The distance traversed was about ten miles. The pace was slow. The day chilly. I felt cold all the time I was out.

On arriving home and coming in for tea I had my three symptoms strongly marked.

marked.

G. I went a long bicycle ride about fifteen miles on a day that was rather cold. I was alone and went quickly. Also before I got on my bicycle I had been walking about briskly beforehand. I arrived home and faced the hot room and tea quite comfortably.

Now as bicycle rides and having tea was a favourite amusement with my friends my first experience was rather distressing as it made me anything but keen to go.

My second experience gave a clue to treatment.

I made the following experiment.

H. Before starting a bicycle ride I walked for half an hour and did dumb-bell exercises. I took special care to have my feet warm and dry. Then I biked slowly, on a cold day, about ten miles and returned home to a hot room.

The result was most encouraging. I suffered no more discomfort than what must be expected under these circumstances; a rapid change from cold to heat.

Bicycle riding at a slow pace was so little exertion that it could not keep my circulation

circulation uniform. I could not use the bicycle comfortably as a means of paying visits on patients. It was a different matter when I went a long run. Then the exertion was quite enough to keep the blood flowing as it should.

To go at a slow pace in cold weather with comfort it was necessary to assist the heart in its work by previous exercising of the muscles of the body.

From the experiences and experiments (A-H) I concluded my symptoms were circulatory.

The face was easily flushed; so also I have no doubt was the stomach. A large amount of blood circulating through the stomach would deprive the extremities of a free supply, hence cold feet and to a certain extent cold hands.

Till I knew my stomach was dilated, every day by indiscretions in diet, method of clothing myself and in not exercising my body properly I exaggerated the vascular condition of stomach, face and I suppose brain, while the blood-vessels in the limbs would become atrophied from want of use.

use.

When I began my observations any exertion bodily or mental, which stimulated the heart, but did not at the same time dilate vessels in the lower limbs, would drive blood where it could go most easily; viz., stomach, face and brain.

With this wide area of relaxed vessels it was impossible for the heart to maintain the circulation through the body without assistance.

This assistance was obtained in various ways.

(1) The muscles, especially of the lower limbs, by their contraction would assist the heart to drive on the blood and also vessels under these circumstances being dilated would prevent too much blood going to the face, or head or stomach by themselves containing a large quantity.

(2) Even though no exercise was taken the heat of a fire playing on the legs would keep the blood-vessels there dilated and the person would feel bright and free from discomfort.

(3) Mental effort, a determination to prevent stagnation, also assisted.

If when coming into a hot room I lay or sat

sat down great aggravation of my symptoms was produced.

If I walked about or if I sat upright in a chair and occupied my mind the symptoms were less marked and passed off more quickly.

When very tired this mental effort was impossible and collapse was the result.

I found this out by the following experience.

I usually played tennis in the afternoon from four till six in Summer 1898. To play tennis bored me and in consequence I suffered from abdominal pain. I played listlessly and only because I considered the exercise good for me.

Returning home each day I dejectedly lay down in my room which from being over the kitchen was very hot. My three symptoms came on me and I felt very miserable.

As time went on and I noted various facts connected with my condition I acted as follows. I placed a comfortable chair in a balcony verandah and beside it light literature. On coming home instead of sadly going and lying in my room I sat in this chair and perused the papers left lying by. A strong mental effort was necessary but my handmirror

handmirror encouraged me to go on. My symptoms under these favourable circumstances of ease, cool atmosphere and occupation for the mind were negligible. My tennis became a pleasure to me. A necessary prelude to a pleasant hour to follow two hours of gentle (because I did not play hard) exercise. A certain amount of exercise got my circulation into such a condition that I was able to work or play or enter a hot room like other people. Too much exercise as was shown in my skating experience meant utter collapse.

I was my own medical attendant, and unfortunately not a very experienced one. From what I observed I decided to take my nose as my index of success or failure of treatment. My sensations I took no heed of. When my nose looked well under any form of treatment I had only to persist and in time my bodily sensations would come to be in accord with it.

I found it was necessary to rest at intervals during the day. I think the vaso-motor centre became unable to keep contracted for long such lax vessels. To be tired meant the onset of my symptoms.

symptoms.

Resting after midday dinner prevented the otherwise certain onset of unpleasant symptoms two hours or so after. If I had no time to rest after dinner I felt pretty fit if what I had to do was interesting but, for certain, two hours and a half after the meal I would have to knock off work or work under very unfavourable circumstances.

I noticed that to lie down after dinner was not pleasant. It brought on my three symptoms but on rising I felt in a little time much better and I never was troubled later in the afternoon.

I have read an article on sleep that states man gets benefit from long sleep and short sleep. However benefit arises from short sleep, in my case it was due to rest of the vaso-motor centre. In the privacy of my own room I did not mind my vaso-motor centre relaxing if by that means I was able to go out among my fellows with an easy mind that it would do its duty.

My plan of resting was as follows:-

I did not allow myself the luxury of sleeping in a hot room over a fire. That rest was better than

than none but the stupefying effects lasted longer than after the following form of rest.

1. My bedroom was pleasantly warmed and ventilated.

2. I lay on the bed lightly covered with a rug. The feet were kept warm by bed-room slippers. This last procedure was most important. Without it to lie down meant congestion of the face and marked abdominal discomfort, and on rising I felt very drowsy and stupid and not till I had exerted myself considerably would the redness of the face pass away.

3. I rested for half-an-hour. On rising I did tiptoe exercises and used dumb-bells for a short time.

As time passed I noted that while I lay and when I rose my head was clear and my face was neither swollen nor unduly red. Therefore I considered that my treatment, though partaking of the nature of laziness, was correct.

The interest of watching my nose was not entirely from vanity. It represented an organ that tended to be easily congested. Now I imagine what was true of the nose would be true of any other organ that tended to be easily congested.

It is not possible to avoid every cause that will

will flood a part with excess of blood. People must pass from the cold into hot rooms, but by preventing fatigue and by judicious exercise the worst effects of such transition might be avoided, and by making the patient rest in such a way that the blood flows equally through his body, blood-vessels get an opportunity of recovering tone.

That I was sensitive about my appearance was evident from the fact that I isolated myself in the country that I might eat and not be ashamed.

As it was necessary for me to go out among my fellow-creatures with confidence I had to find some way of knowing that I was looking all right.

I carried a small hand-mirror and in this I studied myself when I got the chance, before facing any one.

Often when feeling very hot in the face I found by secret application to my mirror that I was not unduly red. I know and I have heard many people say that it is impossible to have confidence in oneself when the nose is red. I have noticed that persons so troubled have a very deprecating manner under circumstances when they expect or know from experience their noses will be red.

red.

The carrying of my mirror did considerable good, removing one source of my melancholy. It did away with all doubt and mystery. I always knew the exact state of affairs. In consequence I could put all my energy into whatever I had to do. This helped my pain as half-hearted efforts always brought it on, while whole-hearted efforts would disperse it even when present.

Although my symptoms have much improved my stomach still reaches the umbilicus and the skin on my nose is wrinkled. Precautions as to rest, exercise and clothing that were absolutely necessary this time last year I sometimes relax now without discomfort. Under circumstances that this time last year would have produced a very red nose I now look heavy and coarse in the face. I present, in fact, the usual appearance of a man who lives freely and indulges in alcohol more than he ought. And this despite the fact I seldom touch wine or spirits and eat less than most people. But if tired I must take every means I know of to prevent myself collapsing or working under unfavourable circumstances. Living the regular

regular life I do, I think I should always be ready for action. I am not however. My large area of relaxed vessels has to be toned up before I can put forth all my energies and the strain on the vasomotor centre is so great that sustained effort is impossible.

These three symptoms would afflict me even when the stomach was comparatively empty and when I had been eating a quantity of food that could not be too great for the needs of the body. This would show that they were caused by an organic state of the body due to the dilatation of the stomach. They were the most troublesome of my complaints.

I do not think my stomach will get smaller as it has not diminished at all during last year. I will need to make up my mind that in cold weather to get any work of a literary nature done I must either sit with my feet on the fire or else keep on the move most of the time. Of course in warm weather I can keep my circulation going more easily. In consequence of the urgent need for activity of body I shall probably be healthier than many people who are organically sound and who therefore are not

not punished so immediately and so sharply for neglect of Nature's Laws.

The organic changes, the foundation of my symptoms, had been developing through many years, in fact every time the stomach had been unduly distended or the face flushed: only by long-continued prevention of these two conditions could cure result; the stomach diminish in size and the blood-vessels contract to normal proportions.

The question was "How much food should I take?" I made the following investigations. I ate a series of dinners of graduated quantity and sat in a hot room thereafter during the evening and watched my face. I found that large dinners were bad. My face kept very flushed.

It mattered little whether I ate a moderate dinner or a very small one; my face was equally flushed by both.

Moderate dining demanded less self-restraint so I decided in its favour.

2.

PAIN.

Analysis of the Pain.

1. Pain associated with the large bowel. This seldom came on except after the act of defaecation.

I will talk of this under Heading 3.

2. The Stomach.

From touching myself this organ and its surroundings were hyperaesthetic.

a. What I ate might disagree with me. I had read in "Disorders of Digestion" by Sir T. Lauder Brunton the following, which I used as my basis of treatment. "Too great a regulation of diet is sometimes very injurious; and this, I believe, is more especially the case in persons of a nervous temperament. I have already mentioned that some cases of acidity, and even of severe pain, do not depend upon any abnormal acidity of the gastric juice, nor of the contents of the stomach; nor yet do they depend on any imperfection in digestion, for Leube has found that, in such cases, digestion is performed very thoroughly and well indeed. The pain in these cases depends upon hyperaesthesia; and, if the patient begins to cut down his diet, one article after

after another may disappear, and the mischief will only become worse. The nervous system becomes more and more irritable as the blood becomes more impoverished, and the system may break down completely from inanition. In such cases forced feeding, or, as we may term it, stuffing the patient, is of the greatest possible service."

I considered my indigestion was very much due to nervousness so I determined to eat whatever was put in front of me. In consequence I have now no dread of any particular article of diet and have as much confidence of feeling well after plum-pudding as after plain rice-pudding. Roast beef and cucumber I had many tough battles with but so well have I got on that I frequently now take them together with no ill-effect.

Alcohol has no stimulating influence over me; it depresses me; makes me sleepy. Salted fish produces thirst, which, as practically a teetotaler, I have no desire to quench. These two I seldom touch therefore.

I do not think I now suffer from this pain more often than persons with normal stomachs who take

take moderate care^{of} what they eat and drink. "Stuffing" diminished pain but reddened my nose. Of the two evils I preferred the former, which though very trying, was a secret evil. Also I was convinced that anything that flushed the face, however desirable from the point of view of the present, would delay the ultimate recovery of my stomach's tone which was what I aimed at.

b. I considered that in place of headaches and such minor ailments I suffered from pain in the Stomach. Worry flew there no matter what diet was taken. In fact I often suffered most when the stomach was empty. As I got over the habit of thinking about myself this pain got much less.

Cold weather, hurry, disappointment produced this pain. Once I cut my finger and felt a painful shock run straight to my stomach.

The pain of mal-digestion of food was less amenable to outside influences than this pain. Application of warmth or a little excitement might entirely remove the latter but had usually little effect on the former.

former.

c. Drag of the stomach was another source of pain and discomfort.

After a full meal it was most marked especially if I did not rest before going out. Apart from pain I felt after my dinner as though I was carrying a full bag hung from my neck by a string.

I wore an abdominal belt for six weeks. I received as a rule relief from pain though I felt a great weight still.

Every symptom I suffered from was exaggerated because of the amount of thought I had bestowed on it. If I could prevent its frequent recurrence I might eliminate this nervous element.

As regards this drag I thought it was largely due to habit. If I could support the organ I might relieve the pain for a time and so break the habit. My thoughts would wander elsewhere during the respite: possibly into more useful channels. As wearing a belt is uncomfortable I gave up the use of it. I certainly suffered less after giving the stomach support for six weeks.

weeks.

Probably I was relieved for two reasons,

1. The nervous element was eliminated. The support by preventing pain broke the habit.
2. The moorings of the stomach being relieved of strain got shorter and stronger.

The abdominal belt gave support from below upwards. An ordinary belt worn round the waist to support my trousers I found was provocative of pain. I discovered this by chance and from the day I left off wearing such a belt I experienced great relief.

How I supplied a belt ready to hand from nature I will narrate further on.

The above analysis of my pain was only possible after I had watched myself for some time. It enabled me to proceed to the cure of my pain in an intelligent manner and also by dispelling the darkness of mystery removed one great cause of my depression of spirits.

The following experience of how I got out of bed in the morning was passed through while I was in the dark.

Some people are unwilling to rise in the

the morning for reasons that, as they are indefinite, are called "laziness." I had well defined reasons for not rising in the morning. Warm in bed I as a rule lay comfortable. To rise meant at once the onset of the day's pain.

I determined to start getting up every morning at a certain hour. The thought of this at once increased my pain so I decided to postpone my purpose for a fortnight that I might get used to the idea.

Each morning I rose at 7.45. I had a routine which I religiously followed. Now and then I omitted one detail or so of the routine, e.g., I would not shave or perhaps would not have a bath. These omissions were only allowed when the pain was very intense.

As time went on I found means to diminish the pain.

(1) My clothes I laid out the previous night ready to put on.

(2) Keeping the body warm on rising I wore bedroom slippers and a dressing-gown. I used tepid water. I noticed that if the hands were cold pain was at once induced. In very cold weather I had a

a basin of hot water into which I dipped the hands now and then to prevent them becoming chilled.

The relationship between cold hands and pain was more noticeable than that between cold feet and pain. This was probably because there is closer connection between the hands and the brain than between the feet and the brain. We know the exact whereabouts of our middle finger but not of our middle toe.

(3) Thoughts of breakfast were not allowed to cross the mind. I never liked to know what was to be presented then. The pleasant odours of the kitchen that to most people were appetising to me simply gave pain.

(4) Dumb-bells lying handy were to be used at intervals during dressing. They were warmly covered on the shanks to prevent chilling of the hands.

For six weeks I carried out my routine with an effort and then I found I automatically continued to carry out what I knew was indicated to prevent pain. I now could guarantee that with precaution I was likely to be without pain on rising in the morning.

This was a great move towards my ultimate recovery because I woke feeling less melancholy.

melancholy. Besides pain that came on me on rising might last for hours. Now I frequently was free from pain not only on rising but also through the morning hours.

The following from "Red Pottage" struck me as representing my sensations very often.

"When Hugh awoke the morning after Lady Newhaven's party the day was already far advanced. A hot day succeeded on a hot night. For a few seconds he lay like one emerging from the influence of morphia, who feels his racked body still painlessly afloat on a sea of rest, but is conscious that it is drifting back to the bitter shores of pain, and who stirs neither hand nor foot for fear of hastening the touch of the encircling aching sands on which he is so soon to be cast in agony once more."

For myself I have lain prone with eyes shut not daring to move hand or foot or even to think of movement bodily or mental in case I would bring to an end the period of respite from pain I was enjoying.

As in the morning so at various times during the day I had to pass through periods of pain before I could say that time was my own and I could use it.

it.

I admit that as my digestion got better I suffered less, but anything new that I took up had to be carried out at first with an aggravation of my symptoms.

I started golf. For months I played and always with a pain in my stomach. I persisted and in time golf would relieve pain in place of inducing it. So with tennis and many other things.

My experience with rising in the morning encouraged me in other ventures.

Dr Clouston says 'Laziness is a disease,' and certainly what people called my "laziness" was. To do anything for me meant pain.

1. When I made up my mind to do it.
2. When I came to do it.
3. In addition if what I did interested me enough to drive away the pain, the pain returned with renewed energy on its completion.

I am attending two persons just now who are bedridden because of pain. Nothing that I can say will persuade them movement will held their condition. One will hardly lift up his head from the

the pillow.

I noticed I was able to walk very quietly without pain, but any hurry or any looking about me brought on the pain. I felt then as though strings ran from my stomach to my neck and along these strings pain shot. I got rid of this by the following plan.

(1) When out and feeling well I hurried and looked about a great deal.

(2) When out and I found pain brought on by movement I every now and then endured the pain and looked about me. Often at the end of my walk I was able to turn my head without discomfort.

I often see people walking along in a very stiff manner. I have no doubt they do so from the knowledge that free movement brings on their pain. Harm must result to body and mind from this habit of immobility.

The photographs I now place here show how nature if left to itself will aggravate pathological conditions.

Despite the fact that I was fond of out-door exercises and did dumb-bells I was very round shouldered.



These photographs were taken
on the one day, three and a
half hours after my breakfast.
Each is in the act of
Full Inspiration.



shouldered.

One day in January 1900 I was golfing and noticed I was slouching along. I straightened my back and at once the pain in my abdomen was much increased. It then struck me my round shoulders were due to the fact that I kept myself in the position of greatest ease automatically.

I happened to read a book by Dr Arbuthnot Lane in which he talks of "positions of ease" and "positions of activity" and has photographs and diagrams to illustrate his meaning.

I photoed myself (Photo I.) and saw my habitual attitude was what he describes as the "position of ease."

Now this position is assumed by persons who are delicate or tired. I was now strong, so presumed I was round shouldered from habit. I therefore tried to keep my back straight but found the abdominal pain increased and as time passed it did not diminish.

I concluded that the drag of the stomach was too great with back straight so I once more put on an Abdominal belt, and with relief. An abdominal

abdominal belt is hot and uncomfortable so I soon discarded it and once more I "slouched" along. I now consulted Arbuthnot Lane's book again and found he recommends the filling of the upper chest with air to make the back straight. I tried this plan and noted

(1) My clothes were too big round the waist and wrinkled badly between the shoulders.

(2) That Abdominal pain was usually relieved when the back was straightened by this means.

(3) That only by close attention was it possible to breathe in this way.

I was photoed (Photo III.) and at the same time Photo II. was taken. I will discuss the Photos in detail.

Photo I. My habitual attitude.

Full Inspiration.

We note. Objective. (1) Round shoulders.

(2) Pot Belly.

This is present in this position always but is exaggerated because of the large stomach.

(3) The breathing is diaphragmatic. This is the only form of breathing

breathing possible as the upper part of the chest cannot expand freely in this position.

Subjective. The patient feels comfortable.

The results to the body of this position are:-

(1) Starvation of air as well as of food.

(2) The diaphragm forces down the abdominal contents adding displacement to dilatation. Dr Mayo Robson says a dilated stomach tends to sink. I presume he means by reason of its own weight from being constantly full. In addition we have the diaphragm pushing down from above if the patient stoops.

Costal breathing is less automatic than Diaphragmatic. This accounts for the position assumed in Photo II.

Note here.

(1) Back straighter.

Objective. (2) Pot Belly.

(3) Diaphragmatic breathing.

This is the result of habit. As the patient now stands his upper chest can expand but he breathes automatically, not knowing physiology, and therefore not knowing that his costal muscles are for the purpose of expanding his upper chest.

chest.

Subjective. Patient has abdominal discomfort.

I suppose this is due to the fact that now the attachments of the moorings of the stomach have been carried backwards and in consequence the stomach is pulled away from the abdominal muscles which still bulge forwards. It is dependent entirely on its moorings now.

Another reason might be that the fact that I was making an effort would as usual cause abdominal discomfort. Both factors would probably be at play. In this position we still have the disabilities of position I. and the patient is not very straight and only keeps so with difficulty.

The abdominal belt assisted him to keep straight but did not give him more air or diminish the downward push of the diaphragm. It only relieved symptoms. It did not cure. Besides it was hot, not over-clean and also expensive.

In Photo III. we find an improved state of affairs. Even though I had experienced no relief I would have been encouraged to go on.

on.

The chest is filled with air. The diaphragm no longer forces down the abdominal contents. Note the hollow in the Epigastric region in place of the protuberance in positions I. and II. No more need of cumbersome belts; the abdominal muscles as nature intended now will act as a support in front.

Although I have had round shoulders all my life during which I also have had a dilated stomach my skeleton has not taken on organic changes to prevent me now when nearly 28 years of age assuming a fairly erect posture. This is no doubt due to the fact that at periodic intervals daily on account of my active habits I have all along assumed the erect posture or position of activity. When gentle respiration only was necessary I would have a stoop. When much exertion rendered forced respiration necessary I would, without knowing it, fill my whole chest and so straighten the back. This constant change from "position of ease" to "position of activity" would prevent the boney changes which result from the assumption of one position only and which in time prevent any other position being taken. Some harm

harm to growth has resulted however as the upper part of the chest has not developed as it should have.

My round shoulders were due to two factors. The first was my state of health. Until I took care of my diet and attended to the laws of nature I never was robust. I always knocked up easily.

The second factor was peculiar to the fact my stomach was dilated. I felt a drag forwards.

I have two friends who lived very much the same life as I did. They are both markedly straight. There was no question of their digestions being weak. They knew no more of how to breathe than I did. Naturally in their athletic exercises they assumed the "position of activity" as I probably did but in the intervals as they had no drag upon them they kept up this position and so permanently fixed it and were therefore straight.

I used to wonder at my 'Pot Belly' because,

- (1) I was not clothed with fat.
- (2) I was not troubled with wind.
- (3) My bowels moved daily.
- (4) I exercised my abdominal muscles daily by stooping exercises.

exercises.

(5) My stomach was rarely in evidence below the level of the Umbilicus.

I did not realise its connection with the stoop of my shoulders. By straightening the back as in position III, the Pot Belly at once disappeared.

Worry or need of hurry brought on an increased pain. Even anticipation of pleasure was often associated with pain. The cardiac stimulation so produced seemed to drive the blood to the stomach and cause pain. In consequence of this I tried to live very much in the present with little thought for the future and tried to always give myself lots of time to do things in and not try anything that was uninteresting or difficult to do. Energy and enterprise meant pain, so I avoided them.

To work when one is pained is very difficult. For six months during which I was in the country I managed in the following way to get through work of a professional kind.

Pain is, if not too intense, a stimulus and this fact made sedentary occupation to me particularly trying. I was muscularly in very good condition and

and I became very restless when I sat down. The stimulus acted more on the muscles than on the thinking part of the brain.

To sit and read was well-nigh impossible. I worked as follows:-

(1) I had access to a store of old medical journals. These I hurriedly glanced through, cutting out interesting parts and pasting them into a notebook, one extract in each page.

(2) Then if by chance I felt easier at my working hours I would write in my own or other people's opinions in the pages left blank on the subject of the extracts.

I filled many note-books. I was struck lately when glancing through these books at the way the work had been done. Some of the pages very neat; others had cuttings pasted in anyhow and the writing scrambling and the matter badly expressed.

As time passed the mere fact that it was work-time would make the pain less. The mind could concentrate on the work, the stomach being quite forgotten.

I admit the work was scrappy, but it was better

better than none and it helped considerably to get rid of the pain.

As my pain diminished in intensity and as I had intervals of complete freedom from it I was surprised at my inability to make use of my powers of mind or body. These powers fortunately were still in existence as I had kept up my muscles by exercises and as I had always occupied my mind in various ways.

I re-read George Eliot's novels and was astonished at the interest they created in me now as compared to my first reading of them when I had gone through them as a means of diverting my mind.

I went walks that I had gone under similar conditions and was delighted with the difference.

I think an important duty of the medical adviser in chronic disease, is to prevent the patient neglecting his normal functions from too great attention to his abnormal ones. Besides preventing atrophy of the powers of mind and body he will, by diverting the flow of blood from the pathological organ, aid its recovery.

Two cases, one I met with, the other I read of, encouraged me to go on trying to cure my pain.

pain.

The first was the case of a man who was strong, clear-headed, clear-complexioned and who never suffered from dyspepsia. From his manner of eating I felt sure his stomach could never be empty all day. My stomach was never empty because of its dilated condition; his was never empty because he ate very frequently. He never suffered, then why should I?

The other case I read of in Dr Clouston's book on mental diseases.

From the case he generalises as follows:-

"A morbid conscientiousness that is sometimes seen at early ages in children and in some of them is followed by a paralysis of the sense at later age."

From the first case I gathered hope, that, even without extreme care, provided too much thought was not devoted to the process, digestion could take place without discomfort. By eating what was put in front of me and occupying my mind with other interests than food or drink I hoped to get my stomach into the automatic condition of that of my friend.

If hyperaesthesia of the conscience could give place to anaesthesia surely pain in the

the abdomen could be recovered from, provided of course that mechanical conditions productive of this pain were remedied, for instance proper support being given to the dilated organ.

3. THE STATE OF THE BOWELS.

In the winter of 1895 I began to suffer from constipation. To me there seemed no special reason for this but I noticed I suffered more from dyspepsia. Except for going daily to the W.C. after breakfast I did nothing for this constipation till September 1896. Then for a week my bowels not having moved I took some opening medicine with good effect.

Two days after this I was taken with scarlet fever and confined to bed for three weeks. After the few days feverishness of that disease I found myself in bed with very little to do and my thoughts dwelt unduly on my state of constipation.

To have my bowels opened daily became to me the paramount thing. I massaged my abdomen and every second day took Cascara Sagrada.

The massage may have done good but it certainly produced a hyperaesthesia of the large bowel. I knew exactly where it lay and the movements of its contents I was unpleasantly conscious of before I was discharged from hospital.

Cascara moved my bowels but the dose to

to produce one motion I never discovered.

At first the three or four motions following an aperient dose pleased me but, as my consciousness of my abdominal contents increased, each of these motions was accompanied by pain. In consequence I got a dread of Cascara Sagrada which has never left me.

When I was discharged from the Fever Hospital the following was my condition.

1. I was very keen to have my bowels moved.
2. Along the line of the Coli I felt as though a leaden bar lay.
3. I suffered almost constantly from pain along the same line and along the line of the Sigmoid Flexure.
4. I was constipated.
5. I was also very dyspeptic.
6. I was very melancholy.

By mooning about by myself in the country for six weeks I aggravated my condition considerably.

In January 1897 my spirits improved and I began to wish to return to my usual mode of life. I found this impossible from the state I had got myself into. I was too keen on my food and on the

the action of my bowels. Too much troubled with abdominal pain and vague dreads to live like other people.

As narrated before I went into the country and lived quite alone.

I drew up the following rules and lived by them as much as possible.

1. Fruit and vegetables were to be eaten daily.
2. Care was to be taken of gastric digestion as that was not good.
3. Half a pint of fluid to be drunk night and morning on going to bed and on rising.
4. The W.C. to be visited every morning after the first meal.
5. If the bowels were not freely moved for more than three days an aperient dose was to be taken.
6. Massage of the abdomen was to be absolutely ceased from.
7. As little attention as possible was to be given by my thoughts to my bowels.
8. Fresh air and exercise to be taken daily and hourly. No stuffy rooms. So many miles to be

be walked. Dumb-bells to be used consistently.

The bowels showed immediate improvement. In a month I congratulated myself nearly every morning on the bountiful motion presented to me. But I found any little deviation from my routine locked the bowels at once.

The lead bar sensation was soon got rid of, but not so the cutting pain along the same line. I did not get rid of it for nearly three years but its exact whereabouts was not noticeable. It became merged in a vague general pain in my abdomen, merged in a pain due to dyspepsia. Now it rose into distinctness only under certain circumstances.

I fortunately seldom needed aperient medicine. When I did take it I found that I had several motions during the morning hours, each accompanied with pain. The pain preceding the motion was very marked. It seemed to me, where a normal person would have desire to go to stool, I had the desire to an exaggerated extent which showed itself as pain.

As my stomach was in an irritable condition I avoided some articles of diet, that are recommended to keep the bowels open, as likely to be hurtful to

to the stomach, e.g., oatmeal and brown bread, pepper, mustard.

The state of the bowels continued as above till August 1898, except that they became less easily affected by deviations from the routine treatment. I noticed that the evacuations varied in quantity a good deal in relation to amount of food taken.

In August 1898 I cut down the amount of food I was taking as I considered my dyspepsia from which I suffered due somewhat to eating too much.

One evening towards the end of August at 10 p.m. I was suddenly seized with intense desire to go to stool and passed a large bad smelling semi-solid motion. On two other occasions did similar seizures come on me. I then became distressed as I could assign no cause for them. One thing only could I, after two months watching, note. The attacks were Periodic, occurring every tenth day about 5 p.m. or 10 p.m.

The following experience gave me a clue, which, from subsequent results, proved the correct one.

The first week in November 1898 I spent in a Hospital as Resident Medical Officer. Here my

my meals were four in number and closer together than I had been used to for some time. Also I ate much more than I had done for quite three months.

During this week my bowels were unusually active, moving usually twice a day, and very freely.

Evidently my bowels were passing out of the lethargic condition they had been in for some years. In January, February, March and April 1898 my meals had been crowded together and I had eaten almost as freely as I did in this week but my bowels had only acted once in the day.

On resuming my home life and careful living I determined to watch my motions very closely. I noted the following facts.

The three days preceding the attacks my motions were scanty and hard. The morning following the attack I passed nothing. Then the motions for five or six days were good.

It seemed to me these attacks were Nature keeping the amount of faeces passed, up to the average, using the improved peristaltic activity of the bowel but at an inconvenient time.

My endeavour now was to control this unruly

unruly peristalsis and make it act when I wished it to.

1. My first experiment was by evacuating the bowels freely on the 10th morning to leave nothing to be discharged later in the day.

I took a dinner pill on the 9th evening. This was efficacious but the cure was as bad as the disease as I passed several motions in the morning, each motion being painful.

2. I then tried to improve the stool passed after breakfast. I injected a small quantity of glycerine and water into the Anus if after straining I did not pass a good motion. I made the bowel do what it could and then if necessary incited it by artificial means to increased effort.

This treatment diminished the severity of the attacks. Less faeces had accumulated by the 10th day.

3. My next idea was to prevent the attacks at the inconvenient times and try to make the bowels act freely on the 11th morning.

The bowels were incited as before after breakfast. On the 9th and 10th days three doses of Chlorodyne were taken at 2 p.m., 4-30 p.m. and 8 p.m.

8 p.m. That was, 15 minims after lunch, tea and dinner.

Under this sedative influence the activity of the bowels was checked and no motion was passed on the afternoon or evening of the 10th day.

On the 11th morning I had the pleasure of passing a comfortable stool. This made me certain my theory of why I had the attacks was correct.

The peristaltic activity, quiescent under the influence of opium from shortly after 2 p.m. till probably 12 midnight, would be reawakened during the sleeping hours when the patient was warm in bed and free from all external stimuli. Under these circumstances the accumulated mass of faeces would be gently moved on ready to be discharged at the next convenient season which, from habit, would be after breakfast.

On the 9th and 10th evenings in addition to my half-pint of fluid I at 11 p.m. ate marmalade on bread and butter to stimulate the bowels by the introduction into the stomach of food. Food of a kind too, that on passing into the intestines, would form material for faeces.

Under this treatment; stimulation of

of peristalsis at one time, restraint at another; the diarrhoea, external manifestation of renewed energy of the bowels, ceased.

Until the morning stools became fairly uniform I continued the treatment. I gradually intermitted the small enemata and the Chlorodyne and in three months had no further need of them as the bowels moved every morning and not even desire to pass a motion ever came on me in the afternoon or evening.

In lethargic states of the bowels faeces would accumulate and not till a catarrhal condition of the mucous membrane was induced would there be a natural evacuation. This evacuation might be associated with fever.

In the active state my bowels had attained to, the accumulation of faeces for a few days would suffice to excite peristalsis and produce the diarrhoeaic attacks I complained of; which beyond their inconvenience, would mean and do no harm.

Diarrhoea is looked upon as a disease as a rule. Here it indicated health. A state of the bowels which would not allow faeces to accumulate to

to the hurt of the patient.

In April 1899 my bowels were I may say quite regular every morning after breakfast and slight deviations from my routine did not lock them up.

Next I noticed that now and again I would have desire to go to stool about 5 p.m. The stool passed was well-formed and the desire was not great.

I concluded that peristaltic power was improving. As I always felt in greater vigour after tea at 4 p.m. it was probably natural the bowels should share this and show their increased activity by evacuating their contents. As I still devoted much attention to my intestines, stimuli, which in other people might probably have acted on more useful parts of the body, in my case caused a movement of the bowels.

It was interesting that although I had still further cut down my amount of food the faeces remained almost constant in quantity. The stools were better formed and softer.

As 5 p.m. is an inconvenient hour I determined to try to stop the motion then, hoping to have an increased result in the morning.

morning.

I acted as follows:-

1. When I was tired or the desire very strong I yielded and went to the W.C.
2. When I was going to place myself under circumstances that would have rendered the onset of such desire very inconvenient I took 15 minims of Chlorodyne. This established in me confidence that nothing would happen. This was important as I considered that anything that would take my thoughts off my bowels was helping towards stopping this ill-timed motion. I could thus, for instance, go a pic-nic in a boat on the river, without misgiving.
3. When a W.C. was accessible, in case of absolute need, I by mental effort put restraint on myself.

I was encouraged to persist in this line of treatment because I found that as time went on the desire became less urgent and so more easily restrained. Also that when I did not allow my bowels to act in the afternoon they were moved more freely on the next morning.

I write this in April 1900 and I cannot

cannot remember going to the W.C. in the afternoon for the last two months and my motions after breakfast are very copious.

The treatment was the same as for my periodic diarrhoea. Discouragement of external manifestations of peristaltic activity except at the proper time.

In constipation patients are told to go to the W.C. at one certain time every day. To this I would add "and at no other time."

The harm of this afternoon motion lay not so much in the inconvenience of the hour, as in the fact that nature's call to go to stool would have in consequence frequently to be disregarded, with the result that once more an anaesthetic condition of the Anal mucous membrane would be established. My treatment of course consisted in disregarding nature's call at that time but in addition I tried by increasing the amount of the morning stool to prevent the accumulation of faeces which was the cause of the unseasonable motion.

I have no doubt there is a natural time for evacuation of the bowels - 5 p.m. seemed to be my time. My attacks of Periodic diarrhoea usually

usually came on then. The simple motion I passed then was freer and better formed than any I passed after breakfast. Unfortunately we cannot live an absolutely physiological life. The laws of conventionality must be attended to. Few persons can do exactly as they would wish every day at 5 p.m. By care it may be possible to coerce the functions of the body to act at seasonable times.

I have no doubt that should I in the future neglect my morning motion, the bowels will revert to the five o'clock rule.

The pain in my Coli and Sigmoid Flexure, which formerly was with me always, now only came on at certain times. It might be induced by external influences, such as cold, worry; but the most usual cause was movement of the bowels. In December 1899 I set myself to its prevention, if possible.

It had no connection with the size or consistency of the stool. By careful watching I found it was most marked when I strained. It was pain from over-eagerness to have a good motion.

I acted as follows. I was to be content with the stool that passed from me without effort.

effort. The motions so passed were sometimes very good, at other times very unsatisfactory. In the latter event I kept the bowels quiescent during the day, that no evacuation should take place till next morning, by small doses of Chlorodyne.

I was surprised how soon I got rid of this pain. In a fortnight I could almost guarantee no pain after a motion provided I did not deliberately strain.

As the pain so induced had often lasted several hours I made a great stride towards recovery by its elimination.

As time passed I was less careful about straining and I noted on three different mornings, not consecutive, the following,

1. One morning as I sat reading the paper after straining at stool that wind or some other content was moving in the large bowel. I suffered no pain.

2. Another morning under similar circumstances I felt as though some one had struck me on the end of the penis and pain radiated along the under surface of that organ, in the perineum and about the Anus.

Anus.

3. Another morning I strained excessively wishing to pass as large a motion as possible. I suffered no inconvenience whatever, neither while I was passing the stool nor afterwards.

I consider my constipation was originally due to improper diet and mode of eating.

That to that I added a condition of hyperaesthesia by thinking about and touching my abdomen.

By more care of what I ate and by regularity of going to the water closet and when the bowels became more active by controlling the peristaltic action I have now got into a habit of defaecation at a seasonable time and without pain.

My general health has greatly improved since I began taking care of my diet and living very much in the open air.

The following case I met with in April 1897, at which time I was beginning my treatment of my own self.

I did a locum tenens and I had as a patient a lady whom the doctor said had cancer of the Pancreas. His diagnosis was based almost entirely on two facts;

facts; abdominal pain and fat in the motions.

Her symptoms were:-

1. She was very melancholy and always thinking and talking about her abdominal symptoms.
2. She was thin.
3. She could trace her Coli and had a feeling as though a lead bar was laid along their line.
4. She had frequent desire to go to stool, associated with cutting pains along the line of the Coli and Sigmoid Flexure and Rectum.
5. She passed hard stools, usually in little balls, sometimes light, sometimes dark in color and frequently containing fatty like little masses.

Her case resembled mine. At this time and for long after I often passed similar stools.

I considered that although I suffered in the same way as she did that I had no organic disease. I never passed blood or shreds of mucous membrane or any foreign matter that would indicate local disease.

The final result I think has justified my diagnosis. What was the fate of the lady I unfortunately do not know.

4.

APPETITE.

In May 1896 I suffered so much from painful dyspepsia that I felt something must be done to get rid of it.

At the end of June I chanced to read Dr Keith's book, "A Plea for a Simpler Life." This convinced me that I ate too much.

At this time, except for dyspepsia, I was in very good health, as the appointment I held, kept me much in the open air.

I now ate twice in the day, morning and evening, and very little even then.

What impressed me was not so much the cessation of pain as the exhilaration of being muscularly strong with a clear head. For the first time in my life I realised what health was.

For six weeks I lived on starvation diet occupying myself with work and play and with pleasure. I always felt buoyant and ready for anything.

Then one day after a forty mile bicycle ride I felt horribly tired. I slept very heavily that night and next morning woke feeling as though I could

could not rise.

From a state of ecstasy I sank into a state of despondency. Now I could not eat enough. Every sensation of fatigue I ascribed to want of food. I thought Dr Keith's book a pack of lies and wished I never had seen it.

I had to work on as best I could but after some weeks I fortunately took Scarlet Fever and was laid up in bed.

During my six weeks scanty eating I lost weight. This weight I had not made up when I took the fever despite the amount of food I ate after my collapse.

I devoted myself to my symptoms and how much I should eat. The pain in my stomach became intensified and was almost always now present. To the appetite natural to a patient convalescence from a febrile condition was added that of one who considered that only by excessive eating could one prevent starvation.

When I was discharged as free from infection the following was my state.

1. I had gained weight being now 11 st. 4 lbs.

4 lbs.

This was a source of great satisfaction to me.

2. I was very much concerned about myself. Terribly afraid I would lose such health as I then possessed.

3. I was fearfully keen on my food. This was for various reasons which I discuss under "Appetite."

4. I suffered almost constantly from pain in my upper abdomen.

5. I knew the whereabouts of my stomach so well that I used to think I felt food dropping into it and the contents moving about inside.

These concerns in addition to my interest in my bowels made me a very miserable kind of individual.

What had interested me before I read and acted on Dr Keith's book now was of small importance. I was entirely introspective.

My keenness for food or to call it by one word "Appetite" I analysed as follows. I always felt that when a normal person would have had pleasurable sensations of hunger I suffered pain.

1. Need of food for work and nourishment.

nourishment. Exactly how much was wanted to supply this need I leave to more scientific observers.

2. Craving of the palate. This was not strong with me as I preferred quantity to quality. Starchy foods all the same were my favorites.

3. Dread that unless I ate largely I would collapse from starvation. This was intense and due to my collapse after six weeks starvation diet.

When I could eat freely and at suitable intervals I was quite happy and energetic. When from fear of my personal appearance or from meals being wide apart I could not feed myself as I considered I ought, I at once moped and crept about afraid to do too much.

4. Need of a stimulus to overcome the fearful sinking sensation and pain I endured almost all day but especially when meal times came.

At one time the only time I was free from pain was when I was eating or sleeping. Was it to be wondered at that I was keen on my meals and very lazy?

When my stomach was much dilated and irritable I sometimes felt as though my body had no foundation.

foundation.

I would think this was due to a wide area of easily dilated vessels rendering the maintenance of the blood-pressure very difficult, and sometimes impossible. Hence my sinking sensations, with which there was always associated a desire for food.

5. Desire to eat in the same manner as other people.

This was peculiarly strong in me. By living alone and having on my table only what I could eat with impunity I avoided this desire. As my digestion improved I could watch with more equanimity persons eating what I considered I should not touch. All the same I preferred not to be tempted.

6. Although I realised that my digestion would not improve until I got less keen on eating I feared to lose this desire as I felt that it was a very powerful stimulus to me. I often ate dreading lest, feeling more comfortable from abstinence, I would get a distaste for much food.

7. Meredith makes one of his characters say - "A dinner missed can never be regained." This was my sentiment.

sentiment.

Such was my "Appetite."

To curb it was my aim and object.

It was no good promising to do anything that might make me late for a meal. Under these circumstances I could not put any energy into what I was doing.

As my digestion improved my "Appetite" decreased. The first time I missed a meal and was not terribly depressed I felt very delighted.

After my scarlet fever for a month or so I gave myself up to my appetite hoping thus to diminish its intensity, but then the redness of my nose gave me so much distress that I came to the melancholy conclusion that this appetite would need to be checked instead of being allowed to die a natural death as it probably would have in time.

At this time I was told my stomach was dilated.

In my medical books I read that careful dieting was necessary in this condition. I found by experience that only by eating small quantities was it possible to prevent the nose becoming very red.

red.

I had this terrible craving to eat. I felt I was in a horrible hole.

After living amongst other people for a time, eating little during the day and "secretly eating" at night; torn by dread of starving and by remorse for my nightly indiscretions, I decided to go off and live alone in the country there to give my "Appetite" free rein for a time.

As I state elsewhere I took an Assistantship in a Branch Practice and there ate as I wanted and was not ashamed.

Thanks to my using some self-control in that I only ate at certain times and to keeping much in the open air and exercising mind and body, in three months I was stronger and less inclined to eat; the craze for food due to dyspeptic pains being much diminished though the other elements of my appetite had not undergone so great decrease in intensity.

In May 1897 I was able to say the worst of my craze was past and I could set myself to the task of cultivating, by a diminishing process, a normal appetite.

appetite.

Probably now with regular meals at intervals not too far apart and with occupation I would have made a speedy recovery, but unfortunately where I was for the next eight months the meal hours were quite different from what I had been used to. In place of eight o'clock breakfast, 9-30 was the hour. Now I dined at 7-30 in place of 6 o'clock. Also as the doctor was irregular, the meals were not punctual. This waiting combined with little occupation had the effect of exaggerating all my nervous symptoms though I am bound to admit my nose showed improvement.

The long interval between lunch at 1-30 and dinner at 7.30, for I took no tea, enabled me to eat with more freedom from discomfort. But from 6 o'clock, which had been my usual dinner time till 7.30, I was full of dread that I could not do without food so long, and this was always associated with pain. I had the same experiences from the delay at breakfast time.

Determined not to be a nuisance in the house and reassured by watching the improvement in my

my complexion I faced dreads and pains rather than eat except at the times ordained by the custom of the doctor I assisted.

All the same I was very listless and melancholy as was natural. What I write in a few minutes now, took several months to be lived through, each minute dragging itself painfully along.

I had my reward as in time my nervous symptoms abated and by coming into accord with the condition of my nose, made me still more certain that sensations were not to be regarded as long as the complexion, which was not controlled by the thinking part of my brain, showed improvement.

By the time I left this Assistantship I preferred my meals at wide intervals but in my next post tea at 4 p.m. and dinner at 6 p.m. was the order of the day.

Fortunately, as I had more occupation, my meals were not of so great importance to me as heretofore, and I managed to curb my appetite with greater ease. I now for the first time for over a year sat down at a meal determined to eat like other people and even sometimes be more abstemious than

than most.

After spending four months in this post I came to Bedford. I arranged my meals at 8, 1.30, and 7.30 and adhered to these hours for several months. I tried to cut down supplies gradually and found this more easy as time passed and my digestion got better.

I breakfasted and lunched with four children, but gave this up after a time. Their hearty appetites did not raise my envy but made me feel that harm would result to them in consequence. This nervous strain, as unnecessary and also as tending to interfere with that mental quietude I found essential to easy digestion, I avoided by taking my meals alone.

As I mention under Three Cardinal Symptoms, these symptoms being accompanied at meal times by inordinate appetite I, when possible, took care they should not come on me when a meal was in prospect. When I had investigated these symptoms thoroughly I had made a great stride towards curbing my appetite as I prevented it being ever present in an exaggerated form. Less self-control was necessary.

An experience I had enabled me still

still further by care to diminish appetite.

One cold morning I went to Church. On returning home I felt chilly so sat over the fire. I felt very sleepy and had a craving in my stomach. My face was clear. My hands felt cold. I was not able to read so I lay and dozed till luncheon time. When that meal came I felt most horribly hungry.

I was interested to watch the children who were having that meal with me. Their appetites were particularly hearty.

One was unduly hungry and could not be satisfied. Now he had been playing the piano in a cold drawing-room and on dinner being announced he had run upstairs and sat cowering over the fire for a few moments.

He no doubt had a similar craving to mine and naturally imagined it should be satisfied.

I learnt to get myself warm either by exercise or by artificial heat before sitting down to eat.

Equality of circulation was necessary, I have no doubt, to ensure the appetite being normal.

At one time I washed out my stomach almost

almost daily. I derived considerable benefit so I did not mind the discomfort of the stomach tube.

I was surprised at the quantity of food that was present in my stomach five or six hours after a meal. This fact was the more surprising that I frequently felt very hungry and yet on washing out the stomach I found it quite full of undigested food.

I used the stomach tube in the following way to help me to get over my craving for food.

But first I will narrate how I cut down my luncheon to very small proportions by abrupt measures.

I made up my mind to cut down my luncheon to the smallest amount possible.

1.30 was my usual hour for this meal which consisted of two courses. The quantity I was to allow myself was half-a-tumbler of milk and half a slice of bread and butter.

The mere thought of this act of self-restraint on my part at once increased my pain and provoked in me all the emotions due to my "Appetite." I decided in consequence to delay for a fortnight in order to get used to the idea.

The day arrived for me to begin and at 12.30

12.30 or so on came my pain with great intensity and lasted till quite 3 p.m.

I naturally took to lying down to combat this suffering. Day after day the struggle went on till in a fortnight I began to suffer less. In six weeks or so I was able to think with equanimity of my small lunch and before and after it I frequently felt quite comfortable.

I was encouraged to go on with my endeavour because of,

- (1) My experience of rising in the morning.
- (2) As time passed and even before any abatement of pain took place my complexion showed marked improvement.

One thing I noticed was that I felt very much disinclined for active exertion of mind or body from lunch till tea-time. This listlessness, which I think is called by many 'want of strength' and ascribed to want of food, lasted long after I had got used to the small lunch. As time passed I got more used to doing things in this interval of time. Not till February 1900 did I make a sustained effort to be strong at that time.

time.

I acted as follows.

I lunched at 1 p.m. I rested then for half an hour. I then occupied myself anyway till about 2.30 when I dressed and went off and played golf till tea-time at 4.30. For nearly a month the work and the golf were not of the best but I persisted. Pain of course dogged me for quite a fortnight.

That my condition was largely nervous is proved by the fact that I now, April 1900 eat a very small lunch at one o'clock and can thereafter sit and read till 2.30 when I go off and golf comparatively energetically and keenly. Many people go to Lourdes to have their ailments cured. I stayed at home and worked my own faith cure but by an effort of will power and so expect my recovery to be more lasting than one that is worked by an excursion and a miracle.

The listlessness referred to above I also noted when I went out in the evening to small social gatherings with the determination not to indulge in the usual light refreshments then served. That it was not due to want of food, as a source of nourishment, was evident from the fact that the quantity

quantity abstained from was very small.

I made use of the stomach pump in the following way to help me to get rid of my crave for food.

I made the following rules.

1. My meals should be four in the day and at each meal a certain quantity only should be eaten.

I would have preferred three meals only but afternoon tea was a social function to which I was frequently invited so I made up my mind to eat a small lunch and take tea, as other people between 4 and 5 p.m.

2. I tried always to come to my meals in as calm a condition as possible. Circulation in good equal condition and "Appetite" therefore normal.

3. On Sundays I had dinner in the middle of the day, the only midday dinner I allowed myself. This I did partly because I enjoyed the meal but principally because I wished to be in the habit of taking a large meal in the middle of the day in case I should be invited out to luncheon.

4. My meals were not to be too far apart. Breakfast 8.30. Lunch 1. Tea 4.30 and dinner 7.30.

The regime necessary to get the stomach empty

empty for each meal, involved so long intervals between meals, that with my appetite I felt I could not carry it out. It was my appetite I wished to curb and I found that I could do this most easily by having small meals at short intervals. I considered my stomach would recover its tone as quickly this way as by two large meals daily.

5. I was to eat as slowly as possible.

6. Nothing was to be taken in between meals.

Although I was able to carry out the above rules usually, I broke down every now and then at some meal and indulged unduly. Under these circumstances I washed out my stomach. In this way I satisfied the intense longing I had for food and had the minimum evil to my stomach from such indulgence.

I certainly got help from this plan but of course there was a risk of getting into the habit of indulging myself too often knowing I had a ready means of preventing evil effects. However with improved digestion I found my desire to eat more than a proper amount died away. I got a liking now to take care of my digestion as care was rewarded by improved state of mind and body.

body.

As eating, like most things, is much the result of habit I determined to do my excesses at other times than at meals. In fact to return to my habit of 'secret eating' but with a deliberate object.

From my own experience I evolved a new idea. Formerly to rise from the table without a feeling of being 'stuffed' was painful to me. With improved digestion I found I did not mind rising, as we are taught, with still a little appetite left. Only occasionally usually when not feeling very cheerful did an uncontrollable desire to over eat come on me, but come it would, try as I might to avoid it.

I now allowed myself an extra meal of not very attractive food at 11 p.m. every third or fourth night. Having indulged I washed myself out. The evenings I had this little outburst in prospect I forced myself out of my usual lethargic condition using the stimulus of it to effect this purpose. The result was

1. Knowing I had an opportunity of letting myself go in the eating line I restrained myself more easily at my usual mealtimes with consequent

consequent improvement in digestion.

2. I discovered the advantage of eating moderately and so in time came to prefer it. Not only so but as my digestion improved my appetite became less urgent.

3. The occupations I took up to pass the time till my 11 p.m. orgie became of themselves interesting to me. These occupations were principally reading, writing and card-playing. I also went in for walking exercise now and then. As my digestion improved I found that the prospect of this extra meal produced restlessness along with pain in my abdomen, which interfered so much with the calm enjoyment of what were now my pleasures, that I found less difficulty in giving up what perhaps might have become a very bad habit.

4. The bread, butter and jam with milk I allowed myself was not very enticing, at least not sufficiently enticing to be worth risking restlessness and pain before I could take them and a prospect of feeling uncomfortable next morning.

In this way with little abdominal discomfort and little mental depression I in time came to eat

eat like other people.

I do not say I never overeat now because I sometimes do, but I do not sacrifice everything for the sake of food in the way I did.

Now when I indulge I do not use the stomach tube as I hope by suffering to still further diminish the desire to eat to an excessive degree.

An occasional deliberate excess before some important event, the full enjoyment of which was thus spoiled, still furthered and increased my desire to get rid of my "Appetite."

At the time when my "Appetite" was very excessive I ate freely of fruit and vegetables at every meal. Thus I had the pleasure of much food without the depressing after-effects of a large quantity of nitrogenous waste as I would have had, if I had eaten a sufficiency of meat to satisfy my longings. As when I was depressed I always wished to eat to stimulate myself, the avoidance, when possible, of any cause of this condition was of great importance.

One of the difficulties of treating chronic dyspepsia is that when the patient gets a little

little better he is apt to return to the evil dietetic habits that caused his illness. I found in my case that whenever I felt well an idea "let me go and eat" at once struck me. Having noted this I set to to try to get over it. I laid out special work ready to occupy my new-found energies that they might not expend themselves on useless and harmful food. There was to be no yielding to this desire to eat until there had been done work, which in time, as my "Appetite" diminished and I got used to feeling well and energetic, became of interest in itself. Thus did I get myself, under the stimulation of my crave, into good working habits, which persisted after my crave left me.

5. Other Pathological Conditions which I think were associated with the fact the Stomach was dilated.

1. Eczema of The Ears.

The skin over the helix on both ears was abraded and the raw surfaces exuded yellow pus, which dried and formed crusts. I dressed the surfaces for many months, picking off the scabs and applying an ointment.

I noted no improvement by any local treatment but as my digestive system improved so did the Eczema.

My ears used to share in the redness of the face and as long as this condition was marked so long did the Eczema persist.

I certainly think it was due to local vascular changes dependent on the dilatation of the stomach with the irritable state of its mucous membrane.

There were no other patches on the body.

2. Chronic Catarrh of Naso Pharynx.

Acute exacerbations were apt to come on especially with cigarette smoking.

smoking.

Now that my stomach condition is improved this chronic catarrh is very much better and I can smoke cigarettes with much more freedom.

3. Tendency to Conjunctivitis.

I suffered frequently from this condition. An oculist kindly examined my eyes and declared them normal.

I have done more reading and writing the last six months than ever in my life and have not had a single attack.

4. Lack of Power of Concentration.

I never could work or play long. Always my stomach obtruded itself. What is popularly known as "hunger" was with me always. Nature having been outraged revenged herself by making me aggravate my condition by gluttonous habits. I never liked to eat much but little and often was my motto.

I never felt fit. This was most marked in the morning hours. I never could stick to one thing until I finished it. I always lost interest.

I noted this characteristic in my process

process of cure. It was impossible to get out of the habit but I compromised matters by setting myself a task and taking it in small detachments.

5. Cardiac Symptoms.

Sir Thomas Lauder Brunton kindly examined my heart in February 1899 and pronounced it healthy.

The Cardiac Symptoms I now narrate come over me sometimes still but not nearly so often nor so markedly as formerly.

1. Feeling of faintness with swimming of objects before the eyes.

When my dread of starving held a strong hold upon me I always ascribed these fainting turns to want of food.

The fallacy of this idea was forcibly brought home to me by the frequent observation that these attacks often came on me when I had quite recently eaten a meal. This observation helped greatly to dispel my strange fear.

2. Sudden pain just below the cardiac region. There was no feeling of impending death but I felt as though I could not take a deep breath.

breath.

3. Pain below the heart and a pain down the left arm. This pain was not intense but would last for some hours. Along with it there were no other cardiac symptoms.

4. Palpitation came on sometimes.

a. After a full meal especially if taken hurriedly and if I sat quietly thereafter.

b. On coming into a hot room out of the cold under the same circumstances that induced my Three Cardinal Symptoms.

This palpitation was always relieved by my getting up and walking about and in consequence I think it was the outward expression of activity in a healthy heart in a lazy person. When the lazy person took the trouble to exert himself the heart expended its force in supplying the necessary blood instead of beating in a forcibly unpleasant and futile manner in the chest.

6. The Impressions produced on me from my Experiences.

1. When a man is muscularly strong the living on a simple or scanty diet will not depress him to the extent it will a person who depends on the stimulus of food to get him on.

2. Very great care in diet should not be continued over any length of time. The patient is very apt to lose self-control and because he feels he is doing wrong, exceed in a way he otherwise would not dream of.

If patient in chronic dyspepsia does every now and then exceed unduly I would tell him that such desire is natural and occasionally yielded to will not do great harm. Mentally, if told this, the patient will be stimulated and get good. Otherwise he gets disgusted, says he cannot recover, and gives up even a little care.

3. That in pain or melancholia work or play of any sort, no matter how badly carried out is better than none.

Should symptoms abate the habit of acting being present the patient takes advantage of the free interval and perhaps may enjoy himself, which is a great step towards recovery.

4. When the patient is the victim of some "crave" and wishes to break the habit get him to

to always force himself to work or play before taking his stimulant.

It is not necessary to substitute another drug because there are many stimulants, not drugs, which even though they become engrossing will do no harm. Find out what ^{the} patient was interested in before he became ill and make him resume his interests. A young person with many interests will have a very good chance of getting over a craving. When the patient feels the indulgence of his crave spoils his enjoyment of other things, he is well on the road to recovery. Byron tells us about Damaetas.

"Even still conflicting passions shake his soul,
And bid him drain the dregs of pleasure's bowl.
But palled with vice, he breaks his former chain,
And what was once his bliss appears his bane."

(5) I agree with Dr Clouston that 'laziness is a disease.' To cure it one must get at its physical basis.

(6) That what is known as hunger may not mean an empty stomach.

(7) That one organ if weak brings the body downwards to its level in the standard of health. Many people say they are delicate, but I have no doubt in

in many cases this is due to the weak state of one organ which, if attended to and not used except physiologically, will be quite strong enough not to incapacitate the patient.

My stomach can, I am sure, digest enough food to keep me well nourished.

(8) That what is called disease may be Nature working at an inconvenient time. By manoeuvring it may be possible to get Nature to energise at a convenient season.

(9) That what is good for the diseased organ may be bad for the mind of the patient, and vice-versa. A happy medium must be hit.

(10) In treating disease the Laws of Conventional-ity may have to be regarded as well as the Laws of Physiology.

(11) That in the treatment of Dyspepsia there is more than the mere ordering of diet and some medicines.

(12) Depression of spirits may be due to dreads as well as to want of interest in life. Until these dreads are got rid of, the Melancholy will persist. These dreads may be very extraordinary.

extraordinary.

(13) There are other ways of stimulating the mind than through the medium of the stomach. But the vast majority of people do not know this.

(14) A doctor does not cure. He knows the laws of Nature and applies them to his patients with the result they recover, reaching a standard of health according to the amount of care they take and the potentiality of their minds and bodies.

(15) The following I culled from some old medical book three years ago. I hoped then it was true. Now I know it is.

"Careful living, plenty exercise, abundance of fresh air, physic (in its literal sense) but in moderation and a diverted mind, form the only witchcraft, that need be used in nine-tenths of the ordinary illness of human existence."

(16) Sir Dyce Duckworth says of Gout- "Persons must attain to the highest level of good health, and live above their gout, or they will never be free from untoward symptoms, and will become miserable."

This may be said of pain and dyspepsia too.

(17) Pain may be indicative of disease at first

first and persist as habit after the disease is cured and only can be got rid of by great effort on the part of the patient.

(18) A man muscularly strong can bear with bodily discomforts and do without external stimuli better than a man who is weak. Before setting to work to get rid of chronic disease or a crave for any stimulant, get the muscular system into good condition.

(19) As an index of success of treatment it is necessary to take some phenomenon over which the mind has no power, and not one which is influenced by the fact that our patients have a brain of high development.

For example the pain of dyspepsia may be much increased by your meagre diet. There are numerous reasons why this should be so, some of which it would be difficult to guess, but one I am sure of is that the brain will be clearer and perceives the pain better. If the patient's attention be drawn to it he will find his other senses are more acute. Also his complexion improves as time goes on.

The clearness of brain and complexion are two phenomena over which we have no control. They

They are what must be taken notice of, not the pain; otherwise recovery will not likely take place.

(20) Comfortably warm, a person is best fitted to resist any crave he may be a slave to. The recumbent posture also will help him. To be "comfortably warm" it is necessary to have feet and hands at the normal temperature of the body.

(21) Before calling in Surgical aid for the relief of nervous symptoms it would be advisable for the physician to as far as possible break the patient of bad habits, secondarily cultivated because of the pathological condition for which operation is indicated. Otherwise the bad habits, whether of body or mind, persisting in full force would tend to reproduce the condition for which operation was originally performed.

To make the stomach smaller in a man with a craze such as I had, by any one of the numerous operations carried out now, would not necessarily remove his dreads or his "Appetite." These were secondary symptoms aggravating the diseased state of the stomach and by their action might bring about dilatation of the organ once more.

Chas. Hill Bixen

April 25th 1900.