

## GASTRIC NEURASTHENIA AND ITS TREATMENT.

Prof. Dujardin-Beaumetz, according to the translation of E. P. Hurd, M.D. ("Therapeutic Gazette," Jan. 15, 1890), after describing a clinical case with marked dilatation of stomach, slight enlargement of the liver, and an easily manipulated and mobile left kidney, with a history that goes back to a distant date of disordered functions of the digestive tube, speaks of this class of neurasthenias who have dilated stomachs, as numerous, and comprises, in the expressive phraseology of Jrastour, the "*déséquilibrés du ventre*" ("those whose stomachs are not equilibrated"), and that they constitute the rank and file of the neurasthenics. The author discusses three theories, which have been broached to explain these disorders dependent on bad functioning of the nervous system.

The nervous theory—so ably defended by Beard—lately defended by Leven, who assigned modifications of nerve-cells of the solar plexus a preponderant rôle: "This needs an anatomical demonstration more precise than has been furnished by Leven." The author also asks: "What causes these solar-plexus irritations?"

The second theory: a more plausible one advanced by Glenard, which is, "that all sorts of functional nervous derangements included under the head of neurasthenia depend on a modification effected in the reciprocal relations of the different portions of the intestines"—displacements to which is given the name of *ptoses*, and may pertain to all the organs contained in the abdomen.

Splanchnoptosis (terminology of the Lyons school) is seen most frequently in prolapsus of the right flexure of the colon and first part of the transverse colon.

This theory of a fundamental organic lesion of *enteroptosis* was first made known by Glenard in 1885, and confirmed by many others since. The mobility of the kidneys—nephrotosis—is dependent, mechanically, upon the enteroptosis. To oppose this is the humoral theory of Bouchard—auto-intoxications (from ptomaines, leucomaines, etc.) of intestinal origin—which causes congestion of liver—nephrotosis gastrectasis—and a long train of nervous phenomena, which are dependent upon the direct irritable action of ptomaines on all departments of the organism.

After comparing these two theories of Glenard and Bouchard, and the inability which either possessed to explain all the pathological changes that occurred in true gastric neurasthenia—such as dilatation of stomach and enfeeblement of gastric mucoid, which to a great extent must go

back to congenital causes—he regarded that Bouchard's theory deserved the most acceptance, and considered the pathological condition of the large intestine to vary—sometimes dilatation of the descending colon—and some patients, with all the phenomena of gastric neurasthenia, to have, on careful examination, dilatation of the entire colon, and not the stomach, and to be treated, not by lavage of the stomach, but by antiseptic lavage of colon and rectum.

The author next considered the treatment of Glénard, summarized as follows:

1. To combat the visceral prolapsus and augment the abdominal tension by means of an appropriate abdominal belt.

2. To regulate the intestinal evacuations.

3. To institute a special regimen, in order to strengthen the digestive organs.

The author then considered briefly the importance of distinguishing between dilatations of stomach and intestine; the most important sign being *bruit de clapotement*, which must be heard below an oblique line which passes from borders of the free ribs and the umbilicus. To obtain this *bruit* it is often necessary to resort to overcoming the vacuity of the stomach by having the patient drink a glass of water, and the effect of contraction of the abdominal recti muscles by patient taking a full inspiration and then press suddenly upon the abdominal wall, grasping with both hands the two sides of the abdomen, etc. Examination in iliac fossa will develop the *bruit* in intestinal dilatation.

Summary of treatment for gastric neurasthenia is as follows:

- “ 1. The patient may take with each meal five grains each of salicylate of bismuth, magnesia, and bicarbonate of sodium in capsule.

- “ 2. He may take, on going to bed, a dessert-spoonful of the compound licorice-powder.

- “ 3. Every day he may have a cold-jet douche, applied along the vertebral column. The duration of the douche should not exceed fifteen seconds (if the patient be a lady, douche the feet with warm water); energetic dry friction with a flesh-brush after the douche.

- “ 4. Walks in the open air, muscular exercises (opposition gymnastics, fencing, etc.) are beneficial.

- “ 5. Pursue with rigorousness the following dietetic regimen: Let there be seven hours at least between the two principal meals. If the patient takes three meals a day, the first should be had at 7.30 A. M., the second at 11 A. M., the

third at 7.30 P. M. If two meals only should be eaten, let the first be at 10 A. M. and the second at 7 P. M. Never to eat or drink between meals.

"Let the diet consist largely of eggs, cereals, starchy foods generally, green vegetables, and fruits.

"*a.* The eggs to be but little cooked (creams, custards).

"*b.* The starchy foods to be thoroughly cooked (mashed potatoes, stewed beans, lentils, revalescière, racahout, lactated farina, panada, rice in all its forms, macaroni, biscuits, buns, hominy, oatmeal, etc.).

"*c.* The vegetables should also be well cooked (boiled, mashed carrots, turnips, peas, cooked salads, spinach, etc.).

"*d.* The fruits should be stewed, with the exception of strawberries and grapes.

"Use toasted bread instead of plain bread. Eschew from the dietary, game, fish, mollusks, crustaceans, old cheese, as well as liquid foods, and soups that are too thin.

"To be permitted: soups that have been thickened, gruels of various cereals, wheat, rice, Indian corn, etc.

"As for drinks, take only a tumblerful and a half of a mixture of light white wine with ordinary water or Alet water; no gaseous waters; no pure wine; no whiskey or other distilled liquid.

"You see the important part played by diet, and especially the vegetarian diet, in the treatment of gastrectasia."

**CRIMINAL RESPONSIBILITY IN NARCOMANIA.** By Norman Kerr, M.D., F.L.S. ("Medico-Legal Journal," Dec., 1889).

"In insanity it is now generally conceded that there is a lesion of the brain, though this cannot always be detected on a post-mortem examination. There is now as much evidence to show that there is a brain lesion in inebriety, that diseased condition which I have ventured to call narcomania (a mania for intoxication by any anæsthetic narcotic). In acute mania, as in delirium tremens, this lesion is usually quickly repaired. In some forms of mental unsoundness and of narcomania, this lesion is so persistent that a prolonged course of treatment is required, while in a sensible proportion of cases the lesion is practically irreparable.