

Impaired Health ITS CAUSE AND CURE

**A Repudiation of the Conventional
Treatment of Disease**

**BY
J. H. TILDEN, M. D.**

Revised Edition

VOLUME TWO

People are beginning to understand that their
discomforts come from morbidities,
both mental and physical

J. H. Tilden, M.D.

HEALTH RESEARCH
Mokelumne Hill, California

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Revised 1938 By J. H. Tilden, M. D.

Preface

Dr. John H. Tilden, the son of a physician, was born in Van Burenburg, Illinois, on January 21, 1851. He received his medical education at the Eclectic Medical Institute, Cincinnati, Ohio, a medical school founded in 1830 as a protest against the allopathic and homeopathic schools of medicine of that time. He was graduated in 1872, with the degree of doctor of medicine. From the best information we can obtain, his father was a Dr. Joseph G. Tilden, who came from Vermont in 1837 to Kentucky, in which State he married.

Dr. John H. Tilden started the practice of medicine at Nokomis, Illinois, then for a year at St. Louis, Missouri, and then at Litchfield, Illinois, until 1890, when he moved to Denver, Colorado. In Denver he located in the downtown business section, in an office with other doctors. Later he established a sanitarium in an outer section of the city. This sanitarium and school he conducted until 1924, when he sold the Institution, for about half of what he had plowed back into its development, to a Dr. Arthur Voss of Cincinnati, Ohio, intending to devote himself to writing and lecturing. However, he soon became discontented without his school and after a period he bought two residences on Pennsylvania Avenue, in Denver, united them into one and opened a new sanitarium and school, having to borrow from a friend a part of the money with which to make the purchases. This probably was in 1926. This school continued until the Doctor's death, on September 1, 1940.

It was during the early years of his practice in Illinois, that Dr. Tilden began to question the use of medicine to cure illness. His extensive reading, especially of medical studies from European medical schools, and his own thinking, led him to the conclusion that there should be some way to live so as not to build disease, and in this period his thoughts on toxemia began to formulate and materially develop. From the beginning of his practice in Denver, the Doctor used no medicine but practiced his theory of clearing the body of toxic poison and then allowing nature to make the cure, teaching his patients how to live so as not to create a toxic condition and to retain a healthy body free of disease. An uncompromising realist and a strict disciplinarian, the Doctor wasted no time on those who would not relinquish degenerating habits, but to his patients and disciples he was both friend and mentor.

In 1900 he began the publication of a monthly magazine called "The Stuffed Club," which continued until 1915, when he changed the name to "The Philosophy of Health," and in 1926 the name was changed to "Health Review and Critique." His writing for his publication was almost entirely done in the early morning hours, from three until seven. The purpose of the publication was not to make money but to spread knowledge of the Doctor's teachings. In time it attained a wide circulation, not only in this country but also abroad, even in Australia, but it never produced revenue, for the Doctor refused to make it an advertising medium, as often urged to do by advertising firms. As his death revealed, after sixty-eight years of practice, the Doctor had accumulated only an exceedingly modest estate. His life was pre-eminently one of self-sacrifice and of devotion to service, searching after truth, with an indomitable will and with an intense fortitude to adhere to the truth when discovered. In his day the Doctor's thoughts received no support from the established medical profession but brought the strongest of opposition and condemnation.

Frederic N. Gilbert

Publisher's Foreword

Prior to his death, in 1940, Dr. Tilden revised Volume II of his work IMPAIRED HEALTH. He died

before its publication.

The revision has remained in the Doctor's archives until recently, when a patient and disciple of the Doctor learned of its existence, obtained the revised volume and, in gratitude for the benefits received from the Doctor's treatments and instruction, has provided for its publication and also for the publication of the unaltered Volume 1, in order that the two volumes may conform in size and printing.

To obtain a full understanding of Dr. Tilden's medical thoughts and his health philosophy, his work TOXEMIA EXPLAINED should be read in conjunction with the two volumes of IMPAIRED HEALTH.

June, 1959
Health Research
Mokelumne Hill California

Author's Foreword

As the majority of the readers of this book have been educated to recognize the naming of diseases as necessary to an understanding of them, and an inability to name disease as evidence of ignorance, I have decided to indulge this fallacy by treating of the various diseases under the regular nosological classifications. If I had pleased myself in the matter, I should have written this book from the standpoint of my belief; namely, that there is but one disease-Toxin Poisoning, or Autotoxemia.

The names given to pathological processes are really nothing more than classifying affections; the real disease being simply crises--explosions, so to speak--of this constitutional derangement--disease.

All diseases may be likened to a string of beads, the string representing the true disease--toxemia--and the so-called diseases, which should be called affections, being represented by the beads. Break the cord, and the beads are lost--correct the toxin, and affections subside.

J. H. Tilden, M. D.

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CHAPTER I

Diseased Brought on From Toxin Poisoning

I. TYPHOID FEVER

Definition.--According to modern medical science, the cause of typhoid fever is a germ known by the name of bacillus typhosus. The disease is characterized anatomically by hyperplasia and ulceration of the intestinal lymph follicles, swelling of the mesenteric glands and spleen, and parenchymatous changes in other organs. There are cases in which the local changes are slight or absent; in some others there is ulceration. In severe cases there is a secondary disease set up in the lungs, spleen, kidneys, or cerebro-spinal centers. The disease is marked by fever, and on about the seventh or eighth day red spots appear on the abdomen. Sometimes there is diarrhea, and then again constipation; always abdominal tenderness where the disease is fully developed. Tympanitis is very distressing, and in some cases there is overstimulation of the heart from pressure. Osler declares that these symptoms are extremely inconstant, and even the fever varies in its character.

The above is as good a definition as can be given of the opinions of the leading authorities. For the benefit of my readers, I shall give my opinion of this disease, and as the treatment proves my opinion right, that should be proof enough.

Etiology.--Typhoid fever is the result of imprudent eating, bringing on decomposition in the stomach and bowels. Any case of typhoid fever treated properly will not last beyond eight to fourteen days. After the third day there will be no special pain or discomfort, and the patient will rest all night, so that, when asked how he is at the morning call, he will say he is "feeling fine" and rested well. In cases where complications appear, they are produced by improper treatment, and no doubt, on account of the decomposition in the bowels taking place in cases that are treated improperly, there will be developed germs galore; but they are an after-consideration and have nothing at all to do with the beginning of the disease.

Typhoid fever prevails in temperate climates and constitutes the most common form of continued fever. Indeed, all continued fevers, if badly treated and nursed, will develop typhoid complications to such an extent that they cannot be distinguished from the regular type.

The disease is pretty generally distributed throughout the World, and of course presents the same characteristics. Why not? The treatment is very much the same in every country, the initiative symptoms are very much the same, and the cause must be the same. In an experience running over many years I can say that I have not seen a case of septic development except in cases that have been badly managed, and there are certainly no germs of typhoid fever until after sepsis has developed.

According to Osler, the United States has a disgraceful amount of typhoid fever. From 1900 to 1904 the death-rate from this cause was 33.8 per one hundred thousand. It is estimated that from thirty-five to forty thousand persons die of it every year. It is more prevalent in country districts than in the cities. Why? Because cities are better drained; sanitary conditions generally are very much better in cities and towns than in the country.

In the Spanish-American War one-fifth of the soldiers in the National Encampment had typhoid fever. The disgrace was on the army physicians, who did not do their duty in looking after the sanitary conditions of the army. Today the armies are being taken care of in an enlightened manner, so far as sanitation is concerned. The credit for doing away with so-called typhoid fever is given to typhoid inoculation; but it would be very easy to knock the inoculation belief into discredit, if the sanitary condition of the armies would be allowed to retrograde to the state that existed during the Spanish-American War.

Sex.--Males and females are equally liable to have the disease.

Age.--Typhoid fever is a disease of youth and early adult life. Why? This is the age when indulgences are greatest. This is the age when overeating is more common than at any other age, and, as the disease starts from gastro-intestinal derangement, it is perfectly natural that young people should have it.

Immunity.--Not all who are exposed take the disease. In other words, not all who are imprudent in bringing on gastro-intestinal derangement will take down with the fever. Quite a good many who are imprudent will have a short sick spell, lasting for a few days, with vomiting, sometimes diarrhea, which clears out the stomach and bowels; and the disease goes no farther. Of course, such cases as this will be recognized as gastric fever. But a badly treated case of what is known as gastric fever to start with is often developed into a typical typhoid fever. Those interested in the germ theory are referred to the encyclopedia or some leading text-book on theory and practice. As regards the distribution of germs, those outside of the body, those found in milk, the mode of conveyance, infection in water, typhoid-carriers, infection in food, oysters, flies, etc., the history of these things may be gotten from any first-class text-book; but it does not appeal to me to incumber this work with a lot of history with which I am not in sympathy. I do not teach it, because I do not believe in it. I believe in cleanliness, but not in the germ delusion.

Morbid Anatomy.--In so-called typical cases there is a catarrhal condition existing throughout the small and large bowels. Specific changes, such as ulceration, are found chiefly in the region of the ilium. This is why this disease is often confounded with appendicitis. Peyer's glands in the jejunum have always been credited with taking on ulceration in typhoid fever, and it is considered diagnostic. These glands, however, will never be involved in any case that is not fed and medicated.

Necrosis and Sloughing.--When the hyperplasia has taken on ulceration, necrosis or death of the tissues often takes place from a shutting-off of the circulation. This favors sloughing, and even fatal hemorrhage takes place. But, as stated before, no case will ever develop these symptoms unless it is fed and medicated.

Symptoms.--There is a period, described by the leading authorities on the subject as lasting from eight to fourteen days, known as the stage of incubation. This means that the disease which is to follow the first two weeks is being hatched. In the first fourteen days, if the case has been properly treated, the patient will probably take his first walk in the open air and sunshine at the end of this so-called incubation stage. This opinion, being based on years of private practice, would naturally put me completely out of sympathy, and wholly unfit me for devoting twenty to thirty pages to describing conditions that never can occur except when the disease has been subjected to malpractice.

There surely could be nothing so unreasonable or absurd as for me to give the amount of space occupied by such a work as Osler's in giving the details of a type of disease that cannot have an existence unless a physician is educated into a plan of treatment that brings out these symptoms.

All the symptoms anyone will ever see, in treating a case of typhoid fever according to my plan, will be a feeling of discomfort, perhaps dizziness, slight headache, and a feeling of heaviness and dullness, with the patient rather inclined to be stupid. The first day or two, when these symptoms present, there will be no temperature. If there is, it will seldom be above 99-1/2° to 100° F. The tongue will look a little red around the edges. If the case is to be of a nervous type, the tongue will be long and pointed. Most cases will have the usual appetite, and feel rather impatient when told that they should not eat anything. If the food is withdrawn at once, the slight discomfort may continue for seven days--usually only three days. If the patient is sick enough to go to bed, there will usually be backache, aching in the loins, and the legs probably will ache. Some cases of a nervous type will have considerable headache, and the first night or two will be spent in tossing about. The sleep will be very fitful. At the end of the first week the temperature may come up to 101° F.; and from that time on there will be decline. In all cases there will be a sluggish state of the bowels. Just a few will start with a little vomiting and diarrhea. If the case is treated properly, the symptoms enumerated will be all that will ever develop. About the seventh or eighth day there will be rose-colored spots on the abdomen, characteristic of the disease.

There may be some readers who would like to know what the symptoms will be the first week, if the case is not treated according to my plan. The thermometer will show an increase in temperature; the pulse will run higher; the patient will become more nervous; the tongue will become more coated; the breath will develop a foulness that it has not had before, and the patient will complain of more aching in the back, limbs, and head, with perhaps nose-bleed. It is just possible that the case may have enough gastro-intestinal derangement to start off with symptoms as severe as those just named. The treatment, however, should be identically the same, and if a patient has an increase in symptoms at the seventh day, it will be almost positive proof that the instructions have not been followed, and that the patient has been fed without the physician's knowledge. If this could be proved not to be true, it would be necessary to look for complications. The urine should be examined to see if there is an inflammation of the kidneys developing. The bowels should be thoroughly examined. There may not have been a thorough cleaning-out, in spite of the enemas; hence the enemas should be given every three hours until the temperature goes down and the symptoms decline in such a manner as to convince the nurse or physician that the cause of the complication has been removed.

If no trouble can be found with the bowels, there should be an examination of the bladder to see if, from some cause, there be a retention of urine. All these suppositions are far-fetched, because, if the disease is to be typhoid, and the case has been started right in its incipiency, and treated correctly, it is almost, if not quite, impossible to have a complication of any kind spring up. Where there is an unusual symptom, the disease is not typhoid. Complications never occur except where there is septicemia; and septicemia cannot develop unless there is decomposition taking place in the alimentary canal; and decomposition and sepsis cannot develop in the canal unless the patient is fed.

Treatment.--Osler says: "The profession was long in learning that typhoid is not a disease to be treated mainly with drugs. Careful nursing and a regulated diet are the essentials in the majority of cases." I presume that is in a nutshell what all the leading teachers of the world will say regarding typhoid fever. Then, after making that statement, they will go ahead and tell about how to get the room ready; what kind of a bed the patient should lie on--just the kind of mattress and springs, how the bed should be made up, and the necessity of placing rubbercloth under the sheet, etc.; and then about the necessity of selecting a first-class nurse. Why all this preparation? Because feeding and nursing, along with what little medicine it is considered proper to give, prolong this disease twice to three times the duration it will have on the drugless and foodless treatment; and, when this is true, it is necessary to make extra preparation for the comfort of the patient.

The very best clinicians, including Dr. Osler, recommend milk, eggs, buttermilk, boiled milk, koumiss, peptonized milk, meat-juices, strained vegetable soup, barley water, iced tea, ice cream, etc.

The food taken into the stomach at such a time decomposes, the rotting processes that take place in the bowels cause septic poisoning, and every complication that is named in the best works on the practice of medicine is produced by this septic condition. If patients are allowed no food at all, no sepsis will occur; hence there can be no complications; in fact, the prospective typhoid fever is jugulated and in reality never develops. All diseases threatening to take on a typhoid condition, even typhoid fever itself, will thus be expunged from the nomenclature; for they will never have an existence, if treated properly.

This no doubt sounds exceedingly radical even to liberal-minded physicians.

A person who is just developing the fever, and who has no well-defined symptoms (indeed, the patient can hardly describe his feelings--he simply knows that he is not feeling well), should be told that he is threatened with typhoid fever, but that, if he will follow instructions, it need not develop. He should go to bed, and stop eating. There is no objection to drinking all the water desired. Every night he should have an enema of two quarts of water and a tablespoonful of salt. If in two or three days there is a feeling of discomfort in the abdomen, a towel wet in cold water should be placed on the abdomen, and a dry towel pinned around the body in such a manner as to keep the wet towel in place. The wetting may be renewed about three times in twenty-four hours. The feet should be looked after; if there is a tendency for them to be cold, or cool, something warm should be put in the foot of the bed--a hot jug or a hot-water bottle. The feet must not be neglected. If they are, it will cause the patient to be sick much longer than necessary.

Company should not be permitted. If the patient is not suffering, has no discomfort of any kind, there is no objection to the nurse reading to him for a half-hour in the forenoon and a half-hour in the afternoon; but he must not be worried or tired out by company, nor must he tire himself out attempting to read papers or books. Often these patients are so comfortable that they will insist on being allowed to entertain themselves by reading; but this uses up nerve-energy, and the reflex irritation from reading will make them unnecessarily nervous, and tends to prolong the disease.

At bedtime, after using the enema, the patient is to be sponged with tepid water. The sponging should be carried over the entire body quickly, and then followed with dry-towel rubbing, not too harsh; and, last of all, the spine should be gently rubbed for fifteen to twenty minutes. This rubbing, when done properly, will prove to be quieting. It will cause the patient to drop off to sleep, and he will probably rest comfortably until morning. The following is a description of the rubbing: Lay the hand flat on the patient's spine, and then begin a rotary movement, describing a circle. Each time the hand passes over the spine, the heel, or the part at the root of the thumb, may be pressed gently on the spinal column, and each circle made with the hand should be about two inches lower than the previous; in this way the hand travels slowly down to the end of the spine. Then it should be slipped back again, begin at the neck, and the movement repeated. Continue to repeat in this manner for ten to twenty minutes. If the patient appears comfortable and inclined to rest, continue the rubbing for the maximum time--twenty minutes. If at any time through the night the patient should get nervous, this rubbing may be given for five minutes, or even ten, if it appears to bring the quiet for which it is given. I do not encourage night nursing. I have found that this rubbing quiets the nervous system, and certainly takes the place of remedies that are generally used for securing rest. Where the patient is extremely nervous, the rubbing can be over the entire body first, then on the abdomen, and lastly on the spine.

As a rule, most of the discomfort will pass away at the end of the third or fourth day. From that time on there will be no special discomfort, except being tired of the bed--and the rubbing will relieve this. After the nervousness has passed off, and the discomfort is well under control, if the patient has a little craving for acid, a quarter of a lemon may be squeezed into a glass of hot water and taken about every three hours.

If the abdomen is closely watched, the rose-colored spots will be seen to appear in the neighborhood of the seventh or eighth day, even in those cases where the temperature never runs higher than 101° F., in the evening and 99-1/2° to 100° in the morning. The pulse in such cases will range from 80 to 100. After the fifth day the pulse may not go higher than 80. When the temperature and pulse come down to the normal--be that the seventh, eighth, or fourteenth day--the patient may be permitted a little fruit--at first just the fruit-juice, which should be fruit juice and water, half and half. There is no objection to a little fresh sweet cider, or the juice of orange, grapefruit, or any fruit desired that can be taken without sugar. Sugar will cause fermentation, and should not be permitted. After two days of fruit-juice, fresh fruit may be eaten. It must be thoroughly masticated.

If all goes well the next day, fruit may be taken for breakfast; salad at noon. If the afternoon is spent in comfort, a little meat may be taken for the evening meal--a lamb-chop with a dish of salad. If the patient is improving right along, by this time he will be going out, perhaps walking. In fact, patients lose so little strength, when treated in this way, that they recuperate rapidly. Within a week or ten days they are as strong as ever. Why not? There has been no septic poisoning that causes a long convalescence.

When called in consultation, or called to take charge of a case that has been subjected to malpractice, at the end of three or six weeks, the physician must at once stop all that is being done in the line of feeding, medicating, and a great deal of the officious nursing.

Nurses should be instructed about putting the lights out at nine o'clock, and they themselves must retire and stay away from the patient until six in the morning. Water can be left by the bedside for the patient to relieve thirst during the night.

II. RELAPSING FEVER

We have relapsing fevers in this country. We have patients who appear to be improving, and who then suffer a relapse, to be followed by another improvement and another relapse--all of it due to malpractice

and officious nursing. If a case of this kind should be taken care of according to our plan, I should be very much surprised if it did not yield readily and fail to make its first relapse.

III. SMALLPOX (Variola)

An acute infectious disease characterized by pronounced skin eruptions. The eruptions have four stages: papule, vesicle, pustule, and crust. When the crust forms, it comes off, leaving a pit in the skin. In confluent types of the disease the scar is most pronounced, sometimes destroying otherwise good features.

Etiology.--Smallpox is considered one of the most virulent of contagious diseases, and it is generally believed that persons exposed are almost invariably attacked, unless protected by vaccination. This is one of the most stupendous exaggerations to be found in medical literature. My experience has been that very few people take it when exposed to it.

I remember quite a number of years ago being connected with a pest-house, where I was appointed physician and spent two hours a day with confluent smallpox for three months, without taking the disease. It is true I had a vaccination scar from childhood, but I have long since given up the opinion that that afforded me any protection. With me in that epidemic was a thirteen-year-old girl, who was caught and held there by the health authorities. She waited upon the sick people, and in all that time did not spend one hour outside of the house except in the small yard. She never had been vaccinated, and she failed to contract the disease. I could give many instances of personal experience where many were exposed without a single development. In this particular epidemic two German nurses took down, in spite of the fact that they had been vaccinated and re-re-vaccinated in the old country, where they do the work "just right."

Age.--The disease is common to all ages, and is very fatal to the extremely old and young. The unborn child may be attacked, but only when the mother develops the disease. It is said that in the case of twins only one may be attacked, thus showing that there is an immunity without vaccination.

Race.--It is said that the aboriginals suffered terribly from smallpox. Why? Because it is a disease of filth. The uncivilized people are just filthy enough to be good subjects for this disease. It is said that, when it was first introduced into America, the Mexicans died by the thousand. They yet suffer very greatly. Only a few years ago I was corresponding with a physician, located in Mexico, whose function was to take care of the miners for a large corporation. He gave me much information in regard to the severity of the disease among the natives. It is said the North American Indians have been decimated by this disease. The negroes are especially susceptible, and the mortality among them is great, being about forty-two per cent, against twenty-nine for whites.

Variation in the Virulence.--Sydenham states that smallpox has its peculiar kinds, taking one form during one series of years and another during another; which means that the severity of the epidemic probably varies with the atmospheric and local conditions. There is no question but that perfect sanitation has almost obliterated this disease, and sooner or later will dispose of it entirely. Of course, when that time comes, in all probability the credit will be given to vaccination; but if we could drop back to the aboriginal condition and do away with sanitation generally, smallpox would return with all its virulence.

Prevalence.--In the United States there has been a steady decrease.

When receiving orthodox treatment, pustules sometimes make their appearance on the tongue and throat and in the rectum. The disease has also been known to pass down the esophagus, and even down into the stomach. In decidedly severe cases of confluent smallpox it would be hard to say what part of the anatomy is not affected. There is no disease so dreadful as the worst types of smallpox. That mortality should be great in this disease is obvious; for the entire surface of the body is involved to such an extent that radiation of heat must be sadly interfered with.

Symptoms.--Smallpox is divided into three forms: discrete, confluent, and the hemorrhagic variety. The discrete form is where the pustules are isolated and do not run together. The confluent form is where the surface is a mass of pustules all run together. The hemorrhagic variety is called black smallpox, because

the hemorrhage into the skin turns it black. When receiving proper treatment only the first form develops.

There is a modified smallpox known as varioloid. This is supposed to be modified by vaccination, but I have seen cases of pronounced types of discrete smallpox that had no modification by vaccination, and the patients were not prostrated nor confined to the bed to exceed twenty-four hours. They were around, reading, doing chores, while the pustules were forming and drying up. The semi-confluent and confluent smallpox is a disease to be dreaded; but the force of the disease is undoubtedly being controlled by sanitation. In fact, the disease is one of filth, not only on the outside of the body, but also on the inside of the body. When people learn to live correctly, and domestic and civic sanitation is what it should be, it will be impossible for this disease to get a foothold even in the lightest form.

When a physician is called to see a case of smallpox, the patient may be complaining of headache; certainly a decided backache and bone-ache--in the olden times it was called the "breakbone fever." A never-failing symptom is a feeling of shot under the skin. By passing the hand gently over the forehead, cheeks, or arms--or, in fact, any part of the body--long before the skin is reddening there will be shot-like projections felt just beneath the skin. There is nothing about the early symptoms of smallpox that is so positively diagnostic as those symptoms. Some of these very discrete cases will have one or two pox in the roof of the mouth. The first twenty-four hours there will be heavy aching in the back, and perhaps vomiting and headache. After that, unless it is a case of confluent smallpox, the patient will be comfortable for the remainder of the sickness--that is, if the case is properly nursed and treated.

Desiccation.--The pustules terminate by either breaking and drying up, or drying up without breaking, and forming a crust. This takes place about the third week. In confluent smallpox the crust adheres for a long time. The reason for it is that the inflammation dips deep and leaves a permanent scar.

Complications.--Complications may set up in any of the mucous membranes, the lungs, bowels, or eyes. Pericarditis is a serious complication. Bright's disease may follow. Inflammation of the reproductive organs of both male and female may result. It is not my intention to give anything but a very short sketch of this disease. Those who would like to know its history, complications, variations--in fact, give exhaustive study to the subject--I would recommend to read Osler's "Practice of Medicine." There will be no complications if the patient is treated properly. Complications are made by regular practice.

Treatment.--Patients should be separated as widely as possible. It is very dangerous to bring two cases of confluent smallpox together in what might be called a large room; indeed, a large drawing-room is small enough for one case. Huddling such cases together will cause great mortality. The disease should be treated in tents, and out in the open as much as possible. Some authorities recommend opium to relieve the pain in the back. I think this is the worst kind of malpractice. The hot bath will relieve the pain, put the skin in as comfortable a condition as possible, and certainly will be a safe remedy to relieve all suffering. The baths should be continued long enough to relieve the pain. The bowels should be washed out every night regularly, using two quarts of water.

The patient should be given all the water desired, but positively no food of any kind. By some authorities it is recommended to give barley water, oatmeal water, lemon juice, etc. Until the temperature has been reduced to the normal, the patient should be given plenty of cold water, and nothing else. In case of diarrhea, a small opiate, such as paregoric, has been recommended; but there will be no diarrhea unless the patient is fed. The patient should be kept as clean as possible around the eyes, nose, ears, and the outlets of the body. If the bathing is kept up often enough to give full relief from suffering, this, in addition to applying a little olive oil to the skin, will keep the surface more pliable, and prevent discomfort and stiffness of the skin. In convalescence a patient should be warned not to eat too heartily the first week. After that, if convalescence is fairly rapid, by the second week the patient may eat moderately of all the food given to a well person.

IV. CHICKEN-POX (Varicella)

Definition.--This is a slightly contagious disease of children, characterized by an eruption of vesicles on the surface of the body. Children may get off with a dozen pox, and sometimes the disease is so severe that they have one hundred and fifty to two hundred on the entire body. As a rule, it is a very insignificant

disease. By that I mean that it is not of sufficient importance to worry about.

Etiology.--The disease occurs in epidemic, endemic, and sporadic forms; that is to say, it may spread all over the country, it may be confined to just one locality, and then again a case may occur in a community without any other cases developing. This is true of all so-called contagious diseases, showing that contagion requires a proper physical state of the one taking the disease before it will manifest itself. No one will take any of the so-called epidemic or contagious diseases who is not in a favorable condition to be stricken down.

Symptoms.--It is said that after exposure it requires from ten to fifteen days for the disease to develop. In some cases it starts with a slight chill. Most children are a little irritable and cross--just as they might be with indigestion; and, indeed, they have indigestion, or they would not take the disease. The question, therefore, is: Is it the indigestion that causes the disease, or causes the chicken-pox, or does the chicken-pox cause the indigestion? The epidemic influence exists for certain diseases, but it must find the constitutional derangement exactly fitted before chicken-pox, or any other specific disease, can manifest. All such diseases represent a peculiar chemical state of the fluids of the body. Then, when the proper domestic or civic influence is created, the combination ends in a certain type of disease. This is true of all so-called contagious diseases. This definition may be used for diphtheria, scarlet fever, smallpox, etc. Nothing will come of chicken-pox per se. Children who are abused very greatly and have deranged digestions, and who possibly are predisposed to tuberculosis, may break down from an attack of chicken-pox; but it is a mistake to recognize chicken-pox as the cause. It only marks the beginning of the breaking-down, because the constitutional derangement was in existence before the chicken-pox developed.

Treatment.--Children should be put to bed and the bowels washed out daily. No food at all, but all the hot water desired may be given. As soon as there is freedom from discomfort and no increase in temperature, feeding may begin with fruit juices and water, half and half, the first day; fruit two meals and salad one meal the next few days. Then return to regular eating.

V. SCARLET FEVER

Definition.--An infectious disease with a diffuse exanthem (scarlet rash) and sore throat.

Etiology.--None of the infectious diseases vary so greatly in intensity. This is probably due to the interference with radiation that takes place on account of the skin complications. The disease is more common in the fall than in the summer or spring. Like all other diseases, in some years it is mild and in others more malignant. It acts epidemically, endemically, and sporadically. I have seen the most intense cases isolated, when there was no possible chance to trace the contagion, and the disease ended with those cases. One case had gangrene of the throat, which ran rapidly to a fatal termination. In seventy-two hours the throat had melted away and the child died. The malignant type of scarlet fever and diphtheria has almost disappeared.

Ninety per cent of the cases occur in children under ten years of age. Children at the breast are rarely attacked. It is thought to be less liable to occur than measles, and it is held that there are more prostrations from measles than there are from scarlet fever. Years ago, when this disease was very much more common and fatal than it is today, it was not uncommon to have two or three children die in one family, while at the same time many children were exposed to the infection who did not take it. It is strictly a disease of filth--the same as all contagious and infectious diseases. Authors declare that an attack confers subsequent immunity. This is in line with a great deal of professional opinion in regard to infectious diseases. When the great majority of mankind do not take a disease at all, it would be strange if those who do take it would develop the disease two or three times. Thus it is simply a gratuitous statement for authors to say that one attack brings immunity. More than one, and sometimes three, attacks have been observed in all contagious diseases. There is no contagion in the sense now understood.

The disease does not seem to affect the people of India. The reason for this perhaps is that such diseases as cholera and bubonic plague kill off those who are susceptible to so-called contagion.

Concerning the cause or character of scarlet-fever infection nothing is known. In this disease there have

yet been no germs discovered, hence no serums made for its cure--for its immunization; but the disease has kept steadily declining in mortality for the past twenty years, and is today as much under control (?) as is diphtheria--and that, too, without the profession knowing anything at all about the character of the infection. If antitoxin has caused the rapid decline in severity and mortality of diphtheria, what is the cause of a like decline in scarlet fever? This is a question that should be answered before too much boasting is indulged in regarding the immunizing of diphtheria, smallpox, and other diseases.

It is generally conceded that the poison in scarlet fever is given off from the skin by the shedding of the skin after the rash is gone. This desquamation is supposed to be carried by the air and distributed in communities, thereby causing the disease to spread. I do not agree with this idea at all; for I have known of children desquamating (shedding dead skin) while in school, going among children day after day, until the skin had thrown off all the dead cuticle; yet not a case of the disease developed in the entire school. During a so-called epidemic I found, when in active general practice, that there were about twenty cases of scarlatinal angina to one case of scarlet fever. Those presenting a sore throat probably were not in the physical condition required for a full development of the disease. All cases have indigestion preceding the attack. After holidays, feasts, and social affairs, which break down resistance, those who have been brought to a stage of enervation by improper indulgence are the ones who develop these diseases. Children in full vigor, with perfect digestion and regular bowels, can pass through all the epidemics peculiar to children without taking any of them. Authors declare that no germ has been found, but that the streptococcus pyogenes has often been found in the blood during life and after death. These germs are to be found in the blood of all cases that die of septic poisoning. Children who die of scarlet fever, diphtheria, measles, or typhoid fever, die of septic poisoning; and the streptococcus would be found in all such cases, if an investigation were made after death. If these diseases had been treated properly there would not have been these complications.

Symptoms.--Incubation is said to be from two to seven days. The disease usually starts suddenly. It may be preceded by a stage of irritability, nervousness, and a slight chill. In severe cases the temperature runs very high within the first twenty-four hours. A very common type will begin suddenly--six, eight, or twelve hours after apparently full health. The child may eat a very hearty dinner at noon or in the evening, and the next day be prostrated with the disease.

Vomiting is almost invariably at the beginning of the disease. Vomiting in such cases means imprudent eating up to the time of the vomiting, and if children were not indulged in overeating, they probably would not have such diseases at all. Convulsions are not uncommon. The fever, in severe cases, always runs high--104°, 105°, and even 106° and 107° F. Cases that run from 106° to 107° are almost invariably fatal. The tongue is furred, and the breath is always pungent--just such a breath as one would expect in gastric fever. This, however, does not last very long; for when septic poisoning begins, the breath becomes fetid. There is always throat trouble, and sometimes this is very severe. The nasal passages will also take on inflammation. Indeed, I have noticed symptoms of throat and nose so very like diphtheria, and so often, that I have associated the two diseases together as being one and the same. In one type there is an exanthem, and in the other the skin complication is absent. The symptoms from the start of a severe attack indicate a very grave disease. The eruption begins within seventy-two hours. Some cases show an eruption in from thirty-six to forty-eight hours. It begins with little points of redness on the surface of the body--on the chest, inside the thighs, in the bend of the elbow, and around the neck. At first it is of a flushed appearance, more than an indication of a rash. Often the entire body is covered with an intense redness within forty-eight hours after the rash begins to appear, which is three days from the beginning of the disease. The rash remains from two to three days, and then begins to disappear.

The tongue has the appearance of a strawberry. It is called a "strawberry tongue." This condition of the tongue is sometimes present in gastric fevers. Indeed, so common are these symptoms in gastric fever and in scarlet fever that I have always recognized gastric, or a pronounced gastric, irritation as one of the symptoms of scarlet fever. Sometimes I have been persuaded to the idea that the disease originates in the stomach--starts as a profound gastric fever, superinduced by toxins generated from putrefaction. It differs from the ordinary gastric fever in the intense toxemia from putrefaction; the lighter forms of the disease brought on from simple fermentation without putrefaction.

When the toxic state grows more profound, the surface becomes darker; the rash loses its scarlet redness

and becomes dull in appearance. The skin gets rough, and in some cases feels like goose flesh. The eruption sometimes appears in the roof of the mouth, and by some authors this is considered diagnostic; but in pronounced cases of scarlet fever no one need be in doubt about the disease. Sometimes the eruption does not come out on the face at all. At times itching becomes intense at the end of the first week. The throat trouble differs widely. In some cases it is very mild; in others it is the most serious symptom connected with the disease. Where the mucous membrane of the nose becomes involved, the inflammation may be carried to the eyes through the lachrymal ducts.

Dr. Osler, in his last work on the "Practice of Medicine," reports the temperature of mild cases at 103° F., and in severe cases hyperpyrexia of 108° to 109°. In one case that comes to my mind the temperature was 111°. Of course, the child was dying. This was the most intense fever that I have ever observed. While the temperature runs very high, the pulse seldom goes above 120--usually about 115 to 116. Sometimes it becomes more rapid when hyperpyrexia is established. In severe cases the shedding of the skin is very intense--even the hair and nails are shed. In some cases the shedding will not be finished until the sixth or seventh week. Children in this state should not be exposed to sudden changes of temperature. They should be carefully looked after; for it is this class of cases that leaves sequels, such as scarlatinal nephritis. In malignant forms of the disease the throat symptoms become very intense, and often spread to the ear through the eustachian tube, or through the nose down through the trachea. Death may take place in from three to five days. Some cases could not be distinguished from malignant diphtheria if it were not for the rash. There are many complications, such as nephritis and arthritis. Derangements of the heart, lungs, and bronchial tubes are other frequent complications. Adenitis and tuberculosis sometimes follow.

Mild Forms of the Disease.--Some cases are so mild that they will be passed unnoticed. The mother may notice a little rash, to which she pays no attention, the child not being sick enough to complain, more than to be a little cross and irritable. In due course of time there will be a little scaling, or shedding of the skin; and even this may pass without notice. In the course of a few weeks or months the child will begin to show symptoms that force the parents to call or consult a physician. If the urine is examined, it will be found albuminous. The disease was so slight in the first place that the child was not cared for properly. It was allowed to be more or less exposed to weather of all kinds. Kidney and ear complications not infrequently follow scarlet fever of so light a type that it escapes notice.

Prophylaxis.--Good health is the best immunization that can be given any child. Children can have good health if they are fed and cared for properly; but so long as haphazard reigns in all families of children--so long as no attention is paid to what children eat, except to give them all they want and anything they select--there will be so-called contagious diseases. For, whatever may be said of the infection, there must be a system prepared for the infection; and improper eating--improperly combined foods, overeating, and too frequent eating--to develop fermentation in the alimentary canal, creates a favorable culture-soil medium for the ever-present ferment of disease.

Treatment--The treatment of scarlet fever should not be different from that of fevers in general. The patient is to be made comfortable, if necessary, when the temperature is running high--104° to 106° F.--he should have a bath every three hours. Start with hot water, of a temperature of 100°. Then add cold water until the temperature is reduced to 90°. If in the course of ten minutes there is no indication of a decrease in temperature, reduce the water ten more degrees, and end the bath at about twenty minutes. No possible harm can come to a child by bathing in this way about every three hours until the high temperature has been brought down and confined at 103° and below. Authorities say that the disease cannot be cut short. I say it can. If I should feed broths and fruit, I should not expect to cut the disease short. There should not be any fruit juice fed until after the temperature has been reduced to 100°. Nothing but water should be given.

An enema should be given every night. Start with two quarts of water and a teaspoonful of baking-soda. Use as much in the bowels as can be used without giving the patient too much distress. The bowels should be washed out; for, while scarlet fever has the reputation of being an infectious disease, its establishment and continuance are wholly dependent upon putrefaction in the intestine and the absorption of toxins from this source.

When desquamation, or shedding of the skin, begins, it will be well to give the child a thorough oil

rubbing every night, and then a warm bath in the morning. It will not be necessary to use soap. After the bath, a reasonable amount of light rubbing by the open hand is advisable. When children are nervous, the nurse should be instructed to give a gentle spinal rubbing, the same as described under the treatment of typhoid fever. If the hot bath is given as directed, food is avoided, and the bowels are kept cleared out by enemas, there will be very little danger of renal complications, or any other complications.

As for drugs, they are an abomination and can do nothing except to complicate the case and make the patient feel uncomfortable. In cases of hyperpyrexia (fevers from 107 degrees and up) the bathing should be managed very carefully. When possible, a physician should be with the patient during a few of the first baths, so as to educate the attendant or nurse in knowing how it is to be managed. As advised before, the bath should be started at a temperature of 100°. Allow the patient to be in the bath two or three minutes. Then reduce the temperature by allowing the cold water to run in at the head of the tub while the warm water runs out at the foot; or the hot water may be dipped in a little at a time, and thoroughly stirred around the patient, so as to keep the water at a uniform temperature. Reduce to 80°. Watch for five minutes. If there is no lowering of the patient's temperature, reduce that of the water to 70°. If the fever still stays high, do not hesitate to reduce to 60°. If that does not effect a lowering of the temperature, go to 50°, and then to 40°. The heart must be watched. If the temperature begins to subside, and the pulse goes down in frequency, take the patient out of the bath and put him to bed. Then, if the temperature goes up in three hours, give another just such bath as before; and keep doing this every three hours until the fever is thoroughly controlled.

This disease kills because of the high grade of fever more than because of anything else. By not feeding, and by keeping the bowels washed out, there can be no continuation of the absorption of the toxins or putrefaction in the bowels. When the temperature is normal, the pulse normal, and there is no discomfort, feeding may be started.

Fruit juices and water, half and half, the first day; then orange juice in the morning, salad at noon, and fresh fruit in the evening, for a day or so. If all goes well, have fruit in the morning, salad at noon, broth and salad in the evening.

VI. MEASLES

Definition.--A highly contagious fever, marked by a breaking-out on the surface of the body--irritation of the air passages and skin.

Etiology.--Measles is the manner in which a child's body throws off toxemia. When children are cared for improperly, they become toxemic, and their skin eliminates toxin to a greater degree than does the skin of grown people. It is said that measles causes more deaths than any other of the acute fevers in childhood. In the large cities whooping-cough is a running-mate of measles in the matter of mortality. Statistics show that ninety-four per cent of the deaths from measles occur among children under five years of age. This disease, like scarlet fever, starts with a decided derangement of the gastro-intestinal canal, and where patients are fed to keep up their strength, it is made very much more intense than where they are given water, and left entirely without food or drugs until the disease has spent its force. As in the case of scarlet fever, the germ of measles is not known. But, of course, from my standpoint I am not looking for germs, and shall be surprised when one is discovered that really causes the disease. There will, however, be plenty of germs found in the intestine, and in those cases which are fed until the bowels are filled with decaying food the type of the disease will become septic.

Nursing children of a year or two of age will often be killed by frequent feeding. Mothers will nurse them until the rotting process set up in the intestine brings on a state of congestion of the lungs that ends fatally. These cases are given food when they really want nothing but water. If the child happens to be taking the breast, or using milk as the principal diet, the thirst will be mistaken for hunger, and the child will be forced through its thirst to take sufficient milk to start up enough decomposition to cause the disease to end fatally. This is the reason why measles is so fatal. Feeding in older children leads to the same results--the same fatal termination.

Symptoms.--It is supposed that the disease starts with a rash--an elevation or puffy condition of the

skin, in from seven to eight, and in some cases fourteen, days after exposure. It often begins with headache, nausea, vomiting, and sometimes with a chill. Preceding this there will be a cough and sneezing, and the eyes will water. These symptoms will continue until the disease is well established. The eyes will be so irritated that often the room must be darkened to give the patient comfort. The cough is often accompanied by wheezing, which prevents rest, and in cases where children are fed and given cough medicine, the cough will continue until there is a decided congestion or engorgement of the lungs. The complications--such as nose-bleed, hemorrhage from the bowels, laryngitis, edema of the glottis, bronchitis, pneumonia, inflammation of the kidneys, inflammation of the sac around the heart--are all unnecessary under the proper treatment.

Treatment.--Keep the patient confined to bed, and have the room well ventilated, but avoid drafts over the patient. Fever seldom runs high in measles unless there is a septic condition developed from improper feeding. If the rash does not come out well, the patient should be given a warm bath and then covered up well until the rash appears. Care must be taken in not allowing the patient to cool off too quickly. The bowels should be washed out once or twice a day with an enema similar to the one recommended in scarlet fever. The patient should have all the water desired. Sometimes drinking cold water will hurry the rash to the surface. In cases where the temperature runs exceedingly high, the patient should be put in a hot bath, and kept there until thoroughly relieved; but high fever is not likely to occur unless patients have been fed and medicated. Medicines are given by physicians to relieve the distressing cough. It has been my experience that, if patients are not fed, there will be little cough after the rash comes out, and I would certainly not recommend drugs for relief.

Children should be prevented from getting out in the open air too soon. If they do, they are liable to catch cold and cause a complication that will last through life, on the order of a bronchial cough, or granulated eyelids, etc. Most of these complications, however, are due to patients being infected by decomposition in the bowels. When the fever is gone and the rash has subsided, the children may be fed the same as directed under scarlet fever.

VII. MUMPS (Parotitis)

Definition.--This disease is said to be infectious. It is characterized by a swelling of the salivary glands, especially the parotid gland situated in front of and below the ear. Sometimes it is confined to one side, and then again both sides may be involved.

Symptoms.--The period of incubation is said to be from two to three weeks. Rarely any symptoms show previous to the attack. It starts with a slight fever, and soreness at the angle of the jaw just below the ear. There are exceptions, however, where the temperature runs to 103° and 104° F. Such cases are accompanied by gastric or intestinal fermentation, and the patient becomes more or less infected from decomposition in the bowels. Sometimes the disease will start on one side, and then in a few days develop on the other side. There is seldom very much pain. A feeling of pain and discomfort will often follow the suggestion of acid. This is supposed to be a characteristic of this disease. Sometimes the ear becomes involved, considerable inflammation will be set up, and the hearing may be impaired afterwards. The swelling usually lasts from six to ten days. Sometimes, when patients do not take the proper care of themselves, they do not get rid of the swelling in fourteen days. While mumps is a mild disease, and no particular anxiety is felt when it becomes established in a family, there is danger of complications that may be far-reaching, such as orchitis. This disease is very painful when it starts up as a complication, and it is supposed to leave a patient sterile where both testes are affected; hence in male children it is well to see that they do not catch cold, and that they are kept from being exposed to bad air.

On rare occasions the disease is accompanied by a very high grade of fever and great prostration. Even typhoid symptoms may develop. I have never met with such cases in my practice, and I do not believe it is necessary for these complications to arise, for I think they are due to sensuality and imprudent feeding.

In girl patients there may be vaginitis, and the breasts may become enlarged and tender. Inflammation of the ovaries is said to be very rare.

. **Treatment**--The patient should be kept quiet and comfortably warm. Exposure should be prevented,

and no medicine or food is to be given. If necessary, use an enema to wash out the bowels. In fact, if the patient from the beginning shows more or less gastro-intestinal derangement, this should be looked after by using an enema every day until cleared out. As soon as the swelling has subsided the patient may be fed as directed in scarlet fever.

VIII. WHOOPING COUGH

Definition.--Characterized by a convulsive cough of long-drawn inspirations, with a whooping sound.

Symptoms.--It is said that the incubation for this disease is from seven to ten days. It is described as catarrhal, and paroxysmal stages can be recognized. I do not recognize it as a catarrhal disease. It is strictly a nervous affection. The base of the trouble is cerebral and spinal. It starts with a dry, harassing cough, which seems to have no excuse for existence, as there is no irritation of the throat or lungs. This spasmodic cough lasts for two weeks. Then the characteristic whoop begins. Patients cough in paroxysms. The coughing is so hard that it often ends in vomiting--just a slight amount from the stomach, perhaps mucus, or food if there is any food in the stomach. After two weeks of whooping, the disease requires about two weeks more to decline and come to an end.

This disease is very harassing, but it can be made tolerable by giving the children the proper care. If it starts in children who already have deranged digestion, and they are then fed, not allowing them to miss a meal, complications are liable to occur, such as tremendous engorgement of the brain during the paroxysms. The blood-vessels will stand out like whip-cords on the forehead, and when the child is over the paroxysm it is completely exhausted. Unless such a case is fasted, the cough grows more severe; the stomach derangement increases, causing more and heavier coughing, until there is danger of bringing on a brain complication. Children who are in very good condition will, of course, become flushed in the face, the eyes will become suffused, and they will cough until they gag; but as soon as the paroxysm is over they appear to be as well as ever. The child, however, that sinks down exhausted, and becomes fretful and nervous, and seemingly afraid of an approaching paroxysm, is in danger. In such cases there is congestion of the brain. This condition of the brain is marked by red spots on the forehead and ecchymosis of the conjunctiva, which means red spots on the whites of the eyes, caused by rupture of a capillary blood-vessel. Bleeding from the nose and ears, and occasionally from the lungs, takes place. Sudden death has been known to occur from hemorrhage of the brain.

Treatment.--In a recent system of medicine there were nearly fifty drugs recommended for use in this disease. Whooping cough is considered very grave in the centers of population, but, as in the case of all other children's diseases, the mortality is due to the care and treatment. Dr. Osler, in his latest work on practice, declares that the treatment is notoriously unsatisfactory. He further says that, if he were asked the two most important things in the treatment of this disease, it would be six weeks and a good big bottle of paregoric. Some practitioners are foolish enough to give quinine, which, of course, produces more or less irritation of the nervous system. Certain remedies have been recommended to be used as a swab in the throat. Indeed, it would be just as rational to rub salve on the end of a dog's tail for a sore ear, as to swab the throat to control the coughing in whooping-cough; for whooping-cough is a disease of the nerve centers--brain and spinal cord--and the cough is strictly a reflex irritation.

The excessive coughing disturbs the stomach and causes vomiting; but to use remedies for the stomach and to swab the throat is the height of folly. The child's nervous system must be taken care of. Children with whooping cough must be sent to bed. The feet should be kept warm--not toasted too much, but they should be looked after and kept comfortable. The rest in bed will quiet down the nervous system. If this treatment is adopted on the onset of the disease, it is doubtful if the child will ever reach the stage of whooping.

No food should be given until full relaxation has been brought about. That ought to occur in two or three days. The bowels should be emptied by using the enemas. About the fourth day a little fruit juice and water, half and half, may be given in the morning; also at noon and at night. But if, after this eating, there is a tendency for the cough to grow worse, stop the feeding. By managing the child in this way, there will be no danger of any complications leading to death. The mortality in this disease, when the epidemic or endemic is of the mildest form, is about six percent. Death is unnecessary if children are sent to bed and

fasted. When the symptoms have subsided and the case is convalescing, give fruit juices diluted for a day or so; then fruit morning and night, and a salad at noon.

Gentle rubbing to the spine several times a day, and especially at night, will quiet down the child so that it should sleep. In very restless cases, a hot bath two or three times a day, until the nervousness is controlled, will be found very efficient. A child nursed and cared for in this way will not need to be watched closely when the stage of convalescence is reached, for fear a fatal bronchial pneumonia will develop; for that disease is induced by wrong nursing and feeding.

IX. INFLUENZA (La Grippe)

Definition.--A pandemic disease, coming at irregular intervals, traveling very rapidly, and extending over a vast territory in a very short time. In intra-pandemic years there are epidemics and endemics as well as sporadic outbreaks. In fact, some parts of the country are experiencing this disease all the time.

Etiology.--The difference between influenza and the ordinary cold is the tendency of the former to continue long after the time for a hard cold to disappear. In influenza there is a constitutional disturbance. Some patients complain of being very weak, and in some cases the weakness continues to run on for weeks. The catarrh, which is always pronounced, hangs on continuously. One day the patient feels as though he were almost well, and the next day he knows that he is not well. He feels that he is going backward rather than forward.

At the time of an epidemic of influenza there are the usual number of colds or catarrhal fevers. My individual experience has led me to believe that the different forms of catarrhal fevers, colds, influenza, etc., are one and the same, only differing in degree, and that the difference in degree depends entirely upon the condition of the stomach and bowels. Those who are toxemic, who have much decomposition in the large intestine, with the accompanying toxin absorption, and who have bad eating habits and are negligent in the care of the body, will always develop the severest form. The very young and the very old are not inclined to get over the disease as rapidly as those in middle life. The sensualist is always a victim to a severe form. All those who are enervated have difficulty in throwing off the disease. Of course, this disease, the same as all other diseases, has epidemic years; which means that at such times the type of the disease is more severe than in endemic years.

Symptoms.--The incubation period of influenza is from one to four days--generally from three to four days. It usually begins with fever, and sometimes chill. In pronounced cases the mucous membrane is involved from the nose through the entire bronchial tubes; the lungs often become engorged. Pneumonia may develop soon after the attack. It is, however, brought on from improper treatment and nursing. Where the bronchial tubes and lungs are involved, delirium is often present, along with much prostration. According to some of the leading authorities, the disease may develop in a manner similar to that of typhoid fever. Pleurisy is also a disease that is liable to spring up during the life of influenza. There are nervous forms of this disease, characterized by headache, much pain in the joints, also marked prostration. There are quite a good many forms of influenza. One of these is the intestinal--a type that is marked by much fever, and the complications of which are given as pericarditis, endocarditis, septicemia, peritonitis, etc., all of which is brought on from imprudent eating on the part of the patient as advised by the physician.

Treatment.--As soon as the disease starts, the patient should stop eating, and take a hot bath, preceded by a copious enema of two quarts of water and a tablespoonful of salt. After the bowels have been moved, the bath should be taken, and continued until all pain and discomfort are gone. The bathing should be kept up daily, headache, and pain in the body, all the discomfort should be removed by a hot bath, even if the bath has to be taken every three hours. The water should be as warm as the patient can stand comfortably. After the patient has been in the bath for five minutes, the water should be heated to as high a temperature as he can stand. Just how long the bath should be continued depends upon how quickly the patient gets relief. When relaxation and comfort come, the bath should be stopped. If there is a tendency for cold feet and hands, hot applications should be kept to the feet. Positively no food or drugs are to be given in such cases. If this plan is carried out, there will be no complications, there will be no spasm, and the disease--even the very worst forms of it--will terminate in one week. Such symptoms as delirium, spasms,

peritonitis, etc., can be developed only in those patients who are fed and medicated.

X. PNEUMONIA

Definition.--An infectious disease of the lungs, which usually terminates by a crisis in seven or eight days.

Etiology.--Children are very liable to have pneumonia. The predisposition of children up to six years of age is to take the disease. Then there is a diminution of attacks in children up to fifteen. From this time on there is an increase. Anything that has a tendency to enervate renders the subject of a scrofulous diathesis liable to take this disease. Without question it is a disease that originates in the intestine. It is really a disease caused by toxins. An enervated state, followed by unusually heavy eating or a change in diet--eating in an unaccustomed way--may be the exciting cause. It is thought to come from a cold. Nearly all diseases start with a cold, for nearly all diseases are caused by toxin absorption from the bowels; and when we become better acquainted with the real cause of disease, we shall know that, at the base and foundation, all diseases are alike--that is, they begin with toxin poisoning. Just why in one person it locates in the lungs, in another in the membranes of the brain and spinal cord, and in another causes infantile paralysis, are questions for the laws of heredity and nutrition to solve--germs will not solve them. An injury may sometimes be given as the cause, but the real cause lies back in nutrition.

Climate and seasons do not appear to have a controlling influence, for the disease is found in every month in the year. Winter, however, is probably the season showing the largest proportion of pneumonia cases.

Conditions Favoring Infection.--According to Dr. Osler, the majority of people harbor the germs in the mouth, nose, and throat. This is said of all infectious diseases. But Osler also says that some individuals are less resistant. If we are resistant at one time and not resistant at another, what is the reason? If it is possible to be resistant at one time and not at another, is it not possible to put the health in such a condition that it will be resistant all the time? This, I believe, is true as regards man's relationship to all diseases. There is a serum which is used to immunize, but it is doubtful if it has been more successful than any other immunizing on this order. There are supposed to be forty different varieties of pneumonia. This is a delusion of the profession. If the stomach and bowels have no decomposition in them there will never be any pneumonia developed.

A really good state of health is the proper immunizer against this disease, the same as against all others.

Symptoms.--Pneumonia usually starts with symptoms of a cold, which may last two or three days. In other cases there are symptoms of a slight cold, with coughing and soreness in the chest. In the majority of cases the disease begins with a chill. Cough is annoying from the very start. The disease has the appearance of an acute fever, with pains and aching throughout the body. In a certain percentage of cases the pain in the chest is very severe. This is especially true where there is a pleuritic complication. If one lung is affected, the face is usually flushed on that side. Where both lungs are affected, both cheeks will carry a flush. The breathing is short and hurried, often running forty at the doctor's first call.

The expression of the eyes is that of anxiety, caused by precordial oppression. The expectoration is often tinged with blood during the first twenty-four hours. Then again it will be white and frothy, and the blood tinging does not appear for forty-eight to, sometimes, seventy-two hours. This would indicate that the seat of the trouble is low down in the lungs. Where it is located high, the expectoration becomes diagnostic earlier in the disease. The temperature varies from 102° to 106° F--usually from 101° to 102° in the morning and 104° in the evening. In severe types of the disease it will reach 106°, and even 107°. The distress from coughing and oppression in breathing is persistent until about the seventh day. This is called the crisis in the case. Then the temperature drops down, and the breathing becomes easier. From this point on the convalescence should run along rapidly. In those whose general condition is bad, and whose nursing and treatment have not been exactly what they should be, there may develop a typhoid condition at this stage. Where this is true, the temperature goes up rather than down, and all symptoms increase, typhoid symptoms develop, and death is liable to occur. This disease is very severe on old people; and it is pretty generally understood that drunkards, or those who have the drinking habit, never get over an attack.

The crisis comes on the seventh day--this is the average time. In slight cases the crisis often develops on the third day, and there are other cases that are prolonged to the tenth; but in those that reach the crisis on the third day it is just barely possible that there has been a pneumonic state existing in a light form for several days before sufficient attention was given to determine that it was pneumonia.

Cough.--The cough at first is dry and persistent, causing pain and discomfort. Patients will clamor for relief; but it is a very great mistake to give anything in the line of opiates to relieve. They should be encouraged to wait until the expectoration stage appears, which it will do on about the third or fourth day, provided they have been handled carefully with respect to nursing, etc. After the stage of expectoration is reached, the secretion lubricates and relieves the friction caused by the cough. From this time on the patient should be fairly comfortable. At first the expectoration is mucus. Then it becomes tinged with a little blood. Later on the blood tinge imparts a rusty appearance to the sputum, and it loses its stickiness or tenaciousness, which makes it difficult to raise.

Where there is liver derangement, the sputum may take on a yellowish appearance from bile. As the fever declines--which it generally does after the expectoration is fully established--the expectoration becomes lighter, until it entirely disappears.

There is an unusual type of pneumonia, affecting the apices of both lungs. I have never seen a case of this character get well. When the secretion or expectoration stage is reached, the amount of material thrown off is so great and so tenacious that the patient is unable to throw it out of the lungs, and he dies drowned in his own secretions.

Condition of Digestive Organs.--The tongue is usually furred. Where the contents of the intestinal canal are in a state of decomposition, and the absorption of the toxins is very pronounced, the tongue will be very greatly furred, the breath bad, and some cases will vomit profusely the first few days. The patient has no appetite. The bowels are more commonly constipated than otherwise.

Skin.--In this condition herpes frequently occurs on different parts of the body. This in itself is often a source of a great deal of discomfort. The cutaneous derangement affects the lips more than any other part of the body, and more in pneumonia than in any other disease. There is a superstition that where this occurs patients will get well. There is just a possibility that this idea is based more on facts than on fiction; for in cases where herpes manifests it would indicate that the disease is not so profoundly established in the lungs. In other words, where herpes appears on the surface, on the principle that two diseases cannot exist in activity at the same time, the pneumonia must not be so profound a type as to center all the morbid process on the lungs.

Cerebral Symptoms--Children frequently have convulsions, headache, backache, and become extremely nervous in the evening. There is always more or less precordial oppression, (difficult breathing) but worse as the evening comes on. Delirium is very common in pneumonia where there is great oppression in breathing. There is a tendency on the part of the patient to leave the bed in a semi-delirium; or it would be better described as a halfsleep--just too sleepy to be awake, and yet too distressed in breathing to permit a complete loss of consciousness. Where the drowsiness is profound, the struggle for life is very great; for life depends upon breath, and many times the breathing is so oppressed that it is necessary for the patient to stay awake to breathe.

Treatment.--All diseases are self-limited; but if one would find types to correspond with text-book descriptions, the diseases must be treated according to the textbooks. It is easy for one to understand that the influence of a dinner may be said to be self-limited. The influence of a cup of coffee is self-limited. The influence of one acute attack of toxin poisoning is self-limited. Pneumonia, or other so-called infectious diseases, represent a state of toxemia, and if nothing is added--if no more toxin be turned loose in the system after the disease is once established--it is self-evident that the poison must be self-limited, and the limitation must always be the same; but if more toxin poisoning is added after treatment is begun, it is obvious that it would be impossible to have any disease originating in this way ending in any kind of regularity, unless it were in death. Pneumonia is a disease that is brought on from toxin poisoning, but the subject must be prepared by weeks and months of improper life--tilling the soil, so to speak, and cultivating it for the propagation of disease. After it is once started, to bring it to as hasty a termination as

possible, food must be stopped absolutely. All the water desired should be given. Wash the bowels frequently--at least once every day--with warm water.

If there is a tendency for cold feet and hands, warm applications should be put to the feet. If the temperature is running high, a hot bath should be given every three hours, if necessary to bring comfort and reduce the temperature. If the patient is fairly comfortable, he may be given a bath every evening. Have the water quite hot--100° or perhaps 102°--and allow the patient to remain in the tub long enough to become relaxed and comfortable. A half-hour is not too long, if that length of time is required to bring the desired results. While the patient is in the bath, hot water should be added to keep the bath temperature up to 100° or 102°. If there is a great deal of difficult breathing, hot cloths wrung through a wringer should be put on the chest. Fresh air must be procured, but the patient must not be in a draft. The temperature of the room should be from 50° to 60° F. when the temperature runs up, if the patient becomes nervous, and cough is annoying, use the hot bath every three hours, if necessary, to bring full relief. Sheet cotton oiled with olive oil, placed on the chest and held on by a roll bandage, often gives relief. If there is pain in the abdomen at any time, put the towel wrung out of hot water over the point of pain. The patient should not be annoyed through the night. The lights should be put out; the nurse should stay within hearing distance, so as to be ready to meet any needs of the patient; but the patient should not know that she is close by. In other words, the patient should not be encouraged to wish much attendance at night. Patients treated in this way will get along very nicely as soon as the expectorating stage, such as I have described, has been established.

All pneumonia patients possessing a fair constitution should be convalescing nicely in from seven to eight days. When the temperature and pulse are normal, the feeding may be the same as described under typhoid fever.

The treatment suggested above presupposes that it is begun at the time the patient is taken ill. If, however, a case is taken charge of after it has been badly managed for a week or ten days, and typhoid symptoms are presenting and the patient is delirious, with engorgement of the lungs and precordial oppression pronounced, the treatment should not vary materially from that which has been suggested above. There should be heat to the feet, and a mustard plaster to the chest. After relief comes the mustard plaster may be removed and antiphlogistine substituted, being renewed about twice in twenty-four hours.

Such cases have undoubtedly been medicated and fed, or they would not develop such desperate symptoms, The bowels should be cleared out. Two enemas should be given each day, if necessary--at least one each night.

The first day's bathing, washing-out of bowels, and suspension of all food should make a change in the patient. On the second day, two hot baths will be all the bathing that is necessary. When the temperature has gone to normal, and all the symptoms have subsided, then feed as recommended for convalescing in other fevers.

Morphine, or any other preparation of opium, is very dangerous in pneumonia, as it causes a filling-up of the lungs and an inability to expectorate, and the patient will frequently die from lack of power to free the lungs. One of the worst symptoms following the use of opiates is the semi-delirium. Patients are made sleepy because of the drug, and on account of difficult breathing they struggle to stay awake. This makes a case look very desperate, when no doubt the symptoms would all be very light if it were not for the peculiar influence of the drug. Pneumonia is a disease that will surrender to kind nursing and complete absence of anything in the drug line. In those cases where there is double pneumonia, and the disease is located in the apices, the mortality is one hundred per cent. The mortality in ordinary pneumonia should be almost nil.

XI. DIPHTHERIA

Definition.--An infectious disease characterized by an exudation thrown out on the mucous membrane of the pharynx, tonsils, larynx, and sometimes in the trachea and bronchial tubes. By believers in bacteriology it is declared that there is a diphtheritic bacillus or germ which is diagnostic, and that without this particular germ the disease is not diphtheria. But this germ is frequently found in the throats of people

who have not had the disease!

Etiology.--This disease has been epidemic, endemic, and sporadic. For the last twenty-five years it has gradually been declining in severity.

Children who are overfed, who have developed in the intestinal tract a state of decomposition or putrescence, running on for some time, and who have broken down their resistance, will develop a state of toxemia which will cause them to be susceptible to the prevailing influences, atmospheric and otherwise.

Children who are fed too frequently or fed improperly, and who are troubled with constipation and the passing of undigested food with the bowel movements, are made susceptible not only to diphtheria, but also to scarlet fever, measles, whooping-cough, etc. Indeed, it can be proved that normal, healthy children--children who have bowels that are regular, and who are not troubled with intestinal indigestion--cannot be made to take any of these diseases.

Symptoms.--The pharyngeal type starts very much as tonsilitis. There are symptoms of cold, and if these conditions develop, the throat becomes sensitive, painful, and swollen. Diphtheria is located on the tonsils and in the pharynx when these locations are inflamed.

Children usually complain of slight discomfort. If the parents look into the throat, they will see a little redness and swelling, and perhaps two or three white specks about the size of a wheat-grain. If the disease is light, these specks may coalesce, the inflammation will not extend very far down, and the child will complain of difficult swallowing for a few days; but within a week the throat will be well without any special treatment, except to inhibit eating.

Where the infection is intense, the temperature will run to 102° and 103°, the tonsils will become very much enlarged, and the diphtheritic membrane will form over these parts, sometimes extending pretty well up on the soft palate. In such cases swallowing is almost impossible. The disease may even extend into the nostrils. If such patients are fed, brain complications may develop, and the patients die in the course of ten days to two weeks. The glands in the neck become very much swollen, due to infection. The membrane that forms will at first have a grayish-white color, then change into a dirty gray or brown, sometimes a yellowish white; it is firmly adherent, and, if loosened and thrown off, leaves the surface completely denuded and decidedly irritated, but it is soon covered with another exudate.

True Croup or Laryngo-Tracheal Diphtheria

Where the larynx and trachea are involved, the symptoms at first are those of ordinary croup. Children will begin by coughing with a croupy sound. In the majority of cases they do not appear to be very ill; in fact, they will entertain and amuse themselves with their playthings and playmates, sometimes for two days; and again I have known cases to run on for three days, the cough becoming a little more croupy each afternoon and evening, but this symptom passing off more or less in the fore part of the night and the forenoon. Parents seldom are uneasy, because the croup is not severe; it does not affect the breathing very materially, and the child usually has an appetite, and will eat its regular meals where it is permitted to do so. If examined by the trained ear, there will be evidence of a deposit taking place in the bronchial tubes.

Years ago, when I was doing a general practice, it was my misfortune to meet with a great many of these cases. In those days it was not uncommon for me to be called to prescribe for a child with a slight attack of croup. All that the parents seemed to think would be necessary for me to do was to give the patient a little croup medicine, so insignificant were the symptoms. To strengthen this belief, when I called to make the examination, I would often find the child playing with other children. On looking into the throat, perhaps I would see a little redness of the pharynx. Then, on placing my ear between the shoulder-blades, I would hear a mucous rale, which not only diagnosed the case, but also prognosed it. I never knew a case to get well. Where this disease is located in the pharynx, and passes down only a very short distance into the trachea, sometimes the membrane is thrown off and the child recovers; but this is so rare that I have heard of only a few cases.

Many people will confuse diphtheritic croup, or diphtheria, with catarrhal croup. This is a very great

mistake; for children should invariably recover from catarrhal croup, while in diphtheritic croup, or true croup, where the membrane extends, down to the bronchial tubes, the mortality is one hundred per cent.

Treatment.--The entire profession is enlisted on the side of antitoxin as the proper remedy. I have no faith in it, do not believe in the theory, hence have not recommended it--nor shall I. The claims that there has been a tremendous reduction in the amount of diphtheria, and especially in the mortality of the disease, because of the use of serum, I am not prepared to accept. Scarlet fever is just as formidable a disease, just as contagious, and just as dangerous to life as diphtheria has ever been. It keeps pace with diphtheria in growing less severe in type and in having fewer epidemics. Indeed, mortality statistics show that there is a larger percentage of fatal cases in diphtheria than in scarlet fever, and the profession does not claim to know anything at all about the specific cause of scarlet fever; so, until the subject is illuminated to my entire satisfaction, I shall use the decline in severity of scarlet fever to prove that there is nothing in the contention of the bacteriologists that diphtheria has been controlled by antitoxin. The severity of all so-called contagions has declined in the last twenty years, and so has murderous treatment.

The proper treatment is to wash out the bowels two or three times a day, when the child is first taken sick, using as large enemas as can be put into the bowels.

See that the child has nothing at all to eat. It should not be encouraged to drink, nor to swallow anything. It should be encouraged to wash its mouth and spit out rather than to swallow. Thirst must be controlled by small water enemas.

The child should be placed on its right side, leaning well forward, with its face rather down, so that the saliva will drain from the mouth on a cloth. These cloths should be burned. The child should not be allowed to lie in such a position that the secretion will run down the throat into the stomach.

A small towel may be wet in tepid salt water, pressed snugly against the throat, and held there by pinning a dry towel around the neck. The towel may be wet every three or four hours. No sprays or washes of any kind should be used. It is to be hoped that the old-fashioned gargling has passed into oblivion. Gargling, or spraying the throat, only aggravates the disease and encourages swallowing. The disease must be confined to the throat as much as possible, and the child must be allowed to lie in a position where everything will drain well out of the mouth. This is to prevent further infection. When the child is tired of lying on one side, it may be changed to the other side, but kept in the same position--lying on the side, inclining well forward, with either the left or right leg, whichever is uppermost, bent at a right angle with the body, so as to prevent the child from rolling over on its face.

If the temperature is above 103° F., the child should have a hot bath once or twice a day. After being in the hot water about five minutes, cold water may be added to reduce the temperature of the water from 100° to 60°. If the child's temperature is not above 102°, simply a warm bath morning and night is enough. When the child is showing great restlessness, it may have an extra bath, and the water may be extra warm to bring on relaxation and relief. The child should have its spine rubbed at least once a day before bedtime. This is to relieve any aching and tire. The rubbing should be very gentle, and should be continued until the child is quieted down and asleep. Children with this disease should be left as much alone as possible. Certainly there are to be no questions asked, and curious people should not be permitted in the room. Of course, where quarantine is thoroughly carried out, no one except the nurse will be permitted to see a sick child.

No feeding, nor swallowing even of water, is to be indulged in until the disease is thoroughly under control. No drugs are necessary.

The above are my suggestions for pharyngeal or nasal diphtheria. I have no treatment to offer for laryngeal croup or diphtheritic croup, or what is commonly called true croup, where the membrane extends to the bronchial tubes. This type of the disease is necessarily fatal.

XII. ERYSIPELAS

Definition.--This is said to be an acute contagious disease, characterized by an inflammatory condition

of the skin, caused by a specific germ. My definition for this disease is: an inflammatory disease of the skin, characterized by septic poisoning.

Etiology.--Erysipelas is a disease that affects all sections of the country more or less. Depressing atmospheric influences prove to be allies joining forces with toxemia to produce the disease called erysipelas. No one will have erysipelas who is not toxemic from intestinal infection. It requires constipation and the eating of too much animal proteid to prepare the system for this particular disease. As a rule, it requires a little wounding of the skin to start the disease. In some cases it does not appear to require an injury of any kind. However, when the disease starts on the face, its initiative point usually is the nose, and there is always catarrhal state of that organ. My experience with erysipelas would lead me to define it as septic herpes. It appears to locate without any special exciting cause. Like septic poisoning from any type of disease, it can be conveyed to others, but the disease is not infectious to unbroken surfaces. By this I mean that the disease cannot be transferred from the patient who initiates it to another unless the virus is brought in contact with a denuded surface; and then it will not establish inflammation except in those who are susceptible to septic inflammation.

Mothers, immediately after childbirth or at childbirth, are susceptible to septic inflammation coming from any other source. Besides, if the uterine drainage is not perfect, septic poisoning will start up without any further infective agency than simply retention of waste products which become septic and infectious.

The specific infection of erysipelas must be septic, and of the same character as the infections of all other diseases developing a septic character. Medical writers declare that people who are susceptible to the disease are those suffering from wounds or abrasions of any sort. A skin wound that does not drain may become septic. If the septic inflammation is confined to the surface, it will be of an erysipelatous character. If the inoculation is deep, the disease will be septic in character. Those most susceptible to the disease are the people who are broken down from disease, work, or worry.

Symptoms.--This disease is supposed to have an incubation period of from three to seven days. It starts with a chill, a rapid rise in temperature, and about all the symptoms with which a fever would start--aching back, headache, perhaps a sensitive spot on the end of the nose, or simply puffiness and redness, with no particular point worse than another. From this location it generally spreads to the cheeks. The swelling is usually great enough to cause a very smooth appearance of the skin. There is redness and heat. The elevation of the temperature at the inflamed point is very much greater than that of the surface of the face in the immediate region.

The first feeling the patient will have is one of stiffness, with a gradually growing sensitiveness. If the disease is severe, the swelling will be very rapid, and the part first affected will be the first to lose redness and swelling. When the disease spreads only over the forehead, it marches apparently with an elevated ridge; or the line of demarcation between the surface not affected and that which is affected is very acute and easily distinguished. Where the skin is very tender, small blisters may appear, which break, discharging a serum-like fluid.

The glands of the neck usually take on a little enlargement; but this condition is often heightened by the swelling of the skin and cellular tissue. Where the disease spreads over much of the head, there is a tendency for delirium. Where the ears become involved, there is danger of the disease passing into the membranes of the bone. In people who are much depleted--those who are in the habit of taking alcoholics, or who have broken down their resistance by the use of much coffee or tea, or by sensual habits--there is a liability to develop symptoms of brain and meningeal complications. It is said, however, that post-mortems seldom show a meningeal complication, This being true, death must result from toxic poisoning of the brain. In drunkards and in the aged the mortality is very heavy.

Treatment.--Strict cleanliness, and warm bathing morning and night, should be the rule. If the tongue is pallid, thick, and presenting the prints of the teeth on the edges, the local application should be a saturated solution of baking-soda. By a saturated solution I mean all the soda that a given amount of water will dissolve. Wet cotton with this fluid, squeeze out the superfluous portion so that there will not be enough to drain and wet the pillow, and place the compress over the inflamed part. Then put a towel or bandage around the head, in such a manner as to keep the soda dressing on the disease.

Positively no food is to be given. The first and second day it would be well to give a little alkaline drink--about what soda would lie on a nickel, placed dry on the tongue, and washed into the stomach with a glass of water--three or four times a day. After the second or third day, simply give water and cut off the internal administration of the alkali.

Where there is a putrescent odor from the breath, use chlorate of potash for the solution in place of the soda. The soda drink can be used for two or three days, as suggested above.

If the tongue is inclined to be small and red, or long and pointed, cranberries mashed and made into a poultice will make an excellent local application. Mash the berries and run them through a colander. Then put the crushed berries between layers of cheese-cloth and lay them on the inflamed part. If the patient has a desire for lemon in water without sugar, he may have it. The bowels must be cleansed by enema twice a day for the first three days, and then every night until the disease is entirely under control. If there is much nervousness at any time, the spinal rubbing will bring quiet and rest. The patient should not be annoyed by company. The bedroom should be ventilated, but there must be no drafts on the patient. If cranberries are not to be had, use cotton with lemon juice for a poultice. If lemon juice irritates the skin, reduce it with water; and if the cranberries irritate the skin, apply a little olive oil before the berry poultice is put on. If this treatment is carried out faithfully, there will be no mortality, and patients will make a very quick recovery.

In regular practice there is an established habit among physicians, in treating erysipelas, to give tincture of iron in doses of half a dram to a dram every three or four hours. As a rule, the same physicians recommend a diet that is very nutritious. The iron will positively prevent digestion. Then is there any wonder that patients treated in such a way will become extremely restless, nervous, delirious, and that some of them die?

XIII. RHEUMATIC FEVER

Definition.--An acute fever that is caused by absorption of toxin from intestinal decomposition in those of gouty diathesis, characterized by inflammation of one or many joints, with a marked tendency for inflammation involving the fibrous tissues around the joints.

Etiology.--Rheumatism is found in almost every country. Damp weather is supposed to be a cause. People working in mines that are wet, and people living in countries where there are many rainy months, are supposed to have rheumatism because of this dampness. Any weather conditions that depress and enervate will precipitate an attack of rheumatism--not as a cause per se, but rather as an exciting cause. The foundation for rheumatism is laid at the table, and in neglect of the body in the way of bathing and clothing. There is usually a history of constipation, and in some cases colitis. Some authors declare that the disease prevails most in dry years, or during a succession of dry years. The same may be said of rainy seasons and a succession of rainy season. Any continuous or monotonous weather causes enervation, and this often is the last straw in precipitating an attack of rheumatic fever.

The disease may be found in children as well as in adults. Children who have been overweight, and have been recognized as exceedingly healthy, are inclined to take on rheumatic fever. If the weight has been excessive, so that nutrition has been gradually perverted, very great care and proper nursing will be required to bring the patient back to normal. If parents have been careless, and such patients have had one or two relapses, there is danger of heart complications springing up that will ruin the patient for life.

Symptoms.--The disease usually begins like an ordinary fever--perhaps with a chill and vomiting. In other cases no stomach symptoms whatever will be found, and ill-defined pains may start up in a joint, in either the lower or the upper extremities. As in the case of nearly all fevers, there is a chilly sensation to start with, and in some cases real chills, like ague, which may lead those in attendance to believe the subject has an attack of malarial fever that will pass off in a short time. This, of course, is true only of cases developing in malarial countries.

Within twenty-four hours after the disease is developed, one or more joints are swollen, red, and very sensitive to touch. The pulse will not be more than 90 to 100. The temperature may run from 102° to 104°

F. Some cases will desire to eat; but, as a rule, there is not much appetite. Constipation is usually present, and the urine is very decidedly acid. The perspiration from such patients has a very strong, acid odor, permeating the whole house.

The mind is usually clear, except in cases that show an excessive temperature; then patients may be delirious.

As I allow my mind to 'run back, one case in particular comes to me. It occurred perhaps sixty years ago. I was called to see a woman about twenty-eight years of age, the mother of one child--a fine-looking woman, of medium stature, but a little overweight. One ankle was badly swollen and very sensitive, and she suffered a great deal of pain. At the second call, twenty-four hours after the first, the swelling had gone out of the ankle into the knee. In another twenty-four hours it had gone from that knee over into the other knee. On the fourth morning the pain and swelling were in her left elbow. The husband, and the patient too, clamored for relief. They insisted on having something to rub on the joint to relieve the pain. I was young and afraid to take any chances. I explained to them that the tendency for the disease was to migrate, that I did not care to do anything which would favor its jumping from one place to another, and the proper thing to do was to keep a comfortable dressing on the inflamed joint, and otherwise let the patient alone. In the evening of the fourth day I received a note, telling me that they had sent for another physician, and that he was not afraid to give them relief. Relief was experienced, and in twenty-four hours the patient was dead. That early in my professional career I had it demonstrated to me that it was very dangerous to use local applications, rub inflamed joints, or tamper with palliatives of any kind; and from that day to this I never have treated rheumatic-fever patients in that way.

Treatment.--There is not much to do in rheumatism, except to stop building it. Patients should not take anything internally except water, and they should be encouraged to drink water very freely--a half gallon or more each day. A solution of bicarbonate of soda (common baking-soda), one ounce to the pint, may be applied with absorbent cotton; or gauze may be wet in this solution and bound on the inflamed joint. Then, over this dressing, cotton may be wrapped. Arrangement should be made to prevent the bed-clothing from resting on inflamed joints. Where it is possible to give patients a hot bath, this should be done as often as every three hours, if the suffering is very great. When a patient is put into the bath, the water should be at a temperature of 100°. Then hot water may be added until the patient's limit of endurance is reached. From time to time more hot water may be added, to keep it as near one temperature as possible. The bath may be from one-half hour to one hour in duration, depending upon how soon relief is obtained and how well the patient bears up under it. If there is a tendency for the heart to palpitate and the pulse to run high, or if there is any feeling of faintness which cold-water sipping and putting cold water on the head do not relieve, the patient should be removed to his bed. At least one bath of long enough duration to bring full relief should be given daily, and as many more as the patient's strength will permit.

The excessive sweating and the amount of acid that is thrown out of the system cannot be disposed of in any way better than through frequent bathing and frequent change of clothing. By no means should such patients be allowed to lie in clothing wet with perspiration. If necessary to change clothing every three hours, it should be done. In this way the patient is enabled to throw off a severe attack in a very reasonable time. This treatment is satisfactory, because it hurries the patient to a recovery without complications of any kind--which is more than can be said of any other treatment given for the disease. That being true, it would be well for those who have faith in drugs to try my simple plan.

After the disease is thoroughly under control, the patient may be fed as outlined for typhoid fever.

XIV. CHOLERA MORBUS

Definition.--This is a disease brought on from indigestion.

Etiology.--Those who are subject to cholera morbus have brought on enervation from hard work, hot weather, and excessive eating and bad food combinations. It usually develops suddenly a short time after a heavy meal.

Symptoms.--There is vomiting, with purging, and cramps of the muscles of the hands, arms, feet, and

legs. It is hard to tell in what way the patient suffers most. The cramps usually make the subject of this disease writhe with agony. It requires several attendants to rub and hold the fingers, hands, and arms straight, because the cramp is so fierce that it rolls the fingers into the palms of the hands, the hands on to the forearm, and the forearm on to the arm. If genuine Asiatic cholera is many times more severe than this disease when developed at its worst, it is easy to see why the mortality is so great; indeed, it is a wonder that anyone can survive the disease for any length of time.

The worst forms of cholera morbus that I have seen have gone so far as to have what is known as "rice-water discharges." I have not seen or heard of a case for fifty years; but previous to that, in doing a general practice, I was called to see several cases of this disease every summer. At that time I used drugs--used hypodermics of morphine; but today I should handle such cases very differently.

Treatment.--As soon as possible, the patient should be put into a hot bath, of a temperature of 100° F.; then hot water should be added until the temperature has been increased to the patient's toleration; and the bath should be continued until complete relaxation is obtained. If the suffering is not too profound at the outset, the bowels should be washed out by a copious enema--two or three quarts of water and a tablespoonful of bicarbonate of soda; but, after the patient is once in the bath, he should be kept there until relaxed and comfortable. So long as there is any tendency for cramping of the muscles, the bath must be continued. The water should not be allowed to cool. A certain amount should be dipped out and replaced by hot, so as to keep the temperature of the bath just as hot as the patient can tolerate. When put to bed, the patient is to be left quietly alone. Artificial heat should be put to the feet. If anything is given internally, it should be hot water. Positively no food of any kind must be given until all symptoms have passed away and the patient has been comfortable for twenty-four hours. Then baked apples may be given for breakfast; at noon, lamb broth or chicken broth; and baked apples for the evening meal. The second day, baked apples for breakfast; at noon, a little stewed meat, and a combination salad or grapefruit; and in the evening, two ounces of toasted bread and an apple. The next day, baked apples for breakfast; baked potato and a salad for the noon meal; and two ounces of toasted bread and an apple in the evening. If all is going well after this, the patient may resume his ordinary diet, and, to prevent another attack, he should eat proper combinations.

XV. SYPHILIS

Definition.--The definition for syphilis, as given by the modern text-books, is that it is a specific disease caused by the *Spirochaeta pallida*, and that it is developed by infection. That is when it is acquired, or derived by hereditary transmission--congenital syphilis.

Etiology.--This is a disease which the medical world feels that it knows all about. Indeed, laymen generally think they know positively that syphilis is a specific disease. It would require volumes to hold the literature that has grown up around this subject. The popular idea is that syphilis starts with an inoculation or infection incurred by cohabiting with a person who has the disease, and that, when it is once started, the ending is doubtful, notwithstanding the fact that the medical profession has discovered many specific remedies. The regular profession is quite positive that there is no such thing as a specific remedy for a specific disease. The idea of specifics has been denounced by the best-educated physicians throughout modern times. But this one disease has been associated with mercury, arsenic, and iodide of potassium as specific remedies. In the last decade a remedy has been discovered that is recognized as more specific than the old remedies; yet, in spite of this new synthetic remedy of specific fame, the old remedies are still in use. Indeed, in institutions where the disease is treated the synthetic remedy commonly known as "606" is used, and at the same time mercury, arsenic, and iodide of potassium are given--probably on the principle that, if one should fail, the other may be the thing needed. This simply shows that, in spite of the so-called specific remedies, the medical mind is not yet ready to accept the fact that there is a specific.

Syphilis, like everything that has a bad reputation, must be the scapegoat for every smaller or minor disreputable thing of its class. If people of pronounced diathesis, and who live in such a way as to create derangements of all kinds--derangements of the blood, nervous system, glandular system, and circulatory system--consult a modern physician, there is a strong probability that most of these symptoms will be charged to syphilis. So cocksure is the profession that this is true that it will not even believe in the negative findings of a Wassermann test, notwithstanding it has as much faith in this test as it has in syphilis

itself.

To see a physician struggle with all his might and main to force a blood-test to show a positive reaction is pathetic, to say the least. I have many patients coming to me during the year, from different parts of the world, bringing written examinations and reports showing the results of many examinations; and if there should be nine negative examinations and one positive, that one is sufficient to settle the question that the patient has syphilis. Occasionally I have patients who have been treated for syphilis, and whom the physicians have positively declared to have syphilis, despite the fact that several Wassermann tests have shown a negative reaction. The fact of the matter is that the mind of the medical profession is positively settled on this subject, and that there is no hope of anything contrary to the general belief receiving any attention whatever.

As I am not at all in sympathy with any part of the medical history of syphilis, or the present general beliefs, I shall recommend those who want to know what the popular opinions are on this subject to consult the leading text-books; for I have no desire or inclination to write from that standpoint. Hence, what I have to say in the following pages will be strictly my individual opinion, with no apologies for differing with the whole world, if I do. I can very well afford to stand alone, when I stand with as clear a conscience in the matter as I do, and have as fine a list of cured subjects as I have.

Symptoms.--The disease begins with a very small denuded surface. This may look like a speck of herpes; and, indeed, that may be, and probably is, the initial stage in many cases. After that, from this small denuded spot it will spread. There is a hypersecretion about the foreskin or glans. If watched carefully, the parts will be seen to be quite moist; they should be looked at every three hours, and the secretions removed. In a day or two the spot begins to be a defined ulcer in shape. If not treated properly, the ulcer grows quite rapidly, swelling of the prepuce takes place, and a sensitive and swollen condition of the glands in the groin appears. The lymphatics in the groins take on enlargement. If the treatment is of an irritative character, such as cauterizing or cleaning with peroxide of hydrogen, the parts become quite sensitive, and the ulcer spreads with a thickened, indurated border. If taken hold of by the fingers, there will be a sensation of hardness. The thickened and indurated parts will present a ring of hardness standing all around the ulcer. If the patient has quite an acid condition, shown in a white tongue--one that is broad, pallid, and with prints of the teeth on the edges--and if the case is treated with local applications of mercury, the ulceration will take on a very active growth, because of the local poisoning caused by the mercury coming in contact with the acid secretion.

Treatment.--In the beginning of the treatment, Dr. Osler says in his work on practice--
That the later stages which come under the charge of the physician are so common, results, in great part, from the carelessness of the patient, who, wearied with treatment, cannot understand why he should continue to take medicine after all the symptoms have disappeared; but, in part, the profession also is to blame for not insisting more urgently that acquired syphilis is not cured in a few months, but takes at least three years, during which time the patient should be under careful supervision.

Knowing, as I do, that syphilis is as easily cured as any infection--knowing, as I do, that without gastrointestinal decomposition, no disease, not even syphilis, can put up a winning fight against real health and normal elimination--I am surprised at what the leading English teacher of medicine has to say on the subject.

On the treatment of syphilis is where I part company with modern medical science. I have been in the profession many years; I have treated many cases of syphilis; and, where I have been favored with an early call, about two to four months is as long as I have ever kept a case under my supervision. No wonder there is a universal taint, when a patient is kept under treatment for three years! He will certainly have a medicine disease built in that time which probably will last for the remainder of his life. Every symptom developed during those three years will be attributed to the disease, when, in reality, it comes from a ridiculous manner of living on the part of the patient and the drugs he has been given.

The chancre should be treated the same as any ulcer. It must be kept clean. What I mean by keeping the chancre clean is that it should be washed with a very mild soap two or three times a day, and rinsed with warm soda water--a heaping teaspoonful of the soda to a pint of warm water. The parts should be bathed

thoroughly with this alkaline water, so as to remove any soap. Then a little white vaseline may be used, and a light dressing of cotton, retained by a T-bandage. Under no circumstances should a dressing be put on that is retained by a cord, or, what is worse, a rubber band. Anything that constricts the organ will cause a puffiness in the foreskin. The more the circulation is interfered with, the slower the ulceration will be in getting well, and the more absorption and systemic infection will take place. If the primary disease is taken care of in a sensible, rational way, it will heal just the same as any ordinary sore; and if this can be carried through, and at the same time the inguinal glands prevented from becoming involved, there will be no constitutional derangement to be overcome.

The general care of the patient should be the same as would be given to overcome or prevent the spread of any disease; namely, a five-to-ten-minute warm bath, followed with a cold sponge-bath; and the cold sponge-bath should be followed with ten minutes' dry towel-rubbing before retiring. If the bathroom is warm of a morning, the bath should be taken at that time, and a dry rubbing given at night.

Until the disease is thoroughly under control, the patient should have nothing at all to eat except fruit--fresh, uncooked fruit morning, noon, and night, and at no other time. Water should not be taken. It is a mistake to drink freely of water; for the kidneys are forced to do vicarious work for the bowels, and this leaves the bowels constipated, causing infection.

The bowels should be moved every day. If the bowels do not move during the day, before retiring a small enema--a pint of water--may be put into the rectum and held for five minutes, and then a movement solicited.

The above treatment is so simple and so effective that it is hard for some patients, and many doctors, to believe that it can be trusted.

Sometimes I am not consulted until the ulceration is very great and the glandular involvement is pronounced. This means that infection has taken place, Now the question is, what kind of infection has taken place? Septic infection. I insist that syphilis is nothing more nor less than a badly treated septic infection, coming from maltreatment of a common ulcer. We do not believe in the doctrine that, unless patients are fed, the disease will master them; indeed, we know positively that feeding patients only feeds disease. The chancre or ulcer should be taken care of, it matters not how large it is, just as an ordinary ulcer would be managed. There is nothing in specific medication. The fact of the matter is that nature is fully capable of throwing off any and all diseases, if they have not advanced to such organic destruction that there can be no hope; and if nature cannot effect a cure--if nature cannot throw off disease--it will be because she is prevented by treatment and nursing.

Those who would have no further symptoms, no nervous diseases--tabes, or any of the diseases said to be due to syphilis--twenty-five to fifty years after, should live correctly.

XVI. GONORRHEA

Definition.--This is a septic infection of the mucous membrane of the urethra. I have some views that are not strictly orthodox in regard to this disease as well as to syphilis; and all I have to offer as proof that my particular views are well founded is that my plan of treatment works, and works better than any other plan of treatment of which I know. If my ideas are wrong in regard to the cause of syphilis and gonorrhea, or any other disease, I want someone to prove to me that I am wrong, by producing a treatment that is as good as mine, or better.

Etiology.--It is generally understood that this disease is caused by a germ, gonococcus. As I have stated all specific infections are at the base septic or toxic. Septic inflammation of the urethra is accompanied by the gonococcus. A septic inflammation of Peyer's glands in the bowels develops a typhoid fever, and the character of the septic material is that it is accompanied by the typhoid bacillus. A septic inflammation in the lungs is accompanied by the tuberculous bacillus; etc. etc. The stock-in-trade toxin that accompanies all suppurative inflammations is septic. The location of the disease in the body determines the character of the germ that is found in the necrosed or broken-down tissues and in the excretion and it will never be found in the early stages of any disease.

Symptoms.--Gonorrhoea starts with a feeling of uneasiness at the meatus, or the mouth of the urethra; perhaps a feeling of itching--just enough to call the attention of the patient to it; and perhaps, on examination, he finds a little discharge. Certainly by the next day the disease will have developed to such an extent that there will be no question about its existence; for, on getting up in the morning, there will be a feeling of discomfort, and, on examination, there will be quite a copious discharge. The patient experiences considerable discomfort in urinating, such as burning or smarting. This discomfort seemingly grows worse every time urine is passed, until the patient is very uncomfortable. Much, however, depends upon the constitutional state of the patient. If he has been living in such a way as to cause a decidedly acid urine, then the smarting, burning, and discomfort in urinating will be more pronounced.

Some cases develop an edematous state of the prepuce or foreskin. It sometimes swells to such an extent that the glans is completely covered, making it very difficult to keep the parts clean. This complication, however, is unnecessary; it is brought about by maltreatment. Any irritating treatment aggravates the symptoms and causes what would be a very light inflammation to develop into a very intense inflammation. Where the swelling is very great, sometimes the circulation is so cut off that there is danger of gangrene.

Treatment--As soon as the disease is discovered, the patient should stop eating, and clear out the bowels by enemas or mineral water. He should put on a belt next to the body; then double a towel and pin it to the belt in front. This is for the purpose of cleanliness, and will prevent any discharge from coming in contact with the underclothing. As soon as the towel is soiled it should be replaced by a clean one. The penis should be bathed in hot water--as hot as can be borne--for from ten to fifteen minutes three times a day. The parts must be kept absolutely clean, even if bathing in hot water is necessary every three hours.

The patient should not eat anything until absolutely comfortable. Then, for the first three days after eating is started, a pint of buttermilk may be given morning, noon, and night. The patient should be instructed to retire early, and the mind must be free from irritations--certainly from lascivious thoughts. A general bath may be taken before retiring at night. Have the water as hot as the body will bear. The patient may stay in this bath for five minutes. Then follow with a quick cold sponge-bath. Follow this with dry rubbing. Where it is possible for the patient to stay in bed, a disease of this kind can usually be gotten rid of in from one to four weeks. If it is impossible to go to bed, the disease will last from three to six weeks. If the patient has hard work to do, this has a tendency to prolong the disease. Riding horseback--any kind of jolting of the body--increases the trouble and has a tendency to prolong the disease. But where the patient can take proper care of himself, there is very little discomfort, and the disease is brought to a successful termination in from four to six weeks. Many cases that I have treated have considered themselves well in two weeks--but not so; they must be cautious about taking the proper care of themselves, for if they indulge in overeating, or indulge sensually in any way, the disease will be reestablished, and a chronic state may develop. The longer any disease runs on, the more difficult it is to cure.

All the time during the treatment of this disease the bowels should be kept open, by enemas, if necessary. After three days of buttermilk as suggested, light eating of fruit and vegetables may be taken for three days more. If there is no irritation developing and perfect comfort is experienced, light regulation eating can begin.

This treatment is so very simple that those who believe in doing something--believe in copious douches, passing gallons of water through the urethra into the bladder--will really think that it is almost no treatment at all; but in the course of a year I see many cases hunting cures who have been treated with copious douches of hot water and permanganate of potash, and the use of other drugs.

Systemic Infection.--I have seen gonorrhoeal rheumatism that was very intractable. This is a disease that resists treatment. I do not know but that this should be a diagnostic symptom. It often follows gonorrhoeal infection of the testes. Abscesses frequently form, and burrow in such a manner as to make their way into the bladder. I remember a case that I had thirty years ago, where pus would sometimes amount to fifty per cent of the urine passed, and no urine was passed that did not show ten to twenty-five per cent pus. The case had been diagnosed as gonorrhoeal infection of the left kidney, and an operation for the removal of that organ was recommended when the young man came into my hands. I gave it as my opinion that there

was, no need of kidney extirpation. I based that opinion on his general systemic condition, which was altogether too good to have anything seriously wrong with a kidney. I told him that the proper thing for him to do was to be careful about his eating; in fact, I put him on a strict diet. In the course of three years he ceased to have pus in the urine.

This disease is most liable to take on this intense form in those who are most dissipated--alcohol and tobacco users--and those with sensual minds and a disposition to be as lascivious as possible.

In women this disease cannot develop to such an intensity as, in men, because the drainage can be so much more efficient through copious vaginal douches. These douches should free the patient of the disease in half the time necessary in men, but those unfortunate enough to get the disease should be very willing to be extra careful. Sex life certainly should be given up absolutely until perfect health is established. While the disease is at its most acute stage, copious alkaline douches can be used--a dessert spoonful of baking soda in a quart of hot water--two to four times a day, depending upon the amount of discharge.

The suggestions for eating should be the same as for such cases in men. If there is a chronic catarrhal inflammation of the womb, great care should be used in using the douche to keep from forcing the infection into the mouth of the womb. Where this complication is established, there is no telling how far it will go. Intra-uterine infection may pass to the fallopian tubes and bring on infection of the tubes. These cases often have to go to the surgeon or go to bed for about four months.

XVII. TUBERCULOSIS

Definition.--The definition, according to modern medical science, is an infectious disease caused by the bacillus tuberculosis. The lesions are characterized by nodular bodies, called tubercles. These tubercles undergo cheesy degeneration, sometimes a hardening or fibrous degeneration, and again they become limy. This is the ending in spontaneous recoveries.

Etiology.--The disease is universal. It is found in animals. Cattle are supposed to be afflicted with the disease a very great deal. Forty to forty-five years ago Koch declared that bovine tuberculosis was similar to human tuberculosis, and that man could contract tuberculosis from cattle. The last years of his life he recanted, but I think his followers persisted in advocating his first declaration in this matter. Those who wish to be thoroughly informed on this subject from a bacteriological standpoint should get special works on the subject. I recognize the disease as coming from perverted nutrition brought on from crowded digestion, in those who are predisposed to take the disease.

Such people are very imprudent. Young men and young women, at the time when they are enjoying the best of health, practice gross imprudence, such as dancing until very warm, then standing in a draft or sitting in a draft; also persisting in eating wrong combinations, overeating, and taxing the nervous system in every kind of way. Young men use tobacco, and abuse, the stomach by eating all kinds of trash between meals; in fact, it seems that young people who are predisposed to this disease are born with a lack of judgment. Self-abuse enters largely into the cause of this disease by breaking down digestive power, enervating the subject, and forcing indigestion, decomposition, and the generation of toxins in the intestine, which are absorbed and poison the system. Besides the causes that I have mentioned, there is no question but that vaccination, inoculation, and serum injections have much to do with starting up a glandular derangement. A morbid process set up by vaccination in just the right individual--one with a dyscrasia--may be the beginning of the development of tuberculosis. Infection in childhood may run on, and show itself, or its evil influence, at forty-five or fifty years, of age. Instead of the cause of disease being unitary, it is, decidedly multiple; and this is especially true in tuberculosis. No two persons will be broken down in exactly the same way. All, however, must have their resistance brought to a very low ebb before the disease will manifest itself.

The Beginning of Tuberculosis.--Indigestion, characterized by frequent symptoms of derangement of the stomach, brought on from overeating or imprudent eating. These patients will be troubled with cough. After they have gotten over one attack of indigestion, they have a period of comparative health. Then they will have another spell of indigestion, developing a similar derangement that may be diagnosed as

bronchitis. The coughing may be quite persistent, but after running on for some time there may be a complete respite, the patient having quite good health; but there is always a little inclination for coughing and expectorating that will be recognized as perhaps a little bronchial irritation. At last there may be an attack of bronchitis, so-called. There will be a hacking cough with some temperature. The temperature may run up to 102 degrees in the morning or evening, but the temperature will not last twenty-four hours. However, it will return in the form of a periodic fever. Some cases may be treated for malaria. Particularly will this be true in malarial countries. In sections of the country where there is no malaria, the present day diagnosis will be an infection from streptococci.

Such cases will have fits of indigestion, perhaps sore throat, and it will be diagnosed streptococcus infection. The cough and expectoration becomes continuous, and a little fever will show every day-not much-perhaps less than one hundred, with an increase to 102 degrees. By this time the doctors will be diagnosing tuberculosis. They will begin the regulation treatment for that disease. The patient suffers psychologically from this diagnosis, He will be inclined to be despondent and hopeless, and will require a great deal of encouragement from family and friends. There are a few temperaments which will always be looking on the optimistic side-they expect to be cured, but they are not cured.

If the lungs are watched, there will be found a growing dullness in one or both lungs--perhaps only the left lung. This means an accumulation of phlegm in the bronchial tubes.

Treatment.--If taken to be treated at this stage, an effort should be made to empty the lungs of the accumulation. This can be accomplished more or less by having the patient lie in a position that will allow the accumulation to gravitate to the throat. Every day the patient should get into that position, and he will soon learn from experience that he can unload his lungs or get a freer breathing because of being able to expectorate a great deal of the accumulation.

This will not benefit the patient at all unless a rigid dietary is introduced. That means cutting out the dairy products and the starch; living largely on raw fruit and raw vegetables. The proteins should be watched. If a small amount can be taken care of without an increase in the cough and expectoration, it can be continued. There is no need for experimenting with starch for it will increase cough and expectoration from the bronchial tubes. From this point on the patient should improve until completely recovered, if the rigid dietary is adhered to. Some cases, if taken at quite an advanced stage, can be relieved within a month, and a very great deal of the dullness in the lungs overcome.

Scrupulous cleanliness is, necessary. A sponge bath of a morning, after a certain amount of exercise, and a tub bath at least every other night. That means a hot water bath and it should be continued for twenty to thirty minutes. If the patient is a female, vaginal douches should be used every day--if the patient be a virgin or a married woman, the douche should be used just the same. There is sometimes prejudice against young women being treated in this manner, but it is due to ignorance.

It is not a good thing to have the patient kept too warm. Bed clothing should be just enough to keep the patient comfortable, with the addition of a foot warmer, and the foot warmer is not to be used continuously. It should be kept to one side of the foot of the bed and as soon as the feet begin to show a coolness, the warmer can be brought to the feet. The feet should not be against the foot warmer. In other words, keep the feet warm, but do not allow them to sweat from overheat.

The patient should be encouraged to read and even study. The mind must be kept off himself by being interested in something outside of himself.

This line of treatment ought to save every patient, and if this care is begun early in the beginning of the development of symptoms, few would ever get far enough along to have to go to bed. It is curable in its beginning, one hundred per cent. Tuberculosis is doctored to death.

If this treatment is adopted early, there will be no tubercular bacilli, hence those who believe that there is no tuberculosis except in cases where the bacilli are to be found, will not believe that the disease can be jugulated as I have described. If it is any gratification to the profession and the people to believe in the present diagnosis and treatment, it is up to them to enjoy it. Those who will follow me will not need to

develop that kind of tuberculosis.

XVIII. ROCKY MOUNTAIN FEVER--TICK FEVER

We hear occasionally of this disease in the mountains of Idaho, Nevada, and Wyoming. It is supposed to be produced by the bite of a tick. The disease begins with chill, fever, and severe pain in the limbs. A rash appears from the second to the seventh day. Sometimes there is bleeding. Those who have seen the disease declare the rash to be not unlike that of typhus fever. Some patients have hemorrhage from the mucous membrane. The temperature ranges from 103° to 105° F. When the fever runs very high, there is delirium and stupor. The death-rate in this disease is very great. It is said to run as high as seventy per cent in Montana, but in Idaho not more than two or three per cent. The discrepancy is so great that there must be a very decided difference in the types of the disease found in the two states.

The disease should yield to the ordinary treatment of fasting, bathing, washing the bowels every day, and absolute quiet. When the temperature runs high, give a warm bath, reduced by cooling the water to 40°. The patient should be kept in the bath long enough to reduce his temperature to, 101° or 102° F. This should be done twice a day until the temperature stays below 102°. There is no question but that there must be a septic state. A hyperpyrexia, or high grade of fever, must be overcome to prevent the disease from becoming intense.

We have given this as you will find it in books on the subject, but our belief is, that it is psychological. Doctors scare the patients to death. As soon as people in the Rocky Mountain country find a tick on them, they get the jitters. After a doctor has been called and gives his treatment, the patient is certainly sick. We must not forget that we can kill people by building a psychological pathology. If it were possible for people to call a physician who would make fun of the tick fever, and encourage the patient to understand there is nothing to it further than what follows the bite of the ticks of the middle states, we would bear very little of the mountain fever in a short time. We still believe in the mad dog insanity. This is tick insanity, and if we can keep insanity out of our disease the mortality will drop exceedingly low in a very short time.

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CHAPTER II

Diseases Due To Chemical Poisoning And Sunstroke

I. LEAD POISONING

Etiology.--This disease develops among lead-workers--or workers in lead mines, paint factories, white-lead factories, and institutions where face-powders are put up. Such poisoning may also develop among makers of wallpaper, paperhangers, drinkers of soft drinks that are charged through lead pipes, and those who eat food put up in lead-foil. The poison gains entrance into the system through the lungs, digestive organs, and skin. I have had a great many patients who had been poisoned from the use of cosmetics containing lead.

Symptoms.--These patients usually show more or less anemia. The most pronounced symptoms are those of wrist drop or lead paralysis. In well-developed cases of lead poisoning there is a blue line on the gums, which often leads to the diagnosis when otherwise the physician would be in doubt. By lifting the lip and exposing the gum, there is an eighth of an inch just above the teeth that is bluish, while the rest of the gum is of a normal appearance.

Lead colic is the most common symptom of chrome lead poisoning. It is preceded by symptoms of gastric fever, beginning with indigestion and vomiting,

Treatment.--Pressure on the abdomen has a tendency to relieve the colic. In severe cases physicians usually resort to morphine, hypodermically applied; but a hot bath, continued from thirty to forty minutes, and sometimes longer, will bring on relaxation and give relief. Before the patient is subjected to the bath, an enema should be administered; and if the bowels do not move, then another should be given after the hot bath. So long as the cause is not removed there can be no cure. 'The patient will have to be content with palliation--with being relieved whenever the attack comes on. Those who are working in lead will have to go out of the business, if they want to get full relief and cure. Those who work in lead should be careful to keep their hands very clean. Before eating, the hands should be cleansed with water and soap, and the nails cleaned with a knife. Every means should be adopted to keep the lead from being taken in with the food. People who have developed much poisoning should think more of their health than of their work, and get into another calling. Some people are more susceptible than others to this influence. Those who eat in such a way as to bring on an acid state of the fluids will be more susceptible than normal people to this and mercurial poisoning; in fact, there will be more of it absorbed into the system. A properly balanced bill-of-fare will be about as good a preventive as can be had. Much fruit and uncooked vegetables should be eaten daily. Salad--such as those made by combining lettuce, tomatoes, and cucumbers with a small bit of onion, dressed with salt, oil, and lemon juice--should be eaten with every dinner. One meal a day should be of fruit. The dinner should be meat, a combination salad, and vegetables. Bread should not be eaten more than once a day.

II. ARSENICAL POISONING

Acute poisoning by arsenic is brought about by taking rough-on-rats, Paris green, and sometimes arsenous acid. People who desire to commit suicide sometimes persuade the drug store to sell them arsenic for killing rats, but instead they take it themselves,. If they knew how much suffering the poison would bring them, they would probably seek an easier route out of the world.

Arsenic is used with other drugs for the cure of syphilis. Arsenic poisoning, to a greater or less extent, will be found following the treatment that is being given to all these people who have a positive test

returning from the laboratory. The worst case of arsenic poisoning that I have seen in the last twenty years was a case of arsenical dermatitis. I do not see how a more severe poisoning could end otherwise than in death. This woman had a very narrow escape. She took her arsenic in the form of 606. If such severity can be developed in a few cases of using arsenic to correct cases, why should there not be many cases of skin troubles that will be treated for anything except arsenical poisoning. I insist that doctors are creating more disease than there would otherwise be if the materia medica had been fed to the fishes as Dr. Holmes suggested many years ago.

Symptoms.—The chief symptoms are vomiting, with pain, cramps, colic, diarrhea with a great deal of bearing down pain. In those who recover, paralysis is liable to follow.

Treatment.—In acute poisoning the treatment should be just about the same as it is for any poison taken into the stomach; namely, the stomach should be emptied as soon as possible, so as to get all out that has not been absorbed. This may be done by using an emetic. The best plan, however, would be to use a stomach-pump. Milk and the white of egg should be given very freely after the pump has done what it can in clearing out the stomach.

Where Fowler's solution, or any solution of arsenic, has been taken, dialyzed iron, in doses from six to eight drams, may be used as an antidote, causing the arsenic to form an insoluble compound, after which the stomach-pump should be used. Of course, the work should be done very rapidly. The iron should be swallowed as quickly as possible, and then the pump used.

Chronic poisoning by arsenic is brought on in many ways. Arsenic is used in the coloring of wall-paper, and the paperhangers are frequently poisoned by inhaling the arsenic which dusts off the wall-paper; besides, more or less of it is taken into the mouth from the hands, and from the mouth into the stomach. In chronic arsenic poisoning patients lose their hair, dropsy develops, and many die of heart disease and dropsical accumulation. Arsenical paralysis is developed in some cases.

III. PTOMAININE POISONING

Ptomaine poisoning may be developed from taking into the system food that is in a state of decomposition, or it may be produced by taking wholesome food into the system in too large quantities. Ptomaine poisoning, then, may be exogenous or endogenous. The exogenous is taken in, while the endogenous is developed within. Sometimes the poison is due to errors in food combinations. This style of poisoning comes from taking into the system animal food that is undergoing putrefaction,

Sausage, blood-pudding, etc., more than other meats are inclined to create ptomaine poisoning. Imported sausage has been known to create death after lying in the bowels for one week after it had been eaten.

Several years ago I was called to see a young girl, about nine years of age, who was dying when I got to her bedside. The symptoms were very strange; in fact, she passed out so rapidly that I could not have a very definite opinion in regard to her condition. I got no clue pointing to food poisoning of any kind, but I diagnosed the case as ptomaine poisoning. One week after, her sister, two years older, died under the same circumstances, within twenty-four hours of the appearance of her first symptoms, which were similar to those of the sister who had died previously.

A year or more after the two deaths I learned that just before the illness of the first girl the family had eaten more or less of imported sausage, and that no more had been taken after that time; showing that in one case death came almost immediately after eating the meat, and in the other case the sausage required a week to develop the poisoning that produced death.

Any fresh meat, if not well taken care of, and allowed to become tainted, may poison, unless cooking has been so thorough as to kill the putrefaction. The period of incubation—or, in other words, the period required from the time of eating the poison meat until it develops its symptoms—ranges very widely.

We often hear of wholesale poisoning at church suppers, where a hundred or more people are poisoned in one night; showing that this poisoning comes on very rapidly, as a rule.

The symptoms usually start with a feeling of languor, perhaps headache, aching all over, and vomiting. Sometimes there are griping pains in the bowels, and at other times there is a real cholera morbus. Sometimes there will be trembling almost equal to the ague. In many cases there are precordial oppression, difficult breathing, and a feeling of faintness.

During the summer there are quite a good many attacks of poisoning from ice cream. Nausea and vomiting, preceded by a chill, and sometimes diarrhea, are the prominent symptoms.

Treatment.--There is but one way to treat any kind of poisoning, and that is to clear out the bowels with large enemas. If the stomach is not already emptied by vomiting, it should be emptied with the stomach-pump, or by giving copious drinks of salt water. No food should be taken until the symptoms have entirely disappeared, even if that requires one or more weeks. Feeding during ptomaine poisoning has a tendency to prolong the disease; in fact, food eaten takes on decomposition very rapidly. Under such circumstances, fermentation is imparted to all fresh intake of food, so that the patient continues to poison himself.

Many cases of chronic ptomaine poisoning are treated for something else. Where too much food has been eaten--twice as much perhaps as the amount for which there is digestive capacity--decomposition starts up, with symptoms of diarrhea, pain in the bowels, and vomiting. Then, if feeding is begun as soon as the patient is relieved, the symptoms may lead off into chronic gastro-intestinal disease, which may break down the constitution to such an extent that the patient will die in a year or two. Other cases may be fed so soon after being relieved that there will be a relapse and death will follow. I remember one case where a patient was thrown into a desperate illness by eating calves' brains. When I was called to see her, she was delirious, with a temperature of 107° F. I had the nurse wash her bowels out thoroughly, and in about twenty-four hours she came out from under the influence of the coma into which she had settled after six hours of delirium. She wanted something to eat. I had instructed the nurse not to give her anything at all; but the sick woman was so insistent that the nurse yielded and gave milk--two quarts during the night and the following forenoon. The poisoning was renewed by the milk taking on decomposition; the patient had a relapse, which swept her out of existence within twenty-four hours.

IV. SUNSTROKE

Definition.--This is a condition brought on by exposure to excessive heat of those who are enervated from sensual indulgence. Those who are brought down with so-called sunstroke are almost invariably sick beforehand. The inebriate is very liable to meet with this trouble in excessively hot weather. Those who are badly toxemic are also apt to come down with excessive heat. Real sunstroke is not a disease that will take hold of a normal and healthy person. Some authorities divide sunstroke into two classes: heat exhaustion and sunstroke. There is quite a difference. Heat exhaustion may come to those who are quite well, when exposed for a long time to very hot rooms. Stokers and men who feed furnaces are very liable to be brought down with heat exhaustion. But those who are brought down with sunstroke are sick, and often their resistance is so very low that they will go down under the effect of heat which the average person will not consider excessive. The large cities afford quite a number of examples of both heat exhaustion and sunstroke every year.

Symptoms.--The victim falls into a state of prostration, and may die within an hour, the principal symptoms being those of heart failure, difficult breathing, and a comatose state. Some writers describe fatal cases that occur almost instantaneously. Victims fall as if shot down. The more common forms present pain in the forehead, dizziness, and a feeling of difficult breathing, with nausea and vomiting. In some cases there are diarrhea and frequent urination. If dyspepsia has helped the hot weather to bring on the condition, the breath will usually show it. There will be an alcoholic odor to the breath. Of course, sunstroke should not be mistaken for an alcoholic drunk; for patients will rally and get over the drunk, whereas, if they are neglected when the condition is that of heat exhaustion, they may die. The heat exhaustion must be differentiated from uremic coma and morphine narcotism.

Treatment.--Get the patient to a comfortable place where he can rest and not be annoyed. The head should be bathed with hot water, while someone is fanning with a good strong fan. The rest of the body may be sponged with cool water. I would not use ice-water, because this leaves the patient very uncomfortable. If two or three people will volunteer to do the work of fanning, the patient will be

benefited more by the hot sponge-baths given under the hand fanning; or an electric fan may be used. The sponging should be with hot water, and the entire body should be gone over as rapidly as possible--repeated and repeated. Evaporation will be so rapid that the excessive heat of the body will be carried away much faster and more safely than where patients are bathed in ice-water. When the patient rallies, he may take orange juice and water, half and half, or hot milk and hot water, half and half. If convulsions occur, they must be controlled with chloroform. Each case must be treated according to its requirements.

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CHAPTER III

Disease Peculiar To The Gouty Diathesis

1. ARTHRITIS DEFORMANS

Definition.--Osler says that it is a chronic disease of the joints, of doubtful etiology. Judging from my own experience, I should say that the disease is a legitimate outcome of abuse to the digestive function in those of the gouty diathesis.

Etiology.--There is more of this disease occurring between the ages of thirty and fifty than at any other time of life. Children, and young people at or before puberty, do, however, develop it. More women than men are affected with this disease, if I am to judge from my experience.

Predisposing Cause.--Gouty diathesis,

Exciting Cause.--Anything that will shock the system like the loss of a friend by death, sudden fright, and injury. But, of course, for these exciting causes to precipitate a case of arthritis deformans, the patient's nutrition must be perverted, so that only the last straw, so to speak, is necessary. Some medical writers are inclined to recognize the disease as, originating in the nervous system. There is a type of arthritis deformans that has its origin in the nervous system, but it is not what is generally understood as this disease; that is, the type that distorts the joints by ankylosis (bony union). All diseases have an element of nerve derangement. Indeed, we must have enervation before any disease can develop and enervation may be brought about by anything--any influence--that uses up nerve energy.

The nutritional disturbance that ends in the disease under consideration comes from continual overeating--eating beyond the digestive capacity. The subjects in this particular class, if they were of the scrofulous diathesis, would develop tuberculosis, or some form of tubercular disease of kidneys, brain, liver, etc.; but in the gouty diathesis the disease leads off to bursal inflammations, with deposits of lime. When the morbid state is once set in motion, it will never stop until all foods that are carrying much mineral--lime, etc.--are left out of the dietary.

Symptoms.--Sometimes the disease will start in the hands, sometimes in the toes; there will be a development of nodes; the finger joints become sensitive, swollen, and little elevations of bony deposits take place. If the subject moves to another country--goes from north to south, south to north, east to west, or west to east--some habits will be dropped, which may favorably influence nutrition, and the disease may come to an end, leaving the finger joints enlarged. But when the disease once starts, if the cause is not removed, accidentally or otherwise, the joints become more and more deformed, and more and more of the joints become involved in the disease, extending from the hands to the wrists and elbows, and from the toes to the ankles and knees. Sometimes the disease develops very rapidly in the spinal column, and may cause complete ankylosis in a few months. Patients who have this disease develop in the hips will often in a very short time develop ankylosis of the hip joints. This disposes forever of the possibility of sitting down--the patient must either lie down or stand up. If the knees are involved, so that there is complete loss of the knee joints, it will be impossible for the person to walk. If his arms are left to him, he may go from place to place on crutches.

No one ever has a node form on the fingers who has not had indigestion. No one will ever develop rheumatism of any kind without first having indigestion, and that indigestion must have been running

along for months, and even years, before the nutrition is so perverted as to change the function of cell development. As stated above, the disease may start and come to a sudden end. Then again it may start and continue making new conquests from month to month--perhaps not so rapidly, but surely from winter to winter; each new involvement meaning a destruction of the particular joint involved. This is called the progressive type of the disease; which does not mean anything, except that nothing has been done by well-directed treatment to stop the progress of the disease by correcting the errors of nutrition.

Diagnosis.--In the very beginning this disease may be mistaken for inflammatory rheumatism. This mistake will not be of long duration; for deposits will take place, which speak for themselves. The swelling is never so great in this disease as in inflammatory rheumatism. The inflammation never runs so high, and the general fever never reaches the height that it does in acute articular rheumatism.

Treatment.--A lost joint is lost forever, but the disease may be checked. A complete fast should be given until the pains are all gone, and then a diet for several weeks of fruit and vegetables--fresh or uncooked fruit and non-starchy vegetables, with plenty of salad. These are the eliminating foods. Foods that are inclined to cause deposits in the system--such as meat and all forms of cereal--should be left out of the dietary, if necessary for a year, so as completely to transform the: nutrition of the victim of this disease.

II. CHRONIC RHEUMATISM

Etiology.--This disease represents a perverted state of nutrition. Its victims belong to the gouty diathesis. They are almost invariably eaters of large quantities of starch--great bread-eaters. Workers in damp places; those whose work is in basement; those who live in damp houses, on low, marshy ground, in sections of the country which are not drained, are inclined to develop this disease.

Symptoms.--Stiff joints are always in evidence. The subjects of chronic rheumatism find it difficult to get around when they first get up in the morning. The knee joints, ankle joints, and other joints of the body complain very bitterly when they are moved; but, after being up for a few hours, the patient becomes more comfortable. if, however, he lies down during the day for a nap, or sits down for any length of time, he will get up stiff and sore.

These people are supposed to be barometers. They can tell when there is to be a change in the weather. If they cannot tell, they think they can; so it does not matter, for they have pain in season and out of season. Some of the joints will be tender to the touch, and a little swollen, but there will not always be any redness. The rule is that more than one joint is affected, but we meet with a great many cases where the disease is confined for years to one shoulder, or one particular point in the back, or to the hip, or to one knee. The general health of such people is not badly impaired; they always have a good appetite, and are especially fond of sweets. The disease is not recognized as serious; yet some cases do develop heart complications. These patients are very inclined to develop arteriosclerosis, seldom live to be very old, yet may live to be sixty or seventy.

After the rheumatism becomes chronic there is seldom, if ever, any fever. In the early stages fever may run very high, up to 103 or 104 degrees. A patient in this condition should not have anything but hot water until the pain and swelling are all overcome.

Treatment.--The diet must be corrected. It is impossible to build chronic rheumatism without improper diet, improper clothing, improper bathing, improper housing, etc. No two cases require exactly the same treatment--every case is a law unto itself. If there is constipation, it must be overcome. All bad habits must be put aside; no coffee- or tea-drinking; and, of course, alcoholics are never to be thought of by those afflicted with rheumatism. The use of tobacco must stop.

Breakfasts should never be more than an apple or an orange. Until the rheumatism has been entirely overcome, these patients get along better by using such fruits as apples, pears, and peaches, and leaving out the citrus fruits. Anything in the starch line--bread, potatoes, beans, etc.--should not be eaten oftener than once a day; meat two or three times a week; cooked, non-starchy vegetables and a combination salad

always being preferred in these cases. The amount of food must be limited until the condition has been entirely overcome. At no time so long as there is any rheumatism should one eat what would be called a full meal.

III. MUSCULAR RHEUMATISM

Definition.--A painful affection of the voluntary muscles and the faciae (the fat that covers muscles and dips down between them). This disease often takes hold of the periosteum (lining membrane of the bone). When it affects the muscles in the back, it is called lumbago; when affecting the muscles in the chest, it is called intercostal neuralgia.

Etiology.--This disease follows colds and exposure. People who develop it are subject to acetous fermentation in the stomach from eating food potentially acid and low in vitamin. Their habits are very much the same as those described under the head of chronic rheumatism. The constitutional disturbance is less than in the former disease.

Symptoms.--The affection is entirely local. The constitutional disturbance is light. There is no fever, pain being the principal symptom. People who are afraid of pain will often make a very great deal of complaint, and they make their suffering much worse than it really is, by pitying and feeling sorry for themselves. For instance, if they have pain in the shoulder, they will set the muscles to keep the shoulder from moving, and it will not be long before they have more pain from tire, because of keeping the muscles fixed, than on account of the disease itself.

This is true whatever the location. One of the principal varieties is lumbago. When the patient gets this trouble, he will often put his muscles on guard, to keep from moving the sensitive point; and in the course of a day the muscles that stand guard will be so worn out, and so very sensitive and painful, that the lumbago, plus the muscle fatigue, will make a very large-appearing disease, when there is really nothing to do for the patient, unless he can be induced to lie down and relax. Where the disease is in the neck, known as "stiff-neck," the same distressing condition may be brought about, if the patient does not know the injurious influence of keeping his muscles set or on guard.

Treatment.--Rest, and, if the patient is in very great pain, he should go to bed. Previous to going to bed, however, he must be told how necessary it is for him to poise--relax. Then a hot bath should be taken, the water being as hot as can be borne. The patient should remain in the bath until relieved, even if it requires an hour. Then he should go to bed, and be lightly covered. The bowels should be made to move with enemas. The patient should drink all the water possible for several days--two or three quarts during the day. Positively no food must be eaten until the pain is entirely controlled. Then meat eating must be given up, except about three times a week. Any kind of fruit (except perhaps the citrus fruits) should be given for two meals a day--morning and noon. At the noon meal a little cream or cottage cheese may be added to the fruit. Supper should consist of cooked, non-starchy Vegetables and salad, with meat added about three times a week. On the evenings when meat is not taken, one of the decidedly starchy foods may be taken with the salad and vegetables.

IV. DIABETES MELLITUS

Definition.--Perverted nutrition in which sugar fails to be carried through the regular digestive process and appears in the urine. It is considered that a patient has diabetes if sugar is appearing in the urine daily.

Etiology.--This is, a disease of civilization. It is a disease that makes, itself felt in all sections of the country where the cost of high living is well known. In other words, it is a disease peculiar to leisure and luxury. It is said that men are afflicted more often than women. The reason for this is that men indulge themselves in luxuries more than women. Man smokes and drinks, and is more inclined than woman to go to excess in all kinds of stimulants. People who have a tendency to obesity are more disposed to develop this disease than thin people. Mental shocks, nerve strains, overwork, worry, anxiety, all have a tendency

to favor the development of this disease. Severe injuries are frequently followed by sugar in the urine.

Metabolism in Diabetes.--There is no question but that the foundation for this disease is laid in toxemia; and toxemia is brought on from excessive eating and eating to repletion--eating until there is a chronic state of acidosis, fermentation in the stomach and duodenum, and also putrefaction in the large intestine, with daily absorption of toxins. Just why one case of toxemia will be followed by diabetes, another by Bright's disease, and another by tuberculosis, is not apparent to the lay public; but the real cause is anatomical and physiological. In diabetic subjects there is a tendency for a derangement of the pancreas and liver. It is said that in all cases of extirpation of the pancreas permanent diabetes is established. Then it is reasonable to believe that where there is a constant state of acetous fermentation of the stomach and duodenum, this acid state prevents the enzymes secreted by the pancreas from converting the starch into sugar. Much of the starch will be worked up into alcohol, and quite a good deal will pass off by way of the kidneys as sugar in the urine. The walls of the intestine as well as the liver fail to dehydrate the sugar, and this allows it to pass into the circulation and out by way of the kidneys.

Symptoms.--The acute form runs its course more rapidly. The patients become rapidly emaciated. In the chronic form many patients will be showing considerable sugar, without any very material change in the constitutional symptoms, running over a period of several years. The acute form may occur in the aged, but the rule is that people beyond middle life have the chronic form. There are people who have sugar in the urine a great deal of the time, and yet they are not truly diabetic. Those who eat a great deal of sugar, and those who overeat on starch, are very much inclined to have sugar in the urine.

There is a strictly neurotic type of diabetes. Where men are employed in enterprises requiring all the nerve energy they have, and are pushed to the limit in endurance, a nervous state will be developed that will be accompanied by sugar in the urine. The disease is strictly one of perverted nutrition; and unless nutrition is brought back to normal, a permanent cure will not be made.

Polyuria is a state where there is not much sugar in the urine, yet there is a very great quantity of urine passed--as much as a gallon or over in twenty-four hours. This particular type is of nervous origin, and, of course, there is, more or less gastro-intestinal indigestion. A tendency on the part of some cases is to drink a great deal of water or light alcoholics. In most cases the disease develops gradually, the patient not noticing the frequent desire to urinate. He will be troubled in this way not only in the daytime, but also at night. The quantity passed will attract his attention sooner or later. When measured, he will find that he is passing four, five, or six pints in twenty-four hours, instead of three; and he will also be surprised to find that it is of greater specific gravity. It will run from 1,025 to 1,040. The tongue is usually red--sometimes very silky-looking, as though it were varnished. Saliva is usually scanty. The gums are sometimes red and swollen, and sores appear in the mouth. Constipation is the rule in such cases. The appetite is usually enormous; but, in spite of this, the patients with pronounced diabetes will continue to grow thinner and become more emaciated. The skin is usually dry and puffy, and abnormally warm; in fact, the hands and feet will often be quite hot, without showing any fever.

Sometimes there will be great quantities of urine passed in twenty-four hours, and then during the next twenty-four hours the quantity will drop to almost normal; but the patient will have a profuse perspiration, wetting the underclothing, bed-clothing, and bringing on discomfort from the amount of dampness.

Glycogen is found in the urine, and, of course, is due to imperfect digestion. Albumin is frequently found in diabetic urine. Perhaps one-third of the cases show more or less albumin.

Pneumaturia means the amount of gas in the urine due to fermentation taking place in the bladder. This is not met with very often.

Blood is frequently found in the urine.

Among people who live high, diabetes is not infrequent in children. Inasmuch as it is a disease resulting from high living, it would be natural for children of this class to develop the disease. High living usually means eating cake and puddings; food that is extravagantly dressed; food cooked with lots of butter and cream.

Diabetic patients are frequently carried off by pneumonia. Broncho-pneumonia is said to be very common. Albuminuria is also a frequent complication. In such cases there will usually be edema of the feet. Diabetes is frequently associated with arteriosclerosis; in fact, the cause of diabetes is often the cause of arteriosclerosis.

Diabetic Tabes.--This is a nervous derangement characterized by shooting pains in the extremities, and the patella reflex is lost. The gait of the patient is that of tabes dorsalis.

Mental Symptoms.--Patients with this disease often become morose and despondent.

Special Senses.--Cataract is liable to grow, also inflammation of the retina, closely resembling that which accompanies albuminuria. Hemorrhages are also common in the eye.

Sexual Function.--Impotency is common, and may develop very early in the case. Conception is rather rare, sterility is established, and, where pregnancy takes place it is liable to be followed by abortion.

Diagnosis.--Sugar in anything like unusual quantities, found in the urine daily, is almost diagnostic. It should be present for weeks, and it should show more three hours after a meal than before that time or after. The sugar thrown off is a true grape sugar; an albuminuria or glycosuria is temporary, and always means overeating, especially of the sweets. In such cases, by watching, the patient can soon learn to know what his limitations are in regard to starches or carbohydrates; and then he should respect his limitations. If he does not, he may bring on a real grape-sugar diabetes.

Treatment.--The diet should be confined to fruit for one, two, or three weeks, depending upon the severity of the symptoms and the rapidity with which the amount of sugar in the urine is reduced. As soon as the amount is brought down to almost normal, the eating should be about as follows: any kind of fresh, uncooked fruit with tea-kettle tea for breakfast; Tilden salad and teakettle tea for the noon meal; and the evening meal may be fish once or twice a week, eggs (soft-boiled, scrambled, or poached) twice a week, lamb or chicken two or three times a week. With these items of food the patient is to have a Tilden salad. If the amount of urine passed increases, drop the teakettle tea at noon. After several months of absence of sugar in the urine there should be a change in diet. In the morning thoroughly dried out wholewheat bread or shredded wheat may be taken dry, followed with fresh fruit and teakettle tea. The other meals can remain the same.

The eating must be watched. If there is any tendency for sugar to reappear, the patient should drop back to fruit. Then, when the sugar disappears, he should return to the regular routine. Baths should be given every morning, if the bathroom is warm. If not, the bath should be taken in the evening, and it should be of from two to five minutes' duration. Have the water as hot as the patient can possibly endure. Follow the hot bath with a quick cold sponge-bath. Not more than one minute should be required to get the cold water over the body. Then a dry towel-rubbing should be given. If the bath is taken in the evening, a dry towel-rubbing should be given in the morning. Rest is very necessary. The patient should retire at nine and get up late. He should avoid excitement-should stay away from picture shows, theaters, etc., and avoid reading anything that will excite the nervous system. There is no objection to a little brain work in the line of study, but the nervous system must not be overfatigued at any time.

The underwear should be open-woven cotton or linen, and never anything heavier than medium weight in the coldest winter weather. Heavy outside wraps may be worn in cold weather. Everything must be eliminated from the daily habits that uses up nerve energy. The patient is not to use coffee, tea, chocolate, cocoa, alcoholics, or tobacco. These stimulants must positively be stopped, if the disease is to be controlled and the patient brought into a condition where he will not relapse.

V. DIABETES INSIPIDUS

Definition.--A chronic derangement characterized by passing large quantities of urine of low specific gravity. Sometimes the urine will not be heavier than water.

Etiology.--The disease is caused by a nervous derangement. Fear of overworked emotions are the causes in those who are very nervous. It is more common to the young than to the old. Little children at the breast are prone to have this derangement. Mothers should be cautioned to avoid everything of an exciting character.

Diagnosis.--A low-specific-gravity urine, passed in large quantities, devoid of sugar.

Treatment.--It is said that the treatment is very unsatisfactory. I have not had this experience. I should expect to have trouble of this kind if I should resort to opium or drugs; but, inasmuch as the disease is strictly of a nervous character, I should expect every case to get normal in a very reasonable time, by being deprived of food, and resting in bed. The feet should be kept warm by artificial heat if necessary, and a reasonable amount of water may be given if there is thirst. It is strictly a disease coming under the head of nervous dyspepsia.

VI. OBESITY

Definition.--An over-development of body; an excessive deposit of fat in all parts of the body.

Etiology.--There are two types of this disease which have a hereditary tendency. In one type it comes from a family of fat people. It is almost impossible to keep them from taking on an excess of adipose tissue. There is nothing strange about this; for, when permitted to choose the food they like best, their choice will almost invariably be something that produces fat. The second class are those who develop obesity because of excessive indulgence in carbohydrates. The American people consume about 125 pounds of candy per capita per annum. If this habit is continued, in a few generations from now the people of this country will all be more or less obese. Fat does not mean health, in spite of the fact that the majority of people look upon those who are rotund as pictures of health. The popularity of rotundity is so great that it proves to be a serious handicap in curing women of chronic diseases. They are so afraid of losing their weight and their good looks that they would rather be sick and well rounded than to be perfectly well and slender. Obesity is not always caused by overeating, but it is always caused by imprudent or improper eating or drinking. Many persons are light eaters. They live in such a way that they bring on a perverted nutrition. Enervation accompanies the derangement; also faulty elimination. The kidneys fail to carry off the solid constituents. Many of these subjects of obesity will get into a state where they neither gain nor lose, and can almost live without any food at all without losing weight. This is due to the peculiar influence of the intoxication coming from retained excretions. The gouty diathesis is more apt to take on obesity than the tuberculosis diathesis. A great many obese people are troubled with an inherent desire for sleeping. This is peculiar to those whose kidneys are not sufficiently active.

Treatment.--It requires skill, and much more than the average judgment, to bring the obese down to a normal weight, and at the same time avoid doing them harm. No class of patients endure a long fast so badly. Long before they have the appearance of being greatly depleted, dangerous symptoms may develop. The reason for this is that nearly all the leading, vital organs of the body have been pressed upon by the accumulation of fat until they have all been weakened--enervated. When put on a fast, or a restricted diet, causing a steady reduction, in the course of three or four weeks the patients will begin to show a haggard appearance. Some of them will show a blueness or purpleness of the tissues of the face, which means oppression of the heart. To remove the pressure from the different organs is very enervating. To illustrate this point, I may say that, if patients suffering from over-distended abdomens on account of dropsy, acetous fermentation, and gas distention, or large ovarian or fibroid tumors, have the distention--the water in the dropsical tumor--drained off suddenly, or the ovarian cyst removed without preliminary preparation, they are liable to die of collapse brought on because of the sudden removal of the distention and pressure on important organs.

In obesity, as the accumulation in the chest is absorbed, the heart begins to palpitate and the pulse will become weak. This heart weakness may be marked by sharp, acute strokes of the pulse, with a decided emptiness following immediately. This is a pulsation of weakness. The kidneys also, will suffer from sudden removal of the accumulation, by becoming very sluggish. It is almost impossible to induce them to

act. In cases of rheumatic heart trouble accompanying obesity, very great care must be exercised. Sometimes the reduction of ten or fifteen pounds in two weeks will bring on a very distressed condition of the heart. Whenever the heart begins to complain, the patient must have the food increased. A very good plan to start with is to put the patient on fruit--fresh, uncooked fruit morning, noon, and night, and no other food. If all goes well, this plan of eating need not be changed for one week, two weeks, or even three weeks. A few patients can go nearly four weeks on nothing but fruit; but at the end of that time they will begin to show a little purpleness about the tissues of the face. When this symptom presents, one meal of fruit should be dropped, and a meal of meat, cooked, non-starchy vegetables, and salad substituted. This meal is to be continued daily until the symptoms of depression have all passed away; then the patient may return to fruit until the weight is normal. If, however, after the meat and vegetable dinner is adopted, the weight continues to drop, the dinners may be continued; and perhaps in the course of one or two weeks one meat meal can be dropped every other day, and a baked potato meal, or any other decidedly starchy food, may be given, with non-starchy vegetables and a salad. After this plan has been carried on, and the weight shows a gradual decline, without any symptoms of oppression of any of the organs of the body, this kind of eating may be continued indefinitely, unless a feeling of weakness and lack of vim sets in. Then one starchy meal a day, with fruit, may be substituted for one of the two fruit meals; and this starch is to be continued unless the weight increases; if it does, then return to the fruit. It is very largely a matter of good judgment on the part of the physician watching the case; but no accidents will occur in these cases where the physician is experienced and does not become careless.

One or two cleansing baths a week may be used in conjunction with the treatment. Then, night and morning, dry towel-rubbing should be used--or friction mittens in place of the towel--to establish a thorough capillary circulation and a good, wholesome condition of the skin. Where the bowels are inclined to be constipated, one of the cooked, non-starchy vegetables with the dinners should be either spinach or onions. All the time a patient is taking this treatment he should avoid hard work or strenuous exercise. A very good exercise is the tensing movement. This may be taken in a recumbent position. It means tensing the arms and legs, abdomen and muscles, wherever they can be voluntarily contracted. It means making the muscles of the arm hard, then relaxing, and then hard again, etc. It is a very excellent exercise for people who are taking treatment for obesity. After the patient has been brought to the proper weight, regular eating may be resumed, leaving out the butter, sugar, cream, candies, pastries, cakes, etc.

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CHAPTER IV

Diseases Of The Digestive System

A. DISEASES OF THE MOUTH

STOMATITIS

(1) Acute Stomatitis

This is a disease of the mouth--the commonest disease of this organ. It may be caused by gum-chewing, or by eating anything that is pungent or irritating. Mustard may bring it on. Where these sores appear in the mouth frequently, it shows a run-down state of the system, and it always points to more or less derangement of the digestion. The irritation may be confined to the gums; in fact, any part of the mouth, including the tongue, may be affected. First there is redness. Where the irritation extends over a considerable surface, the tongue, gums, or cheeks may be swollen. If the tongue is swollen, the prints of the teeth will be seen on the side. An acid state of the stomach is more inclined to favor the development of this disease than any other cause. The acid referred to is not the normal hydrochloric acid of the stomach; it is the acid of fermentation, always indicating an excessive intake of food, particularly carbohydrates.

Treatment.--Change the style of eating: Eat more fruit and vegetables, less starch--especially white bread--and see to it that the bowels move regularly every day. Those who so desire may use a little chlorate of potash water as a wash for the mouth; but washes and medication generally are not necessary. Remove the cause--improper eating.

(2) Ulcerative Stomatitis

The ulcerative form of this, disease is found in many grown people. 'Those with decomposition in the stomach and bowels, and fetid breath, and who have bad teeth and a coated tongue, will often have white ulcers appearing on the margin of the tongue, on the gums, inside of the cheek, or in other parts of the mouth. In severe derangements of this kind there will be several ulcers at one time; but the disease always means improper eating and constipation--eating of food that is potentially acid, often made so by cooking and dressing.

Treatment.--The bowels should be kept open with enemas. It is best to stop eating until the bowels are well emptied; then fruit for two meals a day, and one meal of meat, combination salad, and cooked, non-starchy vegetables. This diet should be continued until the bad breath, coated tongue, and every other indication of perverted digestion have been righted; then add bread to one of the fruit meals.

(3) Geographical Tongue (Eczema of the Tongue)

As the name implies, the surface of the tongue gives the impression of a map; or the tongue may be described as being figured--some parts denuded of epithelium and other parts coated. This condition is accompanied by itching, and sometimes a burning sensation.

According to the best writers, the etiology is not known. In my practice I have found that this state of the tongue is always accompanied by obstinate constipation, with the usual toxin poisoning characteristic of

putrefaction in the large intestine.

Treatment.--Correct the condition of the alimentary canal by overcoming constipation and having the patient live on fruit for a week or two. If the patient is thin, about one week without food, except fruit, is enough. The prunes and fresh fruit should be taken for breakfast; uncooked apples for lunch, and oranges and figs for the evening meal. No water or other fluid is to be drunk until the bowels are normal. If the bowels are obstinate, an enema may be taken in the evening.

The second week, fruit may be given twice a day, and then a dinner of meat, cooked, non-starchy vegetables, and a salad. This diet should be kept up until the tongue is normal.

B. DISEASES OF THE SALIVARY GLANDS

(1) Hypersecretion (Ptyalism)

The amount of saliva secreted in twenty-four hours is from two to three pints. Most of this is secreted while eating. When there is a hypersecretion, it is called ptyalism. This is met with in nervous derangements--in some cases of mental disease in those who are starch-poisoned. It is sometimes found in fevers and in smallpox. Where the motility of the stomach is disturbed from adhesions, etc., ptyalism is liable to be present. Mental states of fear--fear of sickness, fear of taking an epidemic disease that is raging in a community--will often create ptyalism. The patient, if a lady, will have a handkerchief and spit into it every few seconds. Ordinary ptyalism, that has not been brought on from mental derangement or poisoning by mercury, is usually an indication of an excessive intake of starch; and the treatment, of course, is to stop the use of starch until fully recovered. Where the disease is caused by mental excitement, the cause must be removed.

(2) Xerostomia (Dry Mouth)

This condition is brought on by anger, hate, envy, and spite. Waking up at night with a dry mouth usually indicates mouth-breathing--a bad habit that should be controlled. Tobacco-users often are troubled with dry mouth on awakening of a morning, and the tongue will be red and furrowed. Excessive starch-eating is sometimes indicated by a fissured tongue. The cause must be discovered and removed.

(3) Inflammation of the Salivary Glands

Mumps come under this head. This disease has been treated elsewhere.

Symptomatic Parotitis, or Parotid Bubo, is often a metastasis of disease from elsewhere--a septic inflammation transferred from some other part of the body. Septic inflammation developing in any part of the body is liable to start up this condition. It has shown itself in typhus, typhoid, pneumonia, pyemia, septicemia, etc. A slight infection following abortion may sometimes prove fatal by starting up septic inflammation of the parotid glands. Sometimes this condition accompanies so-called syphilitic infection. This disease has been set up by injuries of different parts of the body--diseases of the urinary tract, alimentary canal, and injuries to the abdominal wall, or peritoneum. The cause is an infection.

The treatment should be cloths wrung out of hot water, frequently changed. When suppuration takes place, the abscess should be given a free opening and not allowed to close too soon. Where the infection is due to pelvic peritonitis, the chances of recovery are very slim. This has been my experience running over a number of years.

Chronic enlargement of these glands may develop from the same causes that develop enlargement of other glands. They may become tubercular, cancerous, or fibrous. A strict letting-alone is the best treatment, along with careful living--careful dieting. Where the glands remain large and show no tendency for growing larger--seem to have arrived at a standstill--they should be left alone.

Enlargement of the salivary, lachrymal, and buccal glands sometimes occurs. In such cases I should expect to find a stomach derangement. If this is corrected, the swelling of the glands will soon pass away.

C. DISEASES OF THE PHARYNX

(1) Circulatory Disturbances

Hyperemia is common with smokers, or those who eat excessively and have acid fermentation in the stomach. The fermentation causes gas, and the gas eructations into the throat keep it in a sensitive state. Constant use of the voice will produce irritation of this kind. Sometimes this condition of the throat will develop in heart disease. Young children will often be made hoarse, their throats being made sensitive by the gas coming up from the stomach, causing irritation and edema. This may be severe enough to cause a husky voice, persistent cough, and often a croupy cough. Where the irritation comes from deranged digestion, this must be corrected by proper feeding. Where it is caused by the use of tobacco, alcoholics, etc., the cause must be stopped.

A cough from pharyngeal irritation often precedes pulmonary tuberculosis.

Hemorrhage is sometimes found. This is associated with a tendency for bleeding of the mucous membranes of other parts of the body. In vicarious menstruation the pharynx will sometimes bleed. Bleeding of the nose, where the blood passes down into the throat, is sometimes taken for bleeding of the pharynx. An enlargement and elongation of the uvula will sometimes be developed, with intense redness, and there will be a certain amount of oozing of blood from it. This is the case where the throat is decidedly abused by wrong eating; it is also found where either hot water or hot coffee is taken, and where tobacco is used to excess.

(2) Acute Pharyngitis

This derangement is frequently met with in epidemics of scarlet fever. In some epidemics there will be fifteen to twenty cases of scarlatinal angina to every marked case of scarlet fever.

Colds are supposed to cause this sore throat. The disease is said to be associated with rheumatism and gout. The reason is that rheumatism and gout are always associated with digestive disorders. Digestive disorders are the primary cause of all these diseases. No one can develop acute pharyngitis without a deranged digestion, unless it should happen to be brought on from accidentally scalding the throat. The cure for this disease is to correct the stomach derangement by feeding properly. The patient should go without food until better, and wash out the bowels. If this is done, it will not take more than three or four days to cure the worst type of the disease.

(3) Chronic Pharyngitis

This may develop in tuberculous subjects after several acute attacks. It is very liable to develop in those who use tobacco, alcoholics, and gum. Clergymen, hucksters, and others are liable to develop this disease from loud talking. It is often a sequel of nasal catarrh--or, rather, an accompaniment. It is accompanied by a dropping-down in the back of the throat. It is strictly a catarrhal derangement.

For treatment, the diet must be corrected. The bowels should move every day.

Until the severe symptoms are overcome, two meals of fruit a day, one meal of buttermilk, and no starch, should be taken.

(4) Ulceration of the Pharynx

On looking into the throat, the follicles will be found inflamed. The ulceration will not be very deep, and there will be other symptoms of catarrh. Syphilitic sore throat is usually confined to the pharynx. Sometimes it goes to the larynx.

(5) Tuberculous Pharynx

This disease is not infrequent. It is very intractable--presumably because the throat is used so much. However, when tuberculosis develops in the throat or the air-passages of the lungs, it means that wrong

life is the cause to such an extent that nutrition is pushed very far from the normal. In the tuberculous diathesis it requires a very great deal of painstaking care to bring patients back to normal.

D. DISEASES OF THE TONSILS

I. ACUTE TONSILITIS

Etiology.--This is a disease of childhood. It is, however, not infrequently met with in grown people. An attack of this disease is supposed to be precipitated by wet and cold weather, and bad hygienic surroundings. The weather and surroundings will have little to do with bringing on a disease of this character until nutrition is very much impaired. Some of our leading writers declare that sewer gas is regarded as a common exciting cause. I agree in full that this is true, but I do not agree with them as to the location of the sewer. In all the cases that I have ever been called upon to treat, the sewer has been below the diaphragm. Unless there is a sewer there, the outside sewer--city drains, grease traps, etc.--will have little to do with developing the disease. According to our best authorities, one attack renders a patient more liable to subsequent attacks. Why? Because these patients will be treated for sewer-gas poisoning, instead of correcting the cess-pools under their diaphragms; and so long as they know nothing about proper living, and continue to generate sewer gas in their own stomachs and bowels, they will be subject to frequent attacks of this disease. The disease prevails more in the fall. Why? Because the first cold weather is accompanied by chilly winds. The throat already being sensitive from imprudent eating all summer, the cold air creates irritation. The patients put on heavy underwear just as soon as the weather turns cold, the body is over-heated, and they are thrown into a cold.

The cold is often repeated quite frequently during the fall and winter. There is nothing peculiarly wrong with the weather in the fall, so that anyone need be affected by it, indeed, it is usually delightful; but for years I have noticed that tonsillitis is a very common disease following within a week after the people start fires in their homes and put on their heavy underwear. It is worth while to know that after Thanksgiving, Christmas, New Year, and other feast-days, there is always an epidemic of tonsillitis, la grippe, colds, pneumonia, etc. Where conditions are favorable, diphtheria is developed, which is nothing more or less than a septic development or infection of ordinary tonsillitis. Most authorities look upon it as epidemic and contagious. It is so only in appearance, however; for people generally have much the same habits of eating, housing, clothing, etc., and there is nothing strange in the fact that all enervated people should be affected alike. When the habits of the people are analyzed, they will be found to live in much the same way; then it would be unnatural if physical agencies did not act on all alike.

Symptoms.--Chill and fever, with aching all over, but particularly in the back and legs, are the symptoms with which this disease is ushered in. In children the temperature often runs to 105° F. Accompanying the disease there is always more or less gastritis; for the origin of the disease is gas poisoning from the gastro-intestinal canal.

The first symptoms may be a soreness in the throat; if not, this will come soon after the fever starts. On examination after the angina has commenced, the throat will be found intensely red, and the mucous membrane engorged, congested, and much swollen; the tongue is usually coated, and the breath very foul; the urine, as in all cases of fever, is highly colored and filled with mineral elements. Children frequently breathe very heavily, the pulse is quite rapid, and swallowing in some cases almost impossible. The fever is somewhat self-limited, usually lasting about a week. Then the patient will be almost well, unless there is a complication of quinsy setting in. That means that the tonsillar inflammation has extended to the soft palate, and an abscess will form. This form of tonsillitis is what is known as quinsy. It is an infection from an ordinary tonsillitis. The tonsils remain enlarged after this disease for quite a while, but will gradually shrink to their normal size, if the patient is properly fed; if not--if the patient continues the ordinary haphazard living--other attacks of tonsillitis will follow, a few weeks or months apart, until a time comes when the tonsils will be very much diseased. The constitutional derangement is great. Rheumatism will develop in some, and pulmonary tuberculosis in others.

Treatment.--Inasmuch as tonsillitis always comes from gastro-intestinal fermentation, the first, last, and about the only consideration in the line of treatment should be given to clearing out the intestinal tract and fasting until the disease is controlled. Copious enemas should be given two or three times the first twenty-

four hours, and after that every night before bedtime. Positively no food should be taken until the inflammation in the throat has entirely subsided, but all water desired may be taken. Then the eating should be confined to fruit for the first twenty-four hours; the second twenty-four hours, fruit morning and night, with a combination salad and cooked, non-starchy vegetables for the noon meal. The third day a little meat may be used if desired, or a soft-boiled egg, with a salad or a grapefruit. At the end of the fourth or fifth day, toasted bread and butter, with uncooked fruit, may be taken for breakfast; meat and salad, with cooked, non-starchy vegetables, for the second meal; and fruit for the third meal.

II. CHRONIC TONSILITIS

This is a catarrhal state of the pharynx and posterior nasal passages. Sometimes the eustachian tube, and even the middle ear, are involved. This disease is often accompanied by adenoids. By the best authorities, enlargement of the tonsils is given credit for being the cause of mental derangements and lack of bodily development in some children. It is too bad that extraordinarily smart teachers sometimes hook up the cart before the horse. The cause of the tonsilitis is the cause of the mental and bodily derangement. As soon as the improper habits of life, practiced daily, which cause this disease, are corrected, the disease will gradually decline, and the tonsils will grow smaller from month to month, until they entirely disappear. The adenoids will disappear in much less time. Operations are not necessary--and, in fact, are injurious, because they give the patient hope of a cure without removing the cause. The cause is wrong eating, and wrong care of the body generally. Children that are fed on a diet lacking in raw fruit and raw vegetables develop a catarrhal state early; and so long as the bad habits are practiced, the condition grows worse. The children most afflicted in this way are those inheriting the scrofulous diathesis. Then, when they arrive at puberty, a large percentage are taken off with tuberculosis.

Children who have very large tonsils are mouth-breathers. They are not bright in school; their general health is, very much impaired. But, as stated before, this is not due altogether to the enlarged tonsils. The majority of children who do not breathe well through the nose will be entirely relieved of this symptom in one week, if confined to fruit morning, noon, and night. Possibly there may be cases so severe that they will require ten days on a fruit fast; but if the children are started on the fruit diet, they should be kept on it until their breathing is natural. By that time the redness, swelling, puffiness in the throat, and a great deal of the enlargement of the tonsils, will have vanished, and the adenoids will no longer interfere with breathing.

Treatment.--See to it that the bowels move every day. In pronounced cases the child should be kept away from food for three days. Then this should be followed with three fruit meals each day--morning, noon, and night--for three days. If all the symptoms are improving by that time, two meals of fruit, with one of toasted bread and butter, followed with an apple or an orange, may be given. This can continue for three days. At the end of that time, toasted bread in the morning may be given, followed with an apple. An egg, or a small bit of lamb, chicken, or fish, with cooked, non-starchy vegetables and a salad may be taken for dinner every other day. The alternate days, baked potatoes may be given, with vegetables and salad. The third meal for the day may be fruit and nothing else.

E. DISEASES OF THE ESOPHAGUS

I. ACUTE ESOPHAGITIS

Etiology.--Inflammation of this passage may be of a catarrhal nature, but the rule is that it comes from injuries, such as scalding, accidentally swallowing acids, swallowing a fish-bone, or any other kind of bone that will cut, scratch, or denude, and start up irritation, inflammation, and ulceration.

Some authors describe a pseudo-membranous inflammation of a diphtheritic nature. I see no reason why a putrid sore throat or a tonsilitis could not be extended down the esophagus, and even to the stomach, but if these cases are treated as they should be, and controlled in regard to swelling, the disease need not be extended to this passage. Cancer has been described in this location, but in all probability it was first a wound to the walls of the passage, and the irritation ended in ulceration, and eventually ulceration merged into a cancer.

Symptoms.--Pain in swallowing is always present in severe inflammations of the esophagus. A dull pain beneath the sternum is felt. The presence of foreign substances in the esophagus may be suspected when the food regurgitates. In scalds and injuries of a severe character the inflammation may be great enough to end in stricture. This will interfere with swallowing.

Treatment.--Acute inflammation of this organ should be treated the same as acute inflammation anywhere. A fast of sufficient duration to overcome discomfort, and then fluid food of the proper character, should be taken until all the symptoms have vanished. Orange juice, milk, broths, and soups are in order. In case of stricture, it is not possible to eat food that has to be swallowed in a bolus, because it cannot get by. It is necessary to give fluid foods, and bougies will be required to enlarge the stricture. Begin with a small bougie, and gradually work up to one large enough to fit the caliber of the esophagus.

II. SPASM OF THE ESOPHAGUS

This disease is met with in hysterical women and hypochondriacal men, It is also a symptom in chorea, epilepsy, and certain other convulsions. It is sometimes associated with the lodgment of foreign substances in the passage. We find it in those of nervous temperament those of the neurotic temperament. To prove that there is no stricture, all that is necessary is to pass an ordinary esophageal bougie. If it passes readily into the stomach, this is positive proof that there is no obstruction, and that the apparent obstruction is simply of a nervous character.

Treatment.--The treatment must be the correcting of the general condition of the patient. Whatever these symptoms depend upon must be corrected. In chorea the patient should be put to bed until all symptoms have disappeared, and then the eating should be very light for the first week. In cases of epilepsy the basic derangement must be treated. It may be due to decomposition of food in the gastrointestinal canal. Many times there will be colitis, accompanied by distressing constipation. These symptoms must be overcome before any relief will be experienced to the disagreeable sensations in the esophagus.

F. DISEASES OF THE STOMACH

1. ACUTE GASTRITIS

Etiology.--Anything that will irritate the stomach may be a cause: overeating; eating improper food; improper combinations; swallowing chemicals of any kind, accidentally or with suicidal intent.

Symptoms.--As a rule, an attack is brought on from imprudence in eating. Fermentation takes place, with so much irritation that the food is expelled by vomiting. The patient complains of pain and nausea; the tongue is coated, the breath is bad, and vomiting is severe. The thirst is great. If satisfied, the vomiting increases until a small amount of water will not stay on the stomach any length of time before it is rejected. When the vomiting is severe, the thirst is very great. There is a little fever-seldom above 102° F. Sometimes there are diarrhea and pain like colic. The duration of the attack will not be longer than twenty-four hours, if the patient is treated properly from the start.

Treatment.--Stop drinking entirely, or taking anything into the stomach. Nothing is to go into the stomach until the nausea and vomiting are all gone. The bowels should be washed out by an enema. If the symptoms are very severe, enemas may be used three times the first day. If the nausea is gone within six to twelve hours, then all the water that the patient wants may be taken, beginning with a few sips at a time, and increasing as desired. If the nausea is severe and thirst is great, water should not be taken by mouth, but a cup of water may be put into the bowels with a fountain syringe and allowed to remain. This may be repeated frequently enough to satisfy the thirst, In cases which have been abused by feeding and water-drinking the vomiting may be so severe as to bring on congestion and a trace of blood in the ejected fluid.

Within twenty-four hours after the patient is able to take water without nausea, feeding may begin; but it should be buttermilk, or fruit if the fruit is thoroughly masticated. If the fruit and buttermilk are tolerated, the second day buttermilk may be given in the morning; lamb broth with grapefruit, or any fresh fruit or

combination vegetable salad, at noon; and fresh fruit in the evening. The third day the same breakfast; meat at noon, with cooked, nonstarchy vegetables, and a salad; in the evening, toasted bread and butter, followed with an apple. After this the patient may be given his freedom.

II. CHRONIC GASTRITIS

Etiology.--This disease is the culmination of a number of attacks of acute gastritis, with a continuous abuse to the stomach between attacks. Those who build this state of the stomach are very imprudent in eating. As a rule they overeat, and they always eat improperly. Other sensual habits are practiced.

Symptoms.--The mucous membrane will become more or less thickened. This takes place especially near the pyloric orifice. This opening frequently becomes thickened and hardened, so that the contents of the stomach do not pass out readily. A very common symptom is a feeling of discomfort midway between meals--sometimes, in the early stages, starting up an hour before the regular meal-time. This discomfort is described as a hunger pain. If these symptoms are relieved by eating, the patient grows worse; the desire for food becomes more urgent, and occurs at shorter intervals, until a time arrives when the patient is suffering great distress constantly, due to decomposition, and the irritation, inflammation, and congestion that follow. The tongue is often red; sometimes broad and pallid. This disease produces symptoms, reflex and otherwise, paralleling symptoms of almost every other disease. Indeed, the reflex derangements due to this condition of the stomach are very numerous, and are often treated as primary diseases. Such ailments as piles, headache, nervous irritation, and migraine are almost entirely due to derangement of the stomach; yet unfortunately they are treated as independent diseases, instead of as simply symptomatic.

Treatment.--Chronic gastritis is brought on from overeating, improper eating, hasty eating, or improper mastication; gum chewing; the use of tobacco--chewing or smoking; the use of alcoholics, and the drug habit generally. Many people use drastic drugs in securing a movement from the bowels; and, if they are not already constipated, they soon will be, after treating this disease in this way. Following the use of cathartics will be established the cathartic habit, which is a constant source of irritation in the stomach and bowels. The state of the mind will have much to do with digestion. Those who worry, or give way to their emotions, will always be troubled with chronic gastric indigestion.

Venereal abuse, the lascivious habit, breaks down resistance and produces chronic gastritis in those who are predisposed to stomach trouble. It is superfluous to say that the first thing necessary is to find out what the cause is, and to remove it; then nature will do the rest. Whatever bad habit is causing the disease, that bad habit must be stopped.

Constipation should be palliated by the use of laxative foods and enemas.

The eating habits should be corrected. A safe plan in all cases is to stop eating for one to three days, and then follow with fruit for three days. After that, fruit in the morning; dinner at noon of meat, cooked, non-starchy vegetables, and a salad. The salad will agree with these cases, provided they will masticate thoroughly. Then fruit should be taken for the evening meal for a few days; after which starch may be taken for one meal each day.

The Golden Rule has to be observed in every case, or there will be no progress made. No food--not even fruit--is to be taken unless the patient is comfortable from one meal-time to the other. These patients must be given to understand, when they are brought back to health, that they can never return to their old eating habits without suffering a relapse in a very short time. It should be generally known that after forty-five years of age the amount of food should be reduced very decidedly every decade. There is very little waste after men give up their active life; hence to eat heartily is to burden the system, bring on indigestion, lower nutrition, and pen up in the body waste matter that will harden the tissues, prematurely age the subject, and in many cases bring on arteriosclerosis.

It should be understood that chronic gastritis--or, as far as that is concerned, any disease--cannot per se be successfully treated. Disease is the sum-total of the effects of wrong life; hence, to cure any disease, it is necessary to correct the living habits, whatever they are. To undertake to cure this disease by any special form of treatment, without paying any attention to the physical and mental habits of the patient, is the

height of folly. Some undertake to correct this disease with the milk diet. The majority of patients who take the milk diet will be benefited; but they must go off this diet some time, and, if they know nothing about proper eating, they will return to their old style of eating--and soon the disease will be brought back.

Drugs are of no benefit in this disease. In those cases which are troubled much with fermentation--acid stomach--there can be no objection to using a little alkaline mineral water; but, as this is not always convenient, a half teaspoonful of soda may be put dry on the tongue, and followed with a glass of hot water. This will neutralize the acid, as will be evidenced by the throwing-off of gas. The patient will rest, and get up refreshed in the morning; whereas, if nothing is done, the tongue will be coated, there will be a bad taste in the mouth, and the patient will get up heavy, dull, and tired. One great objection, however, to palliatives is that they license the patient to continue in his evil eating habits. When a condition requiring soda develops, it should be a hint to change the eating a little--eat a little less or combine more rationally. This disease will get well, and stay well, if the patient is willing to make a little personal sacrifice. There is no question but that the stomach can take care of the food necessary, but it cannot take care of all kinds of food at one meal.

III. DILATION OF THE STOMACH (Gastrectasis)

Etiology.--Dilation of the stomach is not a common disease; yet in a large general practice a physician will see a case occasionally. It is characterized by nausea; vomiting sometimes coming on suddenly, and surprising the patient by the amount of material thrown out. The reason for the amount is that there is an accumulation. In all cases there is a certain amount of stricture of the pylorus. In all chronic cases of this disease (and all cases worth mentioning or being classed as cases of dilation of the stomach are chronic), there has been chronic irritation for years perhaps, due to overeating and the formation of acid. The acid in time creates more or less ulceration, and it is the hardening of the tissues that follows the ulceration which produces a strictured condition of the pylorus. When patients who have a diathesis become run down and enervated, they have more tendency to develop the disease which is in keeping with their diathesis, and after that they may take on malignancy.

Symptoms.--On percussing over the region of the stomach, the experienced physician will readily detect dilation, and, on palpating from side to side, there will usually be a splashing of the fluids, or contents of the stomach. Where dilation is suspected, the hands should be placed, one on each side of the abdomen, and then brought toward each other suddenly; or one is to be pushed suddenly toward the other, and then immediately the hand that has been kept quiet will go through the same motion toward the other. In this way there will be a splashing sound elicited, which is almost positively diagnostic.

Then, if a hard lump is found a little to the right and above the umbilicus, this will confirm the diagnosis, which is that the patient has dilation of the stomach, with enlargement or thickening, with stricture or cancer, of the pylorus.

If there is blood in the vomitus from any of the vomiting spells, or if the ejecta have the appearance of coffee grounds, this will be a strong indication that the patient has cancer. Then, if cancerous cachexia be added, the diagnosis is without question cancer of the pylorus of the stomach. When there is a failure to pass out the liquefied or digested material, and it is retained, fermentation, with bad breath, will be common. At first the fermentation produces alcohol; later, acetic acid. At this stage there will be little digestion of food. If much butter is eaten, there will be butyric-acid fermentation. One of the most pronounced symptoms of butyric fermentation is a pungent eructation from the stomach, which will scald and make the throat feel very uncomfortable. This is an indication of a lack of hydrochloric acid. Where dilation is found to exist, chemical analysis of the stomach shows a deficiency in hydrochloric acid; lemons, or sour fruits of any kind, will assist the stomach in digesting foods, but the amount of food taken must be limited. Surgery is seldom, if ever, necessary.

Treatment.--Try out first the stomach-pump once or twice a day, and fruit for the morning meal; for the evening meal, meat and fresh fruit or salad. Thirst should be controlled by enemas. No water or other table beverages should be used. The stomach-pump will give great relief if used daily, and only solid food given. If the disease of the pylorus proves to be simply a hyperplasia due to irritation, congestion, and inflammation, by removing the irritation with the stomach-pump, feeding nothing but solid nourishment,

and keeping the stomach cleaned out, there is a possibility of reducing the inflammation and hardening, gradually reducing the thickened state of the mucous membrane, and restoring the opening of the pylorus to sufficient caliber to allow the food to pass out normally. In these cases an operation for enlargement of the opening, followed by proper care in eating and care of the body generally, may end in perfect recovery, and good health may follow for years to come. The operation should be simply one of enlarging the mouth of the pylorus.

If the case proves to be cancer of the pylorus, an operation may lengthen life or prolong the patient's misery. However, by making an opening from the stomach into the bowels below, the patient will be relieved, but not cured. Some will live one or two months; others may live a year or so. The diet should be raw fruit and raw vegetables.

IV. PEPTIC ULCER (Ulceration of the Stomach)

Symptoms.--This is a small ulcer. When located in the first portion of the duodenum, or in the pyloric extremity of the stomach, it creates very few symptoms. The patient may complain of indigestion at times, but often not more than people in very good health will suffer from occasionally. I have known quite a good many cases where there was no particular warning until perforation came. Again, there are other victims of this disease who will have frequent attacks of indigestion.

Treatment.--It is said that post-mortems have shown that a very large number of ulcers heal. My experience has been that the chances of recovery are very good. In the first place, there will be no erosions or ulcers unless the patient has been living in such a manner as to favor the development of these diseases. All the cases I have been called to treat have shown a decreased alkalinity, caused by eating foods that are potentially acid. Indeed, these erosions are only one form of scurvy or acidosis; hence it is obvious that the proper treatment for all such diseases is to restore the blood to its normal alkalinity. When disease has been suspected, or if suspected and not properly treated until hemorrhage has taken place, the patient must be kept quiet in bed, without any food, for at least forty-eight hours after the hemorrhage ceases. Then the eating must be confined to fluid foods for at least two weeks--buttermilk and orange juice, or the juice of the grapefruit. If in the berry season, blackberries may be run through a colander--one with meshes small enough to exclude the seeds. After the first week a combination salad may be finely chopped or run through a vegetable-mill, dressed with salt and olive oil, and given for one meal. The other two meals may be a breakfast of orange juice, and in the evening either buttermilk or lamb or chicken broth,

Beginning with the third week, mastication must positively be thorough. Fruit may be taken for breakfast--any kind desired; and for the noon meal, thoroughly cooked rice dressed with a little salt. This must be eaten very carefully. Insalivation must be perfect, because starch is hard to digest unless it is thoroughly mixed with saliva. Those who value quick recovery, without relapses, should certainly do their part in mousing their food. The evening meal may be stewed meat, with the juice of a grapefruit. In the course of one or two weeks after this the eating may be of almost any foods desired, but they must be properly combined: fruit in the morning, starch at noon, and in the evening meat, combination salad, and a couple of cooked, non-starchy vegetables.

V. CANCER OF THE STOMACH

Symptoms.--It is rather hard to distinguish the turning-point from chronic irritation, inflammation, and ulceration to a state of malignancy. Those who have deranged digestion, and continue to abuse the stomach, bringing on symptoms such as have been described under gastritis, gastric ulcer, gastric erosions, chronic gastritis, etc., should not be surprised if their disease degenerates into malignancy. Nature is very kind to those who are unfortunate in developing cancer; for she gives a great deal of warning. Cancer of the stomach will not develop without the patient being conscious of having abused the organ for months, and sometimes for years, preceding. No one has any assurance that a small stomach derangement, repeated and forced to recur by imprudence in eating, may not eventually end in cancer. Hence the early symptoms of cancer may be looked upon as all those symptoms that are peculiar to stomach derangements.

When the disease has developed to the point where the stomach is hindered in emptying itself, and there is sufficient retention to create vomiting, it will be necessary to distinguish between a simple thickening of

the pylorus and a hardening from the development of cancerous tissue. There will be a sensitive point to the right of and just above the umbilicus, such as was described under ulceration. To distinguish between a simple disease and the malignant, the constitutional derangement must be watched; for in cancer there will be a cancerous cachexia, while in a simple closing from chronic inflammation the patient will not develop this particular symptom.

Treatment--The usual treatment for both is the same--namely, surgery; but surgery offers nothing in cancerous cases. It may be that there will be a little respite and a prolongation of life for a few weeks or a few months; but even this is doubtful.

VI. HEMORRHAGE FROM THE STOMACH (Hematemesis)

Etiology--This symptom may result from cancer, ulcer, disease of the blood-vessels as described under the head of erosions, dilated blood-vessels such as are described as miliary aneurisms, varicose veins, acute congestion, acute gastritis, and the aftermath of wounds in the stomach. There is also hemorrhage from passive congestion due to liver derangements; also from cancer of the liver.

Symptoms--Sometimes cases will occur where the first symptoms will be fainting; indeed, fatal syncope has been known to result from hemorrhage of the stomach, the hemorrhage coming on suddenly from the giving-way of a large blood-vessel. In fatal hemorrhages the stomach will sometimes fill with blood without any warning by way of vomiting. These fatal hemorrhages occur in ulcer and cancer, or in cases where an aneurism ruptures in the stomach or in the esophagus.

In hemorrhage from the stomach the amount of blood lost is variable. This is a symptom that frightens all concerned. The rule is that patients exaggerate the amount of blood vomited. However, a half-pint to a pint is an ordinary hemorrhage from the stomach, except in those cases where there is just a slight oozing of blood from an erosion. The straining at vomiting may cause the ejected matter to be streaked with blood.

Diagnosis--As a rule, there is no question as to the origin of the blood. Occasionally, when the amount is small, there may be a question as to whether it is a hemorrhage from the nose, where the blood has passed into the throat--possibly been swallowed during sleep; and again there may occasionally be a patient who is morbid, and who will practice deception by swallowing blood for the purpose of being able to vomit it. Morbid, hysterical women may go to this trouble to elicit the sympathy and attention which they imagine they are not getting. It is not difficult to distinguish between hematemesis and hemoptysis; yet both are often preceded and accompanied by coughing. Irritation of the stomach produces coughing, and irritation from blood in the bronchial tubes and trachea may cause coughing. It is necessary to cough to raise blood from the lungs. In case of stomach hemorrhage the irritation that causes coughing is reflex. In bleeding from the lungs, the blood comes with the cough. In bleeding from the stomach, the blood does not necessarily come with the cough; it will precede or follow the cough, showing a sick condition of the stomach. The previous history will usually point to a difference. In hemorrhage from the stomach there is, usually a history of stomach trouble; besides, the blood is brought up in the act of vomiting, is clotted and mixed with food, and has an acid reaction. If the blood has been retained in the stomach for any length of time, it will be dark; if retained in the stomach for some time, it will have the appearance of coffee grounds. Where the blood has passed into the intestine, the patient will have stools that look like tar. Furthermore, there will be indications of derangement of the stomach and intestine. In bleeding from the lungs, on the other hand, there is an excited pulse, the blood-pressure is high, the patient brings up blood when coughing, the blood is bright red in color--rather inclined to be frothy, because the air is mixed with it--and the reaction is alkaline.

Treatment--Perfect quiet in bed; positively no food until the symptoms have disappeared. In bleeding from the lungs, the pulse must come down to the normal in number of beats and in volume. If feeding is persisted in when the pulse is high, it will be almost impossible to stop a hemorrhage from the lungs. In stomach hemorrhage the tendency is for the pulse to be very weak. At the beginning of the vomiting the pulse may be higher, but the tendency is for the pulse-rate to go down and the volume to sink much more rapidly in this hemorrhage than in hemorrhage from the lungs. The treatment should be perfect quiet, and

liquid food for at least a week before solid food is eaten; always the mastication must be thorough.

VII. NEUROSIS OF THE STOMACH (Nervous Dyspepsia)

Etiology.--Nervous derangements of the stomach may be divided into three classes: (1) Motor, (2) Secretary, and (3) Sensory Neurosis. These are the distinctions given by some of our best authorities, but certainly are distinctions without very much difference, because one type runs into another, and there is always a reason for an organ developing a condition of neurosis.

A nervous dyspepsia may be found in all types, from those who are quite stout--those who carry more than a normal amount of flesh--to those who are emaciated; indeed, some cases become skeleton-like and at the same time have more desire for food than those who carry more flesh. Many very healthy-looking people will have a neurosis of the stomach. An hour before meal-time there will be a feeling of discomfort, which food relieves. The layman usually jumps to the conclusion that it is a hunger pain, which should be relieved by taking food. The more it is relieved, however, the more it must be relieved and the oftener the symptoms will present themselves. The cause of this primary condition is rapid eating, overeating, using alcoholics, tobacco, and drugs of various kinds. This condition is also brought about by overworked emotions--jealousy, envy, spite, and anger.

Again, this condition may be brought on by exhausting the nerve energy in seeking pleasure--wearing out the nervous system enjoying, so to speak. Instead of taking a moderate amount of pleasure in going to the theater or picture shows, dancing, etc., the nerve energy is worn out taking these pleasures in excess. These symptoms are often covered by the blanket term "neurasthenia," but there is no more reason for labeling these patients neurasthenics than there formerly was for calling them hysterical or hypochondriacal. This nervous state cannot exist without a cause, and the causes are as enumerated above. Patients of a very imaginative turn of mind, and others who are idealistic, take their little ailments too seriously, and build upon them, making them larger than they are. The idealist thinks that people should have perfect health; because he happens to feel uncomfortable, he becomes introspective, and soon he is making mountains out of mole-hills.

Nearly all uterine diseases have a certain reflex influence on the stomach. Many cases of stomach neurosis can be traced to painful menstruation, catarrhal inflammation of the neck and body of the womb, misplacements of the womb, or acute and chronic inflammations of the ovaries.

Symptoms.--Many of these patients will complain of acid eructations--belching of acid fluids--and gases. These attacks of acid eructation follow each other day after day, and, as the disease becomes better established, the inconvenience from these symptoms lasts longer. Patients who at first have experienced simply a little eructation of sour fluids in the throat an hour or two or three after eating, will in time develop such a nervous state that sleep will be disturbed, and perhaps vomiting will be produced.

Many cases of this disorder will manifest as periodic headache. Migraine rests upon this kind of basis; for it is purely a nervous disease, and is one symptom of nervous dyspepsia. Quite a large percentage of patients with this disease are troubled with gas soon after eating, which they expel from the stomach frequently. As the disease grows more chronic, intestinal indigestion joins with the stomach indigestion, and the bowels fill with gas. Enlargement of the stomach results after months and years of indiscreet eating; rapid eating--neglect of thorough mastication. When the stomach and intestine are very greatly distended, the diaphragm is pressed upon and the heart action is interfered with. This can be pushed to such an extent that even kidney trouble will develop. An overworked heart from this cause will soon be accompanied by albuminous urine.

Nervous vomiting of spitting-out of food is common. An hour or two after a meal the patient will eructate a mouthful of partially digested food, which he will spit out. This condition may develop to such an extent that a certain percentage of these patients spit out everything they eat before the next meal-time, and they become more and more emaciated. Others find it difficult to go through the digestive act without vomiting once or twice, getting rid of the previous meal. If such patients could understand the "modus operandi" of their condition, they could save themselves great discomfort by eating one-half or one-third

the amount to which they are accustomed, and soon evolve into first-class health. But too often they attribute their disagreeable symptoms to a disease of the stomach--a real entity, so to speak; when in reality overeating and eating wrong combinations are the source. Often physicians will treat patients according to this idea, and it is no wonder that such cases never recover. Nearly all the symptoms named for every other disease of the stomach may be found in this disease. The truth of the matter is that nomenclature is rather superfluous; and that is not the worst part of it; unfortunately it is confusing. It has a tendency to make laymen and young physicians really believe that, when a name is given to a disease, the cause is understood. Nothing, however, could be more erroneous than this conclusion; for ordinary diagnosing throws no light on the real cause.

Treatment.--It should be obvious to anyone who has studied the symptoms that this disease cannot be treated in a cut-and-dried fashion. The real cause must be discovered and corrected. If the disease is produced by reflex irritations--irritation from the uterus, or reflex irritation from fibroid or ovarian tumor; or it is the result of over-worked emotions, or any of the causes set forth under the head of etiology and symptomatology, such condition must be sought out and corrected. But the disease will return if the patient returns to former habits. In cases of disagreeable acid eructations, temporary relief may be had by taking a little bicarbonate of soda. The most reliable relief, however, is to find one's limitations in regard to the amount of food that can be taken and digested, and then confine the eating within those limitations. This will give full relief until the disease on which the reflex irritation depends can be corrected. Indeed, the majority of people suffering from stomach derangement cause themselves a great deal of unnecessary suffering from imprudent eating. The neurotic state is brought on from whatever exhausts the nerve energy and produces reflex irritation of the stomach; but no particular suffering will be experienced until more work is put upon the stomach than it can take care of. When this is persisted in, patients will suffer very greatly from discomfort as well as from perverted nutrition.

G. DISEASES OF THE INTESTINE

I. DIARRHEA (Catarrhal Enteritis)

It is purely arbitrary to diagnose an intestinal derangement as duodenitis, jejunitis, typhlitis, ileitis, colitis, or proctitis; for diarrhea--or, rather, its cause or causes--will not be confined to one particular section of the intestinal tract. Indeed, when there is a serious derangement of this organ, the entire tract is more or less involved. The derangement oftenest met with in civilized life is colitis. Yet this derangement is not absolutely confined to the colon; for, as a rule, the rectum is more or less involved, and, either directly or sympathetically, the small intestine plays its part. In established derangements of the large bowel there is almost invariably sympathetic derangement of the stomach; hence, to my mind, it is exceedingly foolish to separate the intestinal tract into special locations for the development of the derangement known as catarrhal diarrhea.

Etiology.--First, last, and all the time, the most important cause of all diarrheal derangements of the intestine is improper feeding or improper eating. Foods vary in their influence on the stomach and bowels. A persistent use of the laxative foods--such as prunes, figs, spinach, onions, mutton, lamb, and others which I might mention--will keep the bowels of those in normal health quite regular, while in those who have a sensitive state of the mucous membrane it develops a diarrheal condition. Strange to say, there are more people who are inclined to constipation than to diarrhea, and foods that prove laxative to some will appear to produce constipation in others. Young children will be forced into a diarrheal state by being overfed on milk. At first they are severely constipated, but the constipation eventually creates inflammation of the mucous membrane, and from this time on diarrhea supplants constipation. This is very largely true with grown people. Those who eat excessively will be troubled with constipation and bloating of the bowels. Constipation grows more confirmed from year to year, until a catarrhal state is set up in the large intestine. This we call colitis; when it extends to the rectum it is called proctitis. As the disease advances, the patient becomes more and more toxin-poisoned, and the catarrh becomes more intense. Local inflammations start up, on the order of appendicitis or typhlitis, with periodic diarrhea and constipation.

If the patient is not carried off by a typhlitic abscess or an appendiceal abscess, it will be because the abscess opens into the bowel. The real cause of this diarrhea is toxin poisoning and the irritation produced

by the hardened fecal accumulations from constipation. The influence of polyuria in causing constipation must not be overlooked.

The exanthematous skin diseases, when there is a retrocession of the rash from the surface to the mucous membrane, may set up a diarrhea that is very intractable.

Such diseases as dysentery, cholera, typhoid fever, pyemia, septicemia, tuberculosis, etc., are often accompanied or followed by a state of catarrh of the intestine--colitis. This is according to the leading authorities. I should like, however, to put in a few words of explanation. When those diseases leave in their wake a catarrhal diarrhea, it is more often due to the treatment than to the natural evolution of the disease. In the first place, dysentery cannot end in anything but health, unless it is maltreated. This is true of all the other diseases named above; hence all the causes that are listed as inclined to produce catarrhal diarrhea will fall short of any such effect if they are treated in the most simple, but the most effective manner--namely, by removing their causes.

Treatment.--When a diarrhea begins, what is the probable cause? Indigestion. What causes indigestion? Improper combinations of food, on the one hand; on the other hand, nerve exhaustion. Those who eat when tired--when pronouncedly enervated--do not have the power to take care of food; but if they eat heartily under such circumstances, fermentation is set up instead of digestion. In other words, the system, on account of being enervated, does not furnish enough digestive fluid to finish physiological fermentation; hence, as germs are always present, pathological fermentation is set up, resulting in diarrhea.

If the condition is understood and properly treated, the attack will end as soon as the gastro-intestinal canal is emptied of its contents. The diarrhea washes the offending material out of the bowels. If no food is taken, and the efforts of nature are seconded by copious enemas of hot water within twenty-four to forty-eight hours the intestinal canal will be cleaned out; and if proper rest--bodily rest and rest from food--is given, after all symptoms have passed away--say twenty-four hours with no nourishment except hot water--the disease will end, never to return unless some imprudence in eating is practiced. If, however, this disease is met with opiates to relieve pain, locking up the decomposition in the intestine, producing a sluggish state of the liver, locking up secretions and excretions, and the patient is fed for the purpose of keeping up his strength, instead of the case being entirely free of disease within seventy-two hours, those hours will be spent in laying the foundation for chronic diarrhea; for be it known that, if eating is continued before there has been a reestablishment of normal secretions and excretions, digestion will be imperfect and diarrhea will continue.

(1) Chronic Diarrhea

In tubercular subjects, maltreatment will often transform an acute case of diarrhea into one of so-called chronic diarrhea, or intestinal tuberculosis. In these cases there is a glandular involvement, and there will be general symptoms pointing to the tubercular character of the disease. An increase in temperature of the body, with high pulse-rate and diarrhea, will cause a breaking down that will be very much on the order of the breaking-down of patients who suffer from pulmonary tuberculosis. The disease, when once thoroughly established, will be as difficult to relieve and cure as pulmonary tuberculosis. It will have to be treated on general principles. The eating must be watched, and the digestive power consulted regarding the kinds of food administered. Fats, oils, sweets, and starches will not be taken care of well in such cases. Only foods that are well taken care of in the stomach will agree. These are the cases in which animal foods and products act best. They are truly types of disease that can be handled best by using meat and milk, with fruit and vegetable juices.

(2) Dysentery

This is a disease that is strictly a type of constipation.

Symptoms.--The patient has frequent desire to evacuate the bowels. The first symptoms are those of a slight diarrhea, with a great deal of bearing-down. The patient leaves the stool unsatisfied, feeling that there must be more to pass; but this will be the sensation almost continually, no matter how frequent the attempts to evacuate the bowels. In the acute state the disease is really a proctitis--an acute inflammation

of the rectum. The cause is constipation of the large intestine.

Treatment.--No food should be eaten. Copious enemas--two quarts of hot water--should be given at first to cleanse the bowels. If the first enema does not bring good results, a second should be tried immediately. The patient should lie on the left side, with the hips well elevated on a pillow, and then introduce as much water into the bowels as possible. On account of the sensitive state of the rectum, it may be impossible to get a very large enema into the bowels. In that case the bowels must be moved from above by using two or three tablespoonfuls of castor oil, with the juice of half a lemon, every three hours until the bowels are thoroughly cleared out. Between the doses the patient should have lemon juice and water once or twice--the juice of half a lemon in a glass of water. If ideal treatment is desired, and the patient will accept it; perfect quiet, hot cloths bound on the abdomen, changed every three hours, and no food, no oil, but enough hot water in the bowels to supply thirst, will in a reasonable time bring about a perfect cure.

As soon as the bowels are cleared out, the tendency for going to stool should be relieved. If, however, the bearing-down continues, and the patient is not contented except when sitting on stool, the indications are that the bowels are still loaded with material and the constipation has not been overcome. Under those conditions, perhaps it would be well to take copious doses of olive oil--half a teacupful with a little lemon juice, using olive oil in place of the castor oil. The patient may be sure that he will get full relief as soon as the bowels are cleared out. No food should be taken, except a little orange juice or some other fruit juice, for at least two days after the disease is controlled, and certainly no starch is to be used for at least a week. Lamb broth may be used in a day or two after the symptoms have passed away, with a little grapefruit or orange juice, or any other fruit juice.

(3) Chronic Dysentery

'This is the remains of a badly treated case of acute dysentery,

Treatment.--The treatment should not be very different. Copious enemas must be given to unload the bowels. No food should be given until the symptoms are entirely overcome, which may be a week or ten days. Then the feeding must be very carefully done for several months. Foods that irritate the large intestine should not be eaten--those containing seeds, such as strawberries, blackberries, grapes, etc. All starchy foods must be thoroughly masticated, and prepared for eating by the second baking. Bread should always be baked twice, or thoroughly toasted. The animal albuminoids, with grapefruit or vegetable salads, can be depended upon as the best food for such patients, Rest in bed and fasting are the best remedies until the disease is controlled.

(4) Amebic Dysentery

Etiology.--Colitis, acute or chronic, caused by amebic dysentery, is not very frequently met with, yet often enough to be noticed in this place. It is said that in these cases there is a strong tendency for abscesses to form in the liver. This is a disease that prevails in the eastern countries, Egypt, and Europe. It is in reality a tropical disease; yet we do occasionally run across cases of it in this country. I believe I have not seen more than two. It is very intractable, and when it is once thoroughly established, and the patient highly enervated, the prognosis is doubtful. I have been favorably located for the practice of my profession, so far as not having many cases of this disease to treat is concerned. It belongs to the warmer countries, and is more inclined to develop in the southern states of this country than in the northern and western.

Morbid Anatomy.--These cases present lesions on the order of ulcerations. The mucous membrane is very edematous, and there is more or less sloughing. This may even be seen in the mucous stools which the patient passes. It is said that the disease is inclined to be wholly confined to the large intestine, and to the cecum more than any other part of the intestinal canal except the sigmoid flexure of the colon.

Symptoms.--In mild cases the disease may exist for several months before a patient is aware of it. There are vague symptoms of headache, tired feeling, weakness, slight pain in the intestines, occasionally diarrhea. There is but one way to be absolutely sure of the existence of this disease, and that is by having

the stools examined with the microscope, when the ameba will be found. Patients suffer very greatly and become very much emaciated. They will spend hours out of each twenty-four on the stool. They know that they can have very little action from the bowels, notwithstanding a great desire; yet they are compelled to prepare and get into position for soliciting a stool, and try to have a movement, even if the trying is injurious. Where the bearing down is very great, a pint of hot water should be introduced into the rectum before attempting to have the bowels move, and always bear down as little as possible.

In all such cases it would be well, if possible, to induce the patient not to wear out the nervous system by going to the closet seat. Use either a bed-pan or cloths; for there will seldom be an amount beyond a tablespoonful of mucous. Of course, occasionally there will be a movement of the bowels; but in the majority of instances when the patient is called upon to have a movement there will be nothing to pass, except a small amount of mucous and the necrosed tissue.

Treatment--Patients should be kept in bed. When a person finds he has this disease--it matters not how much strength he has left, it matters not if he has strength to go and attend to his business--he should make his business that of getting rid of this disease; for, when it is once established and the constitution is broken, the chances for recovery are very slight, as stated before.

The feeding should be fruit juices, vegetable juices, lamb or chicken broth, or coddled eggs; fruit juices for breakfast, lamb or chicken broth, with fruit juices, for dinner, and buttermilk for the evening meal. But if the patient is in good flesh, he should fast for one or more weeks, depending upon the severity of the symptoms. **THERE IS NOTHING THAT DRUGS CAN DO.** It would be well to use copious enemas. The object of treatment should be to restore the patient's health to the normal standard--to the point of being able to furnish enough of the digestive secretions--enzymes--to digest the ameba.

It should not be forgotten that parasites will not find lodgment in the intestinal tract of normally healthy people. To find anyone troubled with any kind of parasitic disease is proof positive that his nerve energies have been broken down, and, as a consequence, his digestive power is below normal; hence everything must be done to restore his resistance. While he should be kept in bed, he should go through a course of exercise daily. Everything should be done for him that is done to restore people suffering from any other disease. Exhaustion from exercise must be avoided.

II. CONSTIPATION; OBSTIPATION; FECAL IMPACTION

Definition of Peristalsis.--Peristalsis means rolling. It is a vermicular motion or movement of the bowels--a contraction of the transverse or circular muscular fibers of the muscular coat of the intestine. When the contraction takes place, the movement starts at the head of a section of intestine with a circular contraction--perhaps constriction would be a better term. No sooner does the constriction begin than it starts, wave-like, to descend, rapidly passing to the end of that particular section of the bowel. If it starts at the head of the small intestine, the wave-like contraction ends at the ileo-cecal valve (a valve that guards the passage between the ileum and cecum). This contraction may be likened in effect to stopping a rubber tube with the thumb and finger; whatever the content of the tube, it is forced ahead of the stripping. The peristaltic movement produces the same effect; it forces the contents of the intestine onward.

Definition of Constipation.--Constipation is the opposite of diarrhea. In constipation there is a lack of normal secretion into the bowels; in diarrhea there is an abnormal amount secreted into the bowels, Anatomical malformation, stricture, adhesions, obstructions from tumors, and malposition of organs, or telescoping or twisting of the intestine, are forms of constipation that come under the head of mechanical obstruction, and are not to be considered under the head of constipation proper. There are many causes for constipation due to functional derangement.

Etiology of Constipation.--The commonest predisposing causes for constipation are neglect in answering nature's calls, and the unnatural position at stool that custom and modern bathroom equipment enforce. The position deprives the bowels of the thigh support and pressure that squatting gives. Postponing a desire tends to blunt sensation and educate a toleration for rectal accumulation. It is no uncommon thing to find, in obstinately constipated people, very large, pouchy rectums, which have become enlarged and made senseless from being allowed to pack with waste matter. It is not uncommon

for physicians to be called to see patients with fecal impaction of the rectum requiring mechanical measures for unloading.

One of the causes of this state is spasmodic stricture of the anus. Spasmodic stricture is not a real stricture; hence it can be overcome very readily. Organized stricture means a thickening up, due to such derangements as fissure, and ulceration of the lower part of the rectum and unnecessary operations for piles.

Next to neglect--not answering the demands of the bowels to evacuate--is overeating. More food is eaten than can be digested, and it must decompose. As a result of this decomposition, the gastro-intestinal tract is overstimulated from the toxins. The irritation from toxin stimulation brings on enervation and catarrhal inflammation. The catarrhal secretions interfere with perfect digestion. The stomach derangements resulting are many. The diseases that develop because of the influence of fermentation on the stomach, small intestine, and auxiliary organs are many; namely: irritation, inflammation, and ulceration of the stomach and duodenum; catarrh of the gall-bladder and eventually gall-stones, pancreatitis, diabetes, albuminuria, etc. The irritation caused by decomposition in the large bowels becomes the exciting cause of constipation, colitis, ulceration, typhlitic ulceration, appendicitis, and, directly and indirectly, other affections of the colon, rectum, bladder, and the abdominal and pelvic organs.

The decomposition causes gas to form, and the distention from gas is a mechanical cause of pain and constipation. The distention causes pain, because the inflamed and ulcerated mucous membrane is put on the stretch. The distention and pain tend to fix the parts by putting the muscles on guard to keep the inflamed and sensitive parts quiet. This, of course, means inactivity--constipation.

When putrefaction is an established habit, toxin poisoning keeps the abdominal and pelvic viscera in a sensitive state. The sensitive state is made up of irritation and catarrhal inflammation. There is catarrh of the bowels and uterus, and an irritable state of the abdominal and pelvic lymphatic glands; for these are worked overtime in keeping the blood from being overwhelmed with toxins.

This sensitive state favors fixation, because any movement is uncomfortable--even the moving of gas. The peristaltic motion necessary to pass the intestinal contents on to the outlet is painful. The consequence is that stasis--which means a standing still--is cultivated. Because of this stasis and gas distention, fecal matter and debris accumulate and cause ptosis (dragging down). The affections appearing as a consequence are dilation of the stomach, with retarded digestion, irritation, inflammation, ulceration, cancer; duodenitis with ulceration--perforating ulcer of the duodenum--gall-bladder diseases, pancreatic diseases, diseases of the cecum, colon, and rectum, diseases of the pelvic organs and bladder. These are a few of the affections of the alimentary tract and auxiliary organs caused by constipation, and are amenable to a plan of treatment that will cure gastro-intestinal fermentation and decomposition.

To be able to correct a disease, it is necessary to know its causes. Attention has been worked overtime in finding remedies which cause the bowels to move. It is an error to apply the name "remedy" to the thousand-and-one inventions and contrivances made to force the bowels to move. All so-called remedies are causes of constipation.

We have seen that overeating leads to decomposition, that decomposition (putrefaction) evolves toxins, and that toxins poison the entire organism. Certainly one of the most important things to do in overcoming constipation is to stop overeating and improper eating. Unless this is done, all arrangements, devices, drugs, waters, enemas, peculiar foods, etc., must continue to fail as they have done in the past.

The So-Called Remedies and Why They Must Fail.--Cellulose. Rough food containing much cellulose is the first thing thought of when the physician's mind turns from cathartics and all kinds of drug stimulation, enemas, suppositories, rectal dilators, etc.

Bran bread, graham bread, whole-wheat bread, bread with flax-seed in it, oils, agar-agar, water-drinking, and many other bowel persuaders, are in daily use by the people and prescribed by the profession.

The use of bran in constipation marks the early stages of dietetic evolution. When a physician begins to

talk bran, eat bran, prescribe bran, insist on bran, and can expatiate for hours on the virtues of bran, it is safe to say that he is in the prehistoric age of dietetics. His next evolution will bring him to the calories and protein age, where he will spend his idle hours figuring out menus with an eye single to the correct number of calories (heat units) and protein contained therein. If heat units and protein were all that is necessary for a correct dietetic blend, then butter, oil, or sugar, and eggs or cheese, would be the only food required. One may know, or think he knows how many heat units, and how much protein, are required by a man of so many pounds' weight; and he may know how to figure out and properly blend menus which will contain just the required heat units, and the proper weight of protein; yet he is many years removed from a successful dietetic physician. Indeed, any layman may have all this knowledge, but it takes the dexterity of a physician to apply the knowledge successfully.

All dieticians must go through these stages of development; and they all go through them in the same way--namely, with the mental horizons fastened down tight, so as to prevent the knowledge they think they have from slipping away. But they do not know that when the horizon fits too tight, it keeps knowledge out as well as keeps ignorance in.

It is not necessary to take up bran and other rough foods for a separate study, for all can come under one head, The object of rough foods is to prick and prod the bowels into activity. The effect is the same as prodding a jaded horse, or giving strychnine to a flagging heart; namely, it hastens to prostration.

It is only a question of time when bowels that are forced to act will cease to act, except by the use of more and more powerful stimulation.

No one has ever been cured of constipation by the use of rough food--by bran or whole-wheat or graham bread. These breads, like laxatives, will keep the bowels regular for a time; but the end of their laxative effect comes, and then a change in bowel stimulants must be had.

A very serious objection to eating rough bread to keep the bowels moving is that too much is used--more bread is eaten than should be, and starch poisoning is developed. Those who are most constipated are often the very people who have the least power to digest starch in this form; and, as a consequence, they are often injured more than benefited by the use of bran.

It should not be forgotten that the gastro-intestinal tract is a pleasure resort for bacteria. The food eaten serves to feed them. But the reason why they are there in great abundance is because they are needed. They are a conservative necessity. They are as necessary as enzymes (unorganized ferments); for when enzymic power is unavailing for liquefying ingested aliments, the microbes (organized ferments) lend a hand and bring the refractory ingesta to a liquid form for expulsion. It is not so much for refractory aliments that microbes are needed as for liquefying the superabundance of the supply taken in beyond the enzymic power.

Enzymes are limited, and the power of the organism to manufacture the unorganized ferments is limited; hence, when the food intake is beyond the enzymic power, organized ferments, the germs--bacteria or microbes--start up fermentation in carbohydrate foods, and decomposition--putrefaction--in the proteins. The bacterial fermentation cannot be exhausted; for the bacteria are organized as needed. The organized ferments are dispersed when they are no longer necessary.

So much more food is taken than is required by the average person that it is not strange that the alimentary canal becomes the mecca for germs.

The estimated number of microbes in the digestive tract is 411,000, 000,000; a few billions more or less cannot matter. It is obvious that the number must vary from millions to billions. Large numbers are not necessary, if we admit overeating is not necessary. A hibernating animal will have few, and perhaps none, unless the slight distintegration calls for a few. In hibernation enzymes are not needed and are not secreted. Where the least food is taken there will be fewer bacteria, and obviously less enzymic secretion.

Bowels that are abused by converting them into veritable gehennas require rapid developing of microbes to meet the demand for organized ferment. If an unusual meal be eaten of fish, meat, or sausage, and the

enzymes are unequal to the task, in from twelve to fifteen hours, or less time, vomiting may occur, and a fetid diarrhea starts up and relieves the system of the poisoning.

Imported sausage is liable to start up botulism or allantiasis--sausage poisoning. Ptomain (cadaver poisoning) brings on great enervation. Besides vomiting and diarrhea, there may be skin and kidney enervation, great nervousness, dizziness, and double vision; the temperature drops, cold sweat appears, and the patient dies in a collapse. This is the severest type of food poisoning.

Chronic subacute food poisoning, ending in constipation, is what concerns us most. As time runs on, the intensity of food-poisoning symptoms grows less and less, until there are scarcely any symptoms of decomposition, except gas in the bowels, which is ill-smelling, a chronic tired feeling, constipation, with catarrhal mucus passing with most bowel movements, which are scybalous (hard and lumpy in character) and often coated with catarrhal matters, giving them a grayish, glazed appearance. This state of the bowels is called colitis, and proctitis often accompanies it. This condition is brought on from years of abuse in over-eating, and the catarrh is a conservative measure.

The symptom complex may be stated as follows: decomposition, intestinal irritation, diarrhea, alternating with constipation, inflammation, ulceration, confirmed constipation. The systemic symptoms are chronic toxin poisoning, lymphatic involvement, pelvic diseases, appendicitis, ovaritis, sexual neurosis, liver and kidney diseases, tuberculosis, arteritis, arteriosclerosis, cancer, and others.

Those with chronic constipation and its accompanying toxin poisoning must necessarily grow old rapidly and develop old-age diseases, such as cirrhosis, sclerosis, or cancer.

Constipation is a conservative measure. Nature is always marshaling her forces in such a way as to strengthen all weak points, and, when necessary, the various organs of the body are made to do vicarious work--work for others.

In constipation of this character the kidneys eliminate for the bowels. At first the fluid intake is diverted to the kidneys to prevent dilution and ready absorption of toxins; and, secondly, the toxin irritation of the mucous membrane of the bowels causes an exudation of mucus which coats the membrane and renders absorption slow and difficult. In confirmed constipation almost the entire fluid intake is diverted kidneyward, leaving the bowels with a Saharian dryness. This vicarious habit becomes so firmly established that a cure for constipation means a cure for polyuria (excessive urination). A true etiology of all affections of the body must give, as the leading factor, confirmed, chronic constipation, with more or less colitis, and more or less malnutrition, with greater or less poverty of flesh, or more or less waterlogging of the tissues of the body, which is a form of obesity.

Excessive weight, with anemic complexion, often means polyuria diverted into the tissues of the body--in common language, urinating in one's body. The subject may be young, and the average person may mistake rotundity for robust health; but the true physician will not be mistaken.

Nature works and schemes in various ways to save us. The fecal waste is made to dry up by diverting the fluid to the kidneys. If the kidneys are failing, the water will be retained in the tissues of the body--the cellular tissues become waterlogged, or a diarrhea may relieve the waterlogged tissues. This is the true explanation of many intractable diarrheas.

The leading etiological factor, then, in constipation is toxin infection, which first stimulates, then irritates, then inflames, then ulcerates, then hardens and strictures, and finally degenerates into cancer. Add to this all the vicarious and auxiliary affections, including every constitutional derangement that is caused by toxemia, and we have, as a leading etiological factor in all the diseases of the body, constipation. Toxin causes constipation, bacterial fermentation causes toxins, and eating beyond enzymic power leaves no alternative but to get rid of the surplus intake of food by decomposition.

Intestinal fermentation and gas distention, with intestinal putrefaction and excruciating colics, diarrhea and nauseous evacuations, bad breath, malodorous skin, lassitude, dizziness, headache, are the first developments, which recur, or come and go with irregularity, until constipation is established; then come

reabsorption, chronic, systemic toxin poisoning, and the development of conservative affections--namely, any intercurrent affection, fevers, etc. --which should be looked upon as crises in chronic toxemia from constipation. The lighter affections that come and go are periodic attacks of dizziness, headache, fatigue, coated tongue, fetid breath, insomnia, eczemas, acne, and other skin diseases, as well as night sweats. Add to this state intercurrent affections from unusual causes, and we have a picture of chronic constipation.

The latter half of the nineteenth century built many fortunes out of pills. Pills, squills, and opium have built a financial nobility unequaled by that of beer and whisky. The financial world may boast of the colossal fortunes which it has built on trafficking in human health and life, but esthetism and ethics certainly cannot be proud of the mutilation and wrecked lives which represent the graduates from our sanatoria, hospitals, and "surgical plants."

As a result of medical wisdom (?), constipation is universal; and the McLeans and Beachams have taken the lion's share of glory and filthy lucre for the benefaction. But it is the elite of the medical profession that popularizes quackery by making drugs popular.

Treatment of Constipation.--Constipation is an affection--it is not a disease; hence, whatever the cause is, it must be sought out and removed. To use anything--any one remedy or any hundred remedies--is equivalent to limiting cause, and that shows a fallacious understanding of what constipation is. No cure can come from a treatment based on a false conception of cause.

Constipation is one prominent symptom in a syndrome represented as follows: indigestion; catarrhal inflammation of the throat, nasal passages, stomach and intestine; diarrhea, alternating with constipation; intestinal indigestion; gas distention; headaches; heart palpitation; chilliness; cold hands and feet; dizziness; fermentation of starches; decomposition of proteins; constitutional toxemia; colitis; and ending in obstinate constipation and many collateral affections.

As to cause, it is as impossible to find a single cause as it is to find a single effect or a single remedy. The causes and effects become a tangled web, as we see causes becoming effects and effects becoming causes; but order comes out of chaos when we think of fermentation standing at the head of organization and disorganization--when we think of ferment, enzyme, and bacteria as cause and effect in every process of being. Causes that pervert the normal action of the ferments may be enumerated as follows: excessive eating; imprudent eating; eating wrong combinations, causing indigestion, fermentation, and decomposition, acidosis and toxin poisoning, which totals catarrhal inflammations of vulnerable parts; water-drinking, causing polyuria, diabetes, or Bright's disease; eating foods that are artificially prepared, or which are changed in their chemical constituents in preparing them for the table; overwork; worry; anything that uses up nerve energy; overworked emotions; lack of discipline; the use of stimulants of all kinds; neglect in the care of the skin; carelessness in looking after the functions of the body; in fact, any influences that will produce overstimulation, intoxication, enervation, imperfect elimination, etc., may be looked upon as so many causes making up the syndrome above mentioned. But without fermentation the named causes become meaningless.

It should be obvious to the discerning that if constipation is a prominent link in the chain of affections above described. it would be foolish to undertake to isolate that particular symptom and give it special treatment. The idea of finding a specific remedy for constipation is as absurd as it would be to discover a single remedy for catarrh, or a single remedy for toxin poisoning. Constipation should be looked upon as a leading symptom of a constitutional derangement for which the blanket term, **chronic toxic poisoning**, is quite fitting. And when the disease is cured, it will have to be cured by righting the errors of life, so as to bring the general health back to the normal. This we shall endeavor to describe in the following.

Before making any suggestions regarding cures, it shall be my endeavor to give a frank and honest criticism of the remedies usually resorted to.

Looking back over medical history for the past hundred years, what do we see regarding the bowels? Drugs and all manner of devices for compelling the bowels to move. What are the results from the various schemes of cure? Failure--always failure--and constipation everywhere , and increasing.

The fountain syringe, and the thousand-and-one other devices for getting water into the alimentary canal, constitute the second of a trinity of illogical plans for overcoming constipation. The first of these is pills, or drugs; the second is the fountain syringe, and other devices for waterlogging the bowels; and the third and last is water-drinking.

Physic for overcoming constipation should be thrown to the dogs; and, so far as intelligence is concerned, it has been. But there will always be mental slackers and stragglers on the road to reform; and this is true of drugs and physic in the treatment of constipation. As well undertake to cure inebriety without sobriety, as to cure constipation without curing toxin poisoning.

The plan of washing out the bowels is perhaps one of the most pronounced palliations ever introduced for constipation. How could it be more than palliative, when no causes are removed? Confirmed constipation will be the ultimate reward for a close attention to flushing out the bowels. Of course, there are a few who appear to be benefited; yes, there are a few who boast of breaking every health law and continue to live to tell the story. That fact, however, does not annul the law, nor remove the penalty for breaking it. None but the foolhardy or foolish will be governed by an apparent exception to a rule.

Enemas wash away natural mucus, and in time paralyze the bowels--leave them dead, so to speak.

On account of physic and enemas being unsatisfactory, excessive water-drinking has been pretty generally adopted. As in the case of all cure-alls, there has been an unthinking acceptance of the suggestion that water, drunk in sufficient quantities, will overcome constipation. This is one of the great medical mistakes of this century.

As stated before, nature works out many conservative schemes; and the scheme of routing all water intake out of the body by way of the kidneys is a conservative measure. If the water is allowed to be absorbed by the bowels, it carries toxins with it, and extra intoxication takes place; hence it is railroaded out by way of the kidneys. When these vicarious or auxiliary activities are established, any interference by way of forcing measures will end in failure, and the ending is worse than the beginning. When the bowels are constipated for any length of time, the constipation causes colitis; then the more water drunk, the more the kidneys act, and the drier and more constipated the bowels become, because nature is endeavoring to sidestep being overcome by toxin absorption. It is safe to say that the constipation accompanying colitis cannot be cured--not even relieved--by water-drinking. This constipation is often confirmed by bran-bread eating. Petroleum oil gives a questionable relief, and certainly will do harm when its use is continued over a long period. All such remedies are miserable failures.

The capping climax of all medical and surgical inanities is the removing of a part of the colon to cure constipation, epilepsy, or ptosis.

Those who desire to overcome constipation must first stop overeating, and, when eating begins, eat properly.

The tensing exercise should be practiced twice daily --about fifteen to twenty minutes before getting up in the morning, and the same length of time after getting ready for bed at night. This is necessary to re-establish the normal tone to the muscular system and help to re-establish peristaltic action of the bowels. At the end of each exercise period the abdomen should be given firm and fairly deep massage. This massage should be clockwise around the navel--in other words, from left to right below the navel and from right to left above the navel. This brings the movement down on the left side and up on the right side of the abdomen.

In cases of prolapsus of the uterus in women, and in enlarged prostate in men, much time should be spent in the knee shoulder position.

There should be absolutely no straining at stool--straining brings on piles. If there is a desire for a movement, but the muscular effort amounts to a real strain, always use a little water in the form of a small enema, not more than a pint of water. That will start the movement and prevent development of prolapsus of the rectum or piles.

If one is eating little in an effort to overcome constipation, there will be much less fecal matter to be thrown out than normal, and under those circumstances a movement every other day should be sufficient to keep the bowels cleared. A person who is taking ordinary meals should find one good movement a day sufficient. If the bowels fail to move, however, don't worry--forget it--in all probability the movement will come the next morning. Don't be in too great a hurry to use artificial means to secure a movement. If it is necessary to use an enema to assist the bowels, it should be a small enema, about a pint of water or less. If a movement is not secured with the first pint of water, repeat, using another pint of water. This is better than using large quantities of water in one enema. One should always avoid large enemas. It washes the mucus out of the colon and is conducive to constipation.

In any case of sickness where there is reason to believe that the bowels have not been cleared out by enemas, then one should not hesitate to use a laxative. Castor oil is the safest laxative. The tasteless variety may be used with lemon juice to make it more pleasant. In cases of fever, the temperature will not come to normal until the bowels are cleared. This should be the sign that the bowels have not been cleared, and one should not hesitate to continue with the efforts to empty the bowels, because it means the end of whatever disease is threatening.

In extreme cases there is suffering from sensitiveness to touch over the bowels, caused by gas distention. Toxin infection is marked by tired feeling, headaches, heart palpitation, chilliness, cold hands and feet, dizziness, etc. When these symptoms are pronounced there may be obstinate constipation, and there may be vomiting with diarrhea. Where there is much gas distention the pain is great. These cases are usually operated upon for appendicitis. The proper treatment is: Send the patient to bed to stay; feed an apple, or its equivalent in any fresh fruit, three times a day. He should drink no water, but use an enema, every other night, of a pint of water, hold it in the bowels for ten or fifteen minutes, and then try to have a movement. This is a routine which I follow to stimulate the rectum for a short time at the beginning of treatment, and stop it as soon as possible. If thirst is driving and must be relieved, use a half-pint of water in the rectum with a syringe. Thirst should be endured until secretions are established in the intestines. This is necessary for a cure, and the end cannot be accomplished until polyuria or excessive urination is overcome. Excessive waterdrinking under these circumstances forces excessive flow of water by way of the kidneys, but depuration is not increased; indeed, retention of excretions is favored, and, instead of water-drinking being a benefit, it furthers toxemia.

Those who have not the will-power to eat carefully, and to go without drinking until cured of constipation, need never expect to be cured of this or any other disease.

I have seen obstinate constipation overcome by this plan, so that the patient was getting a movement almost daily within a month or six weeks. Overeating must be given up forever; for as soon as a cured case returns to the old style of eating, the bowel trouble will return.

These patients complain of gas distention. Fruit does often cause trouble of this kind. There is but one way to correct it--namely, eat less and less, or fast until the gas is gone; then eat; and if the gas or other ill feelings return, fast again.

It should be understood that there is a price that must be paid, by victims of bad habits, before they can be restored to the normal; namely, stop the bad habits. No one can give up inebriating habits--drunkenness--without paying the price of much discomfort, and those of very sensitive natures have great pain and suffering.

It must be understood that poisoning by alcohol or any other drug, and poisoning by retained excretions, or by the toxin of decomposition of protein (animal or vegetable), or fermentation of carbohydrates (sugar and starch), are all the same. The nervous system is gradually broken down, and general weakness, or enervation, is brought on to such a degree that when the habit is broken off the victim suffers greatly. The whole organism feels the effect of the suspended stimulation. The whole body cries out its displeasure at being robbed of its stimulation. To stop any habit shocks the nervous system; but it is nonsense to think of curing in any other way.

People of no self-discipline--those who have been in the habit of indulging every desire, who dance

immediate attendance on every impulse and whim--not only have to give up their stimulating habits, but are compelled to cultivate discipline. For the first time in their lives they are compelled to say no to their desire. They suffer fully as much from being forced to say no to a desire--a whim--as their nervous systems suffer from lack of the effect of the poison--stimulation--which they have given up.

'Those who are self-disciplined--those who have the control that a business training gives, or the self-control that must be developed in filling any responsible position--do not find it so hard to come under rules that are rigid enough to bring about a cure of chronic disease.

There are many disciplined people who have unwittingly brought upon themselves diseases from overeating and the use of stimulants, because they have been advised by reputable professional men to "eat good, nourishing food," "eat to keep up the strength," and "smoke or drink in moderation"; and they have looked upon medical men, of good standing in medical societies, as oracles of wisdom. When their attention has been called to the probable falsity of their teachings in this matter, they are slow--indeed, reluctant--to believe that the self-professed ethical profession is not more reliable in matters medical than someone who appears to be thinking thoughts that the school-men ignore or reject--someone with "peculiar views."

It is obvious, then, that the people are divided into two classes. The first class is composed of those of no discipline--those who are self-indulgent, and who are hard to discipline because they have a "right" to self-indulgence. "What are people on earth for? to make ascetics of themselves? I would rather have five years and freedom than ten years with restrictions." Which means five years of license, and enough suffering to kill the body in half the time that might be had with a discipline which gives peace, comfort, and the feeling of well-being that always accompanied self-control and full efficiency.

The other class are indulgent from advice--from authority. This class pride themselves on discipline to authority. Indeed, they are disciplinarians, and, to serve authority, they do not mind becoming ascetics when required to do so.

The first class are sensual and self-indulgent. And their reasoning is on a par with their lives. They believe that a system of cure which restricts them is an infringement on their personal rights. It is hard to impart enough knowledge to save them. Such people have knowledge, but no wisdom. Man must live his knowledge; then it becomes his own--it becomes wisdom!

The second class have the discipline that enables them to follow instructions, if they can be persuaded to give up their: conventional teachings--if they can be convinced that they have been taught wrong.

To cure colitis (which is another name for chronic constipation) means reforming the life of the patient. No, there can be no cure as long as one continues to smoke, to drink, to eat too much, to live sensually.

Those with great nervous prostration must go to bed for a few weeks. The eating at first must be as suggested above: nothing but a little fruit until comfort has been secured. If not too weakening, a two- or three-minutes' hot bath may be taken every morning, followed with a quick cold sponge-bath in summer time. The sponging should be followed with dry towel-rubbing. Friction mittins may be used to advantage in these cases.

When comfort has come, the eating may change a little.

For Breakfast.--Fruit in summer time, fresh fruits and prunes, in the winter time. Apples for winter may be had by almost anyone. With an apple, or its equivalent in other fresh fruit, 6 or 8 prunes.

For lunch: Two ounces of thoroughly toasted bread, whole-wheat, and not more than one-fourth ounce of unsalted butter, Each morsel is to be masticated until it turns sweet in the mouth; then take another bite, and treat it the same; and so on until the two ounces have been eaten. Then apples, or any other fresh fruit desired, may be eaten in reasonable amounts. Overeating must end if constipation is to be permanently cured.

If desired, the food suggested for the morning meal may be taken at noon and the suggestions given for

the noon meal may be used for breakfast.

Those who are opposed to losing weight need not look for a cure. To cure means the complete renovation of the system--the renewal of digestion and assimilation, and the reestablishing and bringing-back to the normal of all secretions and excretions. All idea of eating up to the profession's standard amount must be given up; for a cure means eating properly, but not enough to keep the standard weight.

The morning and noon meals have been given. For dinner: Meat--lamb, chicken, and fish are the best meats--the lamb and chicken are to be cooked very tender; the fish should be baked and served with salt, lemon, and very little, if any, butter. In cold weather, a roast or a stew of pork may be eaten twice a week. With the meat or fish, one or two of the succulent cooked vegetables, and a combination salad made by combining lettuce, tomatoes, cucumber (or celery), and a very small bit of onion. A large dinner-plate of these vegetables, after they have been cut up, is the quantity required by grown-ups. The salad should be seasoned with salt and olive oil, or a mayonnaise made with lemon--not vinegar.

During the winter, grapefruit or cabbage slaw may be used in place of the salad.

On account of its laxative influence, spinach should be used as one of the cooked nonstarchy vegetables as often as possible. Do not overcook the spinach. It should be cooked just enough to thoroughly wilt the leaves.

Never eat unless comfortable from the preceding mealtime. Then eat deliberately, masticating thoroughly, and eat all desired short of discomfort. If enough is eaten to cause discomfort, the next meal should be omitted, and another, and others, until comfort is secured. Always try to eat in quantities short of enough to bring discomfort. What kind of discomfort? Any discomfort, either of mind or body. When gas is troublesome, stop eating until comfortable, then eat less; when gas reappears, then miss a meal; etc.

Many will worry about losing flesh and looking haggard. Losing flesh cannot be avoided. It is the price that must be paid to recover health. Looking haggard can be overcome, or rather prevented, by taking exercise. The faint-hearted, the self-indulgent--the babes and boobies of humanity--will make a fuss, stew and fret, and either fail to follow instructions closely enough to get well, or cause themselves a lot more trouble than necessary.

Hopefulness, and a determination to have health at the sacrifice of any comfort, will soon put any case on the highroad to health.

Getting well quickly, or in a reasonable time, depends much upon the mental attitude. Those who have no object in life, who live with nothing higher to hope for, or look for, than the indulging of sensual appetites, are hard, if not impossible to cure; for when their indulgences are cut off to bring health, they have nothing worth while to live for, and they become mentally depressed. They want to be cured, but they do not want to stop self-indulgence--they do not want the cause of their disease removed. Hence those who can reason should see how utterly impossible it is to cure them. They must drift from one palliative to another palliative to secure a little relief; but a cure that means the giving up of any habit will not be looked upon with favor, and will not be adopted,

Those who are looking for a remedy for constipation--those who wish to have a formula which they can have filled at the corner drug store, and take it, and have their constipation cured--will not appreciate my treatment. But, as stated above, there is no such thing as a specific remedy for this affection, any more than there is for any other affection. There is but one cure, and that is to right the life. Those who are unwilling to go through a routine of treatment that will evolve into full health need never expect to overcome constipation, and its many causes and consequences. If there is one organic change, more constant than another, accompanying confirmed constipation, it is sclerosis. A well-known type is arteriosclerosis.

Those who are looking for quick cures are doomed to disappointment; for the usual quick remedies are nothing more than palliation.

III. APPENDICITIS, COLITIS, AND OBSTRUCTION

Appendicitis.--There never was a case of appendicitis that was not preceded by constipation and colitis. Indeed, appendicitis is sequential to these two affections. It will be necessary to consider them as different stages of one disease.

Bowel obstruction in appendicitis is not so complete as in the disease known as complete obstruction, the difference being a lack of intensity, The pain is not so great. Yet, after the first clearing-out of the bowels from drugs, enemas, or perhaps a slight diarrhea, enemas fail to bring anything more than mucus. The same is true of complete obstruction. If food of any kind, even liquid food or milk, is taken, vomiting will take place, and intense pain will follow almost immediately after the ingestion of a very small quantity. This is due to the stimulating effects of the food, creating peristalsis. If food is withheld, these patients become very comfortable. There will be a dullness on percussion in the lower anterior right side of the abdomen, to the right of, and two inches below, the umbilicus. This part will be sensitive on pressure. But, indeed, an experienced physician will use no pressure; he will diagnose his case from what subjective symptoms the patient describes, and the objective symptoms that he himself can see, without submitting his patient to the dangerous procedure of deep bimanual examination. Nearly every case of rupture of the appendiceal abscess has been brought about by the surgeon in his zeal to diagnose the disease and determine if the usual tumor-like development--pus sac--can be found. The obstruction in appendicitis is due more to muscular fixation than to accumulation in the intestine; indeed, most of the obstruction is caused by the inflammatory process--irritation, determination of blood, swelling, and the exudation which is for the purpose of walling in the forming abscess. Muscle fixation guards the intestine and secures quiet. Motion is dangerous; there is danger in using physic, or doing anything that will stimulate peristaltic action, because of a possibility of a rupture or perforation of a necrosed bowel.

The highly sensitive state of the bowels obtaining in this disease puts the muscles in the region on guard, and the parts are fixed for the very definite purpose of conserving the life of the patient. If nature is not meddled with, the abscess will form and rupture will take place along the line of least resistance, which will be into the bowel. In this way the abscess will empty, and in a very short time after the pus has gained entrance into the bowel, inflammation, swelling, and obstruction will subside, and within twenty-four hours the patient may be given fluid nourishment.

Colitis.--Discomfort in the lower bowels and pelvic region, sometimes amounting to distress. The discomfort of this disease is so great and so constant that thousands have been subjected to operations for appendicitis, ovaritis, and other diseases, without the least suspicion that the real disease was nothing more than gaseous distention of a chronically inflamed colon. Many more have been subjected to ovariectomy--in fact, all the operations peculiar to the pelvic region--because of this discomfort in the lower bowels. Patients frequently complain of pain in the lower right frontal region of the abdomen. At first they are suspicious of appendicitis, and too often the medical man is willing to confirm this suspicion and recommend an unnecessary operation.

Obstruction.--Distressing pain in the lower bowels, with inability to secure a movement. The taking of laxatives or physic creates great nausea and vomiting, but fails to cause the bowels to move. Large enemas may be used, which return without carrying with them any fecal matter, after the rectum, and perhaps the sigmoid flexure, are cleared of their contents. If the obstruction is complete, the symptoms become very grave, the stomach will not tolerate anything, not even water, and the distress caused by taking food, or even taking water, is so great that everything by way of the mouth has to be suspended. The pulse increases in frequency, the breathing is hurried, the skin clammy, all the symptoms of collapse gradually set in, and within forty-eight to seventy-two hours death relieves the sufferer.

Treatment.--In colitis anything that has a tendency to create inflammation of the mucous membrane must be overcome. The bowels must be emptied every day--constipation must be overcome. This can be temporarily relieved by a very light saline laxative, or laxative foods, or small enemas--not more than a pint of water placed in the rectum and left there for five or ten minutes; then solicit a movement. This should be carried out regularly every night. On account of the great tendency for carbohydrate foods to cause gas in the bowels, these foods should be either proscribed entirely or given in very limited quantities. Meat, non-starchy vegetables, and fresh fruits are the proper foods for those who have chronic colitis. For chronic colitis very little starch should be used--none whatever by the obese. Until all the symptoms are under control, no food should be given except fruit three times a day. When the patient is

better, the noon meal may be meat, one or two cooked, non-starchy vegetables, and a combination salad. This should be kept up for weeks, if necessary, to overcome the disease. The stools should be watched. If there is much catarrhal discharge, this is evidence that the disease is not yet under control. No starch should be given until the bowels are moving without any mucus in the stools; in fact, the mucous discharge must be overcome before a cure can be accomplished. Then white-flour bread thoroughly toasted, is the best form of starch to be given at first. The coarse bread has a tendency to irritate the bowels, and should not be used until the patient is quite well. During the time when the symptoms are most intense the seeded fruits should not be eaten; or, if they are, they should be run through a sieve or colander that will exclude the seeds.

For complete obstruction, a surgical operation at once is the only remedy. In this matter there must be no delay. Yet those interested in the case should not lose their head. Unfortunately, surgical insanity is so general that it is a very difficult matter to find professional men who will not fly off at a tangent and recommend an operation for almost any severe pain in the bowels. But there is a great difference between obstruction caused by appendicitis and complete obstruction, which latter may be due to invagination, or telescoping of the bowels, or to a twist, or to mesenteric, mesocolic, omental, or any visceral hernia.

The treatment for appendicitis amounts to a wise letting-alone. The patient should be put to bed, with hot-water bottles to his feet. If in great pain, and running a temperature above 103° F., ice should be put over the region of the appendix. If the temperature is below 103° F., heat should be put to the abdomen. The mouth must be closed to everything, even water, until comfort is established, which will be within about three days. Then the patient may have all the water desired. A copious enema, or as much as can be introduced into the bowels, should be used every day, either morning or evening; but positively nothing else needs to be done until the bowels move without assistance, except for the enema which is used daily to wash out the lower bowels. There will be a large amount of accumulated fecal matter, blood, and pus above the portion of the bowels involved. The movement will be copious, because it will not take place within seven to twenty-seven days. Of course, the longer the patient lingers before the bowels do move, the greater the accumulation will be above the cut-off. Then, within three or four hours after the first copious evacuation, the patient will have another movement, which will show more or less pus. It will be well to wash out the bowels once or twice with simply warm water. Let the patient alone. He may have fluid nourishment for four or five days; and, to be really safe, he should confine his eating to fluid foods for the first week after the evacuation. Then gradually return to the accustomed style of eating. However, if a permanent cure is desired, such patients should live correctly ever after, having one meal of fruit, one of starch, and one of meat and vegetables.

IV. ENTEROPTOSIS

Definition.--Dropping down of the contents of the abdominal cavity, but particularly a dropping of the stomach and large intestine, transverse colon, kidneys, spleen, and pelvic organs.

Etiology.--What can cause falling of the organs within the cavity of the abdomen? Weight, causing relaxation of the attachments. Anything that will distend the stomach and intestine has a tendency to cause a dropping-down or a sagging below the normal position. The stomach is distended with food. Those who eat too rapidly will always eat more than they should. After they are through eating, the food swells and distends the stomach beyond its normal capacity. In time this brings on a dilated and a relaxed state of the stomach and intestine. Indigestion will accompany this state, and more or less gas will be evolved, which pulls up or distends the organs. We not only have a dropping-down of the stomach, but we also have a puffed or an enlarged state. This interferes with the mechanism; the muscularity of the organ is put out of commission; the stomach does not empty well; digestion becomes slow, and there is more or less retention of food, This favors the development of still more indigestion and distention with gas, until the entire intestinal canal becomes more or less involved with the stomach, and from the same causes. The individual will have what is called a "high stomach;" that is, a distended, enlarged abdomen. There is always enervation accompanying such a state of the stomach and bowels. Enervation always means relaxation of muscles, and, if the cause is continued, a dropping-down of the entire contents of the abdominal cavity sooner or later follows. Some people are more inclined to take on this state of the stomach than others. Those of a relaxed, flabby habit--those whose muscles are soft and inclined to gravitate--take on the disease sooner than others.

The attachments of the kidneys partake of this same relaxation; and then, from gas distention and the ordinary affairs of life, the pressure on the loosened kidney has a tendency to pull down and elongate the normal attachments. Those who carry a great deal of fat in the abdomen--who have heavy omentums--will in time cultivate the dropping-down of the entire contents of the abdominal cavity. This intra-abdominal pressure frequently creates more or less bladder trouble, urethral trouble, and, in women, a prolapsus of the womb and ovaries--especially the left ovary, which is often pressed below the uterus into the cul-de-sac of Douglas. Then, if the intra-abdominal pressure is not overcome and constipation follows, the woman will suffer a very great deal from the pressure on the ovary; for it is crowded, so to speak, between a constipated rectum and an intra-abdominal pressure from fat and gas. Many patients will be troubled with prolapsus of the rectum. At each evacuation of the bowels the rectum will prolapse, and, unless replaced, will remain out until a night of rest allows it to resume its proper place within the body. However, when the prolapsus is very extensive it never gets back to the proper location. This same intra-abdominal pressure, and the relaxed state of the muscular system generally, favor the development of all kinds of hernias, especially inguinal and femoral. Those who are of a relaxed habit should take warning and never do any lifting without thinking of the possibility of creating a rupture. If at any time there is a sensitiveness in either flank, one hand should press upon and support it while the other does the lifting. No lifting should be done without the muscles of the abdomen being placed on guard, preventing a rupture. If people generally understood this, and would be mindful of it, they could avoid developing hernia.

Enteroptosis, then, is a dropping-down of any of the organs in the cavity of the abdomen; but, as a rule, when that word is used it is intended to convey the idea that the patient has a falling of the stomach or transverse colon. I see no reason, however, for dividing these subjects. The treatment for one is the same as for the other.

Treatment.--The first and most important thing to undertake is to remove all causes that lead to intra-abdominal pressure. The cause of dilation of the stomach was given as improper eating, rapid eating, and overeating; consequently this must be controlled. All cases where there is dropping of the stomach and transverse colon must be treated in such a manner as to get rid of the fermentation. The first week the patient should be put on a fast; the second week, fruit morning and night; and the third week, two meals of fruit, and a dinner consisting of meat, two cooked, non-starchy vegetables, and a combination salad, every other day; the alternate days, potatoes, rice, or any of the decidedly starchy foods, with a cooked, non-starchy vegetable and salad. Every case must be treated according to its special needs. It is very difficult to give an exact treatment for any derangement of the body, because the individual must be treated and not the disease. All bad habits must be stopped. No tobacco, alcoholics, coffee, or tea is to be allowed.

In cases of floating kidney, the same treatment must be given for correcting the indigestion and getting rid of the gas distention, and also an excessive amount of adipose tissue in the intestine. Those who are quite stout must be fasted long enough to overcome, and cause an absorption of, unnecessary fat deposits in the abdomen. Those who are thin should be fed in such a way as to overcome gaseous distention. All cases must be exercised properly. Lying on the back and going through the movements of bicycle-riding is one of the most important exercises that can be taken for any of the diseases named under the head of enteroptosis. All hernias that have been of long duration can be cured in the same way.

This disease will require a good deal of exercise to the bowels, also manipulation of the abdomen, and the knee shoulder position should be practiced fifteen minutes twice a day if possible--in the morning and in the evening preceded by the Irish mail movement. Grasping hold of some object in front of one and squatting to almost complete bending of the knees is an excellent exercise. Directions for the different exercise and massage are explained in Toxemia.

Prolapsus of the rectum can be entirely overcome. The ligaments will shorten under the influence of the exercise recommended. The entire body should be exercised lying down. Patients should be taught to practice the tensing exercise, according to the instructions given elsewhere. Is it ever necessary to shorten the ligaments and cable the kidneys, or operate on the stomach and transverse colon? Never, unless the patient is unwilling to take upon himself the amount of work that will be necessary to restore him to his normal condition. Anyone can be restored to an absolutely normal condition without an operation; but, of course, those who are too shiftless, too indifferent to their best interests, will have to submit to questionable surgical operations. I say "questionable" advisedly; for I have never seen many people derive

any great benefit from any of these operations, and, indeed, I have seen many injured by them.

H. DISEASES OF THE LIVER

I. JAUNDICE

Definition.--Jaundice is known by the name of icterus. It is characterized by a yellow coloring of the skin of the body; also the mucous membrane and the fluids of the body are tinged with bile pigment. Jaundice is a symptom depending upon a great variety of causes, and the causes are obstructive.

Etiology.--A foreign body, such as a gallstone, may lodge in the gall-duct, or parasites may pass from the duodenum into the duct. Catarrhal inflammation may cause enough closing of the duct to impede the flow of bile and become a cause of jaundice. Inflammation may also cause stricture of the duct. Tumors may press upon the duct. Tumors of the liver, stomach, pancreas, kidneys, and omentum may, by pressure, cause obstruction; occasionally an enlarged gland. Such enlargements as pregnancy, ovarian cysts, and even fecal accumulations have been described as causes of jaundice. It is barely possible that this may be true, but not very probable. Constipation might be the cause of toxin poisoning, and in this way cause jaundice.

General Symptoms.--Yellow tinting of the skin; itching of the surface of the body; yellowing of the sclerotic coat of the eye. The tinting of the skin will vary from a very slight yellow to a deep brown or bronze. The exceedingly dark coloring comes from complete obstruction. Under such circumstances the urine is also very dark. The tissues of the entire body are involved in the coloring. In the chronic form of this disease, pruritis, or itching, becomes a very distressing symptom. Sweating is another symptom. The clothing of such patients has the appearance of having been dyed yellow. Skin troubles are not uncommon where there is obstruction of the bile. Piles often occur.

Where no bile whatever passes into the intestine, the stools are very light-colored--sometimes of a grayish coloring--and the odor is pronounced. The clay-colored stools are common in those who are troubled with inactivity of the liver. This may occur in cases where there is very little coloring of the skin. It cannot, however, exist for any great length of time without the urine showing that the bile is failing to pass into the intestine.

Constipation is common; yet, on account of the decomposition taking place when the bile fails to enter the bowels, diarrhea may be a constant symptom. Bile is, so to speak, an antiseptic. It has a tendency to prevent decomposition. Where the stools are offensive, and there is hearty eating or overeating to account for it, the probable cause is a lack of the secretion of bile. Many of these cases present irritability and depression of spirits. One of the peculiar influences of bile on the system is to produce melancholia. In acute derangements of the liver, brought on from excessive eating or debauch, the debauchee will have great depression of spirits and gloomy forebodings of the future. While the patient is in this state, the world is all going wrong, his business is going to smash, and he is ready to sell out for a song and get away from the smash-up; but within twenty-four to forty-eight hours after this depression--this influence of bile in his blood--everything is lovely, the goose hangs high, and you could not buy him for one hundred and fifty cents on the dollar.

In low forms of fever there is a toxemic jaundice which augurs badly. Indeed, it is a symptom that might be avoided by preventing the disease from taking on a septic state. Such fevers as typhoid, if not medicated and fed, will fail to develop septicemia; hence the complications, such as jaundice, will never develop. This is not only true of typhoid, but it is true of every disease. These symptoms are secondary, and are possible only in malpractice. The word "malpractice," as used in this sense, includes the malpractice supposed to be scientific medicine.

There is said to be a hereditary icterus. In all probability it is due to some anatomical defect, or to some peculiar style of eating, on the part of the families of the various progenitors, all of them having the tendency to eat in such a manner as to bring on liver derangements--to develop a hepatic diathesis, if you please. Why should not this be true when families for several generations live in such a way as to produce engorgement of the liver? Why should not the tendency for developing this derangement become so fixed

that it is transmissible? The true definition of heredity is a tendency to take on certain forms of disease. There is no such thing as inheriting a disease.

Icterus Neonatorum.--New-born children often develop a jaundiced condition within the first week after birth. As a rule, this needs no special attention, even when so pronounced that the urine will dye the diapers an orange yellow. Fatal cases, however, have been known. It is my opinion that such cases come from obstruction of the biliary duct. Where the condition is purely functional, it is aggravated by too frequent and excessive eating. If the error is not suspected, the child may be driven into a fatal illness.

Anemia of the Liver.--Anemia of the liver cannot be thought of in these days of much starch-eating; for starch, sugar, and fat have a tendency to produce hyperemia. Possibly, after the hyperemia has been developing for years, a hardening may take place that in time will end in anemia. Then the disease would be of a secondary character and come under the head of sclerosis. Hyperemia is divided into two classes--active and passive congestion.

Active.--After a meal the liver will always be found engorged because of the absorbed food. All the vessels are filled. This state passes away in a few hours--as fast as the food material can be absorbed and utilized by the body. Where the engorgement is excessive there may be a feeling of weight and heaviness in the region of the liver, and, if eating is frequent and excessive, the hyperemia becomes a fixed state. The border of the liver may come down much below the ribs. This state is diagnosed as enlargement of the liver. It is found in those who are steady imbibers of alcoholics, as well as in those who eat excessively.

Passive.--Passive hyperemia is more common. it is said to result from pressure on the efferent vessels. This affection is found in valvular diseases of the heart, emphysema, sclerosis of the lungs, and thoracic tumors. The skin of patients in this state often has the appearance of having been smoked; or their faces may seem cyanotic or flushed. This affection is brought on more frequently from heart derangement than from liver derangement, but these two conditions are often found together.

General Treatment.--The treatment for obstructive icterus must be the removal of the obstruction. This may require surgery, and it may be a derangement that surgery cannot remedy. In gallstone obstruction the feeding of eliminating foods, such as fruit and raw vegetables, will in a reasonable time bring about a disintegration of the stone in the gall-bladder. Then there will be a passing into the bowels of the sand that results from the disintegration; and, if this style of eating is persisted in, the patient will make a complete recovery. Where the obstruction is due to a catarrhal inflammation of the gallduct, proper feeding will overcome it. What is proper feeding? Any normal style of eating that will include the necessary amount of eliminating foods, such as fresh, uncooked fruit and vegetables. In severe cases of this character the patient should fast for a week or two, and then live on fruit for a week or two, depending upon the severity of the symptoms and the rapidity of relief. In all these cases--it matters not how severe they are or what the character of the obstruction is--the patient should be kept away from sugar, starch, and fat. That will give the liver--the portal system--rest; and rest is the foundation on which all curative therapeutics must be based. Physiological rest is of more importance than all other forms of rest. Physical and mental rest are also needed, however; for these are allies of physiological rest.

In the jaundice of children, no hesitancy should be felt about taking the child off its mother's breast and giving nothing but water until the severe symptoms have passed. Then the feeding should be light enough to prevent a return of the icterus.

Hot baths should not be neglected in the treatment of any of these diseases. Where the symptoms are urgent, the bath water should be as hot as the patient can bear, and the duration of the bath should be in keeping with the patient's resistance. Where patients weaken quickly, the bath should be of short duration; but where they can stand it for fifteen to twenty, and even thirty, minutes, there should be no hesitation in extending it until complete relaxation is secured. Then a bath of from five to ten minutes' duration should be given daily. Absolute rest in bed, and no feeding until it is justified by a decided betterment of all symptoms, should be the treatment in any of these cases.

II. GALLSTONES

Etiology.--There are many causes given by authorities on the subject. According to my way of thinking, the simplest and most correct explanation is that, as a necessary condition for the formation of gallstone, there must first be a primary period of catarrh of the gall-duct and gall-bladder. This must be aided by the gouty diathesis, and then by the habit, on the part of the patient, of eating too much of foods that carry mineral into the system, and too little of foods that eliminate. Excessive eating of starchy foods, sugar, and fat, and overstimulation with alcoholics, cause a sluggishness of the liver. First, the liver becomes hyperemic from an oversupply. This interferes with the nutrition of the organ, and enervation is established. Then we have retention of waste products. In those who eat foods that are potentially acid, to the neglect of those that are potentially alkaline, and then, as stated before, add a gouty diathesis, there is developed a condition that favors the building of stone in the gallbladder. This is further aided by a catarrhal thickening of the gall-duct, which to a certain extent impedes the passage of bile. With partial obstruction of the gall-duct, the gallbladder is inhibited in its housecleaning, so to speak. Every canal and cavity of the body will become diseased, if the process of natural cleaning is interfered with; and, as the flow of bile is somewhat inhibited by the catarrhal thickening of the mucous membrane of the gall-duct, this favors the retention of gall in the gall-bladder, and this again favors concentration. The thinner fluid will find an exit through the gall-duct, while the heavier will be retained. This gives a start for the formation of gallstones. It is said that experimenters have succeeded in producing gallstones by injecting micro-organisms into the gall-bladder of animals. Another experiment has been successfully tried, within my professional experience--that of introducing a small bit of chewing gum into the male bladder, after which a stone as large as a hen's egg was taken out. It required only about three years for the stone to reach that size. Hence--this being positively true--chewing gum must be the cause of stone in the urinary bladder, if micro-organisms injected into the gall-bladder produce gallstones in that cavity.

Without joking and without irony, any foreign substance finding lodgment, accidentally or otherwise, in closed cavities, especially the gall-bladder and the urinary bladder, has a tendency to become the nucleus around which stone forms into calculi of varying size. In some cases the gallbladder may be filled with one stone; in other cases there will be numerous stones. I have heard of as many as sixty to sixty-five being taken out of one gall-bladder.

It stands to reason that the food and water which carry the greatest amount of mineral will be most favorable to the development of stones in the body.

Symptoms.--In many cases there are no symptoms further than attacks of indigestion, and at times a slight jaundiced yellowness of the skin; but in many cases of fully developed stone in the gall-bladder there will be no decided symptoms whatever. To the educated eye, patients who have this disease will always present symptoms of deranged digestion.

No one will develop gallstones and at the same time have the appearance of perfect health. The first symptom to arrest the attention of the patient is a feeling of fullness or weight, or a feeling of oppression, in the region over the stomach. The majority of cases will not be suspicious of anything wrong until they are taken with a pain so severe that it doubles them up. This they ascribe to indigestion. They will think that something they have eaten has thrown them into a colic. The disease is called gallstone colic. Previous to these attacks of severe pain there will be attacks of indigestion, weeks, and sometimes months, apart. When indigestion is accompanied by urticaria, or nettle-rash, it is well to be suspicious enough to investigate in the line of gallstones. It may be that the skin trouble has been produced by a sluggish state of the liver; but certainly, if there is much pain over the stomach, and a sensitiveness to pressure to the right of and a little above the umbilicus, the probabilities are that the disease is gallstones. Some cases will suffer very greatly, and remain sore for one or two days after they get over the gallstone colic. Patients recover from this affection, and sometimes run along for months--or, again, may not run along for more than a week--before they have another attack. It depends altogether upon how soon another stone will become lodged in the gall-duct. It is the passage of the gallstone from the gall-bladder into the duodenum that creates the suffering. These stones are usually rough and jagged, and cause great pain as they are forced through the passage.

It is not necessary, in going over the symptoms, to take up the various complications, such as ulceration, suppuration, and the dangerous perforation that follows these complications; for such cases must be put into the hands of physicians. Nothing short of an operation will prevent death in case of peritonitis from

perforation. In complete obstruction of the gall-duct it may be that surgery will be the only procedure which promises relief. Such extreme symptoms are exceptional and belong to the province of the surgical specialist.

Treatment.--No treatment whatever should be given to gallstones--the patient must be treated. It matters not what the deviation is from the normal, he must be brought back. Hence, to treat a case of gallstone successfully, the patient must be examined, habits must be inquired into, and everything necessary to correct the eating and care of the body must be done.

Constipation must be overcome by laxative foods. If the patient is suffering, and has been suffering a great deal, a fast must be insisted upon. No definite length of time can be given. It should, however, be prolonged until all pain and discomfort have passed away. During the fast, hot water should be taken freely--a pint every three hours, or even more. As soon as all discomfort has vanished, the patient should live for one week on fruit--any kind of fresh fruit--morning, noon, and night. No eating should be permitted between meals. Fruit must be eaten at the regular mealtime, and nothing at all between meals. The second week: fruit in the morning, and a combination salad, with one or two cooked, non-starchy vegetables, at noon. One of these vegetables should be spinach or onions, and they should be cooked properly--in very little water, so that there will be none to drain off. Spinach should be one of the raw vegetables in the salad. Lettuce, tomatoes, cucumbers, and spinach, with a small piece of onion for flavoring, makes a nice salad. Dress with salt, oil, and lemon juice. The evening meal should be one or two glasses of buttermilk. This should be the style of eating for the first month. The second month: fruit in the morning; toasted bread and fruit at noon, or rice dressed with salt only, and any kind of fresh, uncooked fruit; occasionally biscuit, butter, and honey, if so desired. If any drink is taken at the mealtime, it should be teakettle tea with the starch meal and fruit meal. Milk is not to be taken with meat.

The dinners may be meat every other day, with two cooked, non-starchy vegetables and a combination salad. The alternate days have potatoes, navy beans, corn bread, or any of the decidedly starchy foods in place of meat. Patients must give their bodies thorough attention by way of bathing, dry towel rubbing, etc. A hot bath of three to five minutes' duration should be taken every morning, with a quick cold sponge bath, to be followed with dry towel rubbing, and then dry towel rubbing at night before going to bed. This should be done daily. The skin must be put into good condition, so as to prevent catching cold; for the gallstones depend upon catarrh of the gall-duct and gallbladder. Unless the constitutional derangement that should be known as catarrh is cured, it will be impossible to relieve the patient permanently of gallstone formation.

Exercise regularly. Passive exercise should be practiced daily, besides being in the open air and sunshine--either walking, driving, or just enjoying the freedom of the out-of-doors. Old habits must be given up--such as eating between meals, eating candy, desserts, etc.

III. CIRRHOSIS OF THE LIVER

Etiology.--This disease is the ending of a life of debauchery. It comes from indulging the senses by way of eating and drinking, and gratifying lust. Lust enters into this derangement as a factor by bringing on enervation and helping to derange digestion and nutrition. There are several leading etiological factors given by medical authorities: the toxic, coming from the use of alcoholics; the infectious, which is said to come from specific fevers, syphilis, etc.; a type that comes from the congestion following heart disease, known as cardiac liver; and one that comes from obstruction of the bile-duct. There is a vascular cirrhosis, which is brought on from irritation, engorgement, and the developing of new tissue because of an oversupply of nutritive material in the organ. There are many other etiological factors given, but I think it unnecessary to mention them. The causes most commonly met with are overeating and alcohol-drinking.

Symptoms.--Like many other diseases of the liver, this disease often progresses to full development without presenting many symptoms--this is what authorities on the subject say. I, however, incline to the belief that the premonitory or primary symptoms have been present for years, but have been ignored or not even noticed. It would be impossible for anyone to tittle for years without showing symptoms of irritation of the stomach and tumefaction of the liver; so these symptoms are primary, and it should be the duty of every physician to inform victims of this derangement of what they are bringing upon themselves.

Unfortunately the medical profession has never considered it its duty to take the attitude toward patients of being "my brother's keeper;" indeed, too many supposed-to-be teachers of health have encouraged these victims in taking into the system the material that builds disease. For years the blood vessels in the region of the stomach and liver have been engorged because of the irritation produced by alcoholics. The tongue is furred in the morning; the bowels are irregular. Sometimes there is vomiting or mucus. In alcohol gastritis great quantities of this mucus will be thrown out at times; even hemorrhage from the stomach is not uncommon. Occasionally the hemorrhage is profuse, and liable to recur so long as the habit of drinking is continued. Hemorrhage from the bowels may take place in this disease before there is any blood thrown out of the stomach. The bleeding is often from the veins in the esophagus, because of the disturbed portal circulation. Indeed, there is not very much difference, except in degree, between this state of the liver, caused by alcohol poisoning, and the chronic state brought on from years of imprudence in the eating of starch, sugar, and fat. The alcoholic variety is always more intense, there is greater enervation, and the circulatory system throughout the body is more involved than in those varieties produced by imprudence in eating. In advanced cases, patients become dropsical--show general dropsy. Ascites is common.

Diagnosis.--With a dropsical state of the peritoneum, the well-marked history of alcoholism, light-colored feces from the bowels, and hemorrhage from the stomach and bowels, the diagnosis is made.

Treatment.--There is not much to be done. Patients may be tapped and water taken off, which will give relief for a short time; but the water certainly will return. The time for curing the case has passed, perhaps many years ago. When the liver is so organically disorganized and the auxiliary organs of the body are so deranged as in these cases, there is nothing to be done, except whatever palliation may be required to give the patient temporary relief.

I. DISEASES OF THE PANCREAS

When speaking of derangements of the pancreas, we necessarily, in this connection, think of digestion of the starches. If the mouting of food is neglected, the whole work of digesting the starches falls on the alkaline secretions of the intestine. The pancreas stands at the head of this secretion. When there is difficulty in taking care of fat, we also think of a deranged secretion of the pancreas. The indication of deranged functioning of the pancreas is a changed appearance of the character of the stools. There is an excess of fat, which in some cases runs very high--even to one hundred per cent of the intake. The pancreatic secretion is necessary for the emulsifying of fat. When fats are not emulsified, they do not pass through the walls of the intestine; or, in other words, they are not absorbed and not utilized as food. The carbohydrates also fail of digestion, and the stools show a waste of these foods. When there is a failure in intestinal digestion, there is, accompanying this failure, colitis, because, if these foods are not digested, they go through an acetous and putrefactive change, which develops toxins, which are absorbed, and create irritation and inflammation of the mucous membrane of the intestine. Hence the importance of the pancreatic secretion may be seen in warding off the primary cause, not only of inflammation of the intestinal mucous membrane, but also of the diseases created by the absorbed toxins, as well as those that come from imperfect digestion of sugar, such as diabetes.

I. HEMORRHAGE

Hemorrhage into the pancreas has been reported by the leading authorities. F. W. Draper, of Boston, reported that in four thousand autopsies he met with nineteen cases, in half of which no other disease was found. At this point I wish to state that that is one of the failures of postmortems and autopsies. They show organic disease, for they cannot show a functional disease, even if it is pronounced. Such examinations give no clue whatever to causation, They give no hint of perverted nutrition, and many of the lighter forms of organic derangement that may be the real cause of death; hence the fact that one-half of the subjects met with in the autopsies reported by Professor Draper presented no other cause for death than hemorrhage into the pancreas does not prove that there were no other causes; and post-mortems fail to reveal any cause of the hemorrhage into the pancreas. Those who inquire into the cause of death by autopsic examinations really find nothing except the effects of long-existing derangements in nutrition, caused by toxin poisoning. This being true, it is safe to give, as the principal etiological factor in the development of diseases of the pancreatic gland, any cause that deranges digestion and nutrition.

Treatment.--The treatment should be preventive; for, after the disease is once established, there is no cure. Palliation is all that can be given. Just what the palliation should be depends upon the necessities of the case.

II. ACUTE PANCREATITIS

This disease may be started by septic infection. It may be caused by an injury--a blow on the abdomen. As toxins are the principal cause, inebriety, and the use of other stimulants, such as coffee, tea, tobacco, etc., must be considered as so many causes.

Symptoms.--This disease is said to begin very suddenly, with violent pains, on the order of colic, in the upper part of the abdomen. Nausea and vomiting follow. One of the pronounced cases that I have ever met with came into my hands after it had been developing for two weeks. The patient was a man forty-seven years of age. He was vomiting continually. The principal material ejected from the stomach was bile. Food could not be retained on the stomach at all. There was nothing that gave relief. At last I recommended an operation, which was performed, revealing the true cause of the trouble--namely, acute inflammation of the pancreas, with hemorrhagic spots throughout the entire organ. There was nothing to be done, and the patient died within a few hours after the surgical exploration.

Acute pancreatitis may end in suppuration--an abscess. The symptoms will be on the order of dyspepsia. Severe pains, with vomiting, will be the principal symptom. Then palpation, or bimanual examination, must do the rest. It requires surgical skill in differential diagnosis, as a tumor, swelling, or mass will be felt in the region of the pancreas.

Treatment.--The treatment for inflammation of this organ must be directed to correcting the digestion and assimilation. So long as there is pain and discomfort, the patient should be fasted. After that the eating should be fruit juice, and nothing else until all the symptoms have subsided; then a very light diet for a week or two. The diet should be fruit, raw vegetables, and cooked, nonstarchy vegetables, avoiding fats, starches, and sugars. In abscess of the pancreas there is no relief except by surgical operation.

Tumors of the pancreas belong to surgical practice, the same as calculi of this organ. The treatment is strictly surgical. I will say, however, that those who are living a normal life will not develop such diseases,

J. DISEASES OF THE PERITONEUM

I. PERITONITIS

Definition.--Inflammation of the peritoneum.

Etiology.--It may be primary or secondary.

Primary Peritonitis.--This is of very rare occurrence. When it does occur, it probably develops from cold or exposure, or from a rheumatic state of the body. Not having seen a case of the kind, I can do no more than mention the fact that primary inflammation is recognized by most authorities. I have seen a great many cases of peritonitis, but always of secondary origin.

Secondary Peritonitis.--This inflammation is an extension of other inflammations. Diseases of any of the viscera--of the chest, abdominal cavity, and pelvis--may end in peritonitis. Diseases of the liver, with abscess or simple inflammation, may extend to the peritoneum. Gallbladder diseases, malignant diseases of any part of the abdominal cavity, or of the thoracic or pelvic region, may extend to the peritoneum. Ulceration of the stomach, ulceration of the bowels, colitis, muco-colitis, appendicitis, typhlitis, ovarian and uterine inflammations, septic inflammation of the uterus following childbirth or abortion, may extend to the peritoneum. External wounds of the abdomen may by ulceration perforate the peritoneum. Abscesses in the cecal region, or the region of the appendix, will sometimes break into the peritoneum. This means fatal peritonitis, unless the case is operated upon at once, and the cavity thoroughly cleansed and drained. Perforating ulcer of the stomach and duodenum will cause fatal peritonitis. There is no hope for such cases, unless the peritoneum is opened, and thoroughly cleansed and drained.

Symptoms.--Inflammation of the peritoneum is ushered in by a chill or chilly feeling. In severe cases the chill amounts to a rigor, with intense pain in the abdomen and aching in the back; in fact, aching all over the body.

In low forms of typhoid fever, where the perforation has occurred after the system has become thoroughly toxemic and the brain dulled by the toxins, the symptoms may develop so insidiously that a fatal state will be evolved before the dangerous condition of the patient will be suspected. However, the watchful physician will observe a swelling of the abdomen, which is a distention of the peritoneal cavity. In other words, tympanitis must be distinguished from gas in the bowels. Both of these distend the abdomen, but there is a vast difference in the two cases. Where tympanitis exists, it means infection of the peritoneum, and, if it is the result of perforation, death will result very soon--within a few hours. In septicemia, following childbirth or abortion, intense pain in the abdomen, quick pulse, flushed face, preceded by a rigor, mean a fatal case, unless it is quickly comprehended and the right treatment used immediately.

Treatment.--Inasmuch as peritonitis is secondary to a primary disease, it is necessary to know what the primary disease is. The treatment must be directed to the correction of that disease. Of course, in cases that are rapidly fatal, like perforating ulcer, it is too late to do anything for the primary disease, and all the remedies that can be used must be directed to correcting the secondary disease, which is, peritonitis. As suggested before, if there has been a perforation, the peritoneum must be opened, cleansed, and drained.

II. CHRONIC PERITONITIS

This is a slight affection at the start. There may be a slight infection of the peritoneum from an extension of the disease in the pelvis. There may be a slight infection following an operation which opens the peritoneum. This disease often ends in adhesions--by adhesive inflammation. In that case the treatment must be for the removal of the adhesions. Following the removal of ovarian and fibroid tumors, normal ovariectomy, and operations for appendicitis, we hear of a great deal of trouble caused by adhesions. In many cases there are no adhesions, the pain and discomfort complained of by patients being due to intestinal indigestion and a distention from gas; but in these days we are having a great many patients sent to the hospital for secondary operations, for the purpose of breaking up old adhesions, etc. Every case must be a law unto itself, and whatever is necessary should be done. I have not met with so many adhesions as one would suppose in an active practice in a country where this derangement is heard of often, following the numerous operations to which people are subjected.

III. ASCITES

Definition.--Accumulation of serous fluid in the peritoneal cavity.

Etiology.--This affection is secondary to inflammations, or slight extension of inflammations from other organs. It may be due to cancer extending to the peritoneum, tuberculosis of the peritoneum, or portal obstruction or cancer extending from the liver to the peritoneum. Pyemia may be a cause of this affection; also tumors in the abdomen, large fibroids or ovarian tumors, or hydatid disease of the liver.

Ascites becomes a part of the general dropsy brought on from heart enervation. Lung affections, such as emphysema or sclerosis of the lungs, cause dropsy. Ascites occurs also in dropsy brought on from Bright's disease of the kidneys.

Symptoms.--Gradual enlargement of the abdomen, sometimes starting with puffiness of the feet and ankles. The history of the case will throw some light upon it and aid in differentiating between ovarian tumor and ascites.

In percussing over an ovarian tumor, the resonant sound peculiar to percussing over the intestine is entirely eliminated. The sound is dull over the lower abdomen, and when the percussing extends above the umbilicus, if there begins to be a resonant sound it will be known that that is the upper part of the tumor. Then, going laterally on each side down into the small of the back, there will be more resonance on both sides, showing that the tumor rests upon the intestine. Sometimes a loop of intestine will rise between the

tumor and the wall of the abdomen. In that event it requires a little more skill in diagnosing to determine whether it is a case of ovarian cyst or ascites. The experienced diagnostician, however, will not have much trouble; for, by introducing the finger into the vagina and passing up in front of the neck of the womb with one hand, and then having the other hand placed on the abdomen, the sensations of the two palpating hands or fingers will be carried to each other, showing a continuation of a fluid medium; whereas, if the hand can be placed upon the top of the swelling, above the umbilicus, and pressed down, and, with the finger in the vagina and to the anterior of the neck of the womb, nothing can be felt between--if the percussion wave does not extend to the finger in the vagina--then it will be known that the disease is ascites.

Treatment.--For ascites, where the symptom is very distressing, a little palliation may be secured by tapping and drawing off the water; but it will fill up very soon again, and the patient will have to be tapped again and again, until he is worn out and dies from exhaustion. If the affection has not evolved into such a desperate type, fasting will give relief; and, in fact, this is the only hope of carrying a patient back to a reasonable state of health. If the ascites is due to a cancerous extension, there is no hope. If the disease is due to a pyemic infection from, say, liver abscess, if the abscess can be drained there is hope of a betterment, and possibly a cure. In acute peritonitis from extension of pelvic inflammation, the pelvic disease must be corrected as quickly as possible; and if the peritonitis is extensive, there is a possible hope in opening the peritoneum and washing it out, and then draining. These cases are never very promising.

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CHAPTER V

Diseases Of The Respiratory Apparatus

A. DISEASES OF THE NOSE

I. ACUTE CORYZA

Definition.--This is what everybody knows as a cold in the nose or cold in the head.

Etiology.--Its cause is toxin poisoning from intestinal decomposition of food. Toxin poisoning is the chronic state of the patient when catching cold becomes a habit. The exciting cause of a cold may be overeating, resulting in an extra amount of indigestion or constipation. Lowered resistance from any influence that uses up nerve energy may be the cause of a cold.

Symptoms.--The patient feels indisposed. Perhaps he has a chill, headache, backache, ache in the legs; or he may simply be inconvenienced by the discomfort in his head and nose--a headache and a running at the nose. The temperature will be very light--possibly 101° F. The mucous membrane of the nose becomes very greatly irritated and swollen, so that it is impossible for the patient to breathe through both nostrils at the same time, and sometimes both nostrils are stopped up. The secretion is a thin, clear fluid, almost like water. But it is sometimes very irritating to the mucous membrane, and also to the skin of the lips and face with which it comes in contact. Sometimes the tear-ducts are swollen, so that the water runs out of the eyes profusely, The eyes themselves become engorged. Where the disease extends down the nasal passage, there may develop pharyngitis, and even laryngitis. After twenty-four or thirty-six hours the secretion becomes thicker and heavier, perhaps yellowish. In thirty-six hours the secretion is a greenish yellow.

Treatment.--Stop eating, drink freely of hot water, and compel the bowels to move thoroughly by using several enemas, if necessary. There is no objection to a laxative, on the order of castor oil. But if the patient wants to get well quickly and thoroughly, he should stay away from food.

II. HAY FEVER

Definition.--This is a chronic disease of the mucous membrane lining the nose, accompanied by gastric symptoms on the order of chronic subacute gastritis. The general opinion today appears to be that the disease is caused by the pollen of certain grasses and plants, also dust, irritating the mucous membrane. The very latest cure is an infusion made from pollen, etc. But those who would like to get well should understand the etiology. It is chronic catarrh, with chronic irritation of the stomach. Hearty eating--eating heating foods, such as starch, sugar, and fats, beyond the system's need--produces such a sensitive state of the mucus membrane of the nose and stomach that, when the atmosphere is filled with dust and pollen, those who have the disease highly developed suffer a great deal. In fact, any fine particles of dust drawn into the nose with the air will make the hay fever subject very uncomfortable. These patients catch cold frequently in the winter as well as in the summer.

Treatment.--Stop all food and drink hot water freely until the patient is entirely relieved. Then it would be proper to keep away from food until the subject can go out in the weeds and be free from suffering, even though he breathes the dust from the grasses. Then he should have fruit twice a day--morning and noon. In the evening he may have a little lamb, chicken, fish, or eggs, with a combination salad and one or two cooked, non-starchy vegetables. The meat dinners may be taken about every other day; the alternate days any of the decidedly starchy foods may be taken, with cooked, non-starchy vegetables and a salad. This style of eating should be adhered to until the frost comes. A complete fast right at the start of the

symptoms will soon bring relief. Those who have eaten meat twice or three times a day will do best to go entirely without meat until health is restored. Those subject to this condition should never use much carbohydrate food, and should shun sweets of all kinds.

III. EPISTAXIS (Nosebleeding)

Etiology.--Excessive eating to hyperemia, and a catarrhal inflammation of the mucous membrane of the nose, are often the basic causes of nosebleeding. Young people develop a catarrhal inflammation and ulceration of the mucous membrane of the nose which is so annoying that they fall into the very bad habit of picking at the nose, and, by poisoning the mucous membrane with the fingernails, a very raw and irritable state of the mucous membrane is produced. The wounding of the mucous membrane with the fingernails develops in time an ulceration. This ulceration is often deep enough to cause a necrosis of a blood vessel of sufficient size to cause profuse bleeding. Again, the nosebleeding may come from constitutional derangements--a high blood pressure, dysemia, anemia, uremia, etc. This condition, with a little catarrhal ulceration, may cause the subject to be very much inclined to bleed at the nose. This style of bleeding is more profuse than the other. Then there is a nosebleeding which is due to a deficiency of fibrin in the blood. When this element is deficient, the blood loses its power to coagulate. Such cases as this make bleeding very dangerous. Cases such as this have been known to bleed to death. Unfortunately, the more these cases bleed, the easier it is for them to bleed.

Apoplectic subjects are inclined to have nosebleed. It is a conservative measure; for the oftener and the more the nosebleeds, the less becomes the blood pressure, which is one of the causative symptoms. If relief from the excessive blood pressure in the head is not had in some way, a blood vessel is liable to rupture, and the patient will then be in a state of apoplexy, with a clot on the brain and partial paralysis, if death does not occur very soon after the hemorrhage takes place.

Treatment.--In the first class of cases the patients must be instructed to keep their fingers out of their noses. Digging at the nose must stop. The mucous membrane should be greased frequently with camphor ice. This will prevent a drying, and also relieve the irritation that causes the patient to dig at the mucous membrane.

The eating should be corrected. Too much starch, sugar, and fat are being eaten. If these are cut down decidedly, or suspended entirely for a while, the nose will have an opportunity to get well. In bleeding from congestive headaches, with high blood pressure, the patient should lie down, have the bowels washed out thoroughly, stop eating, and, as soon as the pulse drops down, there will be no more bleeding. In cases of high blood pressure, with a perverted state of the blood, profuse bleeding is an indication of arteriosclerosis and an apoplectic state of the blood vessels of the brain.

Those in this peculiar state must go without food until the blood pressure is completely overcome. Plugging up the nose may give a temporary and unpleasant relief; but this is not a proper treatment--it is inexcusable, bungling, and unscientific. Reduce the blood pressure; keep food and fluid away from the patient; keep the patient quiet; and in a reasonable time the bleeding will stop. Then the patient should be instructed to be careful about eating and drinking of any fluid, because there is no assurance that apoplexy or paralysis will not ensue before relief from the bleeding can be had.

It is dangerous for blood pressure to remain high enough to cause an occasional nosebleeding. The eating for people who have high blood pressure should be fruit, vegetable salads, and very light meals of meat; but starch, sugar, and fat should be kept away from them until they are safe--until the blood pressure is brought down to the normal.

B. DISEASES OF THE LARYNX

I. ACUTE CATARRHAL LARYNGITIS

Acute inflammation of the larynx may come on with a cold, or following a cold.

Etiology.--Catching cold, or over-use of the voice, may be the cause of the irritation and inflammation in this disease. It is a derangement which public speakers often develop. Foreign bodies may lodge in the

air-passages and create trouble. It may be brought on from accidental poisoning.

Symptoms.--A tickling sensation is felt in the larynx. Cough follows. Where the irritation and inflammation are severe the patient may lose his voice. He will talk in a whisper or in a husky voice. If he is a lawyer or a public speaker, and uses his voice under such circumstances, he may lose his voice completely. The edematous state of the mucus membrane caused by the inflammation may become so great that the voice will be lost. This, of course, is only temporary. Talking or singing increases the edema.

Treatment.--Rest the voice. Stop food for a few days; then eat fruit for a few days following the fast. Gradually increase the amount of food; but if a few days of fasting do not restore the voice, the fasting should be continued. As soon as the voice has returned, if there is still a little soreness, the patient may use fresh, uncooked fruit morning, noon, and night until the symptoms have passed away.

II. CHRONIC LARYNGITIS

This is the same as the preceding, except that the patient has been imprudent; he has continued eating, and has developed more or less indigestion. He has continued to use the voice until the inflammation has become chronic. Patients in this state have a hoarse, rough voice. Sometimes it is altogether lost. The feeling is such as to cause the patient to want to clear the throat; but every effort is a failure, because there is nothing to be cleared, except perhaps a little mucus. The feeling that there is something there is caused by the swelling of the mucous membrane, which partially closes the passage.

Treatment.--If there is any trouble with the nose--chronic inflammation or ulceration, or growths in the nose--these should be treated with a spray; or, if the spray is not desirable, by a strict diet. Fasting for a few days or a week, and then living on a light diet, such as fruit and salad, will bring the disease to an end gradually. Fruit then may be taken in the morning, and fruit, with buttermilk, at noon; simply buttermilk at night. Continue this until all symptoms are well overcome; then a full diet: fruit for breakfast, fruit and whole-wheat bread for lunch, and the usual meat and starch dinners, in alternation.

III. EDEMATOUS LARYNGITIS

Etiology.--Edema of the glottis is a very serious affection. It is not often met with. Of course, it is caused by wrong life.

Symptoms.--There is difficult breathing, gradually increasing in intensity. It strikes terror to the patient, and fear increases the trouble. It may be brought on by various influences--scarlet fever, diphtheria, typhoid fever. In all these cases there is a kidney derangement, and perhaps albumin in the urine.

Treatment.--The patient must be examined to find out what is the matter. If there is anything wrong with the kidneys, it must be corrected. Just what the application should be to the throat, should be left to the patient. If ice feels most comfortable, it should be applied. If heat feels more comfortable, then very hot cloths should be applied. If the symptoms are urgent, and death is threatening, a spray of cocaine may give relief. Before resorting to this kind of relief, however, the physician should make up his mind as to whether the case is desperate enough to justify tracheotomy. It should not be postponed too long. Possibly using the spray of cocaine or other drugs might cause the disease to travel down the trachea. This would complicate affairs by causing edema to spring up in the trachea at perhaps the point where the tracheotomy tube would be inserted; and should the edema establish itself below the point of the tracheotomy tube, the patient would be tortured with the operation for no purpose, as death will soon take him from his torment.

IV. SPASMODIC LARYNGITIS (Laryngismus Stridulus)

This disease is started up by a slight catarrhal cold. Then, if the child is of a nervous character, the difficult breathing may cause it to be irritable; it will struggle, and the struggling causes the suffocation to be greater, or it may cause a spasm to take place in the larynx. Some authorities claim it is purely a nervous affection.

Treatment.--Place the child in a hot bath. At the same time wash out the bowels with a fountain syringe. Whatever is wrong with the child should be corrected. If it is teething, and the gums are very much swollen, lancing them will relieve the irritation, and possibly through this relief the laryngitis will be relieved. Inasmuch as this disease is of a nervous character, anything that will produce nervous irritation will have a tendency to make the disease worse.

V. TUBERCULAR LARYNGITIS

Etiology.--The same causes that produce pulmonary tuberculosis will cause this trouble. There must be the history of wrong life coming on for several years before. Children, however, who are born with the tubercular diathesis, and in whom this predisposition is marked, win not have to live many years in contempt of proper living before they develop tuberculosis in some part of the body. If there is a predisposition for the trouble to locate in the throat, it may start up in the larynx. Sometimes this disease of the throat starts up a few months before pulmonary tuberculosis develops. 'Then again the disease may be wholly confined to the throat, and carry a patient off in what is known as "galloping consumption."

Symptoms.--The first indication is a huskiness. Following this is a hoarseness, which in turn is followed by a whisper. Patients get to the point where it is impossible for them to get the voice above a whisper. Where there are pulmonary symptoms it is a very easy matter to diagnose the disease. The history, and the build of the patient, together with marks of a predisposition to develop such diseases, are usually sufficient for a diagnosis.

Treatment.--Rest the voice; build up the organism as much as possible. Patients should stay out in the fresh air and sunshine. The disease is not easily controlled; in fact, as in pulmonary tuberculosis, if there is inherited a decided predisposition for the disease, and the disease is well developed, palliation is all that can be given.

VI. SYPHILITIC LARYNGITIS

Symptoms.--There will be a hoarseness, as well as a history of an infection. Possibly there will be an ulcer that can be observed through the laryngoscope. There will be mucous patches on the mouth, the hair will fall out, and there will be more or less skin eruption. It is possible that such cases have been treated for syphilis. If so, they have taken arsenic; the mouth trouble or any trouble with the skin or mucous membrane will probably be due to the treatment.

Treatment.--The life must be corrected. The diet must be made perfect. For the first month of treatment the patient is to be kept on a fast, and fresh, uncooked fruit and vegetables. The first week may be a fast. If the case is very severe, the fast should be of two weeks' duration. The second week a diet of fruit may be given; and the third and fourth weeks there may be had a dinner of vegetables and meat every other day, with a combination salad, and for the alternate dinners a starch in the place of meat. In all cases of laryngeal disease there should be given a hot bath every night before going to bed. If, however, bathing in the evening causes nervousness, it may be taken in the morning, followed with cold sponge-bathing; and the baths are to be followed with dry towel-rubbing. The same treatment should be given laryngeal syphilis that is recommended for constitutional syphilis; and constitutional syphilis is to be treated the same as all other diseases; namely, by correcting the life of the patient.

From my standpoint, most of these cases are drug diseases, brought on from treating so-called syphilis--a disease the patient never has had.

C. DISEASES OF THE BRONCHI

ACUTE AND CHRONIC BRONCHITIS

Bronchitis is as common as tuberculosis, and the two are often confounded. It is said to be bilateral, and to affect either the large or the medium-sized tubes, or the small bronchi. It has not been my experience that it is confined to one side of the chest, or one lung, more than to both lungs. In fact, ordinary bronchitis, which gives so much of a resemblance of tuberculosis, is usually confined to the large bronchial tubes, not extending beyond the medium; and it is a very common thing to have asthma as a

complication.

Etiology.--Acute bronchitis is, in common, everyday language, catarrh--the same as catarrh of the nose and throat, or catarrh of the intestine, such as colitis, etc. Every cold that is caught means an exacerbation of the chronic bronchial disease. Many cases are quite free from bronchorrhea, or the symptoms of cough and expectoration, during the summer, but in the winter frequent colds keep the subject of bronchitis constantly coughing and expectorating. An acute attack, without any previous history of the disease, may be simply an extension of an acute catarrh or cold from the posterior nares through the pharynx to the trachea, and then to the bronchial tubes. Bronchitis is associated with deranged digestion, intestinal toxemia, measles, typhoid fever, and malaria. Subjects of curvature of the spine are liable to have a bronchial cough. Kidney disease and heart disease are frequently accompanied by a chronic form of cough. The disease may appear in children at the breast, and extend all through the different ages to old age. There are people who seem to be predisposed to take on bronchial cough, but these are what I would call cases of chronic bronchitis. The only reason why they have no cough and expectoration all the time is because they are not living in such a way as to encourage this catarrhal state all the time. Some people are out-of-doors so much of the time in summer, and eat so much of fruit and vegetables, and abstain to such an extent from heavy diet, that they get almost normal. There is no disease to which flesh is heir that is so susceptible to the influences of wrong living as chronic bronchitis.

This disease is often the result of imperfectly cured measles or other eruptive diseases. Anything that builds a catarrh in any part of the body will build a catarrhal state of the bronchial tubes, or bronchitis. There is no difference at all between bronchitis and colitis, except in the location and perhaps in degree. It has been my experience that asthma is nothing more than chronic bronchitis affecting the capillary bronchial tubes, because this disease is brought on, and caused to continue in existence, by exactly the same mode of life that will feed up acute or chronic bronchitis, or a catarrhal state of any part of the body.

Symptoms.--In acute bronchitis all the symptoms of an ordinary cold extending into the bronchial tubes are present. This makes as good a description as can be given. There will be sneezing and coughing, and the eyes will water almost as much as in a case of coryza--and what is a coryza but a cold? The fact of the matter is that catarrh of the mucous membrane about the face, nose, eyes, ears, throat, lungs, is all related. It requires the same constitutional derangement, and identically the same treatment is proper for all.

Add the symptom of difficult breathing to a bronchitis, and you have the picture of asthma. All cases of asthma, however, do not come from catarrh of the mucous membrane of the bronchial tubes. There is a heart asthma--an asthma that is due to valvular heart disease. The treatment for bronchial asthma will not be suitable for this form of asthma. There can also be an asthma due to tumors in the mediastinum, pressing upon the bronchial tubes. There can also be an asthma produced by aneurism; but this form is a very rare disease. The rule is that, when patients have difficult breathing, the trouble is bronchial asthma,

Treatment.--The treatment for acute bronchitis is the same as for a cold. (See the treatment given for coryza, supra.) In chronic bronchitis the treatment must be such as will restore the general health. The patient must learn to live normally--not part of the time live correctly, and then abuse himself part of the time by living incorrectly. If the treatment is started at an exacerbation period, or at a period when there is an increase of the symptoms from a recent cold, it must be the same as for acute bronchitis or for colds. The bowels must be washed out daily until the symptoms are all better. After the patient is better, if the cure is to be permanent, the excessive use of meat must be given up. Fruit should be taken for one meal, starch and fruit for one meal, and cooked, non-starchy vegetables, a combination salad, and meat, for the third meal. If the patient is light in weight, he can use starch in the dinner every other day, and the alternate days take eggs, lamb, or chicken with the cooked, non-starchy vegetables and a salad.

Asthma should be treated about as follows: The patient should fast until the lungs are clear, so that the breathing is perfectly free. This may require one, two, or three weeks. I have had a few cases that required thirty days; but any patient is well rewarded for going without food until fully relieved. Then very great care should be exercised in eating, and otherwise taking care of the body, so as not to bring the disease back. Decided cases of asthma, or those that have been asthmatic for years, should go without milk, cheese, butter, sugar, candies, and the strong meats, such as beef and pork, for at least one year. They should eat two meals of fruit, and one meal every other day of lamb, chicken, fish, or eggs, with cooked,

non-starchy vegetables and salad, and the alternate days a decidedly starchy food, with vegetables and salad.

D. DISEASES OF THE LUNGS

I. CONGESTION

Definition.--There are two forms--passive and active. It is doubtful if this disease is ever more than symptomatic. It accompanies pneumonia; it is found in asthma, in poisoning by morphine, and in some forms of heart disease--those in which there is an obstacle to the return of the blood to the heart. This is a condition that is often found in low forms of fever, it is called hypostatic congestion. Old people, when confined to the bed from any cause, are liable to develop this state of the lungs. A patient suffering from any disease that forces him to keep in one position is liable to develop this state of the lungs. Injuries that keep old people in bed will sometimes cause a hypostatic pneumonia.

Treatment.--Remove the cause, whatever it may be. If there is a heart affection, it must receive attention. Whatever disease is instrumental in bringing about this derangement, that disease must receive special attention. The eating should be very light; if the symptoms are urgent, no food should be given. The extremities should be kept warm. All the water desired should be given. Rubbing and bathing are always in order. It is doubtful if deep breathing would be proper in these cases, because patients are usually very weak who develop this form of disease --especially the passive form.

II. EDEMA

This is a form of congestion where there is a transudation of serum into the air-cells. I have never seen more than one case. This case, however, I diagnosed pleuritic effusion. The attending physician had diagnosed it edema. I insisted on drawing the water out of the pleura, and the doctor kindly held a vessel for me into which to aspirate the fluid. After taking out about half a gallon of fluid, he was as satisfied as I was that it was hydrothorax and not edema. I presume there are cases of edema of the lungs manifesting in the last stages of Bright's disease, heart disease, angina pectoris, valvular lesions, etc. Any disease that will break down the patient and cause an effusion in any part of the body is liable to appear in the air-cells. The cavity of the pleura and the cavities of the pericardium are more liable to fill up with fluid than the air-cells of the lungs. Such cases as have been described by Osler have not fallen under my observation; hence I take pleasure in enumerating the symptoms as set down by that author:

Symptoms.--The onset is sudden, with a feeling of oppression and pain in the chest, and rapid breathing which soon becomes dyspneic or orthopneic. There may be an incessant short cough and a copious, frothy, sometimes blood-tinged, expectoration, which may be expelled in a gush from the mouth and nose. The face is pale and covered with a cold sweat; the pulse is feeble and the heart's action weak. Over the entire chest may be heard piping and bubbling rales. The attack may be fatal in a few hours, or it may persist for twelve or twenty-four hours and then pass off. Steven, of Glasgow, has reported a case which had seventy-two attacks in two and a half years. I have seen this recurrent form in angina pectoris, each paroxysm of which was associated with intense dyspnea and all the features of acute edema of the lungs.

Treatment.--Should I meet with a case presenting such symptoms, I should give a hot bath, preparing the bathroom so as to have as much fresh air in it as possible. Have the outside window and the door open. Then have cool water on the patient's head, and allow frequent sips of cold water. I would not dare give such remedies as morphine; for morphine produces passive congestion of the lungs, and if that should be added to edema, it appears to me that the chances for the patient's recovery would be greatly lessened. The hot bath should continue as long as the patient can safely be kept in the tub, and the water should be as hot as can be borne. I should expect this to relieve the breathing. If necessary, the patient should be returned to the hot bath in three hours, again continuing as long as possible; and then again returned to the hot bath, if necessary, until permanent relief is secured. Certainly no food is to be given, and the bowels should be washed out with copious enemata.

III. PULMONARY HEMORRHAGE

This disease occurs in two forms: hemorrhage into the bronchial tubes, called bronchorrhagia, in which the bleeding is into the bronchial tubes and is expectorated; and the form known as apoplexy of the lungs, called pneumorrhagia, the hemorrhage taking place into the aircells and the lung tissue. Both can be brought on from injury

(1) Hemoptysis, or Spitting of Blood

This results from a variety of conditions. In full health, it may take place without warning. After continuing for a few days, it subsides and never appears again. It may be due to a slight ulceration. It may have been brought on from a slight injury. Such hemorrhage is often recognized as indicative of tuberculosis, and altogether too often patients have this opinion saddled upon them. Either they have it saddled upon themselves by their own opinion, or some physician may be indiscreet enough to cause them to believe that because they had hemorrhage they must have latent tuberculosis, or are in line for taking on the disease. If there is any predisposition on the part of the patient to take on lung trouble, this discouraged state--or perhaps I would better say this state of fear--that is created because of the hemorrhage, will go very far toward impairing digestion and nutrition. The patient, seeing this change, will have his fear confirmed that he is really developing tuberculosis. This may cause a change of climate; it may cause a great deal of unhappiness and discontent. The physician should be very sure that he is right before he pronounces a case of this kind the beginning of tuberculosis.

IV. BRONCHO-PNEUMONIA

This disease is not to be treated any differently from pneumonia.

E. DISEASES OF THE PLEURA

I. ACUTE PLEURISY

This disease may be divided into the dry, or adhesive, pleurisy, and the wet, or pleurisy with an effusion.

Symptoms.--The disease will set in with a chill, boneache, backache, and a sharp cough that nags the patient in the side, making it very painful to cough. This is where the disease commences with very severe symptoms, everything taking on an acute type--fever running high, pulse high, and a little expectoration that is sometimes frothy and colored. This indicates that the lung over which the pleura rests is involved. It would be called pleuro-pneumonia. There is an insidious form which comes on slowly, with no marked symptoms. Children cry and fret, but they will not complain particularly of pain. By keeping their hands over the seat of the pain they may indicate that there is some discomfort in that particular region. The pain is characteristic--in fact, diagnostic. I will say, however, that years ago, when in general practice, many cases of so-called pleurisy I found on examination to be no pleurisy at all. The so-called pleurisy came from indigestion, which developed a great quantity of gas, the pressure of which was so strong on the diaphragm that it interfered with the heart action and caused the patient to cough and complain bitterly of pain in the side. No observing physician should be led into the error of diagnosing such a case as pleurisy; yet I have seen this done many times. Where the young physician is in doubt at any time, he can very quickly distinguish between the pain from below the diaphragm and pleuritic pain by giving twenty to thirty grains of bicarbonate of soda. Put it dry on the tongue, and have the patient drink a glass of hot water. If it is due to acute indigestion, the patient will be relieved in a very few minutes. The soda neutralizes the acid, and relief comes quickly.

Pleurisy sometimes runs in an insidious form and ends in pleuritic abscess. In such cases there will be a decline in the first symptoms. There will be fever, pain, and cough. The patient will appear to get a little better, but will come to a standstill, and will continue in just about the same condition for a week or two weeks. Indeed, he may not present symptoms severe enough to cause the parents to call a physician. But when they find that the child stays about the same, running a slight fever daily, a physician will be called, who will then discover that there is pus in the pleural cavity.

Treatment.--Hot applications to the chest; heat to the feet; no food at all; all the water the patient desires; and the bowels are to be washed out every day. When the fever subsides and the cough ceases to

be troublesome, the patient may have fruit for two or three days. At the end of that time, if all is going well, fruit may be taken night and morning, and a little broth made from lamb or chicken, with a combination salad, for the noon meal. Then fruit in the morning, and meat and salad at noon, with fruit and teakettle tea in the evening. After a week has passed, toast bread, potatoes, rice, etc., may be taken for the evening meal, with fruit. Other meals as suggested. Meat need not be eaten unless desired.

II. PURULENT PLEURISY

Etiology.--Pus in the pleura usually comes from a badly treated case of pleurisy. The profession pretty generally recognizes this disease as tubercular. I have treated quite a good many cases, and I have found the disease as easily cured as abscess located anywhere else that would drain as imperfectly as abscesses in the pleura drain.

It would be well to observe that the scrofulous diathesis is most inclined to suppurate.

Authors declare that empyema (pus in the pleural cavity) follows infectious diseases, particularly scarlet fever. Putrefaction of food in the intestine, with absorption of the consequent toxins, is one source of the necessary infection. It is my opinion that people must be predisposed to develop this disease, and then all that is necessary is to live in such a way as to get thoroughly toxemic from the absorption of toxins from intestinal putrefaction. As I see from the experience which I have had, all so-called septic and infectious diseases are made possible by a decided septic infection of the blood through absorption of putrefaction in the bowels. In the first place, it is quite logical to declare that no one will have a pneumonia, or a pleurisy, or a tonsillitis, not even a cold, la grippe or influenza--in fact, infection of any kind--without first having lived in such a way as to bring down the body's resistance, which weakens digestion and favors putrefaction of protein food in the intestine, then the absorption of the toxin which is a natural sequence. If the pleura becomes affected through an ulceration of the lung, the lung infection was brought about by the constitutional derangement above described. There will be no lung infection, and pneumonia will not develop, in a normal individual. Pneumonia, pleurisy, typhoid fever--in fact, any disease--is truly an affection, the real cause of which is to be found, primarily, in enervation and, secondarily, down in the alimentary canal, then in the blood by way of toxins. After the constitution is weakened and the blood stream is polluted, the patient loses his power to resist environmental influences. Then it is that sudden changes in the weather, or the ordinarily recognized conditions of causing a cold, bring him to an attack of one of these diseases.

Symptoms.--Pleurisy begins, the same as any other disease, with a chill. In fact, we have described the symptoms under the head of acute pleurisy. The kind, however, that ends in empyema is inclined to come on very insidiously. The patient will be feverish, and sensitive over the region of the inflammation: there will be some cough, and the cough will be complained of as causing a stitch in the side. The fever does not run higher than perhaps 102° F.. and then there will be a decline; but after a week or two the patient does not show the improvement hoped for or legitimately expected. Then the prudent physician will make a little closer examination, and will probably find a dullness over a portion of the affected side. As a rule, the patient does not complain of oppressed breathing until there is a great quantity of pus accumulated. Then there will be much oppression, chills, fever, and other symptoms that indicate pus poisoning. I have seen cases that had carried pus for a year or two before it was discovered. In one case I aspirated a half-gallon before I took the instrument away, leaving considerable in the chest, fearing at the time that I had taken out too much.

Where a patient has been under such a pressure for so long, to be suddenly relieved of the pent-up accumulation is liable to do serious injury by bringing on a fatal collapse. There is one symptom that will always be found in those cases where there is a large accumulation which has not been suspected, and that is that the patient will cough up pus. The ulceration has perforated into the bronchial tubes, and the pus drains into the lung, causing cough and expectoration. Probably this is the only reason why such cases can run on so long, accumulating more and more pus. There is a slight escape and relief from pressure in this way. If relief could not be had through the bronchial tubes, there is a possibility that the pus would burrow down into the peritoneal cavity or into the pericardium. If it should empty into either of these cavities, death would follow very soon, unless a quick surgical operation would give relief. This is especially true of the peritoneal cavity. Where it breaks through into the bronchial tubes and is expectorated from the

lungs, the disease is often mistaken and treated as such.

Physical Signs.--In percussing the chest there will be a decided dullness over the region where the pus is accumulated. Then, if the ear is placed against the chest, or a stethoscope is used, and the patient is requested to count "one, two, three," while the physician listens, the voice will not come to the ear as it does when the stethoscope or ear is placed on a part of the chest where there is no accumulation. There will be a far-off sound, whereas, if the voice comes to the ear without the intervention of an accumulation, it makes a resonant sound beneath the ear, showing that the sound comes through the chest-wall to the ear. By changing the position of the stethoscope or ear, and having the patient count each time, the physician can determine about how large an area is occupied by the pus. The physician who has had many cases will be able to tell in advance about how much pus he will find. A few cases will not present the peculiar symptoms accompanying the accumulation of pus. The physical chest symptoms will be the same, but there is lacking the intensity that pus cases present. On aspirating, these cases will show water or fluid serum. Among all the cases I can remember, in one only did I find a pint of a gelatinous fluid that came out rather heavy and resembled thin syrup. After standing over night, it had the appearance of apple jelly in color as well as consistency. The young man recovered without any further aspirating. The disease hydrothorax (water in the pleura) is not so easily controlled. Sometimes aspirating must be repeated several times. This, however, depends on the constitutional state of the patient.

Treatment.--As hinted above, the proper treatment for such cases is to aspirate and remove a portion of the fluid, if there is a large accumulation. Then in two or three days aspirate again. While this temporary aspirating is going on, the patient must be put in as good physical condition as possible for drainage. The proper treatment, first, last, and all the time, is to make an opening between the ribs in the most dependent point in the pleura, and introduce a drainage tube. A catheter converted into a drainage tube just within that portion that will be within the chest is much better than the regulation drainage tube or fenestrated tube. The catheter is to be fastened into the wound. A few threads can be run through the sides of the rubber catheter and placed on the chest, and surgeons' adhesive plaster may be placed over the threads, or the threads may be tied on to a piece of surgeons' adhesive plaster.

Thorough drainage is all that there is to do, aside from giving the patient the proper general care. Eating, bathing, etc., must be in keeping with the patient's general condition. While the pus is flowing very freely the patient should not have anything to eat but fruit. If such cases are fed to keep up the strength--given "good, nourishing food"--the manufacture of pus will be perpetual. The quickest way to dry up this pleuritic condition is to give the patient very little food. If the case has gone without an operation for months, and the accumulation is very great, it is just possible that the lungs have collapsed and adhesions have taken place, so that it will take months for sufficient re-expansion to occur to fill the cavity. In rare cases the extension never takes place and the cavity will not heal. Under such circumstances an operation must be performed, such as sawing through several ribs, in two different places on each rib. Then a padding and bandage are to be put on, pressing this collapsed portion of the chest into the cavity. In this way the healing will take place, and obliteration of the pus sac will be secured.

III. CHRONIC PLEURISY

The few hints I have given above apply to chronic pleurisy. As stated before, the fluid must be removed where the pressure on the heart or the lungs is great enough to cause dyspnea. (difficult breathing). Where there is discomfort the pressure must be overcome by aspirating.

IV. HYDROTHORAX

This is a simple transudation of serous fluid into the pleural cavity. The treatment is to aspirate and build up the constitution.

V. PNEUMOTHORAX

This is a condition where there is air in the chest. It is a rare disease, and usually comes from an injury.

Symptoms.--The disease comes on suddenly. The patient complains of suffering pain and urgent

dyspnea. I have seen but one case, and the signs of distress were so tremendously marked that I shall never forget the man's suffering. He, lived only about twenty-four hours, and there did not seem to be anything that could be done for him. I realize that this was a very acute case. Other cases are developed where the accumulation is much more moderate and slower in developing. Where the distress is very great, trocar and canula. may be used to empty the air out of the chest. It would be well to put a tube into the pleura, and keep it there as long as necessary.

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CHAPTER VI

Diseases Of The Kidneys

I. MOVABLE KIDNEY, OR FLOATING KIDNEY

Description.--The kidney is held in position by the peritoneum and fatty capsule, the former passing in front of it, and by the blood vessels. Normally the fixation is firm; but when the constitution is enervated, the general muscular system relaxed, ligaments all expressionless, then it is that any and all of the organs have a tendency to gravitate below their normal position, the same as the muscles of the arms, legs, and other parts of the body. If the tonicity is lost--enervated energy below par--they become expressionless. The muscles of the face sag; the tissues on the neck drop down. When there is an accumulation of fat--a large and heavy omentum--or when the bowels are distended a great deal with gas, and constipation is marked by a continuous accumulation, all these intra-abdominal, abnormal conditions have a tendency to drag the kidneys down. In these days of superfluous surgery, there is no attempt made to overcome the sagging tissue other than by operation. It is an excuse for professional laziness. It excuses the profession from thinking out the real cause and then adopting a proper treatment.

Symptoms.--There are no symptoms. All the symptoms that cause physicians to explore the abdomen, in palpating to discover either a pus tube or a derangement that will account for the patient's complaint, may be caused by constipation, impaction of the bowels, colitis, chronic appendicitis, indigestion with distention from gas. Certainly there is no symptom that can be positively identified as that of a floating or dislocated kidney. There has been nearly as much professional insanity on the subject of floating kidney as on appendicitis, ovaritis, and ptosis of the various sections of the alimentary canal, because it is often mistaken for constipation. The chief motive actuating the profession in making a diagnosis is to find an excuse for an operation, rather than to find the cause of these various comfort-destroying conditions that have been brought on from bad habits of eating and neglect of the bowels.

Treatment.--Treat the patient for what is really the disease. His life should be corrected; his eating should be looked after. The tendency for the generation of gas must be overcome. Constipation certainly is to be got rid of. Colitis must be treated as general catarrh must be treated; in fact, the treatment for general catarrh will correct the colitis. If there is dilation of the stomach, or sagging of the transverse colon, all these conditions can be overcome by proper feeding, proper care of the body, and proper exercise.

With any of these conditions named, including the subject of this chapter, there must be systematic exercise practiced daily. The tensing exercises should be used fully thirty minutes twice a day.

Should the kidney be removed? I have never seen a case that required it. Some cases may require a pad and a bandage to give temporary relief; yet I think that it is not a good thing to educate the patient into crutches, so to speak--something to support. The muscles should be made to support the body. This can be done by exercising enough to bring them back to a normal tone.

II. HEMATURIA (Blood in the Urine)

This symptom may, for convenience, be divided into constitutional derangement, and functional and organic derangement, of the kidney.

The hemorrhage from the kidneys coming from the constitutional derangement is that of cancer. Cancer will not develop in the organism without a preparatory derangement running on for several years; and when cancer is once established in the kidneys, or any other organ, there is no cure. If it is established in one of the kidneys, and the kidney is removed, the constitutional derangement will cause the other kidney

to be affected; or, if not the kidney, then the disease will start up in some other part of the body.

The specific diseases will sometimes cause hemorrhage. Inflammation and congestion, as in Bright's disease, will produce hemorrhage. Inhalations of turpentine have been known to bring on bleeding. Strong drugs, such as are sometimes given for venereal diseases, have been known to produce hemorrhage. Stone in the kidneys, or injuries, will produce bleeding. The passage of the stone through the ureters will cause hemorrhage; and when the stone has passed, if there are any more formed in the kidneys, the hemorrhage that came from the expulsion of the one will pass away, never to return. A continuous hemorrhage from the kidneys is very apt to cause a physician to suspect cancer.

Diagnosis.--Blood in the urine, when it comes from the kidneys, will be smoky at times; at other times bright red. Sometimes it will have a color like rich wine. Examination with the microscope will clear the question of whether it is blood that causes the urine to be discolored. It is necessary to know whether the blood comes from the bladder or from the kidneys. When the blood comes at the end of micturation, it indicates that the bleeding is from the bladder. Where the urine is bloody from the start, it may be due to granulations in the urethra; or the blood may come from the kidneys, because, when the urine comes down through the ureters, it becomes thoroughly mixed with blood when there is hemorrhage from the kidneys; hence all the urine from the bladder will be mixed with blood; whereas, if there is simply hemorrhage from the bladder, it will be the last to pass--or, rather, it will pass at the end of micturation. Sometimes it is a little hard to tell the difference between a hemorrhage from the kidneys and a hemorrhage from the urethra. As a rule, sounding the urethra will clear the matter up; for the sound will discover stricture or granulations which have become giant in size and very hemorrhagic. This trouble is very easily cured, whereas hemorrhage of the kidney is questionable. Time should be given in all these affections; for a cure often follows a wise letting-alone.

Treatment.--It matters not what the cause of hemorrhage of the kidneys is, patients must be kept quiet, and they should eat very little; or, what would be better, a fast should be taken. If the hemorrhage comes from a simple injury, from a stone, or from the extension of specific disease, resting in bed and fasting will clear up the symptoms more quickly than anything else.

Break the fast on buttermilk as soon as the symptoms are all relieved. After that the patient may have a pint of buttermilk three times a day for a week. Then, if all is going well, the buttermilk is to be continued, and a little fruit added morning, noon, and night, for the second week. For the third week, fruit and buttermilk morning and night, and at noon toasted bread, a combination salad, and two vegetables.

III. ALBUMINURIA

This may come from many causes. Without constitutional symptoms, attention should be given to the urethra and bladder. A catarrhal condition of the bladder will continue to furnish albumin in the urine for months and years. Stricture, with granulations, in the urethra will present more or less albumin in the urine. At times it will be clear, at others there will be albumin. Onanism will create such a seminal weakness that the seminal fluid will be passing almost daily with the urine. This is the disease known as spermatorrhea. This will cause an albuminous reaction to the test given the urine. Then again there are those who eat very heartily, crowding their nutrition and circulation, and who show a certain amount of albumin passing off at times--two or three hours after eating. The albumin in these cases will be rather irregularly present in the urine; but unless the cause is discovered, and the patient made to believe that there is liable to be something seriously wrong, he may develop Bright's disease, which is unnecessary.

Treatment.--Where there is a cystitis, either catarrhal or gonorrhoeal, the treatment must be in keeping with the cause. If the urine is rather offensive, it would indicate that a food is the cause of the odor, or that the urine is retained too long in the bladder. Possibly the bladder trouble may come from stricture of the urethra, or from inflammation of the neck of the bladder. Sounding the urethra into the bladder will clear this passage and develop whether there is stricture or not. After using the sound, the catheter should be introduced and the bladder washed out. The bladder-washing should be repeated once every day. Perhaps the evening before bedtime is the best time.

Of course, the patient should be given very little food--perhaps fruit, or simply buttermilk. Buttermilk

acts better than anything else on all kidney and urethral derangements when it is desirable to increase the flow of urine. If there is a strictured condition of the urethra, this must be overcome by gradual dilation. If the albumin comes from seminal weakness, the patient must be instructed and made to understand just how much he is injuring himself. He will be requested to stop his self-abuse. If he will not, there is no use of attempting to cure him; for it cannot be done so long as the practice is continued. Those who overeat must be informed of the danger there is in keeping up so much pressure on the kidneys. They can be assured that if they do not let up they will certainly in time bring on disease of the kidneys.

IV. PYURIA (Pus in the Urine)

Etiology.--This symptom may come from many causes--possibly abscess in the kidney, abscess in the pelvic region emptying into the bladder, ulceration of the urethra, or chronic specific inflammation of the bladder. Pus may burrow into the bladder and may force internal abscess. The common cause of chronic urethritis is gonorrhoea. I had one case of post-gonorrhoeal infection where there was as much as two ounces of pus passed with the urine each twenty-four hours. The case had been diagnosed abscess of the kidney, and an operation for the removal of a kidney recommended; but my diagnosis was gonorrhoeal infection of the spermatic vessels. It was my opinion that the patient would get well if he would take the proper care of himself--which he did. Five years afterward he was free of the symptom of pus in the urine.

Treatment.--The treatment for such cases must, of course, be in keeping with the diagnosis. An abscess located contiguous to, and emptying into, the bladder must be located and drained properly. Chronic urethritis must be treated by sounds, diet, etc. The dieting must be governed by the condition of the individual. If he is stout and rather full-blooded, he should be fasted. If only in medium flesh, he should eat fruit morning, noon, and night. He may gradually increase the amount of food by taking starch and meat until a full diet is taken on. It may take one, two, or three months to get to a full diet. If there is chronic inflammation of the bladder, it must be treated by irrigation.

V. UREMIA

This is a form of toxemia--retention of the urine in the blood--caused by faulty elimination. The exact "modus operandi" has not been discovered. Probably the cause is overworked kidneys, enervation, or faulty metabolic changes-faulty nutrition.

Symptoms.--We are inclined to recognize an attack of uremia as indicating an inflammatory derangement of the kidneys. Where the poisoning is set up in pregnant women at the close of gestation, it is safe to decide that there is a faulty elimination by way of the kidneys; yet, when there is nothing extraordinary taking place--such as overeating, overstraining, overworking, worrying, anxiety, etc.--the kidneys do their work very well. When this can be known, the individual should be warned about being extra careful of himself, and he may run on for years without developing kidney disease. The kidneys may be weak, the same as all other organs. When this state exists, gluttony will certainly bring on overworked kidneys, and as a result there will be uremic headache. Unless the cause is understood and removed, uremia of a very pronounced character is liable to develop at almost any time.

Cerebral symptoms are met with in uremic poisoning. Crimes have been committed, and the victims punished, without anyone being aware of the fact that it came from uremic poisoning. Short seasons of insanity have been known to be caused by uremia, and the patient has recovered and passed along for years, and perhaps for life, without a repetition. People who are troubled with delusions should have the urine examined.

Convulsions in children and in grown people are brought on from uremia. Epilepsy is quite a common result of urine in the blood. Unconsciousness accompanies general convulsions. Uremia often causes gastro-intestinal symptoms, such as vomiting. Where the vomiting persists, death follows from exhaustion. The probabilities are that in such cases there is either cancer or sclerosis of the kidneys. Where the tongue is very foul, and the breath heavy and fetid, with a swollen state of the mucous membrane of the lips and gums, with ptyalism, or copious flow of saliva, uremia may be suspected. Chronic cases of uremia often end in acute diseases, such as peritonitis, pleurisy, meningitis, and inflammation of the pericardium.

Uremia may be mistaken for brain diseases, such as hemorrhages, meningitis, and even tumors. The uremic headaches are very much inclined to cause the physician to think of brain tumors; for they are so persistent and resistant to treatment that either brain lesions or tumors are thought of. When a patient is found under the influence of uremic coma, it may be suspected that it is a case of alcoholism. It is very easy to determine whether this is true; for, if it is alcohol poisoning, the breath will give off a strong odor of alcohol.

VI. ACUTE BRIGHTS DISEASE

Definition.--Inflammation of the kidneys of a diffusive character; that is, the inflammation is of the parenchymatous (external) tissue or substance, not of the interstitial (substance of gland itself).

Etiology.--Anything that will cause inflammation of any other organ of the body will cause inflammation of the kidneys, provided the kidneys are susceptible to the exciting influence. The different organs of the body are not alike susceptible. There is a predisposition on the part of some families to take on lung diseases, of others to take on Bright's disease, and so on. Then, when the individual lives in such a manner as to break down his resistance, and loads the blood with toxins, catarrh or inflammation of different parts of the body is liable to be set up. And of course, whichever organ has the least resistance is the organ that will be the seat of the toxin inflammation. Those who are toxin-poisoned are susceptible to catching cold. After the toxemia is once established, a cold will be the last straw, and an inflammation starts up in the kidneys. We may say that toxins in the blood poison the kidneys. We may say exactly the same thing about the heart, lungs, and liver. When one has a clear comprehension of how man deranges his body, it becomes an easy matter to understand affections of the different organs of the body. When these organs are weakened from toxic infection, they are very susceptible to such drugs as atropine, cantharids, potash, carbolic acid, etc. Alcohol is an irritant after the kidneys have once become diseased.

Morbid Anatomy.--The kidneys are larger and less firm, and have a chocolate color, with here and there white points. The surface, when stripped of its investing membrane, is pale, sometimes mottled.

Symptoms.--The disease comes on suddenly, the same as a cold settling anywhere in the body. Sometimes there will be a swollen condition of the ankles, showing a dropsical effusion. When the disease is established, the patient becomes pale, and there is a puffiness underneath the eyes; perhaps also puffiness of the toes, and just above the toes on the feet. This will grow if the shoes happen to be loose. There will always be a ridge just above the shoe tops. In progressive cases the dropsical effusion increases until all parts of the body are dropsical. There is pain in the back, and nausea and vomiting may be present. Where there is much uremia there will be nausea and vomiting. The temperature varies, sometimes being almost down to normal, and then rising to 103° F. The urine must be examined, and it is necessary to keep track of the amount passed. At first there may be suppression. Where there is, there may be intense headache, passing into coma, or convulsions followed by coma. There may be blood in the urine--certainly always albumin and tube-casts. Sometimes the quantity of urine is reduced to four or five ounces in twenty-four hours. Its specific gravity will range from 1.020 to 1.030. The color varies from a brown or gray to a deep wine color. Sometimes, in children, it will be a bright red. Anemia is an early symptom in this disease. Effusion sometimes takes place in the different cavities of the body--in the pleural cavity or the abdominal cavity--and the lungs sometimes become edematous.

Diagnosis.--Sometimes the very worst cases of Bright's disease have little to announce their presence, except the puffiness of the feet and legs; and this may come and go. Such cases will often get up of a morning with one side of the face puffed. The side that has been on the pillow will show the creases in the pillow, and there will be a bloating of the tissues. The general health will not seem to be impaired very much. It is safe to examine the urine in all cases where there is a tendency for puffiness of the feet and legs or around the eyes. In fact, where there is any feeling of discomfort, requiring the patient to consult a physician, the prudent physician will always examine the urine. If there is nothing in it, it requires only a little time to decide the question, and then there is no doubt in the mind about the true state of the kidneys. Without examining the urine, no one can tell anything about whether or not the kidneys are affected. Sometimes the first symptom that will present itself, in cases of advanced Bright's disease, is that the patient is taken with convulsions. Then again there will be no convulsions in a case advanced almost to a fatal termination. Where nephritis comes from scarlet fever, symptoms are marked, and the prognosis is

doubtful unless the symptoms are detected quite early and proper treatment is established. Cases have been reported of Bright's disease with anasarca (dropsy of the abdomen).

Treatment.--Where children show a dropsical effusion and scanty urine, following soon after a scarlet fever or a rash that is partly suppressed, they must be treated vigorously at once. Hot baths every three hours for the first day or two, then three times a day, and then once a day on going to bed. No food for the first forty-eight hours; then an orange for breakfast, buttermilk for dinner, and grapefruit for the evening meal. No further eating is to be encouraged until the symptoms are thoroughly under control.

All patients with kidney disease should be put to bed. The feet must be kept warm by putting artificial heat to them, and a fast should be required of sufficient duration to overcome the dropsical effusion in the extremities and the different cavities. They should be given all the water they wish to drink, if there is no constipation; if there is, no water is to be drunk. After the symptoms are well under control, then buttermilk may be given for one week--a pint morning, noon, and night; for a child a glassful, and for an adult a pint. As the symptoms improve, increase the amount. Grapefruit and oranges can be given with the pint of milk for the adult at each meal, instead of increasing the amount of milk. It is not necessary to give any fluid except the fruit juice, to cause kidneys to act. If the weather is warm, melons may be taken for one meal a day--all the melon desired may be eaten. This fruit has a tendency to stimulate an extra amount of urination. The bowels must be kept open, and there should be a movement every other day. If necessary, put a small enema into the bowels--a pint of water. Allow it to remain there for ten to twenty minutes, and then try to have a movement from the bowels. If this is used every other night, it probably will overcome any tendency for constipation.

VII. CHRONIC BRIGHT'S DISEASE

This disease is no different from acute Bright's disease, except that the patient has shown a strong resistance, and has also been incorrigible, inasmuch as when better he has been imprudent. Those who have once had an attack of Bright's disease, and were fortunate enough to overcome it, should be very willing to live moderately and take the proper care of themselves. Many people die of Bright's disease because they prefer a short and merry life, to a longer one if subjected to what they call restrictions and privations.

Symptoms.--Acute nephritis has been showing itself occasionally for some time--perhaps slight attacks a few months apart. The chronic form may start up in a very insidious way, following badly treated acute fevers, indigestion, or a general breaking-down from any cause. A patient will have a period of depression, followed by swelling of feet and ankles. There are usually pallor and puffiness about the eyelids. The feet become more and more swollen of an evening, and later of a morning. This is not true in the swelling that follows a weakened condition of the system from overwork; for then the feet are swollen at night, and there is no swelling at all in the morning. The urine is usually scanty and has a yellowish, cloudy appearance. On account of the urates, it is usually cloudy. On standing, a sediment settles to the bottom. When the urine is heated to the boiling-point, the cloudiness will increase. Then, by adding a drop or two of lemon juice or two or three drops of acid, the phosphates will clear. If there is albumin in the urine, it will not clear. A very ugly-appearing urine is passed by patients who have a great deal of uric acid in the system and who pass large quantities of phosphates and urates. The urine will look very heavy, and there will be red, sandy particles settling to the bottom. Often this urine will clear up as nicely as any urine can by simply warming it. This indicates that the patient is eating altogether too much of the staple foods, and not enough of the fruits and vegetables. A day or two on fruit will clear such urine. Perhaps one meal of fruit will do so. But in Bright's disease the urine, when heated, will coagulate, so to speak. Where there is a great deal of albumin in the urine, it will congeal to such an extent that it cannot be poured out of the test-tube. Such cases as this are very rare, however. When acid is added to albuminous urine, the albumin is not cleared up; it remains as the heat has left it.

The specific gravity of the urine in the early stages is from 1.020 to 1.025, sometimes even going as high as 1.040. In the last stages the specific gravity is low. The quantity is always reduced. One of the most pronounced symptoms of Bright's disease is drowsiness.

Treatment.--The treatment need not be any different from that recommended for acute Bright's disease.

VIII. NEPHROLITHIASIS (Stone in the Kidney)

Symptoms.--The patient may pass gravel for years. I remember a case I had that in the course of five years passed a two-ounce bottle of small stones, the largest being not larger than an ordinary pea, and most of them half that size. Renal colic is common in this disease. The cause of it is passing of a small stone through the ureter. Great distress is complained of. Pain extends from the groin to the kidney, and sometimes down the spermatic cord to the testes. In cases where the stone is in the kidney, there will be no other feeling of discomfort. The patient has difficulty in telling just where the pain is. If asked to put the finger on the spot, he will start to feel with his hand, and unconsciously he will pass his hand over the entire region of the kidney down to the pelvic bones in front, and, to end his efforts of description, he will acknowledge that he cannot find the spot, the reason being that there is no location-the pain is reflex and not stable. The physician must distinguish between stone in the kidney, appendicitis, neuralgia of the spermatic cord, ovaritis, constipation, and colitis. Indeed, there may be a feeling of weight in the reproductive organs, and the patient should be examined for stricture of the urethra or rectum, before diagnosis is made, or an opinion settled upon in regard to the real cause of the discomfort.

Treatment.--The patient's diet must be corrected. It is a case of lithemic diathesis, or what is known as the gouty diathesis, and the style of living has been unsuited to the requirements. The patient has been taking altogether too much mineral-bearing foods into his system, and has not taken enough of the eliminating foods. It is doubtful if such diseases as renal colic, gall-stone, or stone in the urinary bladder will ever develop if the dietary is well balanced, carrying enough raw vegetables and fruit to prevent the accumulation of mineral in the system. It should not be forgotten, however, that worry and overworked emotions, and the use of stimulants, will cause the disease.

IX. TUMORS OF THE KIDNEY

Tumors of the kidney are of two kinds--malignant and benign. Sarcoma is the most common of the malignant diseases to take hold of the kidney.

Symptoms.--Blood in the urine. Blood sometimes is passed in clots, and often molds of the pelvis of the kidney have been passed from the bladder. Cases go almost to a fatal termination without great pain. Perhaps a decided discomfort is felt at times in the small of the back. The pain will sometimes radiate down through the course of the ureters, resembling somewhat the pain of stone in the kidney. There will be a continual loss of flesh. In some cases it will be very rapid. There is no cure. If the case can be benefited at all, it must be done by a proper dietary and proper care of the body.

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CHAPTER VII

Diseases Of The Blood And Ductless Glands

I. ANEMIA

Definition.--Anemia means a deficiency in the volume of the blood albumin or hemoglobin. Pronounced anemia follows excessive loss of blood. Anemia may be local or general.

Local Anemia.--Local anemia of the brain causes fainting. When the sluices of one large district are too wide open, others are left anemic. It is said that when the mesenteric channels are opened from any cause, all the blood of the body will be sent to the abdominal cavity, leaving all other parts of the body fatally anemic. Emotions strong enough to affect the nervous system, reflexes from pain, or reactions from shocks or blows upon the abdomen, may cause a fatal anemia of the brain. If not so severe, they may cause fainting. This condition can be brought about by tapping the abdomen and drawing off the fluid, removing large tumors, or emptying the fluid out of an ovarian cyst that is very large and which has overdistended the abdomen. By taking off the pressure, a reaction follows; the blood flows into the blood vessels of the abdomen too rapidly, causing fainting by emptying the brain. If the patient is very low, it may cause death.

Local anemia affecting various organs is made possible by inheriting a predisposition. Irritation of the liver from overstimulation may cause hyperemia of the organ. If this condition is continued until there is a permanently enlarged state of the blood vessels, a sudden sickness, followed by fasting, may bring on an anemic state that will not be in keeping with any other part of the body. This may be true of any other of the organs of the body. Plethora of years' standing builds an enlarged state of the blood vessels. It takes time to readjust to a normal state.

Reybaud's disease, which is an affection of the peripheral vessels, causes what is known as local syncope. This may occur in the viscera as well as in the extremities. Where it occurs in the brain it causes temporary aphasia.

General Anemia.--This condition may be brought on from the continuous toxin poisoning produced by putrefaction in the intestines. Where a condition of this kind runs on for a very great length of time, patients become pale; the tongue is pale; the mucous membrane is bleached. The entire organism suffers more or less from oxygen starvation, and on this account there is more or less decomposition from a lack of oxygen in the system. When this is added to the original toxin poisoning, patients are put in line for building malignant diseases, especially sarcomas.

Anemia from Hemorrhage.--This may either occur from a traumatic cause or it may be spontaneous. In injuries, if a large blood vessel is wounded, the bleeding may be very rapid and end fatally in a very short time. If the blood vessel is small, the anemia will come on slowly. Fatal hemorrhage is favored by a condition of the blood in which it refuses to coagulate. When the blood is lacking the proper amount of fibrin, the tendency is for wounds to continue bleeding, or for spontaneous bleeding to take place, such as nose-bleeding or bleeding from the lungs. Hemorrhage from any part of the body may be continuous. There are people who are called bleeders. They belong to the class who are lacking in fibrin. The primary cause of a lack of this fibrin is undoubtedly toxin poisoning. Septic or pus poisoning also affects the blood in this way.

After childbirth post-partum hemorrhage may be so severe as to cause death from this cause. Such diseases as albuminuria or Bright's disease favor hemorrhage. Gastric cancer kills the life of the blood,

which is equivalent to the influence of a fatal hemorrhage. Lead, mercury, arsenic, and other mineral poisons cause anemia. All toxins produced by the action of bacterial fermentation on food end in anemia.

Hyperpyrexia kills the life of the blood and produces anemia.

Treatment.--In almost fatal hemorrhage from injuries it is considered good treatment to transfuse blood. My objection to this is that the blood transfused is not adapted to this particular case. Besides, it further shocks the patient to have blood thrown into the veins as suddenly as it has been lost, and the two shocks are more than the patient can stand. I remember having a patient who almost had a fatal hemorrhage from the bowels--a boy eleven years old, with typhoid. The first day he took his bed he bled to syncope. I was sent for. His pulse, as nearly as I could make out, ran about 180, He was apparently about as near death as it is possible to be. I had the pillows taken out from under his head, the foot of the bed raised, and insisted that no one should speak to him or make any noise. Occasionally the nurse was to put a teaspoonful of water to his lips--not in the mouth. Otherwise he was to be left entirely alone, without any nourishment whatever. In ten days his pulse was down to one hundred, and the feeding was begun. He made a splendid recovery.

Why should transfusion be given in such cases? Nature can make blood out of the tissues of the body as fast as it is necessary to be made; and that is the only legitimate, rational, and logical source of supply. Patients should be left entirely alone. They are shocked by being tormented with dressing and nurses. Where a patient is still living after having excessive hemorrhage, if he can be protected from shocks, such as noises, annoyances, handling, and the usual attention which patients receive, I believe that the majority would get well.

Hemorrhage from the lungs and other parts of the body must be treated according to the needs of the case. Excessive bleeding at the nose is often an indication of high blood pressure and arteriosclerosis. The quickest and safest way to control the case is to proscribe food, and even water, for the first twenty-four hours. Keep the patient in a horizontal position, without any pillow under the head. Then, when the hemorrhage has ceased, no food is to be given for at least forty-eight hours after, and then only a very little. Such cases must be instructed to eat more moderately than ever before. If they will not heed, they may have apoplexy with paralysis following in the course of a year or two.

Of course, each case must be treated according to its needs. Certainly these patients are to be controlled in regard to their eating. They are to be given the proper food. If they have no desire for it, they are to wait, and touch nothing at all, until an appetite comes for wholesome food. Such cases ought to be kept away from food for from seventy-two hours to one week. In that time nature will have taken up a great deal of the watery tissues, the blood will be more concentrated and vastly richer, and they will be started well on the road to full recovery. But they cannot be cured unless they stop their trashy eating. They should have the tensing exercise, and be kept away from company. They must be sent to bed early, should get up late, and should lie down after lunch each day. They are easily enough cured if the discipline is rigidly carried out.

II. LEUKEMIA

Definition.--A disease that is known by a persistent tendency for an increase in the white corpuscles. There are also enlargements of the spleen and lymphatic glands.

Etiology.--Leading authorities declare that there is nothing known about the condition under which the disease arises. It can be safely said, however, that the exciting cause may be an injury; but without constitutional toxin poisoning, with lymphatic involvement, the disease cannot be developed.

Symptoms.--The disease comes on gradually. The first thing to arouse attention will be a rather enlarged abdomen, with a growing pallor of the surface of the body. The doctor is usually consulted to give his opinion in regard to what causes the abdomen to enlarge. In these days of much operating for tumors, people are fearful of tumors, and if the abdomen shows any enlargement, the average individual is not happy about it until he gets an opinion of his case.

Along with the enlargement of the abdomen there is a shortness of breath, or what might be better described as a feeling of precordial oppression, due to oxygen starvation. The more the blood becomes involved, the fewer blood corpuscles there are to carry the oxygen. Many cases are troubled with nose-bleeding. The primary cause being toxin infection, the cause of the toxin infection takes us back to intestinal putrefaction. Food decomposes in the alimentary canal, and there is enough irritation, inflammation, and ulceration in the stomach and duodenum to cause leukemia. The colon is affected with chronic inflammation and more or less ulceration. This state of the alimentary canal exists in many other chronic diseases; so the question naturally arises: Why does it develop in one person as leukemia, in another as Hodgkin's disease, and in another as chlorosis, etc., etc.? The reason for the development of these varying affections cannot be accounted for other than that heredity or diathesis governs types. Families have lived for a number of generations in a given manner, and the tendency has been to evolve a predisposition to take on special diseases. Those who have lived in a malarial country have evolved a diathesis which proves to be favorable for the development of leukemia.

Before leukemia develops there is always a lymphatic derangement. The lymphatics in the groins and in different parts of the body enlarge, because they are the storehouses for the arrest and detention of toxins.

Cases of chlorosis have been known to have fatal hemorrhage before the disease had advanced to the point where it could be diagnosed as leukemia. The pulse is usually rapid, soft, and compressible; and at the same time it will be full in volume. Toward the close of the disease dropsical effusions develop, which may end in general anasarca.

Hemorrhages of different organs are of frequent occurrence. The disease known as purpura hemorrhagica is common.

Treatment.--The patient is fortunate if living in a warm country where he can stay out-of-doors all the time. The eating must be corrected: fresh fruit and vegetables principally; no meat, and a very limited supply of wholewheat bread and the decidedly starchy foods, such as navy beans, potatoes, corn bread, etc. These foods should not be given oftener than once a day, with a combination salad and cooked, non-starchy vegetables. The other two meals should be fruit.

III. HODGKIN'S DISEASE

Definition.--This is a disease of the lymphatic glands. It starts on the side of the neck; the spleen enlarges, and there usually are formations of growths or nodules in the liver, spleen, lungs, and other organs. The lymphatic glands in different parts of the body become involved, feeling like nodules under the surface of the skin, on the arms, legs, and abdomen. These are very pronounced cases. The disease generally occurs in the first half of life, or in young people.

Etiology.--This is one of the diseases of which the true nature of the real cause is not known. In all cases that I have been called upon to treat, however, I have found a gastro-intestinal derangement, and the bad habit of excessive eating and keeping up putrefaction in the intestine. Most authors declare that chronic tonsillitis may precede the onset. Chronic tonsillitis is built from decomposition and putrefaction in the alimentary canal; so why should not these lighter forms of disease precede the chronic infections that come after resistance is broken down? The inguinal glands become involved and grow very rapidly. These are the first glands to show that there is putrefaction in the intestine. Of course, the lymphatic glands found on the surface and in the cavities of the abdomen and pelvis are always involved, playing an important part in developing catarrhal inflammation of the uterus, etc. In the early stages there is a slight fever. As the disease advances, the fever may go up in the afternoon every day. Sometimes a chill precedes the fever, and a sweating stage follows after the fever subsides. In fatal cases, pronounced emaciation ultimately sets in. This is about the time when the symptoms of dropsy begin to develop. Dropsy is usually seen in exhaustion. It means that the vital organs--heart and kidneys--are failing in their work through exhaustion brought on from toxin poisoning.

Treatment.--The disease can be controlled, if taken in the early stages. Certainly I should not recommend an operation for the removal of the glands. This, however, is the common treatment, but it is positively unnecessary. A rational dietary, with proper care of the body, will overcome the disease.

Authorities generally think that arsenic is the leading drug with which to treat this disease. Fasting for from one to two or three weeks is the proper thing--perhaps one week of fasting and then two weeks of fruit morning, noon, and night; after that, two meals of fruit, with a regulation dinner of meat one day, and a decidedly starchy food the alternate days, and at each dinner two cooked, non-starchy vegetables and a combination salad.

IV. PURPURA (Hemorrhage into the Skin)

Description.--This is not a disease; it is a symptom, as it develops in many chronic diseases. It indicates a most pronounced toxin poisoning. It is not unusual for this symptom to present itself in pyemia, septicemia, heart diseases of all kinds, measles, scarlet fever, smallpox, cerebro-spinal fever, low forms of fevers, in cases of snakebite, and after the use of certain medicines. It has been known to develop quite extensively after the use of small doses of iodid of potassium.

Treatment.--No attention is to be paid to the purpuric symptom. The patient must be fed properly, proper care must be given to the body, and whatever manner of living has superinduced this symptom must be looked after and corrected as quickly as possible. If all people could be treated properly when they are first taken sick, such symptoms would never develop.

V. HEMOPHILIA

Definition.--Chronic bleeding. The patients affected in this way are spoken of as "bleeders." When they are known, surgeons give them a wide berth. Women during their menstruation will have much loss of blood each month if they are inclined this way. Such cases will even continue to bleed for an indefinite length of time after a tooth is drawn. The slightest injury will cause great bleeding. The blood has lost its power to coagulate.

Etiology.--Exactly the same condition obtains that is recognized in toxin poisoning. It may be that poisons may be taken in from the outside--such drugs as lead, arsenic, mercury, etc.; but the cause is usually decomposition manufactured in the alimentary canal and absorbed in the system. The reason why the blood is thrown into such a peculiar state that it will not coagulate is because this particular organ is the weakest one in the system--in the same way that the spleen becomes involved in leukemia because there is a predisposition to take on this affection. This affection, the same as any other, can develop only when the proper conditions are present. It is found in very young children. Why not? Parents live in such a way as to derange the mother's blood--lower its vital tone--and it would only be natural for the child to be born with a predisposition to take on affections similar to those of the mother. Besides, the child will nurse the mother, and, if it is fed, it will be fed the same way that the mother has eaten, which has brought her own blood deterioration upon her.

Treatment.--There is nothing to be done except to build the patient up and stop all bad habits of eating.

VI. SCURVY

Definition.--The definition usually given is a constitutional disease characterized by pronounced enervation, with anemia and a spongy condition of the gums, which bleed on the slightest pressure or touch.

Etiology.--This is one of the old affections, well known to the profession generally and to most of the intelligent laymen. Today it is called acidosis. It is pretty generally understood to mean a disease created from lack of green vegetables and fruit. It develops in its most profound type among sailors who are cast away from shore and lost at sea. The fact of the matter is that we have a great deal of scurvy, or acidosis, that is not recognized as such. Notwithstanding some of our best authorities declare that the disease is becoming very rare in the United States, the truth is that we have probably as much as we ever had, but of a form not recognized. It has always existed in the milder forms without recognition. Such affections as purpura hemorrhagica, many forms of ulceration, galloping consumption, tuberculosis of the lungs, and all conditions that have been recognized as of a scrofulous character, are so closely related to scurvy that they should come under the same head; for the cause must be the same, as nearly as causes can be the same.

Symptoms.--The disease develops gradually. It is said that there is a gradual loss of weight. I find this true of only some of the victims of this disease. Some cases may be said to be obese, yet they can develop this disease. After the blood derangement becomes fatal, they have a loss of flesh. The gums become swollen and spongy, and bleed easily; the teeth loosen and fall out. When mercury is not the cause of pyorrhea, it must be due to scurvy, or acidosis.

It is only when scurvy, or scorbutus, becomes constitutional that it is generally recognized as such. Very few recognize such local affections as pyorrhea, gastric ulceration, and stomatitis as scurvy; yet the truth of the matter is that these are local diseases brought on from identically the same cause or causes. Inasmuch as the cause of blood derangement, glandular derangement, etc., is the common toxin poisoning, these affections should be recognized as springing from the same source. In severe constitutional derangements of this character, hemorrhages beneath the mucous membrane of the mouth are common. The skin becomes dry and rough. Blue spots, like those caused by bruises, appear upon the legs, arms, and other parts of the body. The breath is always bad. The slightest injury often produces hemorrhage.

A swelling on the order of dropsy in the ankles develops. As stated in previous articles, this is indicative of a very depraved condition of the system and pronounced enervation of the heart and kidneys. Hemorrhages from the lungs, stomach, and bowels are common. All the indications of general enervation may be expected. The heart, of course, is feeble and irregular in action. Small areas of the lungs will have hemorrhagic spots in them. Some of our leading authorities declare that it is very difficult to distinguish this disease from purpura. If they manage to get any distinction at all, it is a distinction without a difference; for they are one and the same thing.

Treatment.--Raw fruit and raw vegetables until the disease is completely under control. Then add buttermilk to the diet. After buttermilk, fruit, and vegetables have been given for at least one week, some kind of starchy food, with combination salad, may be used for dinner. No meat should be given until full health is restored.

Infantile Scurvy

The cause of this trouble is nursing mothers who have been living on food with an acid potentiality, to the neglect of fresh fruit and vegetables. This causes the milk to be deficient in the elements of the salts of soda. The milk is devitalized, lacking in vitamin or enzyme; and unless the child is taken from the mother's milk, and given the proper kind of milk and fruit juices, it will die. If the case is not very far advanced, by giving fruit and vegetable juices in conjunction with the mother's milk, and at the same time feeding the mother properly, it may not be necessary to wean the child.

VII. DISEASES OF THE SUPRARENAL BODIES

ADDISON'S DISEASE

Definition.--I can give no better definition than that given by Osler:

A constitutional affection characterized by asthenia, muscular and vascular, irritability of the stomach, and pigmentation of the skin--symptoms due, in all probability, to loss of the internal secretion of the adrenal glands. Tuberculosis of the adrenals is the common anatomical change.

Etiology.--Males are more inclined to take this disease than females. The skin is of a yellowish-gray tint. The disease is thought to originate in an injury to the abdomen or to the spine--poverty of the adrenal enzymes.

Symptoms.--Anemia, general languor, pronounced enervation and very enfeebled heart action, irritability of the stomach, and the peculiar change in the color of the skin. The first symptoms are those of weakness, weariness, and the peculiar coloring of the skin.

Change in the Appearance of the Skin.--This is usually the first thing to attract the attention of the patient or his friends. The coloration ranges from a slight yellowish to a deep brown or even black, The color is deeper on the exposed parts of the body. The areolae of the nipples and genitals take on a very

much deeper hue. The stomach symptoms are those of nausea and vomiting. As the disease advances, there is pain in the abdomen. Toward the last there is complete loss of appetite. Diarrhea frequently develops--due, of course, to lack of digestive power; for, as the disease advances, the digestive secretions become less capable of preparing the food for absorption.

The general constitutional derangement is marked by a gradual decline in nutrition. The disease usually ends by fainting. This, of course, is brought on by the continued prostration, and becomes more and more profound. In some cases there are tuberculous lesions. Osler describes two cases as having ended in a delirium, with difficult breathing.

Treatment.--Never having had a case, I cannot say very much about what can be done for the disease. It is always safe, however, to feed properly and give the foods that will give vitality and carry life into the system. Fresh fruits, raw vegetables, milk, and eggs, I should say, ought to be about the limit; and then, if the patient shows improvement, other foods may be given as indicated. Those who believe in animal therapy declare that the suprarenal injections have been used beneficially. Those who believe in drugs declare some benefit may be derived from arsenic, strychnin, and other drugs.

VIII. DISEASES OF THE SPLEEN

(1) Movable Spleen

Enlargement of the spleen, such as has been referred to under other heads, occurs in fevers, heart disease, hardening of the liver, and other diseases.

There is a wandering spleen, like floating kidney. No doubt this condition may occur occasionally, but certainly very rarely. There is no reason why the spleen should not sag down below its normal position, from the same causes that allow the stomach, transverse colon, and other organs in the abdominal viscera to drop below their level. Great enervation, muscular relaxation, and intra-abdominal pressure from gas, etc., may occasionally displace, deform, and put out of their normal position any of these organs. This condition of the spleen occurs so seldom that it is unfortunate to have this reputation at all; for physicians who are always looking for the unusual and grotesque will often be troubled with finding this condition when it exists only in their minds. It is said that the wandering spleen is found oftener in women than in men. In malarial countries, where the spleen is frequently found enlarged, the wandering kidney may be found also; for the weight of the enlarged spleen must necessarily pull very heavily on attachments, and after the enlargement is overcome it would be reasonable to expect to find the spleen, as well as the left kidney, below its normal position on account of the stretched ligaments. This same displacement may occur to every organ in the body.

Treatment.--Whatever is necessary to correct the health of the patient should be done. If the patient is complaining, and seeks the physician's advice for discomfort, it will not be from wandering spleen; it will be due to indigestion, gas in the bowels, which, if corrected by a proper diet, will remove all symptoms that are driving the patient to seek relief.

(2) Rupture of the Spleen

The spleen has been known to become so enlarged from hyperemia, or engorgement of blood, that it spontaneously ruptured. Then again the spleen may be ruptured by a blow or fall. Fatal hemorrhage will follow this accident. It is said that fatal hemorrhage has been known to follow puncture of the spleen by a hypodermic needle. Abscess in the spleen has sometimes been punctured, and the intense swelling has caused a rupture to take place at the point of insertion of the needle. Of course, such accidents will prove fatal very quickly. There is but one treatment, and that is to open the abdomen and do whatever is necessary. It is strictly a surgical case.

IX. DISEASES OF THE THYROID GLAND

(1) Hyperemia

These symptoms belong to a syndrome. Where this state exists, there is toxin absorption from

decomposition in the bowels. The lymphatic glands are more or less affected in the pelvis, causing hyperemia of the ovaries, a tendency for painful menstruation, or an excessive flow; perhaps a catarrhal condition of the uterus and hyperemia of the mammary glands. The thyroid gland and the mammary glands in connection with the ovaries develop this hyperemic state at the menstrual period. The catarrh in such cases as this is a transient affair. The rule is that it never remains. There is a possibility that this state of the thyroid gland may emerge into a catarrh proper.

Treatment.--The treatment should be obvious. Correct the digestion. Stop the improper eating. The eating of candy and other foods between meals must be given up entirely, and meals must be on time three times a day. During the hyperemic state of these glands, one or two days should be spent on fruit entirely: three fruit meals a day--morning, noon, and night. Then one fruit meal may be dropped, and a regulation dinner of meat, salad, and cooked, non-starchy vegetables taken every other day; and the alternate days a starchy dinner, using some kind of decidedly starchy food in place of the meat.

(2) Acute Thyroiditis

This affection may be the sequel of typhoid fever, scarlet fever, pneumonia, rheumatic fever, or mumps. The entire gland may be involved, or only one lobe of it, and sometimes the isthmus. Where the inflammation ends in suppuration the gland may be destroyed. It is said that exophthalmic goiter has followed an acute thyroiditis, which in turn followed infectious fevers.

(3) Goiter

Definition.--Enlargement of the thyroid gland. It may occur sporadically or in epidemic form.

There are three varieties of true hypertrophy of the thyroid gland. The first is a follicular enlargement: newformed tissue develops--gelatinous material accumulates in the follicles. The second variety is vascular. In this variety the enlargement is due entirely to enlargement of the blood vessels. This is the variety that is so formidable when surgeons undertake to extirpate it. Bleeding is tremendous, and I think the majority of surgeons go no farther in such cases than to ligate the artery; which treatment may be somewhat beneficial, but collateral circulation will be established and the gland will continue to enlarge. We are having a great many operations of this character, and they are of no special benefit. Why should they be? No cause is even thought of, to say nothing about any attempt being made to overcome the cause.

The third variety is cystic goiter. This is characterized by a growth resembling cystic tumors. Occasionally this variety will grow to enormous size--as large as a human head. We hear occasionally of epidemics of goiter in different parts of the country. No doubt suggestion has something to do with this disease as well as with others, but there must be something atmospheric as well as dietary. There are certain sections of the countries of Great Britain, France, and Italy where the disease prevails. When the truth is known, it will be found that the foods in such communities are deficient in certain elements, or the style of eating of the people is such as to deprive the system of some of the vital elements necessary to keep a well-balanced state of health. Families and communities exchange ideas, patterning after each other in their style of eating as well as of dressing, and it is not strange that diseases of a certain character should develop in certain communities.

Symptoms.--An enlargement at the base of the neck--easily discovered where the enlargement is of any size--may be looked upon as a goiter. Just what kind of goiter is presenting must be left to the diagnostic skill of the physician, and just what can be done in any individual case must depend entirely upon the causation. It is my opinion that the majority of cases of goiter of any character have a primary cause of toxin poisoning--or a state of infection due to intestinal absorption of putrefaction.

Treatment.--Correct the habits or the life. See that the patient is fed properly. If there is a uterine affection, it must be corrected. As a rule, there is a sensitiveness of the mammary glands, and in too many cases the glands are removed because of a suspicion that the disease is cancer or will develop into cancer. The truth is that the uterine derangement, the mammary-gland enlargement, and the goiter all are caused by the same basic lesion. Where there is a great deal of fibroid development the disease is hard to overcome; but this tissue can be caused to absorb, if the patient will be persistent in living correctly.

(4) Exophthalmic Goiter

Definition.--A disease characterized by an exophthalmose, an enlargement of the thyroid, functional disturbance of the heart and vascular system generally, and said to be caused by disturbances of the secretion of the thyroid gland; or, to be specific, hyperthyroidism.

Etiology.--This is a disease met with oftener among women than men, although some men develop a fatal affection of this order. There is no question but that the cause is enzymic shortage, allowing toxin poisoning; in this resembling alcoholism. Constitutional poisoning by alcohol is pronouncedly a nervous and physical trouble. Few cases, however, develop such a tumultuous action of the heart as occurs in goiter. There are very good diagnosticians who believe that it is a central lesion located in the base of the brain or in the medulla oblongata. The symptoms said to be produced by the administration of thyroid secretion are tachycardia, headache, sweating, and perspiration. These symptoms are very similar to those found in extreme cases of Graves' disease.

Symptoms.--The disease is divided into an acute and a chronic stage. The acute disease arises very rapidly. The patient will become exceedingly nervous, the pulse running from 120 to 160. The heart is tremendously tumultuous, and there is a feeling of precordial oppression, approaching that of smothering in severe cases. The eyes have a protruding appearance. Patients are often suddenly seized with vomiting, and sometimes diarrhea. The thyroid gland is found very much enlarged and soft. The gastro-intestinal symptoms are pronounced. The rapid heart action is one of the most pronounced symptoms. The exophthalmos may be unilateral; that is, one eye may be more pronouncedly projecting than the other. In extreme cases it is impossible for the eyelids to close. The protrusion has been known to be so extreme as to dislocate the eye from its socket. This appears rare and exaggerated; yet the projection is at times more than one could imagine to be possible. In the foregoing I have given the usual etiology and symptoms. I shall now give my opinion and impressions in regard to the disease.

It is a pronounced case of toxin poisoning. The patients affected with this disease have been eating beyond their digestive limitations for perhaps months, and possibly years, keeping up a continuous putrefaction in the large intestine. In nearly all the cases I have seen there has been colitis. The absorption of toxins from the putrefaction, running over a long period of time, has brought on pronounced enervation and an excitable state of the heart and arteries. The arterial pressure is high, and the heart is tremendously overworked. As stated before, there is a decided similarity between this disease and alcoholic neuritis or delirium tremens. Both are caused from toxins--one from alcoholics plus the toxins from putrefaction in the bowels, and the other from simple toxin from putrefaction.

In Graves' disease or the disease under consideration, there is almost invariably a history of sex neurosis. The patient early in life has begun to practice self-abuse. Then, when maturity is reached, the excess in venereal excitement has been continued. The truth of the matter is that exophthalmic goiter is the culmination of several years of sensualism.

The fact that the thyroid gland becomes involved in the syndrome to such an extent that it appears to be causative is probably due to enzymic shortage in the gland, allowing a local toxin poisoning.

Treatment--This disease can be cured, if taken in time. Some of our best medical authorities declare that the seriousness of the symptoms warrants strong measures being carried out; hence they recommend ice to quiet the heart. The ice-pack is to be placed over this organ, and the application is to be continued through day and night until the heart is controlled. Then drugs are given to control the action of the heart. Serum therapy is recommended; also surgical treatment for the removal of part of the thyroid gland. I certainly would not recommend any of these remedies. A patient should be put to bed, and kept there perfectly quiet, away from all friends and family. No one is to come into his presence except the nurse. Water may be given as freely as there is demand--which will not be very often after the first day or two.

The bowels are to be washed out with copious enemas. If the weather is cold, and there is a tendency for the hands and feet to be cold, hot applications are to be placed to the extremities; but the patient is to be kept in bed, perfectly quiet, and nothing is to go into the stomach except water until the pulse-rate is brought down to ninety or below. By that time the tumultuous heart will have quieted down, there will be

less bulging of the eyes, and the whole aspect of the patient will be that of a decided improvement. It may require a week or two, but no hesitancy should be felt in carrying out the instructions to the letter. It is far better to trust the patient in the arms of nature than to trust to remedies questionable in their character and certainly doubtful in their efficacy.

As soon as the patient is able to eat (and eating certainly should not be started until the symptoms are absolutely under control), several days should be spent on fruit--any kind of fresh fruit that the patient can enjoy--say, three days. Then three days more on fruit morning and night, with an ordinary meal at noon of meat or meat broth and salad, with a cooked, non-starchy vegetable or two, every other day; and the alternate days some form of starchy food in place of the meat or broth, with vegetables and salad. After that a reasonable amount of eating on the order of fruit for breakfast, starch and fruit for the noon meal, and the regulation dinner in the evening.

X. DISEASES OF THE THYMUS GLAND

This is one of the ductless glands situated behind the sternum. In normal people it is extinct by the time of puberty. The only thing that makes this gland of interest is that sometimes it remains and takes on hypertrophy, producing a tumor in the mediastinum. I have met with but one case. The disease started to develop in the young man at about sixteen to seventeen years of age. It grew so, rapidly that it displaced the heart several inches downward and to the left. The patient suffered a great deal, and died at the end of two, years after the tumor had started to grow.

Treatment.--No treatment seemed to be of any avail; in fact, as in the case of many other tumors situated in the vital parts of the body, nothing can be done after they have once started. The time to cure such derangements is before they have started to grow. I knew this boy when he was an infant at the breast. He was as healthy and normal as other boys, and would have remained so if he had been properly taken care of and his eating had been of the right sort.

CHAPTER VIII

Diseases Of The Circulatory System

A. DISEASES OF THE PERICARDIUM

I. PERICARDITIS

According to the best authorities on medicine, this disease is the result of infective processes; but when the student desires to know what infective process has brought it about, he will learn that it has been caused by some other disease established by an infective process, and he gets nowhere in his investigation in regard to the origin of the disease.

If the student will bear in mind that, primarily, there is but one source of infection, and that is in the alimentary canal, he will have no trouble in tracing all diseases back to their own origin. Toxin poisoning from putrefaction in the intestine, plus constitutional diathesis, or plus organic diathesis, supplies the origin of all organic diseases, which should be called affections. Infection or toxemia starts a process known as rheumatism. The same identical cause will develop pericarditis in a subject who has a cardiac diathesis; and this is the source of the infection that causes this disease.

Etiology.--It is very doubtful if this disease is ever anything more than symptomatic. A wound in the chest involving the pericardium, and an inflammation of the pleura, may extend to the pericardium; but when this is true it is symptomatic; hence, barring injuries to the pericardium, diseases of this character must be symptomatic and due to infection through the blood. Injuries have been found to come from passage of foreign bodies in the trachea, such as needles, pins, or small pieces of bone which have found their way through the esophagus. These are rare, however.

The disease is common at any age. Children with scarlet fever, who are badly cared for, are liable to develop this disease. The characteristic form in anemia is acute fibrinous pericarditis.

Symptoms.--The principal symptoms are precordial oppression. People with this disease will want to sleep with the head high--with several pillows--especially if there is an effusion in the sac. Pain is never very intense, and is usually more marked in the early stages. The most pronounced case that has ever come under my observation was that of a child five years of age. She had scarlet fever. After the rash had disappeared and she appeared to be convalescing, she lingered on and did not improve satisfactorily. She sat up in bed, not being able to lie down on account of the difficult breathing. When I was called I found radical dullness over the region of the heart, and gave it as my opinion that there was an effusion in the pericardium; which, at my next visit, I withdrew with an aspirator. The fluid withdrawn appeared to be pure blood. However, it could not have been. It was probably a little thinner than normal blood. I removed twelve ounces, and the child made a good recovery. This was a case of hemorrhagic pericarditis--the only case I have ever seen.

Pericarditis with Effusion

The material thrown into the pleura is usually of the character of serum. The symptoms generally are slight: a shortness of breath and an increasing pallor. Seemingly without symptoms to justify it, the physician will find a pronounced accumulation. Great restlessness is one of the principal symptoms; and where the accumulation is large, relief must be procured by aspiration, or the patient will be worn out from difficult breathing and lack of sleep.

B. DISEASES OF THE HEART

I. ENROCARDITIS

Definition.--Inflammation of the lining membrane of the heart. It is usually confined to the valves, and, when spoken of correctly, it should be called valvular endocarditis. It is divided into two forms--acute and chronic.

The acute is characterized by the presence of vegetations and a loss of power to close. In the chronic form there is a slowly developing hardening, resulting in a thickening and more or less deformity.

Acute Endocarditis

This disease is without doubt a symptomatic affection. When the profession gets to the point of being exact in its language, this will be spoken of as an affection rather than as a disease.

Etiology.--Endocarditis is always found in conjunction with other physical derangements. The profession instantly thinks of rheumatism when the disease is spoken of. Years of indiscretion in eating improperly combined foods, overeating on proteins, starches, and sugars, keeping the system in a plethoric state, and a decidedly toxemic state of the blood from absorption of toxins generated in the intestine, will bring about this condition. When it has developed to a point where resistance is broken down, rheumatism; and it may be that the patient will suffer rheumatic pains, but at no time be thrown into his bed with a four- to six-weeks' run of inflammatory rheumatism. Where rheumatism of this character develops, it seldom leaves the heart free. Indeed, the heart is subject to this blood infection continually, and with no rheumatic development it is possible for valvular endocarditis to develop without the patient ever having an attack of inflammatory rheumatism.

Since bacteriology has been accepted by the profession as the chief etiological factor in the development of all diseases, we find the very best authorities declaring that tonsillitis, rheumatism, etc., cause this form of heart disease, and that the cause of the rheumatism is absorption of germs through the tonsils.

I cannot readily understand why medical men generally should be at a loss to comprehend the etiology of rheumatism and endocarditis. Treatment for the disease has been so very unsatisfactory that there has been no settled conviction in regard to the cause, and bacteriology seems to have satisfied the medical mind. There is no question but that these diseases are all due to toxin poisoning, but it is not any different--the poisoning is not any different--from the toxin poisoning that is at the base of all other acute and chronic derangements of the human body.

Treatment.--The treatment for this disease must be the same as for all diseases; namely, correct the nutrition, get rid of the source of infection, and then nature will eliminate the poison. If there are abscesses in any part of the body, they must be drained. If there is a source of infection--for example, from the pelvic organs--these organs must be properly treated. Drainage must be established to get rid of this source of infection. The feeding must be corrected. The care of the body must be made as nearly perfect as possible.

The treatment for simple endocarditis should be about as follows: If the cardiac symptoms are not too pronounced to preclude a two- or three-minutes' hot bath of a morning, a bath should be given as hot as the patient can bear, followed with a quick cold sponge-bath. This should be followed with a lot of dry towel-rubbing. Then, before going to bed at night, give dry towel-rubbing. If the patient is in full flesh, no food should be taken for at least one week. The second week the patient should not have anything more than fruit morning, noon, and night. The third week, two meals of fruit and one heavier meal--a dinner in the evening, consisting of meat--two or three times a week. The lightest meat should be used--lamb, chicken, fish, or eggs--with cooked, non-starchy vegetables and a combination salad. The alternate dinners should be a decidedly starchy food, with one or two cooked, nonstarchy vegetables and a combination salad. Patients should avoid worries and anxieties. Everything that has a depressing effect must be shunned. If the proper care is taken of the skin and the eating, according to the above instructions, the very worst forms of this trouble can be overcome.

Chronic Endocarditis

Treatment for this affection need not be any different from that of the acute form. Perhaps it will not be necessary to fast the patient for the first week. Give fruit for three meals a day; then take fruit for two meals, and the regulation dinner for the third meal. There are no two cases alike--no two people can be treated exactly alike; hence whatever conditions are necessary to be met, must be met. If rest is demanded more than anything else, such patients should be put to bed and all excitement of all kinds removed. If they are able to be up and around, attending to light duties, they must retire early and get up late, avoid all kinds of annoyance, and stay away from theaters and crowds where the atmosphere is bad.

II. FUNCTIONAL AFFECTIONS OF THE HEART

(1) Palpitation

This is a functional derangement of the heart that may have many causes. Indigestion is a common cause. Fright, worry--in fact, overworked emotions--may become a cause of heart palpitation. Heart palpitation is one of the first indications of depleted blood or loss of blood. Anemic people suffer with palpitation. Those who use tobacco, coffee, tea, or other stimulants daily and excessively arrive at a stage where they will be troubled severely with heart palpitation.

When women are going through the change of life, they are often troubled with this symptom. Young girls coming into puberty are troubled with this symptom very often. The hysteric and neurasthenic are very prone to have this symptom, but there is nearly always dyspepsia as the exciting cause.

Onanism and excessive venery are common causes. When a youth complains of palpitation, and there are dilation of the pupils, cold, clammy hands and feet, and a doughy skin, there is not only indigestion, but there is a strong probability of self-abuse. The same symptoms developed in maturity point to excessive venery. In some subjects the palpitation is accompanied by flushing of the skin; in others, by deathly pallor. A palpitation that follows exertion, or a short run, or violent exercise of any kind, indicates an absence of exercise. Those who carry a little too much flesh, and whose hearts are pressed upon, will have an increased action of the heart, with precordial oppression--they will be pressed for breath. This is an indication that more exercise should be taken.

Treatment.--Correct whatever the cause is. Where it is a result of the use of stimulants, stimulants must be stopped. If it is the result of imprudent eating, overeating, or anything of that kind, the cause must be removed,

(2) Arrhythmia

This means absence of rhythm of the heart-beat.

A flushing of the skin about the face and neck, coming in patches, indicates sympathetic nervous irritation of the heart. Where this symptom is extreme it is an indication of chronic toxin poisoning from gastro-intestinal indigestion; or it may be due to the use of stimulants--coffee, tea, alcoholics, tobacco, etc. Excessive venery is one of the causes. Regulating the diet and correcting the life of the patient will usually control the worst forms of this derangement.

(3) Rapid Heart (Tachycardia)

Some people naturally have rapid hearts, and there are others who naturally have slow hearts. This is told by the profession, and laymen will readily believe that it is possible. Where the range is below sixty-four pulse-beats to the minute, or above seventy-eight, regularly day after day, there is a cause for it; it is not natural, but pathological. Where the pulse drops below the normal it is due to obstruction of the circulation, and also to abuse of the digestion and assimilation. This is one of the symptoms of excessive venery in youth, to self-abuse. This depressed condition, or slow heart-beat, may first be preceded by a too rapid heart; for over-stimulation and shocks of all kinds will first send the heart flying. Then, as the organism becomes accustomed to the abuse, the heart requires more and more stimulation to keep it at its high rate of speed; and as there is possibility of a falling-off of the exciting cause from many reasons, it would be perfectly natural for the heart to go below the normal, and continue below the normal until there has been a readjustment and a reorganizing of nerve impulses--until the enervation has been overcome and

nerve resistance established.

Violent exercise and fever produce rapid heart action. A continuous state of fear will develop rapid action of the heart. Brain tumors, blood clots on the brain, etc., causing pressure on the nerves of the heart, will cause rapid heart action. Ovarian irritation and uterine diseases frequently cause rapid heart action. But beyond and back of these symptoms are indigestion and more or less emotionalism. Rapid heart action oftener comes from chronic irritation of the stomach than from any other cause. The irritation may be caused by acid fermentation of foods, coffee, tobacco, alcoholics, etc. We cannot have irritation of the stomach without a cause; hence where there is irritation of the stomach, causing rapid heart action, it must be considered that the stomach is only a go-between which passes on the effect from other causes.

(4) Slow Heart

This is supposed to be a family peculiarity. Napoleon's heart-beat was about forty to the minute, and he died of cancer of the stomach. No doubt the mental strain under which he lived had a depressing effect upon his digestion and heart action. There is no question but that he kept up a constant gastric irritation from the anxiety he must have had concerning his activities. His life was so intense that his nerve energy was drained away, enervating the stomach and bowels. When he ate, he did not have the nerve energy to do perfect digesting; hence more or less fermentation, decomposition, and toxin poisoning took place. This produced hardening of the tissues, especially ulceration and cancer of the stomach. This is the price that an ambitious man pays for success.

III. ANGINA PECTORIS

Neuralgia of the heart, or breast pang, is a sympathetic affection. It is caused by a hardening of the blood vessels. It is supposed that the root of the aorta, and the coronary arteries, are hardened. The fact of the matter is that such diseases often come from an enervated state of the nervous system from overindulgence in stimulating foods, stimulating drugs, and excessive venery.

Symptoms.--The disease is characterized by agonizing pain in the region of the heart. The patient will be walking along the street, be taken suddenly with a spasm, and be compelled to take hold of any object that comes to hand, and hold to it to keep him from falling. Not that the legs cannot hold him up, but the pain is so excruciating that it is liable to force him to the ground. More men are affected than women. In all severe cases the patients feel as if every attack they have would be the last. It is strictly a disease of adult life, and I should say it is a sign of premature aging.

If the disease follows apparently as a sequel of other diseases, such as influenza, so far as the preceding disease is concerned it has nothing to do, except that it is the last straw which breaks down complete resistance and makes the victim subject to the disease. The paroxysms are usually induced by a little exertion or overstimulation--a cup of coffee, or smoking a strong cigar, or walking up a slight incline, or attempting to climb stairs; anything that takes sudden muscular effort is liable to precipitate an attack. I believe that those who have cultivated an irritable state of the mind and who are steeped in stimulating habits are the type of people who come down with this disease.

Diagnosis.--The patient may have a slight precordial pain and sense of distress or uneasiness in the region of the heart, which radiates down the arm or up the side of the neck. The first indication of it will probably follow a slight exertion; it may be induced by an unusual meal or overindulgence at the table. Pain in the region of the heart and radiating to the arm, in any subject who is advanced in years or who is prematurely broken down, and who has lived a strenuous life and is known to be the victim of stimulating habits, may be declared to be due to angina pectoris.

Toxic angina embraces those cases supposed to be brought on from tea, coffee, and tobacco.

Treatment.--Any change that will right the errors of life is the proper thing to do. Certainly stimulants must be tabooed. The patient should be put on fruit three times a day, and put to bed, and kept there until comfortable. If there is no desire for fruit, the eating of it is not to be urged; but the patient requires rest.

The bowels should be cleared out with copious enemas every day for a week. The attacks are remedied

by most physicians by the use of nitrite of amyl. Such drugs are not necessary. Besides, the influence of this drug is detrimental. It may be a relief for the time, but the dilation of the blood vessels caused by it only builds more and worse trouble for the future.

Electricity is recommended. It should be recognized as a stimulant, and, instead of being a benefit, it certainly is injurious. Gentle massage to the region of the chest and over the spine should be beneficial if not practiced too often; but the cure must come from removing the causes, whatever they are.

C. DISEASES OF THE ARTERIES

I. ARTERIOSCLEROSIS

Definition.--A thickened state of the intima or inner coat of the arteries. It is sequential to changes that take place in the other coats of the arteries. The condition is recognized in large arteries as atheroma and endarteritis.

Etiology.--When developed in a normal, natural way, it is peculiar to old age. It means aging of tissue. But when the disease presents itself in middle life, it is due to old age of the tissue, if not old age of the patient. It means that those so afflicted have lived a very imprudent life. They have lived in such a way as to age themselves beyond their years. Apparently a certain percentage of the people fall into this state more easily than others, showing that they have inherited a diathesis peculiar to this derangement. It is a case of: parents eat grapes, and the children's teeth are set on edge. Parents have prematurely aged themselves, and this condition has been developing in them sufficiently to build a tendency or a diathesis in the children; and as each generation grows weaker or less resistant under the same influences, they naturally develop symptoms on this order more easily than the parents.

Those predisposed to early aging will be hastened into it by all kinds of stimulants--tobacco, tea, coffee, alcoholics, excessive venery, excessive indulgences of all kinds that tax the nervous system. Then eating to excess, bringing up arterial pressure, and at the same time turning loose in the system toxins from decomposition in the intestine, represent the most intense etiological factors in the development of this disease.

Treatment.--Knowing the cause is equivalent to knowing the cure. If a certain style of living brings on arteriosclerosis, it should not require a physician to proscribe that style of living to get rid of the disease; and this is the only treatment necessary. If the inflammation of the lining of the heart and arteries caused by toxins is developing a condition of arteriosclerosis, then whatever is keeping up this toxin poisoning must be stopped. The commonest cause is overeating, and excessive eating of carbohydrate and protein foods, too often eaten together.

If the irritation of the heart and arteries is due to alcoholism, then certainly consumption of alcohol must be stopped. In nearly all cases, correcting all the errors of life--stopping the use of all stimulants, abandoning excessive eating, and getting rid of nerve irritations, worries, etc.--will bring the disease to a condition of status quo. Then, if the patient is persistent in living correctly, the arteries will soften. If he is in middle life, or even younger, in the course of one to three years all symptoms of the disease will disappear. If he is old, his life will be prolonged and made comfortable by this treatment.

II. ANEURISM

There are different kinds of aneurisms. What is known as a true aneurism is one in which the sac is formed by one or more of the arterial coats.

False aneurism is where there is a rupture of the coats of the blood vessels and the blood is free (or circumscribed) within the tissues. There is an aneurism produced by an ulceration of the internal coat, the blood separating the coats of the artery. This is known as the dissecting aneurism.

Etiology.--Aneurism is produced by an accident, as a rule. I have seen a blow on the wrist resulting in an aneurism as large as an ordinary-sized pecan nut. Where there is arteriosclerosis, breaking of the arteries is a common occurrence, because the arteries are brittle.

Syphilis is supposed to cause aneurism of the arteries. If this is true, then the statement should be extended to take in scurvy (scorbutus, or what is more recently called acidosis). Indeed, several years of toxin poisoning can put the subject of gouty diathesis in a physical state where the arteries are hard and brittle, and limy deposits will take place in the valves of the heart and large arteries. This is the constitutional state which favors the development of aneurism. In severe cases of arteriosclerosis the inner coat of the blood vessel, known as the intima, may rupture in several places in the length of the artery. These ruptures will be small, and they lead to a bulging and a gradual production of a small cyst, or sac.

Embolic aneurism is produced by an embolus being lodged in the forks of a blood vessel. The blocking causes a dilation of the proximal side. The embolus does sometimes become limy. Under such circumstances ulceration is liable to take place, and the limy deposit will be thrown out.

Aneurism of the Thoracic Aorta

Arteriosclerosis favors this disease, and, according to the leading authorities, syphilis is recognized as the cause. I presume that there are very few, who treat syphilis in the orthodox way, who are prepared to believe that the treatment has as much to do with the hardening of the arteries and in producing disease of the arteries as the so-called syphilis; but this is true. Nearly all the patients with whom I have had to deal have lived in such a manner as to produce acidosis, or the old-time scurvy; and when scurvy is established in the body it will produce the very conditions that are charged to syphilis. Indeed, the style of living that leads to scurvy, and the treatment given to meet the symptoms that are diagnosed, will produce very much the same results. Aneurisms of the thoracic aorta are most commonly located in the arch, but the aorta is subject to the disease in its entire length. Aneurisms of the ascending portion are often small when a rupture takes place. When the rupture is in the pericardium, death quickly follows.

Those interested in the history and diagnosis of aneurism of the various portions of the thoracic aorta, as well as the abdominal, are referred to the leading textbooks on the subject. Inasmuch as it is a disease which cannot be cured, I see no reason why I should encumber this book with a lot of detail or description that is of no special worth.

Symptoms.--All the best authors say that there are no positive symptoms. A tumor may be the cause of the chest-wall giving way, and there is no special pain experienced. It is said that every physical sign may be present without a single symptom. An important, but variable, symptom is pain. It is usually paroxysmal--often very severe when the tumor is eroding the vertebrae or perforating the chest-wall. Pain comes and goes. It often radiates down the left arm or up the neck, and without enlargement the disease might be mistaken for intercostal neuralgia or angina pectoris. Where the tumor presses upon the bronchial tubes, a very distressing cough is liable to be the consequence.

When there is pressure on the recurrent laryngeal nerve, the cough may have a peculiar wheezing sound. This is called "goose-cough." There is difficulty in breathing. In some cases there is loss of voice; in others, wheeziness. In some cases hemorrhage will take place into the bronchial tubes and trachea; in others, into the pleura; and, as stated before, in still others into the pericardium. A considerable percentage of these cases will enjoy pretty fair health, with death painfully imminent all the time. When these cases go, they go quickly. Some have heart symptoms, but it is of a neuralgic character and points to the root of the aorta being affected. Dilation of the pupil is common; this is when the sympathetic nerve is pressed upon. X-ray examination will usually be required positively to diagnose cases that are obscure--those located in the arch and the descending portion.

Treatment.--A few years ago there was a coil or gold wire put in the aorta of a patient in Philadelphia. The operation received considerable newspaper notoriety. It was, however, absolutely unworthy of any attention. Such novelties detract from the real purpose and object of what the physician should represent to the people. If the profession would turn teacher instead of doctor, it would be much better, because then such diseases would be prevented. No one will have aneurism of the aorta who has not lived an abominable life for years. He has lived a free and easy life, so far as eating, drinking, and being merry is concerned. Life must be haphazard that will lead to the development of arterial diseases. Preceding such conditions there must be from fifteen to forty years of chronic toxin poisoning. If there were a cure for the aneurism, if it could be obliterated in some way, that would not cure the constitutional derangement and

the disease of the arteries which sooner or later will take the patient out of existence prematurely.

The reasonable, rational treatment must be directed to lower the blood pressure, doing everything that can be done to keep down the arterial pressure. If the feeding is proper, and then the environment of the patient corrected so that there will be no unnecessary irritations, excitement, or affairs that irritate the mental nature, etc., he can be put in a very comfortable condition, and may live for a number of years enjoying moderate comfort.

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CHAPTER IX

Diseases Of The Nervous System

INTRODUCTION

To introduce this subject, I desire to say a little about the influence of functional derangement of the nervous system on our daily lives. This subject is not considered in the average textbooks, nor by the average physicians in their general practice. Full nerve energy indicates full nutritive power. This means that metabolism will be carried on normally, that secretions and excretions will be balanced, and that the body will be in as near a normal condition as it is possible for a human being to be. It should be understood that full health is a state which only approximates the ideal; and this state is always in keeping with the nerve energy. To maintain nerve energy at a normal state, it is necessary for man to be adjusted to his environment, and his everyday experiences in that environment must be of such a character as not to overtax and draw too heavily upon his nerve energy. In other words, man's body must be adjusted to its environments. Any influence, it matters not what, that draws too heavily upon the nerve energies, weakens this energy to just that extent. If man uses up too much nerve energy, if he uses a little beyond his creation of nerve energy, each day, it is obvious that he must be gradually running out of this power. Overwork, over-enjoyment, exposure to the elements, physical influences, eating, clothing, etc., all have their influence in using up the nerve energy.

Where nerve energy is used beyond the recuperative power for a time, we have enervation following. This causes an interruption--retarding--of secretions and excretions. Add to this retention of excretions the toxins that evolve when the eating is beyond the digestive power. This toxic state brings about functional derangement of the nervous system, and also functional derangement of various organs of the body.

Much more on this subject will be found in [Tilden's book] *Toxemia Explained*.

Influences That Lead to Nervous Diseases

I have explained above how enervation is brought about. Special tracts are affected by local injuries. An injury to any part of the body is liable to set up for the time being an enervated state of the nervous system supplying that particular part. Waste products fail to be eliminated, but are deposited, causing irritation. We have whole systems of healing based upon this derangement of the nervous system. Where the nerves pass out of the spine they are liable to become cramped or impinged because of slight deposits, luxations, or displacements. When this is true, the osteopath and chiropractor are almost invariably successful in giving relief and cure. Where the condition is due entirely to a slight misplacement, the readjusting and righting of the anatomy must necessarily bring a cure; but where nerves are passing out through small foramina or openings between bones or other points, deposits are liable to take place when there is such a state of the blood as toxemia, plethora, scurvy, or gout existing. In these constitutional states there is a certain amount of deposit taking place in different parts of the body, and if a certain part of the anatomy is exposed to irritations--if muscular energy is expended over a certain locality, causing a freer flow of blood to the part than is normal--deposits will take place. If these deposits take place in small bony openings, where nerves and arteries pass out, the nerves will be impinged upon, then cause pain--neuralgia or rheumatism--and, when continued, arteritis and endocarditis. To overcome nerve impingement, there must be absorption. Manipulation and exercise will often bring temporary relief by causing absorption of the present deposits; but so long as the constitutional derangement remains, there will be a redeposit, and all tender points throughout the organism--all points where discomfort is once developed on account of this state of the blood--will reappear. There can be no permanent cure until the habits of life are corrected to such an extent that the organism will no longer keep up its manufacture of toxins and pathological deposit.

It is obvious that manipulations of all kinds will be beneficial. Electricity, vibratory treatment, massage,

and certainly osteopathy and chiropractic adjustments, will be followed with positive relief. But such relief will often make the patient and doctor believe that a cure, has followed, when, if what I say is true, it is absurd to believe that a cure can be brought about in this way. In addition to the so-called cure, the righting of the system, by correcting disease-producing habits, will remove the cause; and then a cure may be had that can be depended upon.

In injuries of all kinds there is a tendency for a deposit to take place, because nature rushes there with surplus material to make repairs. But after there has been a restoration to the normal of the parts destroyed, and surplus material is, left--for instance, in the healing of bones--after the bone has been thoroughly united there is a great quantity of debris, not unlike joints made by plumbers; and these extra deposits must be absorbed in the course of time, especially the soft structures. A bony deposit that has taken place will to a certain extent be absorbed, but there will always remain an extra amount, which is for bracing purposes. In injuries, however, where there is no need of this surplus material, and where the surplus material impinges on a nerve structure, either a painful state will remain at that point, or the irritation will be reflexed to other parts of the body. This will be the invariable experience, and will require a treatment which will overcome this condition.

Manipulation will cause absorption; but if there is a slight irritation at the locality, which will bring a surplus amount of blood, there will be redeposits and a return of the discomfort. In all subjects where there is a scrofulous or gouty diathesis, and where there is a general toxemic state of the blood, the redeposits will continue until the toxemia is overcome and the system is readjusted to the original or normal state. It should be kept in mind, in treating the sick, that whatever is necessary to be done to bring them back to the normal should be done; and it should be obvious to all intelligent people that where there are irregular habits or bad habits--where the life is not up to the normal--in any respect, these perversions must be righted. There can be no hope of a readjustment and a bringing back to a normal state without correcting the errors of life.

A. DISEASES OF THE SPINAL CORD

I. LOCOMOTOR ATAXIA

(Posterior Spinal Sclerosis)

This disease is characterized by disturbances of sensations and incoordinations of the muscular system. Nutritive changes are also in evidence. There is also found degeneration of the root fibers of the dorsal columns of the cord. The disease means hardening of the posterior columns of the spinal cord. This hardening is on the order of arteriosclerosis. It is really a changing, so to speak, of the spinal cord--a premature aging of the nervous system. The symptoms all point to more or less degeneration of the brain, especially that part related to the cord.

Etiology.--This is a very common disease--more common in cities than in the country. Men are more inclined to have the disease than women; the proportion is estimated at ten to one. It is a disease of adult life, the majority of cases developing between forty-five and fifty. Occasionally cases are seen in young men. I think all authorities agree that syphilis is the cause. My experience--which has not been small--is positively contrary to this opinion. The disease is strictly an old-age disease, and so are most of the chronic symptoms attributed to syphilis; but there is good reason for young men thirty-five to fifty years of age being brought down with locomotor ataxia, for the disease is certainly an index to imprudent life from a sex standpoint. The general opinion about the cause is approximately right, yet absolutely wrong. By "approximately right" I mean that it is a disease brought on oftener from sex abuse than from any other cause. However, anything that will use up nerve energy and break down the nervous system is liable to develop locomotor ataxia. But in all cases that I have ever seen there has been a history of early self-abuse, beginning as early as eight years of age and continuing with either the practice of onanism or excessive venery to forty years of age and the full development of incoordination; and in the majority of these cases I have found that there was not a reliable history of any kind of venereal disease. Where the diagnostician starts out with the assumption that syphilis is the cause, he will convert every sort of pimple or blister around the reproductive organs, lips, mouth, or throat, which would hardly be noticed, into a syphilitic infection. Where trouble is sought for it is exceedingly easy to find; this is true in the search after the

etiology of locomotor ataxia. In the majority of cases, so far as I have seen, it requires an exceedingly strong imagination to ferret out an excuse for syphilis; but it does not by any means require a sleuth hound to discover sex abuse to such an extent that it is a wonder that some of these people are left to tell the story. To add to this one cause, there are many others, such as deranged digestion, overwork, worry, anxiety, overworked emotions, exposure to cold and wet, the excessive use of alcohol, tobacco, coffee, and tea.

In all subjects of middle age and over, prostatic enlargement with the accompanying symptoms must be kept in mind by the diagnostician. I am satisfied from years of experience that often first-class physicians pay little attention to prostatic enlargement with its varying symptoms, when reckoning up a diagnosis of any kind, and especially in diagnosing ataxia. I never pass up a patient over thirty-five years of age without an examination of the posterior urethra and neck of the bladder, for a possible pathology, caused by enlarged prostate gland. It is almost as common among men over thirty-five years of age as enlarged tonsils in children, but strange to say, it is criminally neglected and overlooked by many clinicians. For years such patients have been coming to me after getting the last word on diagnosis--the clinic not even hinting that there might be such a condition existing.

The symptoms of locomotor ataxia and those accompanying enlarged prostate gland, inflammation of the urethra and urinary bladder, often parallel each other so that sometimes the symptoms would be summed up as locomotor ataxia when they really belong wholly and entirely to prostate gland enlargement and its varying symptomatology; which symptom complex is very much more simple to treat and more amenable to treatment than the complex of locomotor ataxia.

The latter disease is one of a general giving down of the entire nervous system. The patients of the former may be brought back to very good health if they are willing to follow a rigid regimen for life. Men of no self-control will find the cards stacked against them at every turn, with either of these so-called diseases. The straight and narrow path is the only road to travel. The ataxia subject can do much for himself--not by drugging--**not by any curing scheme**, but by learning how to conserve **every bit of nerve energy**. "Regular" medicine has nothing to offer that will not hasten the end.

Doctoring always comes to the end of palliation--either death of the patient, or the patient senses that he has been paying for a benefit he never gets, but, instead, a hurry all to eternity. All cures end in premature demise, the contention of medical superstition to the contrary notwithstanding.

Symptoms.--There are three stages--namely, incipient, ataxic, and paralytic. Symptoms in the incipient stage, which is sometimes called the pretoxic stage, differ very widely. There will be pains of an indefinite character, which may be treated for rheumatism or neuralgia. Sometimes a very great discomfort will occur in the rectum, which may be treated as hemorrhoids or proctitis, or even stricture, when the irritability is wholly reflex and in reality there is absolutely nothing pathologic about the rectum. Some will complain about an irritability of the urethra. I had a case with one tormenting symptom--namely, a feeling as though there were a hair in the throat.

This man had kept first-class specialists in New York, Philadelphia, Baltimore, Pittsburg, Chicago, and Denver in meal tickets before he came into my hands. After having a long talk with him, I told him to return home. He lived in Pittsburg. I told him that if he would forget his trouble he could live a number of years yet. I explained to him that it was simply a nervous irritation, indicating the development of tabes dorsalis. No treatment would be of any avail. So long as he annoyed himself by going from place to place, expecting to be cured, and then being disappointed, he would be annoyed so much that life would not be worth the living; but if he could manage to forget it, and think of something else, his life ought to be made fairly comfortable by living correctly, and he should live for a number of years.

Two years afterward I received a letter from his wife, thanking me for my help to him. She declared that he had overcome his tendency to dig into his throat to such an extent that he would forget it for days at a time; at least he would forget it long enough to attend to a certain amount of business, and would pass days without making any remark about the discomfort or annoyance; for, as he declared himself, it did not amount to a discomfort, but he felt that, if he could just get hold of the hair and pull it out, he would be fully relieved.

The pains that precede this disease are of a sharp, darting character. They may show in almost any part of the body. They do not last long. Their tendency is to appear around the belt region. However, there will be darting pains occasionally in the intestine and in the sensitive spots, and a very wise physician will probably advise that there should be an operation for appendicitis. In some cases there is started up a numbness in the feet--a tingling sensation; and then in others there will be a feeling of constriction about the waist, as though the clothing were too tight. In a small percentage of cases there will be an atrophy of the optic nerve. This causes blindness to come on very early in the disease. This atrophy comes on very gradually, and ultimately leads to total blindness.

There is ptosis of the eyelids. The pupil is sometimes exceedingly small, due to spinal myosis. The Argyll-Robertson pupil indications, with the darting pains and ptosis, are considered diagnostic. The character of the pupil is a contraction, with loss of reflex to light. To show how very specific is the idea that syphilis is the cause of this disease, I will repeat a few lines from a well-known authority: "The time between the syphilitic infection and the occurrence of the symptoms of locomotor ataxia varies within a wide limit. About one-half the cases occur between the sixth and the fifteenth year, but many begin even later than this."

Ataxic Stage.--The first symptom that the patient experiences is inability to get around in the dark, or inability to stand with the feet together and the eyes closed. Patients in this condition are wholly incapable of standing on one foot. The walk of the patient suffering from ataxia is very characteristic. There is a decided inability to control the movements. The feet come up with a jerk, and are pushed forward in an irregular way, and while clear of the ground there is more or less of a tendency to fall about either to the right or left. Coordination is almost entirely lost; that is, the power to control the movements is apparently not strong enough to do anything more than lift a projected foot and leg, but where and in what direction the movement will be made is conjectural. The patient evinces strength, but nevertheless there is this lost power of controlling the movements. The push and pull of the legs are strikingly strong, showing that incoordination is choreic rather than paralytic. There is paralysis to just the extent that the joints are more than usually relaxed, so that there can be a hyperextension and a hyperflexion.

Sensory Symptoms.--Lightning pains may continue. These pains, however, vary greatly in different patients. Some patients will not complain very greatly. Others will complain a very great deal, and the pain is so persistent in certain localities that it is sometimes mistaken for rheumatism. Tingling sensations, described as pricks of pins and needles, are present in the feet. Sometimes patients have a sensation as though there were something between the feet and the floor--when the naked foot is put on the floor, as if there were cotton between the floor and the foot. These, of course, are symptoms of lost sensation--or perhaps I would better say incoordinate sensations.

Sometimes there is lost power of localizing pain. A prick on one limb may be felt on the other, or a pin prick on one foot may be felt on both. In these cases a time comes when the patient loses power to recognize in what position the leg is. It may be extended far to the side, yet, so far as the consciousness of the patient is concerned, he will not know but that both feet are together and the legs parallel to each other.

Reflexes.--Lost knee-jerk, or patella reflex, is an early symptom; in fact, this often exists when there are scarcely any other symptoms. But in all such cases I have found chronic, granular inflammation of the urethra. Almost invariably these cases have shown one or more strictures of the urethra, bearing out the belief I have had for a number of years that the disease is brought on from excessive venery and irritation of the reproductive organs, more than from any other one cause. Continuous subacute reflex irritation from stricture of the urethra--or what is sometimes called gleet--is capable of breaking down the nervous system and bringing on tabes dorsalis. This, however, will require a certain amount of toxin poisoning--toxemia--to hasten the development. There is nothing that so breaks down the nervous system and prepares it for taking on tabes dorsalis as venereal shocks and where these shocks are excessively frequent, and continue over a number of years, patients are liable to go down and out with locomotor ataxia before the chronometer has tolled off half the years that should come to man.

Deafness is not uncommon as one of the early symptoms of this disease; yet it cannot be recognized as characteristic, for people who develop ataxia have in all probability been more or less troubled with catarrh all their lives, and the deafness may be wholly catarrhal.

Vertigo is another symptom that does not necessarily belong to this disease, because it may be a symptom of indigestion and liver derangement. The irritations that cause such patients to consult physicians--such as laryngeal, gastric, nephritic, rectal, or urethral irritations, etc.--are what are in ataxia called crisis symptoms; but they belong to arteriosclerosis as well, and are brought on by hyperemia. As stated before, they are purely reflex. The most common, or gastric and laryngeal, both may be found in chronic irritation of the stomach of dyspeptics, tobacco-users, and those given to excessive use of any stimulants; hence such symptoms will be of no importance, unless they are found existing without the usual symptoms of gastric derangement due to improper living.

One of the early symptoms of locomotor ataxia is a retarded, or rather a hesitating or halting, expulsion of the urine, The desire to, urinate will be present, but the patient will experience difficulty in starting the stream. Almost any kind of symptoms of a cerebro-spinal nature, due to degeneration, may be looked for in subjects of this disease.

Paralytic Stage.--In time these cases arrive at paralysis, where there is no power to walk. Then, of course, they become bedridden. At this time, or before, such patients are often carried off with some intercurrent affection, or a hyperemia, or apoplexy, of a vulnerable organ, brought on from an indiscretion that in health would scarcely be noticed.

Diagnosis.--Lightning pains, inability to stand with the eyes closed, etc., are considered almost diagnostic.

Treatment.--There is only one cure, and that is prevention--removing the causes before the disease is developed. The habits of life must be corrected. A very foolish manner of treating such cases is for the physician to permit the patient to continue the use of tobacco, coffee, tea, or other stimulants, and prescribe such so-called remedies as strychnin, tonics, etc. Patients must be kept away from all stimulation, and they should be kept out of the atmosphere of them as much as possible. For instance, they should not be confined to offices where there is tobacco smoke, or in homes where the odor of coffee is in the air two or three times a day. It must be remembered that the farther down the nervous system is driven--enervated--the more easily it is affected, and patients may become so susceptible that the inhaling of tobacco smoke for a few seconds will produce as much irritation as two or three cigars would produce several years before the breakdown came. In this respect patients frequently do themselves great harm. They know what they have been able to do; they are quite willing to believe that they can indulge a little, compared with the old supply; and they treat the subject of overstimulation and bad habits in the same way all along the line; and too frequently physicians concur with the patient in this matter. Such patients should be **impressed with the necessity of doing absolutely THE RIGHT THING ALL THE TIME**; they should be made to see that there is everything to gain and little to lose, and that that little is more easily lost than even average physicians can be made to believe. Thus no one is justified in going on the principle that he has nothing to gain, that everything is lost; for nature is more than willing to meet all patients half-way--yes, nine-tenths of the way. Hence those who wish to get any benefit--continue in life and enjoy much comfort--must pay the price, which means absolute continence, complete abstinence from all stimulation, and a very simple diet, made up of fresh, uncooked fruits for breakfast; salad, cooked, non-starchy vegetables, and wholewheat bread, potatoes, or some one of the decidedly starchy foods, once a day for a second and last meal; and abstinence from strong meats, such as beef, pork, etc. Lamb, chicken, fish, or eggs may be indulged in once or twice a week, dropping the starch; but it is my opinion that those patients will live longer and enjoy better health if they do not indulge in animal albuminoids at all; for decomposition of the protein in the intestine is one source of toxin poisoning in this tragic disease.

II. GENERAL PARALYSIS

Definition.--A progressive disease of the brain and meninges, associated with mental and motor disturbances.

Etiology.--All nerve disturbances of a degenerative form are looked upon by a stereotyped medical mind as originating from syphilis. It is the consensus of opinion of the medical profession that syphilis is the cause of all degenerative cerebro-spinal affections in seventy to ninety per cent. I may be lacking in gray matter, but I do not believe that this is true; for the disease can be found in country districts, affecting

people who have lived far from the centers, and who have never had syphilis or anything of a venereal character. The answer to that statement by those who advocate the syphilis idea, is that it has been inherited. It is necessary to make this assumption; for the theory would break down without it, and, according to the experiences I have had, it is not necessary to bolster an assumption with a fallacy to know the cause of the majority of diseases ending in cerebro-spinal degeneration. As stated under locomotor ataxia, excessive venery, plus toxin poisoning developed by putrefaction from imprudent eating--from a haphazard style of living--is quite enough to account for seventy to eighty per cent of the cases attributed to syphilitic infection. Heredity is said to be a very important factor; obviously, however, only to the extent that we inherit a tendency to take on certain lines of disease.

In general paralysis, next to syphilitic heredity as a cause, it is said that an important predisposing cause is a life spent in ambitious projects that require strong mental effort to realize. Business propositions which require great nerve strain are in this class. This I accept, with the addition of a haphazard daily life for there is nothing that will harden and age the nervous system like a continuous strain or worry. But overstimulation is necessary to worry successfully. Such people take their business to bed with them, adding worry at night, and coffee, tobacco, and often alcoholics during the day, to hard work and this conglomeration of causes leads to enervation. No nervous system can long stand up under a continuous strain--under continuous hard work and bad habits--if there is worry added to it.

Symptoms.--Irritability; inattention to business, amounting to apathy. Previous to the development of the degeneration, subjects may work night and day, when all at once they decide to have a little vacation and pleasure. They will take interest in affairs of life which before had never even drawn their attention, and friends who are close to them will be surprised to see them leave their desks, and the work that they had pursued so intensely, and go off for an hour, seemingly without anything to do, with the mind on subjects entirely out of keeping with their business. When anyone acts in this way, it is quite safe to assume a failing mind, and if dementia follows, friends should not be surprised. It is simply a giving-down of an overworked brain and nervous system. It is obvious that such people are profoundly egotistical and self-centered before, and even after, the mental degeneration.

The Argyll-Robertson pupil is present, and often optic atrophy, which is liable to lead to total blindness. The facial symptoms--the peculiar stolidity of the features, tremulousness of the muscles of the face, and inability to protrude the tongue--are characteristic. It is said that those who lead a very active life and do a great deal of hard work are more liable to have tabes than paralysis. The truth of the matter is that hard work is blamed for what sensuality does. It has been my experience that office men--those leading sedentary lives, writers, etc.--are more inclined to develop tabes. Both diseases are remediable, if taken before organic degeneration has advanced too far. Some cases of tabes show topical paralysis early.

Treatment.--Correcting the life is the only thing to do that will bring relief, and it is the only thing that is necessary. Stimulants must be tabooed, and eating should be light. Stimulating food, such as meat and bread three times a day, must be given up. Take bread about once a day, meat not at all in the summer time, and two or three times a week in the winter time; fruit for breakfast; a combination salad, meat, cheese, or nuts, with cooked vegetables, for dinner. Abstain from all stimulants.

III. HERPES ZOSTER (Shingles)

Definition.--An acute inflammatory disease of the skin, which consists of vesicles on a reddened base, the lesions being distributed in relation to the course of the cutaneous nerves, and as a rule unilateral. The outbreak of the eruption is usually preceded by severe neuralgic pain.--Gould.

The latest opinion is that this disease is an acute hemorrhagic inflammation of the dorsal roots of the spinal nerves; that it is an acute affection of the nervous system and localizes on one side of the body. One peculiarity of the breaking-out on the skin is that it will not cross the median line either in front or behind. This disease takes its name from the locality. When it is on the face it is herpes facialis; when it is on the lips, it is herpes labialis, etc.

Herpes is a most disagreeable disease. The eruption is sensitive, and the rubbing and chafing from clothing, bandages, and dressings contribute to make the disease--affection is a better term--very

disagreeable.

Etiology.--Herpes is a reflex irritation. The real cause is intestinal putrefaction, causing toxin poisoning. Because of nerve inhibition, that part of the surface which is involved cannot eliminate through the natural channels; hence there is forced elimination by the cutaneous emunctories, with topical infection and consequent inflammation.

Treatment.--Rest in bed when possible, and a fast of sufficient duration to establish full elimination. When the affection is controlled, then feeding should be fruit at first; then fruit and salads; then a dinner of starch, vegetables, and salad daily, with fruit for the first meal.

IV. ENDARTERITIS

In people over fifty years of age it is quite common to find hardening of the arteries of the spinal cord. In all probability this is due to the fact that in the majority of people the spinal cord is allowed to become very inactive. Very few men keep up any very great amount of exercise after thirty years of age. What little they do does not bring into activity the spinal column. This naturally will lead to stiffening and hardening of the parts involved.

B. DIFFUSE AND FOCAL DISEASES OF THE BRAIN

I. APHASIA

This is a disease interfering with speech. Where symptoms of aphasia begin to manifest, it points to a lesion of the nervous system, especially a chronic derangement of the brain located at the lower part of the fissure of Rolando. Patients beginning to show signs of this derangement will have difficulty in making themselves understood. They will say words that have entirely different meanings from the words which they have in mind or wish to use. The derangement may spread to and affect the speech centers, the facial centers, and also the auditory centers. Aphasia is rarely simple. It will not exist very long before other symptoms develop. It is almost impossible to draw the line between the various derangements of this part of the brain. There is a great deal written on this particular disease; but, inasmuch as no patients are ever benefited, but all of them travel slowly but surely to the grave, a minute history and description of the disease is worthless to anyone except those who desire the novelty of knowing all about it. Many family physicians will find it necessary to be thoroughly informed on the subject, in case patients suffering from this disease have large legacies to leave and the families are divided against themselves.

Where the disease occurs in youth, the probabilities are that, if proper care is given, the patients will get well. Aphasia may start up in very young children, who will be very slow to have command of language until they are ten, or even fourteen or fifteen, years of age. Youth is a wonderful restorative. Where men begin to show symptoms of aphasia after forty to fifty years of age, it is only a question of a few years when paralysis will develop. The patient then will remain speechless, though capable of understanding everything, and he may even attempt education. A stay in the progress of the disease may take place, and the patient remain in a semi-invalid state for several years.

Misplacing words is very common and very annoying to those who are afflicted in this way. The fact of the matter is that imperfect speech or misplacing words will not continue many years without being accompanied by impairment of the power of expression, and certainly reasoning will be affected more or less.

Hope may be given to parents of children troubled in this way; but in the case of those past middle life physicians should be very guarded about promises of betterment. Of course, the prospects of betterment in such cases will depend largely upon the past life. If the individual has gone the pace, he certainly will not be brought back to anywhere near the normal. The rule is that when this disease develops it means that the subject has been excessive in indulging himself sensually. In children the cause may be convulsions. By feeding children in such a way as to produce gastro-intestinal irritation--especially in children of a decidedly nervous temperment--they may be forced into epileptic seizures that will cause more or less paralysis of different parts of the body. Special brain centers are sometimes involved; and, if organic

change has taken place, a cure is impossible.

I. AFFECTIONS OF THE BLOOD VESSELS OF THE BRAIN

Cerebral Circulation

In ordinary health the circulation of the blood in the brain follows in order the general circulation. Anything that increases the flow generally will increase the flow of blood in the brain. Anything that excites the heart action increases the amount of blood passing through the brain. Active hyperemia must occur under many circumstances and conditions, and there are no symptoms further than prominent veins on the forehead and temples and a full feeling of the arteries. When this is brought about by a plethoric habit--from eating rather more than is necessary--there will be no symptoms until the habit of overeating has been maintained for several years. Then, when such subjects lie down, there will be a purplish appearance of the skin around the eyes, nose, and ears; and when they stoop, over, the face gets very full of blood and quickly turns purple at different points. Such subjects may boast of excellent health and lots of strength; but they are developing such a state of dilation of the blood vessels of the brain, and perhaps the upper part of the spinal cord, that apoplexy is invited. If their blood is suddenly reduced by an accident which opens the blood vessels and allows a great loss of blood, there is danger of a sudden collapse. By this I mean that a surplus amount of blood is drawn off so quickly that it leaves the brain anemic, and the shock may be so sudden as to cause death long before the patient has lost sufficient blood to account for it.

If such patients are prostrated on a bed of sickness until quite anemic, there is danger of death coming from anemia of the brain. In truth, it would be a case of bleeding oneself to death in his own veins. It is dangerous for any one organ of the body to be kept in a state of hyperemia running over a long period of time.

Consciousness is kept in evidence by a continuous supply of blood to the brain. When the brain is suddenly made anemic, patients fall in a faint. When patients suffer from oxygen starvation, brain efficiency is lost. It requires a full amount of rich arterial blood to keep up mental efficiency. Under the influence of emotion, the action of the vasomotor nerves is cut off, and, as a consequence, the abdominal blood vessels become distended with blood. The blood pressure falls and the heart falls; in other words, the heart empties, the circulation of the brain falls, and unconsciousness occurs. This will happen when a large ovarian cyst is removed from the abdomen, or a large accumulation of dropsical fluid is drawn off suddenly. Where these accumulations are removed suddenly, patients are liable to bleed to death within their own bodies. The blood vessels of the abdomen have been pressed upon until paralyzed; then, when the pressure is removed, they are filled, with no power to empty.

When using chloroform on patients, it is necessary to have them in a horizontal position; otherwise the anesthesia is liable to kill them. The reason for this is that the chloroform partially paralyzes, or in truth does paralyze, the muscular coats of the arteries. The blood empties into the abdomen from the brain, and the patient dies from fatal syncope. Only the foolhardy would attempt to give chloroform to patients in a sitting posture. A half-sitting position is dangerous. This is often the position that patients are in when dentists work upon the teeth. I have had considerable to do with anesthetizing patients, but I have always insisted upon the horizontal position. If, however, this is not possible--if the dentist is not expert enough to operate upon his patient in that position--then the chloroform should be given according to my hasty method; namely, have the patient breathe deeply and rapidly, with the face under a towel, for about two minutes. Then add chloroform, and allow the patient to inhale rapidly for about one minute. Then remove the chloroform, and let the operation take place. If the dentist is expert, he should pull several teeth before the patient has any real sense of pain. Under such circumstances there is no danger of collapse or heart failure. A weak heart--made so by various causes--may have the influence of keeping the brain anemic. I have found that patients who have a very slow pulse, running from thirty to fifty to the minute, usually carry a state of hyperemia at the base of the brain, which will not be suspected. It is a condition brought on from overeating, causing more or less plethory. If these patients are fasted for three or four days, the volume of blood is let down; there will be a feeling of dizziness in the head on account of the loss of pressure from the hyperemia, and they will complain of a feeling of heaviness, closely bordering on dizziness--all due to the fact that there is a sort of collapsed state of the blood vessels.

If such a patient is fed very carefully, and not enough to raise the blood pressure--just enough to keep body and soul together--an adjustment will take place in the blood vessels of the brain, so that after a while--in the course of a few weeks--the food may be increased in amount, and eventually the patient can eat all that is necessary, and continue to have a pulse at from sixty-eight to seventy-four--the normal pulse-rate; whereas for perhaps ten years or more before there had been a pulse never rising as high as sixty. If this condition is not recognized and corrected, such patients will die of apoplexy; or there will be an increasing hyperemia that may continue to inhibit the circulation until there is death from heart paralysis.

Heart weakness may be brought on from any habits that overstimulate and bring on enervation. Some people are more liable to take on heart weakness than others. There is a predisposition--or it would be better to say a special diathesis--and they take on derangements more easily than others. The gouty diathesis will develop rheumatic heart trouble.

Cerebral Hemorrhage (Apoplexy)

Etiology.--Those conditions of the body that pervert the blood vessels--a plethoric state of the body, rheumatism, gout, acidosis or scurvy--when known to exist, will account for any symptoms there may be of cerebral hemorrhage. Anything that produces a degeneration of the vessels is liable to bring on this affection. Men who abuse themselves with alcohol are predisposed to this trouble. Men are more subject to this disease than women--in all probability due to the fact that they are more licentious and indulgent in the line of stimulation. There is no such thing as inheriting a disease, but there is a tendency to take on this affection which may be called predisposition. It is a disease that is more liable to develop in the gouty subjects than in any other class of people. It is very liable to develop in the course of rheumatism and fevers of various kinds, Apoplexy may develop, caused by embolism.

Symptoms.--The patient is seized in apparent good health, while in the performance of some duty--occasionally an action requiring strain. There may be a sensation of numbness, or tingling, or pain, in the limbs; or there may be choreic movements of the muscles of the side opposite to that in which the affection is most intense. The onset of the hemorrhage may be sudden loss of consciousness and complete relaxation of the extremities. The disease is liable to occur at the close of a meal, or after excitement, or after a speech that has brought up the arterial pressure. It is not infrequent that a speaker will fall forward and down unconscious with apoplexy before he has gone very far with his address.

Anything that will temporarily increase the arterial pressure is liable to precipitate hemorrhage. Those cases that do not die will have more or less paralysis following. It is called a stroke. If the hemorrhage is not very large, the blood-clot may be absorbed, and the patient may gradually regain the use of a hand or leg, or both arm and leg of the side paralyzed. A paralysis is more often that of hemiplegia--half the body--than confined to the lower limbs. In severe cases the unconsciousness is very profound; the patient cannot be roused; the face is turgid; the skin has a cyanotic (bluish) appearance, The pupils of the eye are dilated, and sometimes unequal. The patient may remain in a state of coma for several hours before dying; or the coma may last for from several hours to one or two days before consciousness will return. Where the paralysis is not great--where the hemorrhage has not been profound--the symptoms will not be so profound; but there is no assurance that the patient will not have another attack before he has fully recovered from the first and second strokes. Often, however, the strokes are months apart. The location of the hemorrhage varies very widely. Necessarily symptoms coming from this disease must vary a very great deal. The sort of paralysis brought on must depend entirely upon the location of the blood-clot. For example, pressure on the speech center will cause word-deafness.

Treatment.--The treatment should begin months and years before the disease manifests. Those who are heavy eaters, continually carrying a large quantity of blood in the brain, evidenced by flushed face and enlarged veins over the forehead, and other signs of too much blood, such as ringing in the ears, head swimming, etc., should take a hint and reform their manner of living. The time to cure this disease is several years before it manifests. No one can be fooled into knowing he is headed in that direction; for all he needs to do is to look at himself in the glass, and he will find he is altogether too stout and too plethoric-looking, and the face is usually quite flushed. He should know what his habits are. A man who uses stimulants to excess must know, or should know, that he is bringing upon himself degeneration of the blood vessels and that the time must come when apoplexy will result. It does not necessarily need to be

found in the brain. Apoplexy may take place in the kidneys, or any other vital organ of the body. It means a ruptured blood vessel from a distention of the vessel. So far as the treatment is concerned, it should be preventive. However, when the disease has developed, the patient must be fed very little, so as to reduce the quantity of blood; also the weight must be gradually reduced, and he must consent to live with a reduced arterial pressure and a largely reduced weight. The food should be principally fruit and salads. Very little meat may be taken once or twice a week, but no bread, or anything made from grain, until the weight is brought down to a point where the patient is made safe. Then two or three times a week a little toast bread or baked potato may be given. Sugar in all forms must be tabooed.

III. TUMORS OF THE BRAIN

Symptoms.--The most important symptom is headache--either dull and continuous, or sharp, stabbing, or lancinating. The pain may be made to diffuse itself all over the head. Sometimes it is limited to the front, and sometimes to the back. When it is in the back of the head it extends down the spine. Occasionally the pains are decidedly localized, with a sensitiveness to the touch.

Treatment.--In cases where constitutional syphilis is suspected, there may be a growth known as gummata. These cases are treated by iodid of potassium, mercury, etc. I should expect to accomplish as much by proper dieting and proper general care of the system. There is nothing that will increase the elimination equal to a proper combination of foods and the restricting of food to systemic requirements.

IV. INFLAMMATION OF THE BRAIN

Acute Encephalitis

This means inflammation of the brain substance--usually of the gray matter. Inflammation may be brought on by an injury, by intoxicants, food poisoning, gas poisoning, etc. It is a disease that follows infections. It frequently is a sequel or an accompaniment of meningitis in such diseases as cerebral spinal fever. It has been known to develop in exophthalmic goiter and in some forms of malignant diseases, mastoiditis, ulcerations in the ear, etc.

Symptoms.--The symptoms of this disease are not well defined. Sometimes it is taken for typhoid fever. Indeed, I see no reason why it may not be an accompaniment of typhoid fever; for the malpractice that causes the so-called typhoid fever to run on for weeks, developing septic poisoning, may develop inflammation of the brain just as readily as toxins generated in any other way. The common symptoms are headache, inability to sleep, coma, delirium, vomiting. Paralysis may follow the disease where patients recover.

Treatment.--When the disease is due to injury, the treatment must be surgical. Where there has been depression of bone, it must be lifted. If there is headache or delirium, it must be treated in the usual way: perfect quiet, hot baths to complete relaxation, enemas to clear out the bowels, and positively no food until all symptoms are under control. Where cases extend to the formation of abscess, if the diagnosis can be positively determined, the surgeon is needed to operate and remove the pus.

C. DISEASES OF THE PERIPHERAL NERVES

I. NEURITIS

This disease may be confined to a single nerve, or it may involve a large number of nerves. When many nerves are involved it is known as multiple neuritis.

Etiology.--Local neuritis may be caused by what is called a cold--whatever that means. A cold is something that everybody knows all about and no one knows anything about. It is a blanket term that covers a great deal of ignorance. Those who are decidedly toxin-poisoned, and those who are inebriates, morphine fiends, or given to the excessive use of food and stimulants, will be subject to this disease. When the nervous system is made sensitive, as it is in all chronic poisoning, as above hinted, a bruise, an injury, or an exposure to cold when lying heavily on one cheek, with the crease of the bed-clothes pressing against the side of the face, or any unusual pressure, will start up an aching or an inflammation. This is

what is called localized neuritis; it is sometimes called rheumatic neuritis, and it is also called neuralgia.

Neuralgia or inflammation of the sciatic nerve may be brought on by the constant pressure of sitting in an uncomfortable chair. There is no difference between localized neuritis and multiple neuritis, except in degree, and the fact that in multiple neuritis a greater portion of the nervous system is involved.

Symptoms.--Local neuritis is usually confined to the one nerve, and, as a rule, the constitution is not so broken down as in the other form. The most important symptom is pain. The character of the pain is on the order of pressure or bearing, sometimes stabbing; and when the pain is on, the nerve is usually sensitive to pressure along its course. Sometimes the skin is slightly reddened over the nerve; and again cases are edematous. The pain varies considerably, being sometimes intense and distressing, and at other times simply a soreness that will almost subside, and then return.

In localized affections of this character, if the nerve involved is the supraorbital and the patient is of a hysterical temperament, she may put the muscles of the eyebrow in a state of onguard and cause herself very much more suffering than she need have. Any pain protected by putting the part in a fixed position with the surrounding muscles puts everything on a strain, and in the course of a day the patient will have a great deal of suffering from the onguard state of the muscles--really more than from the pain which the fixation was assumed to relieve. In headaches of a nervous character many people build a continuous headache by knitting the brow and putting the whole front of the forehead in a corrugated, cramped position, instead of allowing the muscles to relax. It does not relieve a pain to corrugate the brow, but it intensifies it, and people who would suffer very little from headache will develop a type that will run on indefinitely, caused by cramping the brow, and otherwise developing the headache habit. Physicians must be very careful about mistaking this form of headache for neuritis or tumor of the brain.

The duration of the disease varies from a few days to weeks, but sometimes months. A slight neuritis from injury may pass off in about a day or two, while in severe cases, in unrelieved location of bones, or in fracture of bones, where nerves are pressed upon, the relief will not come until the cause is discovered and removed.

II. NEURITIS IN METALLIC POISONING

This disease is liable to be set up in the course of metallic poisoning.

Treatment.--Rest in bed and a pint of hot water every three hours until comfortable. Then fruit morning; salad at noon; teakettle tea in the evening, for about a week. Then gradually increase, but avoid overeating. Hot baths to relieve excessive pain. Certainly no drugs for these subjects; for they have already been poisoned to death. I think the majority of physicians will give hypodermics of morphine to remove pain, but it is not necessary. If a hot bath can be had, the patient should be kept in water as hot as he can bear for half an hour, or an hour, if necessary to bring relief; and then he should return to the hot bath when the pain becomes troublesome. Of course, the excessive heat in bathing is enervating, but no more so than drug administration and the pain for which the bath is given. Strychnine is recommended, but, to my mind, it is the very worst kind of malpractice to overstimulate a patient in this condition with drugs that act so powerfully on the nervous system as strychnine. Indeed, drugs are not necessary at all.

D. DISEASES OF THE CEREBRAL NERVES

I. LESIONS OF THE RETINA

These lesions are not rare, and must be recognized by the physician. A systematic examination of the eye, to find out the condition of the retina in certain diseases, is necessary.

Retinitis

This disease occurs as a symptom in Bright's disease of the kidneys, syphilis, leukemia, and anemia. The common symptom in all cases is the occurrence of hemorrhage and the development of opacities. Where hemorrhage occurs there is a diffused cloudiness. This is due to an effusion of the serum. The hemorrhage takes place between the layers of the nerve fibers. When recent, the color is bright red; but as times goes

on there is a change. In old hemorrhages the color is almost black. The white spots are due to exudates of a fibrous character, or fatty degeneration. The most important form of retinitis is albuminuric retinitis. This occurs in patients suffering from kidney disease, particularly that variety known as interstitial nephritis. The percentage of cases of nephritis presenting this peculiar condition of the retina ranges from fifteen to twenty-five. This disease, when associated with granular kidney, occurs at a stage when the amount of albumin may be slight or even absent. Arteriosclerosis often accompanies this affection. There is a hemorrhagic form, where hemorrhages are repeated, with very slight signs of inflammation; and then there is an inflammatory form, in which there is much swelling of the retina. This latter variety obscures the disk, and in some instances the inflammation of the optic nerve predominates over the retinal changes. This frequently throws one in doubt as to whether the condition is really associated with the retinal changes.

Retinitis in Anemia.--After large hemorrhages, it is not infrequent for a patient to lose the sight of one or both eyes temporarily. Sometimes the lost sight will be permanent. In such cases there is usually a retinitis of sufficient severity to account for the symptoms. There is also a malarial retinitis, and then a retinitis due to leukemia.

Treatment.--There is no special treatment of any importance for these affections. The real derangement, which the retinitis represents as a symptom, must be corrected; hence the treatment must be for those diseases. Certainly all stimulants must be given up, including coffee and tea, with an absolute fast until all discomfort is gone, then fruit and vegetables until health is established.

Paralysis of the Fifth and Seventh Nerves

Where the fifth nerve is involved, sensation and motion are apparently interfered with. Where the seventh is involved, facial paralysis is marked.

Paralysis may be the result of disease of the pons, particularly hemorrhage or patches of sclerosis. It may result from injury or disease at the base of the brain. It does not occur because of fracture, but meningitis produced by an injury, or caries of the bone, may extend to and produce paralysis of this nerve.

Symptoms.--Paralysis of the fifth nerve may cause loss of sensation of the parts supplied, including half the face and the corresponding side of the head. Patients suffering from this will have the features turned to the opposite side, and the eyelids only partially close. The tongue will draw to that side, and when the patient undertakes to spit, it goes to one side. The loss of sensation will extend to the conjunctiva, lips, tongue, and soft palate, with that portion of the nose which is on the side where the paralysis has taken place. The loss of sensation may be preceded by a tingling. The muscles also lose their sensibility. The sense of smell is lost--said to be due to the dryness of the mucous membrane. In all probability it is due to just what causes the loss of sensation of the other parts to which this nerve is distributed. The secretions are lessened from the lachrymal and salivary glands of the side of the face paralyzed. It is perfectly natural and reasonable that a gland which is partially or wholly paralyzed should also lose its power of secretion. The inflammation and ulceration that occasionally take place in the eye in all probability are due wholly to the exposure. The eyelid, not closing, allows dirt to accumulate, which, of course, must irritate. Inflammation will follow continuous irritation, and ulceration will follow the inflammation. Paralysis has nothing at all to do with the eye complication, further than that, on account of lost control of motion, the eye cannot be kept free from dust, etc.

Herpes (skin inflammation) may be developed in the region supplied by this nerve, especially the upper branch and region of the temples. It is accompanied by much pain. This derangement is inclined to run on for years. Herpes accompanying this derangement is often complicated with a brain lesion. I have known a few cases ending their lives in the insane asylum. Probably the nervous system was so unbalanced from continuous suffering that the mentality gave out, and the disease may have extended to the brain. The most pronounced diagnostic symptom is the loss of motor power--the inability to use the muscles of the side of the face.

Treatment.--Drug physicians usually resort to morphine; and where there is a suspicion of syphilis, which is very common, anti-syphilitic treatment is given. There is but one proper treatment for this

disease, the same as for all others; namely, correct whatever is necessary. If the patient has many bad habits--such as indulging in intoxicants, using tobacco, coffee, and tea, eating excessively of starches, and being sensual to the point of exhausting his nerve energy through venery--these habits must be stopped. A fast should be taken for one week, or longer if necessary; followed by fruit morning, noon, and night for the second week; and then, for the third, fruit twice a day, and salads, with non-starchy vegetables, for one meal a day. After that fruit for one meal, starch for one, and vegetables and salad for another.

II. SCIATICA

This disease is often called sciatica, neuralgia, sciatic rheumatism, and sciatic inflammation. It is neuritis of the sciatic nerve. It is not impossible to have a functional derangement of the nerve, due to pressure, cold, or injury; but where the pain is pronounced it is inflammatory or a true neuritis.

Pressure on the nerve is the commonest cause. Frequently people will select as a writing-chair one that presses upon some point of the sciatic nerve. Where this is true there is no hope of getting rid of the disease, after it is once established, so long as that particular chair is used. Those who use office chairs or writing-chairs should select one that will pitch forward, so that when the feet are on the floor the knees and legs will be sufficiently elevated to avoid pressure on the back of the leg by the edge of the chair. No one should use a chair that presses on any one particular point of the back of the leg more than on another. Workmen who use lathes, and are compelled to spend many hours in treading a lathe, are very liable to develop this disease. The class of people more inclined to develop sciatica than others are those who are sensual in their natures. As a rule, men have been alcohol, tobacco, coffee, and tea habitues; and where the nervous energies have been drawn upon heavily because of excessive venery, such subjects will be hard to cure, when the disease is once established. Persistence, however, in a correct life will bring a permanent cure.

Physicians should be on their guard in diagnosing a given case of pain in the region of the sciatic nerve as sciatica. In fact, such a diagnosis should not be made until a thorough examination has proved that there are no such derangements as urethral stricture, irritable prostate, stricture of the rectum; or, in women, metritis, ovaritis, displaced womb, or some derangement of the reproductive organs, sufficient to account for the reflex irritation.

Symptoms.--The pain is almost constant, and of a character that wears the patient out. There is nothing that will cause one to feel so hopeless as weeks of suffering from this disease. The pain is not so acute as it is tormenting and continuous. It may extend from the spine to the foot even to the toes. The posterior of the thigh, so to speak, is probably a point that is more troublesome than any other in the course of the nerve, because of its being injured more than any other point from sitting on chairs, benches, etc. Keeping absolutely quiet gives the patient the most comfort. A very short walk will often throw him into great distress. The tendency is for the patient to walk on his toes, which relieves the tension. Where the disease has lasted for months and years, off and on, there is more or less perishing-away of the muscles of the leg. Herpes may develop. When it does, it is very intractable.

Treatment.--First prove whether it is neuritis or a reflex pain. If reflex, of course the disease from which the reflection is made must be corrected. A true sciatica must be taken care of about as follows: The patient should be put to bed, and given a hot bath as often as necessary to bring full relief. If necessary for him to take a thirty- to forty-minute hot bath every three hours, this can be done. Absolutely no food should be given until comfortable--a pint of hot water every three hours. When comfortable give a little fruit--something that is not too acid, on the order of pears, cantaloupe, or any other sweet fruits. The bowels may be cleared out by enema, The patient can use what water is desired while going without food. When eating begins, water-drinking may end.

Prunes, onions, and spinach should be in the daily menus, because of their laxative influence on the bowels.

A general rubbing-down twice a day, with a coarse towel or flesh brush or friction mittens, should be given the sciatic patient.

Many things have been resorted to in the line of drugs--deep injections of chloroform, alcohol, or ether; nerve-stretching, cauterization, etc.; all of which I know to my perfect satisfaction are worthless. The more the patient is abused by such remedies, the longer he will stay sick.

E. GENERAL AND FUNCTIONAL DISEASES

I. PARALYSIS AGITANS OR PARKINSON'S DISEASE (Shaking Palsy)

This is a chronic affection characterized by weakness and tremor, also rigidity.

Etiology.--This disease develops in men oftener than in women. It is a disease that rarely develops under forty to forty-five years of age; yet cases have been reported under twenty-five years of age. In all probability, however, these were choreic in nature.

The exciting causes may be exposure, cold, wet, worries and anxieties of all kinds. In some cases it is brought on from mental shock or an injury. Any toxins may produce this disease in those who are predisposed to it. Not everyone will take on paralysis agitans. It belongs to those of neurotic diathesis who have intensified their nervousness by the use of all kinds of stimulants, alcoholics, tobacco, coffee, tea, etc. There is no question but that Parkinson's disease is only one manifestation of arteriosclerosis, or old age, disease. I never have met with a case yet that did not present most pronounced symptoms of arteriosclerosis. In those who are predisposed to take on the disease it is liable to develop in middle life. Some authors declare that it is not a neurosis. Why is it not? The blood vessels are controlled by the nervous system; arteriosclerosis is built by over-stimulation; and, certainly, if there were not nerves to be over-stimulated, it would be a very difficult matter to stimulate the organism, or produce all the diseases that come under the head of sclerosis.

Symptoms.--The disease begins gradually with an unsteady hand. The tremor may be constant or intermittent. With this may be associated weakness or stiffness. Indeed, such cases are inclined to have rheumatism. This will account for the stiffness. When a slight rheumatism takes place in the joints of the hands, the appearance is that there is a great loss of power. This, however, is not true; for if the sensitiveness is taken out of the hands, they can grip or show evidence of power equal to that of any time previous to the development of the disease.

The four leading symptoms are tremor, weakness, rigidity, and an attitude.

Tremor.--The tremor may develop in all four of the extremities, or it may be confined to the hands or to the feet. The head is not so inclined to take on the affection; yet the disease is met with seemingly confined to the neck, where there is a choreic jerk of the head. The trembling is often decidedly marked in the hands, the thumb and forefinger displaying the peculiar motions that are likened to rolling a pill. When the tremor has been developed for a long time in the hands and legs, or feet, there is an inclination for an unsteadiness of the head to take place.

Weakness.--All cases lack power. This, however, belongs to the last stages.

Rigidity or Stiffness.--This may be expressed in the slowness of movements. The time comes when all voluntary movements are made slowly, but with considerable effort. The actions become very deliberate.

Attitude or Gait.--The head leans forward; the back is bowed; the arms stand from the body and are somewhat fixed. The face is expressionless. The motions of the lips are slow. The whole expression is masklike; indeed, it is called Parkinson's mask. The voice is often shrill and piping. Sometimes the disease is confined to one side, or often to just one limb. However, before the patient dies, unless some intercurrent affection takes him away, he will live to become generally paralyzed.

Treatment.--The leading authorities declare that there is no treatment that is satisfactory, but they recommend arsenic, opium, hyoscyamin, and other drugs that act on the nerve centers. I should expect cases to grow worse on drugging. Indeed, there is nothing to do except to correct the errors of life, whatever they are. Overstimulation must be gotten rid of. Patients must be induced to live on just barely

enough food to keep soul and body together; otherwise they stimulate and build this disease. Everything that is of a stimulating or shocking nature must be kept from such patients. Disagreeable people, domestic and all other irritations, must be got rid of; for such patients are often very excitable, and all excitement is stimulating, and all stimulation brings on more and more enervation.

II. ACUTE CHOREA (St. Vitus' Dance)

This disease appears oftener in children. It is characterized by irregular, involuntary twitching or contraction of the muscles. Authors recognize the liability of these cases to develop endocarditis.

Etiology.--Children are oftener affected between five and fifteen years of age than at any other age. It is said to be rather rare among negroes and the native races of America. The reason for this is that only neurotic temperaments develop the disease. It is a disease of civilization. Putrefaction, with systemic infection by the toxins absorbed from this putrefaction, is the exciting cause. No one would believe that negroes and aborigines are less liable to putrefactive processes than the type of children who develop chorea; but when they develop enough toxin poisoning to cause a nervous temperament to develop chorea, these lower types will develop convulsions, paralysis, tuberculosis, scrofula, rheumatism, and kindred affections. Authors usually recognize a causal relationship between rheumatism and chorea. The basis on which chorea rests is the same as that on which rheumatism rests. If a child does not develop rheumatism, it will be because it has not enough of the gouty diathesis, and the toxin poisoning will manifest in some other way. A child of a gouty diathesis will certainly develop rheumatism instead of chorea. The neurotic temperament will develop chorea and not rheumatism. In cases of chorea presenting a complication of arthritis there will be found the gouty diathesis, with a decided neurotic tendency. In all cases that I have seen of this nature the painful affections of the neurotic temperament have been more on the order of neuralgia than rheumatism. In some cases the affection has presented a state of neuritis rather than rheumatism. I have not seen a true inflammatory type of rheumatism complicating chorea, or vice versa.

Endocarditis, which is common in these cases, is an early development of inflammation due to toxin in the blood. Unless the cause is controlled, the disease will extend to the arteries, developing arteritis. Then, if the condition continues without interruption, there is nothing impossible about embolism, convulsions, and paralysis as the sequel of the diseased condition of the endocardium and the inside membrane of the arteries. It is not strange that, preceding chorea, such diseases as scarlet fever, measles, whooping-cough, and chicken-pox develop. As regards a tendency for the disease to develop in certain families, there is no question but that families of the neurotic type are subject to this and other nervous affections. Children are high-strung and easily excited. Too frequently mothers have no self-discipline, and their influence on children is to drive them into such diseases, rather than to steer them clear of chorea as well as other nervous affections. Children of this temperament find musical education very hard on their nerves. The strain of taking the lessons is often quite enough to develop chorea in decided types of this temperament. Such children are easily worried. They come to grief with lessons. They are hurt very badly by criticism. If teachers find fault with them, or scold them, or give them bad marks, it means indigestion and a day of nervousness--probably a headache. The average schoolteacher is unfit to take care of children of this type. Indeed, such children should be sent to institutions where they can have the proper feeding, and where they may be understood and disciplined in keeping with their needs. So far as the mind is concerned, these children belong to the brightest and most active. If their physique will hold up, they can outstrip all other classes. Very nervous children are liable to be thrown into chorea by a shock or an injury of any kind, or a surgical operation.

For the purpose of commenting on it, I shall give a part of a paragraph from Osler: "There are instances without endocarditis and without, so far as can be ascertained, plugging of cerebral vessels; and there are also cases with extensive endocarditis in which the histological examination of the brain, so far as embolism is concerned, was negative."

These facts are explained when it is recognized that children have been brought into a high state of toxin infection from decomposition in the bowels, and this infection has gone to such an extent as to create inflammation of the lining of the arteries as well as of the heart. A case might escape developing endocarditis, yet there would be sufficient inflammation in the arteries to furnish the emboli required to develop the infarctions necessary to account for the disease.

Symptoms.--There are mild and severe types. The severe types are sometimes called maniacal. In mild cases the affection of the muscles is slight. Speech is not necessarily interfered with to any great extent, and the general health, so far as the appearance of the child is concerned, would pass for being all right; but no physician will recognize a child with ever so slight choreic development as a normal or healthy child. There is always indigestion, creating gastro-intestinal irritation sufficient to account for the unsteadiness of movements and the involuntary movements which such children develop. I am persuaded to believe that children who are kept largely on fruit and vegetables, with cereals, are more inclined to develop the lighter forms of this disease. The more severe types require the more toxic poisoning that comes from putrefaction of animal proteins. Children who have the mild type are pronouncedly nervous, and they are accused of having the fidgets. They have crying spells, and frequently scream out in the night. Some of them walk in their sleep. Stuttering, stammering, and awkwardness in speech are mild types of chorea.

The extreme or severe cases--those that are called maniacal--have truly a terrible disease. This disease develops more often in grown people or adults than in children. It first begins in the hands and arms; then the face is affected, and subsequently the legs. The movements are confined to one side. It is then called hemi-chorea. It is thought that it is more often developed on the right than on the left side. Its decidedly prominent symptom is muscular weakness. There will be a visible dragging of the legs, or limping, and a tendency for falling forward. Patients will look as if they were going to fall, but they save themselves. Sometimes there is a dragging of one leg. In some cases there is extreme paresis. These cases have a regular but rapid pulse.

Treatment.--When children begin to develop signs of chorea, they should be taken from their studies and put to bed. The first few days they should not have anything to eat. Then for a few days they should be fed nothing but fruit morning, noon, and night. After the first week of fasting and fruit, then two fruit meals should be given each day, with a combination salad and one or two cooked, nonstarchy vegetables for the dinner. Nothing else is to be given until the choreic symptoms have entirely disappeared. But it is cruel to allow these children to stay out of bed. They must be kept there until they are well. Cases that have been allowed to develop extreme types may require a long time in bed before they get control of themselves; but they certainly should not be allowed to go out, unless they are carried either in the arms or in a go-cart. They are not to be allowed to use their limbs. After the child has been restored, it is necessary for the family to change its mode of living. Indeed, such families should employ a physician to go into the home and see what is wrong. I often think it would be a good thing for a physician to go and board for an entire week with such families, eating at the same table and learning all their peculiarities. No doubt there will be a great deal to do by way of straightening out the psychology of such a family. They are to be taught poise. Certainly they must be well balanced in the treatment of nervous children, or cures will not come to stay. After such children have been restored, they ought never to be given meat, eggs, fish, or any other animal foods, except very sparingly: eggs and lamb or chicken once or twice a week. Perhaps cheese and milk will take the place of meat or fish. A dish of cottage cheese at a dinner, or an ounce or two of ordinary commercial cheese, or an egg or two, not more than twice a week in the dinners. The other dinners should be built around one decidedly starchy food, such as baked potatoes, either Irish or sweet, or a dish of navy beans, butter beans, corn bread, whole-wheat bread, etc. The rest of the dinner will be one or two cooked, nonstarchy vegetables and a dish of salad. These children should always have a dish of salad with the dinners, whether they eat anything else or not. The severely chronic cases--those that have become organized, so to speak--may be improved by correcting their lives, and they may not. It stands to reason, however, that if they are put on the proper lines, they will certainly do better than where they are living wrongly each day. Incorrect living cannot help but make even a bad case worse, whereas correct living certainly ought to modify the worst cases and do them a certain amount of good. There is no special treatment for them, except to teach them to live normally.

III. INFANTILE CONVULSIONS

To say that there are infantile convulsions which are not epileptiform is to make a distinction without a difference. A convulsion is a convulsion. It is said that the difference between infantile convulsions and epilepsy is that the convulsions stop when the cause is removed, and there is no tendency for the fits to recur, but that convulsions in children sometimes continue and develop into true epilepsy. It has been my experience that, when the cause of convulsions--either those in infants, which may be called infantile

convulsions, or true epilepsy--is removed, either form of convulsions, if there is any difference, stops.

Etiology.--Convulsions may be brought about by many causes, Children who develop convulsions, or those who develop epilepsy, are predisposed to convulsive seizures. Their nervous system is unstable and easily thrown out of balance. Probably ninety per cent of convulsions in children are brought on from gastro-intestinal irritation. Indigestion is the rule, rather than the exception, in all children, as disagreeable as the statement may be. I am not exaggerating when I say that there are no laymen, and very few medical men, who really know anything about how children should be fed. The result of all this ignorance is gastro-intestinal derangements galore. Children are only a few hours old when they begin to show indigestion; and certainly they begin to show evidences of improper feeding within the first two or three days. This being true, there is nothing strange in the amount of sickness so common to infantile life. A common so-called cause of infantile convulsions is debility. But what causes debility? Gastrointestinal disturbances. And what causes gastro-intestinal disturbances? Feeding beyond a child's digestive power. And, of course, when continued, the acidity which takes place from the fermentation of the food creates so much gastro-intestinal irritation that children are often thrown into convulsions.

Peripheral Irritation.--It is common to recognize dentition in children as the cause of convulsions when a nursing child is thrown into this nervous state. I do not believe that this is true. Away back in the beginning I knew no better than to believe what I was taught regarding this matter, namely: that teeth in their eruptions caused nerve irritation and produced cholera infantum and other gastro-intestinal derangements of children. I knew no better then, but I know better today. I know that children will not have any trouble teething, and they will not have convulsions, if they are fed properly--if they are fed within their digestive capacity. When a child is fed in a way to produce great acidity of the stomach and bowels, and there is a decided indigestion, with acid stools of a diarrheal nature, bordering on entero- or muco-colitis or dysentery, then it will be exceedingly nervous, and, if it is cutting teeth, the gums will be very sensitive, as the nerves generally are sensitive; but the real cause is toxin poisoning from decomposition of food in the alimentary canal.

The greatest mortality from convulsions is within the first year, because children's nervous systems are exceedingly tender and easily thrown into a state of degeneration. As children grow older, they will have more resistance. The rule is that they have more indigestion the second year, and, indeed, are more inclined to have cholera infantum the second summer than the first year; but they are stronger and can resist the degenerating influence of convulsions. I have seen children so sensitive from gastro-intestinal indigestion that they would have a light form of epilepsy from teething time on to five and six years of age, when the "petit mal" would be supplanted by true convulsions. When this state of the nervous system is maintained because of malpractice and abominable nursing and dieting, the mind fails to develop, because the brain does not develop. The children from this time on begin to show degeneration--show that they are doomed; and unless they are taken hold of by someone who will correct the errors in the care and nursing, they will be doomed to idiocy.

These children respond to kindly treatment, proper diet, and proper nursing, if taken in time, as quickly as if they had never been abused by malpractice.

Rickets.--When children are abused as above stated, they are liable to develop rickets. (See "Rickets.")

Fevers are frequently ushered in by convulsions. The toxin poisoning that has brought on the fever has so completely overstimulated the nervous system that the child is thrown into convulsions.

Congestion of the Brain.--This may be one of the symptoms of fever.

Infantile Hemiplegia.--This is one of the results of infantile convulsions. In all the cases I have met with I have found sufficient gastro-intestinal derangement to account for the disease. A few I have traced to septic poisoning of the mother, causing infection of the child through the milk.

Symptoms.--Convulsions may come on without warning. However, if the mother is very watchful of her child, she should know that it has been feeling more or less ill for several days. If the proper attention has been given to the bowels, there will be indications of indigestion. All mothers should be taught the

importance of this symptom. Young children cannot carry the evidences for any great length of time without a smash-up in the general health. Just what the symptoms will be will depend upon the inclinations and peculiarities of the child.

Prognosis.--If, when the disease has once developed, the child is treated exactly right--namely, digestion corrected, and all evidences of indigestion completely overcome, either by fasting or by feeding very lightly--and if the patient is kept absolutely quiet, the very worst forms of this disease should be controlled in a week. Where the disease has come on with such virulence as to produce hemiplegia, if taken hold of carefully, and if no more toxin poisoning be allowed to develop from improper eating--wrong food combinations--the child will evolve out of the condition and the paralysis will be gradually overcome.

Treatment.--The bowels and stomach should be cleared out. If the child is vomiting, it will not be necessary to do anything for this particular symptom, except to keep water away from it as well as all food. The stomach will soon get settled. The bowels should be thoroughly cleared out with enemas two or three times a day, until there is no more decomposition in the entire tract. Then the eating should be very carefully corrected. The child may be put on its accustomed food, if a better cannot be had, but should be given not more than one-fourth the ordinary quantity. For the convulsions there is nothing better than the hot bath. Put a cloth wet in cold water on the child's forehead, and change frequently while it is in the bath. When the convulsion is past, put a little cold water into the child's mouth with a spoon. When the child is in the bath, hold the body under the water. The temperature of the water should be as hot as it is safe to make it. Keep the child in the water until complete relaxation takes place. Drugs are not needed; indeed, they are disease-builders rather than beneficial. These children are very easily managed, if they are given the proper rest, both physiological and physical--dietetically and physically.

IV. EPILEPSY

Definition.--This is an affection of the nervous system, characterized by spasms or convulsive movements, with unconsciousness. In the lighter forms there is unconsciousness without the convulsive movements. The light forms of the disease--those that are free from convulsive movements--are called "petit mal." The loss of consciousness accompanied with convulsive seizures is known as "grand mal." Convulsive movements localized without loss of consciousness are called "epileptiform," or sometimes "Jacksonian epilepsia." It is due to disturbance of the motor center. There are very few cases of organic disease of the cerebral cortex.

Etiology.--The majority of cases start before puberty. Indeed, the convulsions of infancy are simply epileptic seizures, but they are seldom called epilepsy until they become established and recur at more or less regular intervals. This is a disease that belongs to the neurotic diathesis.

So far as sex is concerned, there are probably sixty per cent of the cases among males. It is possible that a larger percentage of males are known to have the disease, if statistics were compiled that would be absolutely reliable. The reason for this is that the male is more active than the female--even in germ life, on through embryonic life. It is not generally known that men are more nervous and active than women, and it would be perfectly natural for them to develop more nervous diseases. Even if they were not by nature more nervous, their habits of life are such that they create nervousness. They are more inclined to take up with stimulating habits. They are decidedly more sensual; hence more inclined to develop nervous diseases. No doubt there are hereditary tendencies for epilepsy to develop in families; but no disease is hereditary in the sense that it is inherited. Children born of neurotic families, brought up in a way to develop their neurotic temperament, will certainly be more inclined to develop this disease than others.

Alcoholism is recognized as one of the leading causes for the development of epilepsy; but I think that it would be impossible to prove that alcohol causes more epilepsy than gluttony, tobacco, coffee, and tea. Indeed, it is safe to say that without gluttony there would not be nearly so much alcoholism. Overeating paves the way for all stimulating habits. And, so far as developing nervous diseases is concerned, toxin poisoning is equal to alcohol poisoning. The profession generally is of the opinion that syphilis predisposes to the disease. The life that exposes sensualists and libertines to syphilis has as much to do with developing epileptic disease, and other nervous diseases, as the so-called venereal disease.

Reflex Causes.--Dentition, worms, adherent prepuce, masturbation, venery, foreign bodies in the ear, eyestrain, any disease that is of a painful order and has a tendency to produce reflex irritations, may be the starting point of epileptic convulsions.

When developed after thirty-five years of age, the cause is wine, women, and sensuality in all forms.

Symptoms.--Preceding the convulsion there is a period known as aura. This is described differently by different patients. Some will complain of pain in the hand or finger; or there may be a disagreeable sensation felt in the stomach, or a feeling of precordial oppression, like smothering. As the disease is oftener brought on from gastro-intestinal derangement than from any other single cause, it is more probable that the aura will be that of a feeling of irritation in the stomach and bowels. The patient will utter a cry or groan, and is off in the convulsion without being conscious of having made an outcry. Those who have been accustomed to taking care of these patients know instantly, when they hear the outcry, that the convulsion is on. The patient usually falls on one side; the head is turned and drawn back; oftentimes the heels and the head jerk backward. Then again the jerking will be from side to side, so that a patient lying on the floor will pound his head against the floor, and the convulsion, when severe, will be a contraction of all the muscles from head to foot. These are called tonic spasms. The contractions and relaxations follow each other in rapid succession. It is very exciting to those who see a patient suffer convulsions for the first time. They are always anxious to do something.

Coma.--Breathing is, uneasy. The face is congested, and becomes very cyanosed. The patient will chew his tongue, froth at the mouth, and, after the convulsion has ceased, he will lie in a comatose state for from several minutes to several hours. If left alone, he will probably sleep for several hours after the fit has passed, because he is worn out completely. Those patients who have night occurrences of this disease will know that they have passed through one when they wake up the next morning; for their tongues will be quite sore, and their muscles will be painful and feel as though they had been bruised.

The "petit mal" is the epilepsy without the convulsions. The attack consists of loss of consciousness. The patient may be passing out of a room, and, as he reaches for the door-knob, a spell of unconsciousness takes hold of him, and, instead of taking hold of the knob, his hand passes to one side of it. He will become conscious at once, and think it strange, or possibly feel vexed at his awkwardness, that he did not take hold of the knob the first move. He may think of it afterwards, and he may not; but it is something which he cannot explain.

Some of these cases will be in conversation. When an unconscious state passes over them, they lose the thread of the discourse for a moment; then come to a state of sensibility, and continue the sentence they had started; which, of course, appears strange to those who have been engaged in the conversation. The hesitancy cannot be explained.

The "Jacksonian epilepsy" is known as cortical, or partial, epilepsy. It is always distinguished from the, ordinary epilepsy by the fact that patients with this type of the disease do not lose consciousness. Irritative lesions in the motor zone are usually the cause. The spasms begin in a limited number of muscles. They may begin in the face, arms or legs, or the thumb, or the toe may twitch. It may be that the patient previous to the contraction will have a feeling of numbness or tingling in the parts. The disease may involve the muscles of one leg only or of the face. The patient may remain conscious throughout the spasm and watch the course of it with interest. The beginning may be very slow. The patient may have time to become comfortably seated before the attack becomes too severe. The location of the spasm may continue the same for years. There is always a tendency for partial epilepsy to become general. This disease is frequently found in children following partial paralysis--the so-called post-hemiplegic epilepsy. The convulsions will begin on the affected side.

Diagnosis.--The suddenness of the attack and the loss of consciousness, with contraction and relaxation following each other in rapid succession, are characteristic of the major form of epilepsy. The sphincters relax, the urine passes from the bladder, and sometimes the bowels are emptied. The convulsion caused by uremia is epileptic in character. The type of convulsion can be determined by an examination of the urine. "Epilepsy in a person over thirty who has not had previous attacks indicates organic disease of some kind." This I have not found true. I have found such persons as amendable to treatments as others. All the cases I

have been called upon to treat have been curable--simply because the exciting cause was functional. Jacksonian epilepsy is distinctive, and it is hard to determine always on what the spasms depend. Irritation of the motor centers may be caused by many things. So far as I have been able to discover, all cases present toxin poisoning, and, because of this toxin poisoning, gastro-intestinal decomposition is always present. Of course, uremia may have much to do with it, but the kidneys have been brought into a state of inflammation because of the toxins in the blood.

Prognosis.--The prognosis is favorable when cases do not depend upon an organic disease that is incurable.

Treatment.--The disease is very easily controlled in children, provided the parents can be induced to take the proper care of them. They must be kept away from excitement, and fed very plainly, and at stated intervals, three times a day, and never between meals. Children must be controlled with a firm but kind hand. To indulge such children is to confirm them in their sick habit. Very strong people may develop this disease. In the adult, bad habits of eating, overstimulation of all kinds, abuse in the line of waste of energy in social affairs--indeed, anything and everything that has a tendency to bring on enervation may be the exciting cause of convulsions in those of a pronouncedly nervous temperament. Cases running on for several years will show mental deterioration. In some there will be developed a decided irritability. If this condition continues to occur, it may be necessary to put such patients under restraint--perhaps in an asylum, People who have epilepsy should not think of getting married.

No treatment is needed in any case, further than diet and hygiene. There is talk at this time of the discovery of the bacillus epilepticus and the removal of a portion of the colon. This belongs to freak surgery, and it will not cure. The surface of the body must be taken care of, the bowels regulated, and then the eating should be specially adapted to the individual case. Those who carry considerable flesh should be kept on fruit morning, noon, and night, and nothing else until the weight is brought down to about an ideal standard; then fruit for one meal, starch and fruit for another, and meat, with cooked and raw vegetables, for a third meal. This is an outline of the diet that such patients should follow. They should be cautioned about eating when feeling uncomfortable. Our golden rule--Rule No. 1--should be observed at all times. When patients with epilepsy persist in eating heartily, there is no hope and the disease will grow worse continually.

V. MIGRAINE (Sick Headache)

This disease is characterized by severe headache, usually one-sided or unilateral. Often it is associated with a deranged condition of the vision. The eye affection, however, is only one symptom of the symptom complex.

Etiology.--It is said this disease is hereditary. It is no more hereditary than any other nervous affection. People who are born with a nervous diathesis may have a preponderating tendency to take on migraines, or the tendency may run in some other direction. Any of the different types of nerve derangements is liable to develop in those of neurotic temperament, but it is as impossible to inherit a headache as to inherit any other disease. Women are more inclined to this disease than men. However, both sexes do develop it. It is a house disease, brought on and kept in existence by imprudence in eating. I have seen cases of twenty years' standing cured so quickly that they did not have more than one headache after the treatment was begun. And invariably the cure was made by correcting the habits of living, especially the diet.

Symptoms.--Patients usually can tell when an attack is coming on. Some can tell two or three days ahead that they are going to have an attack. Such cases need never develop a headache; for as soon as they are put on the proper treatment the headache will cease, never to return. The fact of the matter is that these headaches are produced by coffee, tea, alcoholics, tobacco, continual eating of an excess of starch, badly combined food, or not enough fresh fruits and vegetables. Constipation will produce them. Indeed, with a neurotic temperament, anything that uses up nerve energy and brings on enervation, with fermentation of starches in the stomach and bowels, is liable to develop this disease.

Treatment.--It is so easy that we wonder patients do not learn to know what it is that causes them to be sick, and then correct the errors of life that lead to it. Those who are in the habit of taking tea, coffee,

alcohol, or of living in a house where tobacco smoke is settling on the hangings or furnishings of the room, causing an ill-smelling odor continually, must get rid of all these things; for they depress and enervate. If patients use up their nerve energy entertaining and being entertained, this, too, must stop. Everything that causes enervation must be discontinued. Early to bed and early to rise should be the motto; and then exceedingly plain food, three times a day, at regular intervals, should be the dietetic rule. Those carrying considerable flesh should be kept on a fruit diet until brought down to a normal weight.

VI. NEURALGIA

Definition.--Pain in the course of a nerve, due to pressure or toxin poisoning. It is easy enough to cure. All that is necessary is to correct the life of the patient. Stop all stimulants and excessive eating. The skin should be taken care of by giving it a proper bathing and daily rubbing. If there is constipation, this of course must be overcome. Any form of neuralgia is to be treated in the same way. Exercise must be a part of the daily regime.

VII. HYSTERIA

Definition.--This is a condition of perverted mentality. Perverted ideas control the patient, and produce more or less morbid derangement of the different organs of the body.

Etiology.--This is an affection common to women. The definition should be strictly confined to an affection peculiar to women; for it probably is largely associated with irritation of the ovaries and womb. Improper early training is to blame for creating such a nervous affection. There is always a lack of moral responsibility and self-control in such cases. Such women are strictly controlled by their impulses and emotions. It may be that fear will have possession of them; it may be anxiety or jealousy.

An unhappy love affair is quite enough to start a run of morbid processes that will ruin the life of such a woman. Many nulliparous married women, who have no domestic responsibilities, have no discipline and are not poised, and they give way to all kinds of worries. Masturbation and sexual excesses are exciting causes in a certain percentage of these cases, and eventually break them down physically. Earlier symptoms are those of indigestion. Those who are autotoxemic will look pale, showing anemia.

Pathology.--The disease is looked upon as purely functional, with no organic lesions. Unfortunately many of these cases go through the surgical "plants" of our country and in the course of three or four operations come out minus all the organs that they can spare--not because the organs are pathologic, but because the women are willing to have something done for them, and surgeons too often allow their patients to do the diagnosing. Besides, each case operated upon swells their statistics of successful operations.

Symptoms.--Really hysterical women will present symptoms that may be mistaken for serious functional or organic derangement. A physician who has a strong personality or a fad can change the location of the diseases of hysterical women at pleasure. If they have more trouble in the region of the apex beat of the heart than the physician is willing for them to complain of, he may discover a disease in some other part of the body--possibly a sensitive ovary. The patient, as soon as told, will put her mind upon the ovary and forget the derangement she had in the chest; and from that time on she will complain of her ovary until the physician strategically discovers she has some other disease that is more important. This may seem ridiculous, but it is true; and it is easy to see how surgical maniacs may be caught in the meshes of a hysterical woman and be induced to perform a lot of unnecessary operations. Stratagems may be used to induce these patients to think health, but it requires time and patience.

Convulsions.--These are mild, and usually occur after some disappointment, irritation, or feeling of anger. The patient will laugh and cry at the same time, and assume a condition resembling coma. Many simulate death. A really hysterical woman can cause a great deal of disturbance, in working up sympathy in the home, or even in the neighborhood, by making people believe that she is in a dangerous condition. Such patients will often complain of a lump in the throat. This is called "globus hystericus." After a severe spell they will throw themselves into a convulsion, but it lacks a very great deal in having the true ring. Anyone who has watched epilepsy will see the lack of genuineness in the hysterical convulsion. Loss of

voice is frequent. Some cases will complain of stiffness of the joints; others will complain of paralysis of the lower extremities. I remember seeing one patient who was paralyzed for three years, having to be helped from her bed to her chair in the morning and then back to her bed in the evening. It took only about three or four weeks of discipline to cure her. Physicians should always be on their guard in believing symptoms that are represented to them by nervous women as being genuine. A woman may be absolutely honest, but the physician will not be honest if he allows a patient of this type to fool him into harsh medication; and certainly it is criminal to allow such cases to inveigle the physician into a surgical operation.

Loss of the special senses--taste, smell, and hearing--is common with these patients, There is also visual derangement--loss of perception of colors.

Many will complain of spasms of the pharynx. There will be vomiting, loss of appetite, depraved appetite, gastric pain, flatulency, diarrhea, and also constipation.

There may be rapid breathing, asthmatic breathing, dry cough, and a spurious type of hemorrhage from the lungs. The blood is of a pale-red color, and comes from the mouth and pharynx. Many will suck their gums for the purpose of starting a little blood. If there is anything a hysterical patient loves more than another, it is to excite, the sympathy of those about her. If she should ever work as hard for health as she does to procure sympathy, she could evolve ideal health. She looks upon a failure to convince her physician of the genuineness of her sickness as a calamity,

There are often irritable heart, rapid pulse, pain in the region of the heart, hot flashes, cold chills, and hemorrhages in the skin. The hemorrhages are usually, if not always, fraudulent.

These patients always complain of smarting urinating and retention of urine. They have urine of low specific gravity. Some of them are troubled with incontinence.

Bladder and urethral irritations are common, and frequent urination is a marked symptom, I have known of a case where the woman had the habit of pushing small pebbles into her bladder, for the purpose of eliciting sympathy and enjoying the excitement of an operation for their removal.

These cases in many instances are moral perverts. They exaggerate everything; but unfortunately they fool themselves the same as they do others. Many have been known to indulge in self-injuries by way of swallowing needles; sucking blood and then vomiting it; inflicting serious injuries to their bodies, and not allowing the sores to get well by picking them and irritating them continually. Sometimes this condition takes on a criminal aspect, such as setting fire to houses, stealing, etc. Kleptomania is a form of hysteria--or perhaps I would better say that all kleptomaniacs are hysterics.

Diagnosis.--The symptoms cannot be mistaken by a physician. Of course, these cases are liable to lead laymen and inexperienced physicians astray.

Treatment.--The treatment must be psychological. Of course, everything must be done to correct indigestion, constipation, etc. All perverted conditions of the system must be righted.

The patient must be taught to live correctly--correct eating, correct bathing, and exercise; and then the physician who is unable to control the patient, leading her into a better state of mind and giving her poise and self-will, has no business to assume the responsibility of her case.

VIII. INSOMNIA (Sleeplessness)

Etiology.--Pain; poison circulating in the blood, such as occurs in Bright's disease, autotoxemia, intestinal toxins, mercurial mania, different forms of partial paralysis, nervousness, neurasthenia, The quickest and most successful cause is a belief in insomnia. The patient loses a little sleep, and at once decides that he is troubled with insomnia. He talks it, establishes it as a habit, and will continue to be troubled with insomnia until he is educated out of it. Such patients are usually more or less nervous from eating beyond their digestive capacity.

Acid stomach, from too much starch-eating or overeating, is a very common cause. Those who are troubled in this way show nervousness in their limbs. Nervous headaches are usually dependent upon an acid stomach.

Treatment.--Where there is uremia as a cause, the kidneys must be looked after. Insomnia caused by alcoholics, tobacco, coffee, or tea can be cured by prohibiting the use of these drugs. Where insanity or light forms of mania are the cause, such patients should receive hot baths, and given only a very little food of a non-stimulating character; in fact, they should be put to bed, and kept there until the nervous system has had time to right itself. It will do so faster without food than with food. Intestinal toxemia must be overcome through correcting the diet. Those with cerebral congestion, or cerebral anemia, must be controlled according to the affection. Those with hyperemia of the brain must be fasted until the blood pressure is reduced; then the eating should be of a character to prevent a return. Where there is cerebral anemia, the heart should be looked after; and whatever congestive derangement there is present must be righted. Hot baths should be given for all cases that are irritable, followed with a gentle rubbing. Whatever else is done, the patient's mind must be set at rest; for his anxiety about his physical condition must be overcome. In all cases where there is an overworked heart, the digestion must be corrected, and the patient must be kept quiet and away from social affairs as well as business, if these tax the nervous system to any great extent. Drugs are not necessary. These patients must be fasted until normal, then fed little until the strength has returned. Fruit at first three times a day; then fruit twice a day, with salad and cooked, non-starchy vegetables for one meal. Then meat every other day, with non-starchy vegetables and a salad; the alternate days, a decidedly starchy food in place of the meat, with cooked and raw vegetables.

IX. RAYNAUD'S DISEASE

This is a rare disease. It is supposed to be caused by disturbances of the vaso-motor nervous system.

Etiology.--Anemia is given as the cause; also chlorosis, neurasthenia, malaria, acute infectious fevers, menstrual disorders, fright, exposure, diabetes, and syphilis. The disease comes on suddenly and affects two or three fingers or toes.

Symptoms.--There is a coldness and pallor of the extremities, with dead fingers or toes. The parts affected are stiff, and sometimes more or less painful. A pallor is the first appearance. The features look shrunken, and there is a lack of sensibility. This passes away and then returns. In time it becomes a constant condition. After the disease has been running on for a while, the fingers---or rather the parts affected--become livid and ashen. The capillary circulation becomes exceedingly sluggish. Gangrene often follows severe attacks. Rigor is common. In advanced cases echymose spots and vesicles appear. Hemorrhage sometimes occurs, and it is called purpura. Cerebral symptoms may complicate the disease.

Differential Diagnosis.--This disease has to be differentiated from frost-bite, ergot poisoning, neuritis from overstimulation, and endarteritis from toxin poisoning.

Treatment.--Avoid exposure to cold, and, if possible, spend the winters in warm climates. This is the usual prescription, but every patient is not able to change climate.

This disease would never have an existence if those afflicted were living properly. It is simply a surface manifestation of toxin poisoning, and, the same as most diseases to which flesh is heir, it originates in the gastro-intestinal canal. Hence this intestinal derangement must be righted, first, last, and all the time, by correcting the eating, and otherwise properly caring for the body.

CHAPTER X

ALCOHOLISM

(1) Acute Alcoholism

Alcohol is supposed to be a stimulant. It is a diffusive narcotic and antalgic. It deadens sensation. When taken in large quantities, it will produce complete insensibility. Before the stage of insensibility is reached, there is an intermediate stage of semi-delirium where the patient is not conscious of his plight; in other words, he cannot see himself as others see him, and will go staggering about, making a nuisance of himself. If criticized for it, he will think he is abused; and if he is of a resentful nature, he may resent the abuse by undertaking to do bodily harm to the one offending him. The man of a benevolent nature will want to treat everybody kindly. If he has money, he will want to have everybody drink with him, and his tendency will be to give everything away perhaps throw money away recklessly. If he is inclined to be of a loving nature, he will make himself very offensive to any lady acquaintance whom he happens to meet. He knows what he is doing, yet he has lost all sense of judgment and propriety--his sense of proportion. In this state he can receive more or less bodily injury without being conscious of it, showing that the drug is more or less of a narcotic.

The toxic influence of alcohol is first noticed in a state of recklessness on the part of the one under its influence. Then the muscular system will lose its power of coordination in walking, the gait being that of a staggering from one side to the other of the sidewalk. This incoordination continues if the use of the stimulants is continued, until all power is lost and the victim goes down in a heap, unable to get up. This is called a state of drunkenness. Those who are heavy--in a state of obesity or semi-obesity--will have very flushed faces. If the weather is warm, they will look very much flushed, as if the blood pressure were high. Indeed, it is high, and those who naturally carry a high blood pressure will be endangered from drunkenness. They will be inclined to have a rupture of the brain. People whose blood is in this state in very hot weather are the first to be afflicted with sunstroke. This is the class of people who die from sunstroke in nearly every city of the country every year.

When a person is found in a state of drunkenness, these questions will arise: Is the individual drunk? Is he dead, or is he suffering from uremic coma, or from coma coming from any other cause?

Breathing will settle the question as to whether the individual is alive or not. Then to smell the breath will settle the question as to whether the intoxication is from alcohol or not. If from uremic poisoning, there may be a history of kidney disease; but where it is impossible to get the history of the case, the urine will have to be drawn off and examined, and the patient watched. If there is a suspicion of uremia, such cases cannot be put into a hot bath too quickly; for this will restore the action of the kidneys. Even if not necessary to find out whether there is kidney disease, it should be the duty of the physician to draw off the urine, in order to show if there has been a retention. Sometimes such cases carry from six to forty ounces of residual urine, and, to give relief, this should be drawn off.

People under the influence of alcohol to the extent of complete paralysis are very liable to get down and freeze to death in the winter time. It is said that Russia lost about 600 each year from this cause.

(2) Dipsomania

This is a form of periodic drunkenness. Those coming under this head have seasons when they have no desire

whatever for drink, and, so far as their feelings are concerned they see no reason why they should ever get

on another spree. But a time comes when the desire takes them suddenly, and before they have had time to think very much about it, they are drinking heavily. The duration of this condition varies in individual cases. Some will get over the desire in a week; others will stay more or less drunk for a month, and then sober up and be absolutely free from the desire or habit for months perhaps.

(3) Chronic Alcoholism

This is brought on by years of tippling. Alcohol of a light order is taken continuously for years. Some people will use a light form of alcohol for ten years before they will begin to show any symptoms of alcoholism. The first symptoms are an undue redness of the face, and in some a tendency for taking on a large or distended abdomen. In most cases the first symptom is a deranged digestion--an alcoholic gastritis. This disease is seldom manifested in those who drink beer or light wines, especially those under thirty or forty years of age; but those who take whisky, brandy, or any of the other heavier drinks, may show symptoms of the disease in two or three years--from that up to ten years, depending upon the amount taken, and the resistance. The slow poisoning of the alcohol shows itself on the nervous system, causing more or less degeneration of the nerves, and, in gouty people, developing multiple neuritis.

The effect of alcoholism on the blood-vessels is very great. It produces more or less dilation; the capillary blood vessels of the face will stand out very prominently; in some cases there is a pronounced network of enlarged capillary blood vessels over the cheek and nose. When these subjects lie down in a horizontal position, or with the head a little lower than the body, the face becomes suffused with blood, and a purplish coloring will show itself about the nose and eyes. Apoplexy threatens.

Alcohol has a tendency to check elimination. It also checks tissue change, and causes more or less hardening of the arteries, and premature aging. High arterial pressure is common among those people who are steady drinkers, but who never get drunk. They sometimes run a pressure of 250, and even 280. When patients in this state are taken off the alcohol suddenly, they are liable to develop delirium tremens. Unsteadiness of the muscles, and tremor of the limbs and tongue, are common. Mental activity is reduced, causing dullness, especially at the time of day preceding the awakening of the sensibilities by the accustomed stimulation.

The relation of alcoholism to insanity has been a muchmooted problem. There is no question but that a country inhabited by people who are in the habit of taking more or less alcohol will develop a race of very nervous, irritable, cranky people--people who will lose their mental balance very easily. The people in those countries that take more wine than any other alcohol are very nervous, irritable, high-strung, quick of temper. Those who drink beer are very sluggish, and more inclined to suicide. All people who get under the depressing influence of alcohol will be troubled more or less with delusion. Alcohol diathesis is in reality the suicidal temperament. People of a nervous temperament will be inclined to take on nervous diseases from the toxic influence of alcoholics.

Epilepsy is a disease common among the extremely nervous types--especially in children of those who are in the habit of taking stimulants regularly.

Digestion is usually the first function to suffer. Chronic gastritis starts up in the regular toper, causing a thickening of the mucous membrane. The breath of the chronic inebriate is very offensive, There is often a metallic odor, which is characteristic of chronic irritation; and, when this is mixed with stale alcohol, the breath is indeed bad. The tongue is heavily coated, and the eyelids are granular. If tobacco is mixed with everything else, such subjects are exceedingly offensive.

The next organ to be affected is the liver. Those who are inclined to eat too much starchy food, along with alcohol-tippling, will produce sluggishness of the liver. There will be so much inactivity brought on from drinking and heavy eating that the liver becomes enlarged. I have seen cases where the waistline was enlarged six to twelve inches on account of enlargement of the liver.

There is a type of chronic alcoholism accompanied by a sort of atrophied state of the liver. These cases are incurable. Those who have enlarged liver are all curable, provided they can be induced to take the proper care of themselves.

Acute Bright's disease is frequently brought on from the influence of alcohol. In some cases the kidneys become more or less enlarged, without showing any special change. Once upon a time alcoholics were given freely to tubercular cases. It was thought that alcohol had some specific influence in correcting diseases of the lungs. But as time has gone on, it has been found that alcohol hastens the development of tuberculosis in those who are predisposed to the disease.

(4) Delirium Tremens

This disease develops in those who have been in the habit of tipping for years. Sometimes it requires twenty-five to thirty years to break down the nervous system to such an extent as to cause the victim to go into a state of delirium tremens. Men who have used alcohol steadily for years, but who have not been known to get drunk, some day may surprise their friends by developing delirium tremens.

A patient with this disease will be very hard to control; indeed, some cases require a strait jacket. The cause is the long-continued action of the alcohol on the brain. The disease develops only in those who are habitual drunkards. Fever patients are very liable to develop an undue delirium, if they have been in the habit of using alcohol previous to their sickness. Pneumonia invariably kills in all cases of chronic alcohol poisoning; in fact, the drunkard cannot stand shocks or diseases of any kind. Fractures of the bone knit very slowly in these subjects, if they knit at all.

Symptoms.--At the beginning of an attack of delirium tremens the patient is restless, sleepless, and inclined to be depressed. If he is given the usual amount of alcohol, the symptoms will immediately disappear, and he will be in what to him is a normal state. But if the alcohol is withheld, after a day or two delirium sets in; the patient talks continually, but the talking becomes incoherent; he is incessantly in motion, and wants to go out and attend to imaginary business.

These patients begin by having hallucinations of sight and bearing. They hear voices, and see things that no one else can see. In this regard they are insane. Of course, it is an acute insanity. They see objects in the room; in fact, anything that happens to cross the mind will be objectified in the mental vision. Such cases have to be watched, and sometimes overpowered and restrained, because they have a tendency to injure themselves. If they are in an upstairs room, they are liable to jump out of the window.

Treatment.--The disease requires no special treatment. In bad cases it would be well to put the patients in padded cells, so that they will not hurt themselves. They should be fed very moderately on fruit, or a little broth; in fact, while they are suffering very greatly they should not be given any food at all. Those with delirium have to be guarded to prevent them from doing themselves an injury. When better, they should be guarded to keep them from finding liquors of any kind.

Most physicians use morphine, strychnin, and other stimulants to bridge the patient over the depression that follows, but I do not think that it is proper to administer one poison for the purpose of curing the effect of another. The patient may suffer a great deal for several days, but if he is kept entirely away from alcohol, and is properly fed, he will get through his suffering and be in a condition to sleep sweetly within a month. Then, if he is willing to do as he should, and take the proper care of himself, he may remain forever free from his health and brain destroying habit.

CHAPTER XI

Diseases Due To Intestinal Parasites

COMMON FORMS.--(1) *Ascaris Lumbricoides*; (2) *Oxyuris Vermicularis*; (3) *Tenia Saginata*; (4) *Tenia Solium*.

(1) *Ascaris Lumbricoides*.--This is a long, slender worm that inhabits the small intestines and stomach. It is one of the characteristic forms, and is frequently found in children. It looks like the common garden or angle worm, and infests children that are fed improperly. Children that are fed largely on bread, butter, syrup and sweets of all kinds, and are allowed to eat between meals until digestion is impaired or broken down, will develop these worms. It is impossible for parasites to develop in the intestines of a child or adult unless the digestive secretions are weakened to such an extent that they have no destructive influence on the ova, or eggs, of the parasites taken in with the food. It is impossible for food to be so perfectly prepared that the eggs, or ova, of parasites will not occasionally get into the alimentary canal.

(2) *Oxyuris Vermicularis*.--This is a small worm that infests the rectum and causes children to be very nervous. They will be continually rubbing and scratching their fundus. Such children are troubled a great deal with indigestion. Their nutrition is very poor. Their rest at night is broken. Through the day they are restless and irritable, cry easily, and are troubled with much gas and stomach derangement.

(3) *Tenia Saginata*.--This is the common beef tapeworm.

(4) *Tenia Solium*.--This is the tapeworm of pork. The same may be said of these worms as was said regarding the common worms of children. They are developed from the eggs of parasites taken in with the food, and would be digested if the digestion were perfect. It would be unreasonable to believe that those who are afflicted with tapeworm are the only people who have taken into their stomachs the ova leading to the generation of tapeworms.

Treatment.--The common treatment for worms in children is to give santonin, followed with a laxative. It is not necessary, and besides, this drug is a poison and has been known to kill. All that is necessary to get rid of these worms is to correct the diet of the child, and to give it the necessary rest by keeping it in bed until fully recovered. At first it should be kept on fruit--all the fruit it wants morning, noon, and night, but no eating between meals. This should be kept up for a week. The second week it may have toasted bread and butter, with a combination salad. As the health improves and all symptoms disappear, the fruit meat in the evening may be dropped, and toasted bread and butter, followed with milk, substituted. This should be the diet of the child until full health is established, and should be the diet of all patients suffering from intestinal parasites of any kind. Those troubled with tapeworm should fast for three days, then take the juice of a lemon in a glass of water three times a day for three days, and then live on fruit--any kind of fresh fruit--three times a day for three days. After this, have fruit for breakfast; toasted bread, butter, and fruit at noon; and a combination salad and cooked, non-starchy vegetables for the evening meal. This style of eating should be kept up until the patient can be pronounced cured--in full health.