In fixing upon this affection as being the subject of my thesis, I do not intend to refer to all the forms of it as described by several writers, but I shall content myself by giving a general description of the subject, dwelling particularly on its symptoms, causes and treatment by medicine, diet, and hygiene.
As this affection is one which generally coexists with all the diseases which human nature is heir to, it must appear very evident, that it is one of very great importance, and one with which the medical man should be well acquainted.

The etymology of this term is derived from the Greek language signifying to digest badly. The term Dyspepsia was once used in a very local sense, but as it led to great confusion, it has lately become to have a more strict meaning.

Although it has been variously described by many writers, the term Dyspepsia may be used to express the frequently distressing symptoms produced by an imperfect performance of the functions of digestion.

The definition given by
by Cullen has always been considered a good and true one, as it is made up of the symptoms by which the disease is known: Anorexia, Nausea, Vomiting, Epistaxis, Pustules, Pharyngitis, Cardinalgia, Gastrodynia; or a certain saltum vel plura horum simili. Cur- rentia, pleurum quae cum alter adstricta, et sine alio vel ventriculi ipsius, vel aliam partem, movet.

Dyspepsia does not appear to have been a very prevalent disease in ancient times for Celsius, who was the first to describe it, dis- trictly mentions that it was not very common in his day, but at the present day it is an affection so common that very few persons in civilized life escape without having at one or other period of their life suffered more or less from it. Consequently the question may be put: To what can such be owing? seeing that in our time there is no disease or affection more common
and some for which the advice of
the physician is often sought. We
trust his explanation to the question,
unless we look for, and attribute it
to some injurious practice pursued by
the Moderns. To these practices I will
allude after I have described the symptoms
of the Disease.

The Symptoms of Dyspepsia are seldom the
same in any two patients. Often, perhaps,
the first symptom complained of is a
feeling of uneasiness or pain over the
Epigastrum, varying in extent and inten-
sity; in some remaining stationary,
in others it may ascend to the Chest
and Shoulders. This symptom, with
loss of appetite may be all complained
of by some patients, but in others, the Epigastrum
may appear very painful and
tender on pressure. Those suffering from
the last symptom may become the subject
of Hypochondriasis, and from the greatest
Source of trouble and annoyance to
Physicians because they are always asking their advice and won't be persuaded to believe that they are suffering from indigestion alone, but imagine that they are the subjects of some serious and incurable malady which the physician always seems to overlook. Such patients generally become irritable, depressed in spirits, and despondent, and so common are these symptoms depending on dyspepsia, that many writers regard the hypochondriasis as an incurable disease of dyspepsia occurring in one of a melancholic temperament. Patients thus the subjects of hypochondriasis often sleepless nights, are irritable and when in bed though they cannot sleep, they are annoyed with frightful dreams. They complain of pain and the more they direct their senses or attention to it, the more is it increased, strengthening their opinion that they can be none other than great sufferers from some alarming malady. Such patients have also their intellect disordered. Memory impaired, attention unstable, disposition
Slight, great confusion of thought, deficiency of spirits. Brain and organs of sense being affected by sympathy, they may by continuance pass into organic disease, and he has been supported in his views by many writers in this country.

In some cases a feeling of uneasiness is felt in the stomach when it is empty and it may be replaced by a feeling of weight or uneasiness from distension shortly after the introduction of a meal. In many cases the pain may disappear as digestion advances, but in many others it may remain until the contents of the stomach be ejected by vomiting.

Heartburn or cardialgia as a symptom, may appear when the stomach is full or when it is empty. In the former condition it is supposed to be due to acidity produced by fermentation, in the latter to acrimony of the fluids of the stomach.

Gastalgia or spasm is a
Symptom far severer than the last - It generally occurs in those of the middle ranks of Society - It may be brought on by overfatigue or anxiety in men, and by profuse monthly discharges in Women. It is also very liable to be caused in those subject to it by any Cause of Exhaustion.

Closely connected with the latter Symptom is Pyrosis or Water-bath which may result from a supposable source of irritation in the Stomach itself, or in some Organ that may affect the Stomach by Sympathy - Dr. Watson in his Work mentions a Case where it seemed due to a large liver pressing on the Stomach - The fit of the disorder usually come on in the Morning and persisted when the Stomach is Empty.

It seemed to be very common in Scotland where it was said to be Caused by the Coarse farinaceous food on which the most of the Inhabitants Subsisted. Cullen who appears to have been well acquainted with the disorder
thus describes it. "The first symptom is a pain at the pit of the Stomach with a Sense of Constriction as if the Stomach was drawn towards the back. The pain is increased by raising the body in an erect posture, and therefore the body is bent forwards. This pain is often very severe and after Continuing for some time it brings on an Eruption of a thin, Watery fluid in Considerable quantity. This fluid has sometimes an acid taste, but it is often absolutely insipid. The Eruption is for some time frequently repeated, and does not immediately give relief to the pain which preceded it, but does so at length and puts an End to the fit." — The Soma of the fluid has been a Question much disputed by Physiologists and Pathologists, but it is now generally believed to come from the Stomach as well as from the Salivary Glands.

Flatulence is a disagreeable Symptom attending Indigestion. It is supposed to be due to the Evolution of
Pages from the Stomach as well as from its Contents — It is a frequent Source of great annoyance and anxiety to the patients, and one of which they very much Complain — Sometimes the Stomach is so much distended with Gas that it presses up the Diaphragm, and, by so doing, interferes with the Central Organ of Circulation producing Palpitation, and if these starts with the palpitation a pain in the left side as frequently there is the Case, and if then be associated with there Dyspnoea or Cough the patients become alarmed thinking that they are Suffering from Cardiac Disease or Some other Un-Curable Chest Affectation.

Anorexia, Nausea and Vomiting an Symptoms Common to Dyspepsia, some proffessing them in different degrees of Intensity While others may be Entirely absent from them —

In addition to the Symptoms which I have enumerated as being referable to the Digestive Organs then
There are others which affect distant parts. Among these the most important and particular are disorders sensation. Such as Giddiness, Headache — Menstrual Disturbances. Vomiting, Anemia — Refluxes. Indisposition for Nutrition — Depression.

The Tongue is an Organ which ought always to Command our Special attention, because at certain times, we are able to judge from its appearance, the Condition of the Stomach. In those who suffer from Dyspepsia it may present a variety of appearances. It may be slightly or considerably furred, may be fissured or cracked, and in many instances, it may exhibit the impressions left by the Teeth. Associated with this Condition of the Tongue, the Patient may frequently Experience a disagreeable Taste in the Mouth. The Bowels also are generally Constipated, and the Hepatic Functions may be deranged so as to produce in some Cases Vomiting of
Cilia and Ciliary Striations.

The urine may be variously affected. It may be scanty or of normal quantity, high colored or colorless, and sometimes it may deposit sediment—In those the Subject of Hyperchloruria the urine may be loaded with Oxalates, constituting Oxaluria, but in the form a very important subject of itself, I will pass it by without any further description—

The pulse in Dyspepsia is very liable to vary, being quite natural in one patient and irregular in another, and easily thrown into disorder by slight mental or bodily emotion—

I cannot bring these symptoms to a Close without referring to another one of the acquisitions of modern Diagnosics which is sometimes present in the severer forms of Dyspepsia—I allude to the Sacculeae Ventriculi, curions like bodies which were first discovered by Professor Goodric in 1842—They are of a slightly oblong shape, and divided into four Equal
Squares by lines 10 or 15 to resemble a pocketbound with cords which cross each other at right angles. They have a faint acid smell, something like that of fermented wort, and they also seem to be fermenting — an analysis of the fluid containing the fasciculus has shown them to contain in some cases acetic acid and in other traces of hydrochloric acid and alcohol.

The causes of dyspepsia are numerous. The upper and middle ranks of society are more frequently the subjects of dyspepsia than the lower — in the poor it may also occur from different and opposite causes — it generally occurs between the age of 25 or 50, though it may frequently be seen at other times. It is frequently hereditary especially in those of high nervous susceptibility and weak constitutions — it is most common in the spring and autumn months, and prevails to a greater extent in temperate
than in Warm Climates.

The Causes which act directly on the Stomach exert their prejudicial influence by altering the Secretions, and interfering with the proper function of Digestion, or by weakening the muscular power of the Stomach; they may interfere with the proper passage of the food from the Stomach into the Intestines. In some patients in which the functions of the Stomach are impaired by Sedentary habits, the quantity and quality of the food taken are not adapted to the diminished power of digestion, and the Stomach thus weakened is stimulated to undue secretion in order to offset the process of Chymisation, and if the disproportion between the power of the Stomach and the quantity of food taken be increased it ends at length in the production of Dyspepsia. The introduction into the Stomach of food which is difficult to digest seems to produce the same effects in a healthy Stomach. This is frequently seen to be the cause of Dyspepsia among the poor, who are hard and
indigestible articles of food.

Among the affluent or higher classes of society, an excess of food or drink seems to be by far the most common dietary error. When too much food is introduced into the stomach its muscular coat becomes weakened from over-distension, and the consequence is that the food being but very imperfectly digested acts as undigested food by affording an impediment to the free action of the gastric juice. The accuracy of this statement has been proved by the numerous experiments performed by Dr. Blanquet who says that the quantity of gastric juice depends on the general requirements of the system more than on the quantity of food introduced into the digestive canal, for he found out that when an excess of food was introduced into the stomach the gastric juice was unable to start its chemical action on the whole of it, so that as a
Consequence a residue of the food may remain in the Stomach or pass on into the Bowels in a Crude and undigested state, and then may become the Source of irritation, pain or disease — In many Cases also when too much food is introduced into the Stomach it undergoes a process of fermentation or change just during the Symptoms known as flatulence and distention of gas — Many who are thus in the habit of taking such large quantities of food, undergo a great amount of bodily or mental Strain and consequently the Waste produced in their Tissues cannot demand such a Supply of food —

Eating too quickly is another fertile Source of Indigestion which may operate injuriously in two ways: (1) By the food not being properly masticated before it is introduced into the Stomach, and (2) From the rapid manner in which the food is Swallowed, the Stomach becomes Overdistended before one thinks he has
has hasty taken insufficiently of food.

Too rapid eating is seen to be practiced both among the higher and lower Classes of Society; the latter perhaps from the Shortness of time allowed them to dispose of their meals, are frequently forced to infringe upon the Physiological Rule, and only devote a few minutes to meals. As a Consequence of this, the food is Swallowed or as it has been humorously described, bolted without having been properly subjected to the processes of Mastication or Insalivation — Many instances of such cases are then, appear in practice among Working men whose dwellings are situated at such a Con-
-Siderable distance from their Places of Employment that the Hour which they have to devote to their meals is nearly all required in travelling to and from their Work — In these Cases, removing to localities near to their Employment has frequently produced a Cure. When all other Remedial Measures had failed, Simply
Simply because longer time could be devoted to the proper function of mastication, and mastication — in order that food may be easily digested it is requisite that it be properly broken up and masticated by the teeth because the neglect of this is not only a common source of indigestion, but also of defective nourishment, for when the food is not properly chewed or broken down by the teeth, it resists the action of the gastric juice, and passes through the alimentary canal unaltered — doubtless this is the reason how in the aged, and those who have lost their teeth, that false teeth seem so useless in mastication, and as some remark, prolonging life —

The action which the saliva exerts on the food is partly chemical and partly mechanical — as a chemical agent its particular office is that of keeping the mouth moist — chemically it is supposed to convert the amylaceous or starchy constituents of the food into dextrin and grape sugar, and to it Liebig
Assign another office of that it forms a
medium for the conveyance of air into the
Stomach whereby it yields up its Oxygen
so as to unite with the Tissues —

Allowing too short or too long intervals to intervene between meals are Causes
of Indigestion too loosely and heedlessly attended to for nothing can appear more
unsavory than to introduce a new Meal into the Stomach before the last one has
entirely left it — The late Dr. Abernethy greatly insisted on this rule — He always
made it his duty to instruct his patients to allow Six Hours to Elapse between Each
Meal — The Experiments of Dr. Beaumont
have thrown great light on this Subject
also, for when Experimenting on Alexis
St. Martin, he was enabled by Careful
Observations to note the time required for
Digestion, by different articles of food, and
as the result of his Observations it is
now laid down as a physiological rule
that at least an interval of 4 or 5
Hours Should Elapse after Each
Each meal. A little deviation from this rule is allowable when the food taken is of a liquid or fluid nature, because it is immediately absorbed by the stomach and hunger will be sooner complained of. Too long time should not be allowed to intervene between meals, because the stomach is apt to become weak and unable to curve itself up to digest the food that has been introduced into it. This of course will be considerably modified by practice as many men exposed to hard labour (bodily or mental) can endure a fast of 7 or 8 hours without any feeling of discomfort or hunger.

Sedentary habits. Want of exercise and confinement in close ill-ventilated rooms and offices are frequent sources of indigestion - by sedentary habits the muscle becomes relaxed in consequence of the want of exercise. So much so, that its prejudicial effects are seen in two ways, either by the patient becoming feeble, fat or pale, emaciated, and hypochondriacal,
Sedentary habits may also prove prejudicial and induce a great deal of functional disarrangement by the mechanical pressure which the Liver and Stomach sustain by certain motions which the person of Sumes — then can also be no doubt but the injurious effects of a Sedentary life are often aggravated by the brain work attendant on it, as well as to the continual inhalation of impure air from ill-ventilated rooms, but its main effect may be traceable to a different source viz. to the decrease of bodily waste, and especially to the want of perfectness of combustion which muscular exertion furnish to the whole organism —

The amount of exercise previous and subsequent to a meal, is one of the circumstances affecting digestion in the Stomach. Gentle exercise being passable, while over-exertion is injurious to digestion the latter being often a cause of dyspepsia among the lower classes who subsist on a scanty nourishment.
The Influence of Mental Emotions on the Digestive Organs has long ago been observed — Tranquility of temper being essential to a quick and due digestion.

It is well known how the news of a severe loss or occurrence of unexpected calamity will destroy the appetite for food, tending on indigestion — Grief or pleasing information, on the other hand, may improve the appetite — increase the desire for food — Anger. Grief, Fear and Grief are also said to have peculiar effect on the Intestinal Canal — Study and deep thought also increase their deleterious Effect on the digestive Organs —

In addition to all these causes which I have hitherto described, I may it Enumerate Various others, as playing an important part in the Production of Dyspepsia. To wit: Insomnia in the Fasting of Food — Changes of Diet — The deleterious influence produced by Excitement and Stimulating Drinks, &c., but as I intend to cite a few practical
Practical remarks regarding Diet and Hygiene I shall omit their Consideration now, and treat of them again.

As I have not discussed or at all events attempted to discuss some of the more particular and common Causes of Dyspepsia, so I shall endeavour now to Speak of its

Treatment by Medicine — which is by far the most difficult we have to Contend with in Practice, and the reason is obvious for there is no affection which arises from so many opposite and different Causes. To cite an Example who would be blinded as to use the same treatment in one patient, whose disease was caused by Over-indulgence at the Table, as in Another in whom it was Caused by defective Nourishment and great muscular exertion — The force of this Argument must appear intelligible to the most casual Observer, and hence how it is almost impossible for us in many Cases, to cure one Suffering from
from the affection unless it be applied simultaneously with the drug.

There is another very great peculiarity which we ought to be aware of in treating dyspeptic viz. that what drugs may tend to be productive of great benefit in one patient may aggravate the symptoms in another — and there is also another point of great importance viz. that the treatment we employ must be for allaying the more alarming symptoms.

In describing the Medical Treatment in detail, it is not my intention to enumerate all the Symptoms and state the General Treatment applied for the removal of each, such a manner of description would prove too extensive for the size of my Thesis, but I intend to describe the Remedies according to their action on the Human Body, and first because most important are the so-called Tonics which are very useful unless they be Contra-indicated by an Irritable
State of the Stomach or by the presence of Organic disease in it — The Special actions of these remedies are noticed when the Appetite is impaired from Hard Work or Nervous exhaustion, and if they are persisted in, they will produce invigorating effects on the Constitution. They are divided into the Vegetable and Mineral Tonics. Chief among the former class are Gentian, Calumba, Zuminin, Tamarind — Calumba is one of the best of Tonics, because it exerts a Soothing, Sedative influence. Gentian is also a powerful Tonic when there is no irritability of Stomach, and is especially useful in those cases when the Stomach has been weakened by rich eating. It has also been Supposed to have a gentle action on the Liver, and is thought applicable or Well-suited to those troubled with biliousness. Zuminin Should be Cautiously administered for it may produce headache or delirium. And it is also inapplicable when there
There is irritability of the Stomach.

Ipecac is a useful Stomachic. Especially when there is loss of tone in the Stomach.

The General Tonics chiefly consist of the preparations of Iron and Zinc. The former being especially useful in the Indigestion supervening on Anaemia Chlor.

Various preparations of Iron may be used, but perhaps the best are the Sulphate. The Tincture of the Mercurate (now the Tinct. Picl. ed. of B & P) the Ammoniated Citrate and the Saccharine Carbonate — they are generally administered to those patients who are confined in ill ventilated rooms, and who take little exercise doing more good to them when Indigestion is caused by Sedentary sojournment than by overeating. Caution must be used in administering Iron because it has a tendency to cause Sicknaps and Confinement of the bowels. Consequently when using it, it should be administered in small doses, and a regular action of the bowels should be attended to — as the action of
Iron is chiefly in improving the blood, it should be taken shortly before food in order that it may be absorbed with it — The actions of Iron generally i.e. simulate those of Iron, but it should not be persisted in for a long time as it tends to constipate the bowels.

Bismuth is considered by Professor Christian as being of very little Service when administered as a tonic in Dyspepsia, but though it may not be a good tonic, it is undoubtedly of use in allaying the pains or spasms proceeding from an irritable condition of the Stomach — it was introduced into Medicine by Professor Oder of Geneva towards the close of last Century who published some papers stating the beneficial action it produced in some of his patients. In describing the action of Bismuth he says: "Most of the patients who were cured by it were affected with Cramp or Violent pain in the stomach after taking meals, it is specially in such Cases that I have found Bismuth Superior to other Remedies."

Prismuth seems also to be of great advantage in allaying nausea, flatulence, and preventing vomiting. The Alkalies are a class of remedies which must only be given with caution and in Cases of Dyspepsia, they are chiefly employed to prevent increased acidity of the Stomach, hence they may be advantageously used in Cases of flatulence, rheumatism. There is perhaps no physician who did more to point out the real action of these remedies than Dr. Prout and in speaking of them he says: "Alkaline remedies should always be given 3 or 4 hours before a meal and if this be attended to, a few grains of Carbonate of Potash will in almost every case be sufficient to counteract the acid residuum of the meal which in fact is all the real good that may be expected from the remedy." And further on he says: The injudicious use and abuse of alkaline remedies in acidity of the Stomach is often a source of great mischief, when taken in large doses, and at improper
Tinctures, as it causes an absolute increase of acid by the stomach at the expense of extraordinary labour secreting a great quantity of acid so as to neutralize the redundant alkali. It is recommended by some that the administration of the alkali should not be persisted in for any considerable length of time, as they are apt to produce gravel and acidity of the stomach. While others deny such a statement for they have seen the alkali taken habitually without incurring any risk to the patient taking them — acids — they are supposed to assist the gastric secretion, and increase its action in dissolving the food — they should not be given when the stomach is irritated or inflamed, and great care is necessary in preventing their action on the teeth.

Hydrocyanic acid was recommended by Dr. Physton in 1820 as a remedy in affections of the stomach especially of connected with turbid irritation pain.
pain or vomiting after taking food and heartburn. Sulphuric, Nitric Muriatic acids are held by some medical men in high estimation for the cure of Dyspepsia. Nitric Muriatic acid is frequently used by some instead of the other acids - it is known as a most successful remedy in Dyspepsia especially if Ozaena be complicated with it as a symptom. This remedy should be persisted in until a copious sediment of matter appear in the urine, when it must be given up and alkalies for a time substituted in its place. Aperients seem to have a good effect in restoring the regular and healthy evacuation of the Bowels, and they seem to be of service in those who suspect themselves to continual stomachy, by muddling them of the effect of their excesses — in selecting purgatives we ought always remember that some of them excite their peculiar action in one part of the Intestinal Canal, and others in another - I will enumerate some of the more important purgatives.
and state their peculiar actions. Aloe is supposed to have their action on the Large Intestines, exciting their peristaltic motions much more than increasing their Secretions.

Colocynthis has a more powerful, irritant action than the preceding, but like it, finds its chief action on the Large Intestines. In some patients, it may act violently and we may have to combine it with other Cathartics, so as to mitigate its violent action. Regarding aloe and colocynthis, there is always a Caution which must be attended to viz. that they should be withheld in all cases when the Large Intestines are inflamed, and if the patient be suffering from hemorrhoids—the reason of this must appear very obvious as their chief action is on the Large Intestines, probably on the Rectum.

Rheubarb is thought to have its special action on the Duodenum, and thereby can excite the biliary secretion. Regarding the latter action, various Medical Men...
Many seem to hold different opinions. One set contending that it does excite the biliary secretion, and for this reason is very useful in Jaundice, others on the contrary as strenuously deny such an action, and say that the yellowish condition of the stool is due more to the colour of Rhubarb itself than to that of bile—Rhubarb is also considered as having a tonic effect on the stomach, by improving the appetite and digestion. Senna and the saline purgatives seem to act chiefly on the Small Intestines—they are safe purgatives, and as such have come to be very popular remedies in Stomachic or Intestinal disorders. Castor oil generally acts on the Large Intestines. It is a mild and bland aperient but has a great tendency to shock the patient if taken in any large quantity.

Besides these medicinal remedies which I have now described there are various others which stand in high reputation among some medical men. The most important of these, for I shall
merly mention them as Specifics, a.

Nux. Vomica and Podophyllum —

Having now described the

Medicinal Treatment, I attend to add a few

remarks on the Treatment by Diet which

is equally, if not more important than the

other — for to attempt to cure or improve

Dyspeptic Symptoms without attention to

proper dietetic rules would be, absurd and

attended with very little Success, and surely

they must be properly attended to. All the

advice that the Physician could give would

be thrown away to no advantage —

In the former Pages of this Thesis

I endeavored to Show how Indigestion was

Caused or brought about both among the

poorer classes, and among the

richer classes of Society, and from

a Consideration of these it must appear

how varied and different a Dietetic Treatment

must be Enforced in each individual Case.

We must tell and convince these

who live highly, and indulge in Luxuries,

that they must pay more attention to the

diet.
The requirements of their bodies demand, for, were such rules observed and persisted in by them, we would encounter fewer cases of dyspepsia than we now do in practice. Does it not also seem strange that indigestion should be more common among the members of advanced and civilized society who know or are often aware of the comparative digestibility or indigestibility of several articles of food, and whom we ought reasonably to expect should do in their power to mitigate against the cause interfering with the due assimilation of the food?

In the poor man on the contrary we meet with a very different case. His indigestion is brought on in nearly all cases by want of proper nourishment, insufficiency in taking his scanty meal, and hard work, therefore to endeavour to be of any service in alleviating him of some of his distressing symptoms. We must use different means, means which rather tend to increase the quantity and improve the quality of his food, at the same time obviating on
on how the necessity of taking his meals at fixed and stated periods of the day, if
these rules be attended to for a very short

time with any degree of care, improvement
will soon result — We frequently see this in
Hospital practice when Considerable number
of the poorer classes are admitted Suffering
from Various diseases accompanied with Dyspeptic
Symptoms and yet in the course of a few
days many of them wonderfully improve
from the regular and better meals they then
obtain than at home — It must be

evident Therefore from What I have said that
due Consideration is requisite for Each individual
Case and that much must be left to
the discretion of the patients themselves seeing
that the Quantity of food required varies
with the period of life, Habits and
Condition of the patient —

It is not my attention to

Explain at any length upon What
influence the Various kinds of Cooking of
food has upon Dyspepsie, but merely
boiling and roasting are the best methods.
methods of preparing food suitable for the Dyspeptic and the Sick: Great care must be exercised in each of these operations, for overboiling proves injurious to certain substances, rendering them hard and difficult to digest, and on the other hand, though it promotes the digestibility of certain articles of food it probably deprives them of their nutritive quality. Regarding Roasting much need not be said, the only precaution to attend to being that it should not be over nor under-done.

The distribution of meals, or time of eating, is of the greatest importance being one of the chief dietetic regulations, and the necessity of which cannot be too impressed upon the Dyspeptic. As the action of the stomach is intermittent, the organ should be allowed time to dispose of its contents before any addition is made to them. The practice of eating a little and often is therefore unsuitable. Static meals are much more conducive to health than when taken irregularly.
The Interval of time allowed to intervene between each meal should be from 4 to 6 hours, but this must however be modified by certain circumstances as the Constitution of the individual, and the quality of food taken. In some constitutions, digestion is not carried on so rapidly as in others. Consequently the interval separating between each meal must be greatly regulated by this circumstance. Men who are engaged in employments requiring great muscular exertion must have their food at much shorter intervals than those who lead a sedentary life, and who may be confined in close ill-ventilated rooms or offices.

Similar rules must also be attended to regarding the nature of the Diet, longer time being required to digest after a full meal than after one of a light and liquid nature because the liquid portion of the food seems to be readily absorbed by the stomach, and it becomes sooner emptied and fitted for the reception of more food.

The particular hour at which each meal should be taken is a question much
Much disputed among Medical Men, but I think, almost all are agreed in this viz. That Breakfast Shoule be taken by the Dyspeptic soon after rising from bed, because much bodily or mental exercise (previously to the meal) operates injuriously, causing satiety, languor and distress for the ordinary occupations of the day. The only chief directive index to attend to regarding this meal is, that it Shoule con-

sist chiefly of liquids so as to make up for the loss of the fluids during the hours of rest. "Supposing Nine O'clock to be the hour of Breakfast, Observes Dr. Combe, the natural dinner hour would be 2 P.M. and such accordingly is that Sanctioned by the most extended Experience, and which ought to be adhered to by all those whose Occupations will admit of it. Others, and who wish to enjoy the highest health of which they are susceptible"—An therm. Tea and Supper are the other meals of the day. But the former and latter may be freely dispensed with, unless when Dinner is unusually late and the latter unnecessary.
A Plan, or a Cat Knee.

A Plan, or a Cat Knee.

A Plan, or a Cat Knee.

A Plan, or a Cat Knee.
a local way. It is not the Sense of Satiety
for this is beyond the point of healthful in-
dependence, and in Nature's Earliest indications
of an Abuse or overabundance of herLastly to
replenish the System, and further on he says
We think Centre Satiety when the Stomach says
Sufficient, and is distinguished from Satiety by the
difference of the Sensations, the former feeling
Sufficient—the latter too much

The Articles of food most suitable
to Dyspeptics are those which can be
assimilated with the least inconvenience to
the System. From the Observations of
Dr. Beaumont, it appears that Solid
food is more easily digested than that of a
fluid nature. He has also pointed out
that many Solutions which do not Con-
egulate in the Stomach Cannot be digested
until their Watery parts be absorbed.
Attention to this rule being of great practical
importance because it teaches us not to
administer too much solid food to those
Lying Weak or debilitated Stomachs.
Man being an Omnivorous
Animal. An diet consists of Animal and Vegetable food, the former is said to be more easily digested than the latter. Vegetable food is said to have a tendency to produce flatulence and acidity in them with weak stomachs. It is also said to be fruitful when given alone to Dyspeptics, but when combined with Animal food, there is no doubt but it forms one of the best diets suited for a feeble stomach.

The Articles of diet most easily digested were never truly ascertained until the experiments of Dr. Bécamont were conducted on Alexie St. Vinent, and a list of them the following together are found to be best easily digested. Rice, Rice porridge, Oatmeal, 1/2 h. Barley, milk, Fish 2 h. Lamb, Pork 2 1/2 h. Beef 1 1/2 h. Mutton 2 1/2 h.

I do not intend to go a detailed account of each of these substances, but I shall merely adduce some of them which may be used by Dyspeptics, and others which must be avoided. Of the Animal Food perhaps
Perhaps Beef and Mutton are those best suited for Dyspepsia. Pork should be avoided. So ought Fat Fruits an apt to diarrhoea and consequently should not be taken. Bread is an indispensable article of diet — New-Bread and Fancy Cakes should be carefully avoided. So ought Raisins, Figs, &c. Fish an early object and will suited for Invalids; salted Fish is unsuitable. Sugar should be used sparingly in all cases of Dyspepsia, and it should be abstained from altogether in Dyspepsia accompanied with Acidity. In Dyspepsia accompanied with pain we should limit the diet to unacrimonious substances chiefly, because small quantities of meat be taken they tend to aggravate the pain. Broths and Fluid nourishment may be adopted in severe cases. Water frequently disagrees with many, though it is one of the best of Liquids and contains all the Materials of the Body. Hot Spices and Condiments are useful in some cases. Especially to assist in stimulating the Secretion of the Gastric Juice. They are of great benefit to those who have abused their
their stomachs. They might be moderately
used because if unjudiciously administered
they are very hurtful in provoking the appetite
and exciting the stomach.

The use of stimulants in indigestion
is still an open question. Many physicians
safely recommend them, while others as safely
suppose their use. Some advocate that all,
colic lysergic acid of benefit to those having
weak stomachs and unable to digest solid food.
Others again, while they admit that they
colchic lysergic acid increase the secretion in the
stomach deny that they are of any great
benefit provided the food be properly selected
and prepared. It is held by some physicians
that stimulants should be administered in
all cases, while the patients are habitually
drunken. But another whom D. Watson
speaks of, say, I have visited many years
since some of the American prisons, and
found that the health of the most moderate
drinker improves instead of suffering under
the total and sudden abstinence from spirits
which the regulations of these prisons enforce.
If alcoholics are applicable in any case they must be taken in great moderation and only at times of meals or immediately after, because if they be swallowed on an empty stomach they stimulate the organs when it has no faculty to reform and frequently lead to headache. Sir, Snuff 1 - The stimulant chiefly vaunted as being of Serbia is Sibis. It is a Brandy, Sherry, and Malt Liqueur, and certain incantations should be attended to regarding their administration. 5 7 spirits as Brandy wine should be taken by those who are of a strong habit of body or prejudiced to it, in preference to Malt Liqueur. Malt Liqueur on the other hand are said to be beneficial to those who from their avocation are compelled to wake hard, or sleep on a scanty and non-varied diet, but if they disagree with the stomach producing flatulence and acidity they should be suspended. And as Dr. Paris suggests a little weak spirit may perhaps be taken with advantage. Great Step is also laid on the importance of strong stimulants in dyspepsia. When
When Mental Symptoms are manifest, but whether such is a good and warrantable mode of practice I do not intend to say.

Having now discussed all I intended to say regarding Dietetic Treatment I cannot bring this theme to a close without calling attention to some other important means aiding us in the treatment of Disease, and specially do I allude to those air Measures, careful attention to the first of these is of great importance, because when imperfect air containing a small proportion of Oxygen is respired the blood never becomes properly oxygenated and circulating in this condition it shows its injurious effects on the Constitution. This can frequently seen in ancient times before Ventilation was properly attended to by the Circumstance that in many Schools or other Institutions when hundreds of children were congregated together without proper means as I have said been paid
Laid to Ventilation. Scrofula was a common and in many cases a fatal disease. The effects of impure air and imperfect ventilation are far more fruitful to the young than to the aged, because their Respiration and Circulation are more rapid and active.

The bedroom of the Dyspeptic should be well ventilated. It should be lofty and spacious, or some physicians maintain that it should communicate with the outer air, but this must be done cautiously. According to the season of the year, state of the weather, etc.—those who sleep in unventilated bedrooms generally feel giddily when they awake in the morning, they frequently have a sore tongue and often complain of a disagreeable taste in the mouth and loss of appetite for breakfast. If they be allowed to so on for a length of time, the patient may bring upon himself some serious disease such as pulmonary Consumption, a disease which perhaps might have been avoided were ventilation properly.
Properly attended to.

In addition to pure air there are many other things which we should attend to. Such as cleanliness, baths, clothing, proper amount of sleep, but above all important than any of these is exercise, the nature of which must greatly depend on the constitution and age of the patient. Rather should it be continued to such an extent that the patient feels exhausted or satisfied because if such be the case it will be found to have a more beneficial than beneficial effect on the system.

The kind of exercise will also greatly depend on the strength of the patient. If he be strong, active exercise on foot or horseback is perhaps the best amusement or recreation he could indulge in. Because it produces a rapid change of air and will have a beneficial effect in equalizing the circulation and promoting the healthy action of the skin, and other secretions. Again, it has also a beneficial
Beneficial action on the Chylopoetic Viscera, Stimulating the Visceral or peristaltic action of the Intestines and preventing Constipation.

Walking in the Open Air should be practiced daily provided the Patient be strong and the Weather propitious, but if the patient be delicate and the Weather inclement outdoor Exercise cannot be taken, and the patient must exercise himself indoors until more propitious weather appears when he may go out, and enjoy the benefit of the Air.

In some severe Cases of Dyspepsia when the Patient is weak Passive exercise must be had recourse to such as Riding in a Carriage or Sailing in a Boat, but although they afford good means of exercise, they are inferior to active exercise provided the Patient can safely indulge in it.

Out door Exercise & Change
of Air has a wonderful effect on a certain class of patients. I mean
those the Subjects of Hyperchondriasia, a class of patients who shunt commands
the sympathy more than the Score of the Medical Man. The ailments of the Hyph-
chondrias should always be considered as real,
and all interest should be taken in his case.
Encourage him of a speedy cure. Keep him from
Concern over his own condition, but have taken
Outdoor Exercise, and it will be astonishing hear
from his body, health mental lessen will
improve, and his thoughts or avocations which
once been to him a Source of great anxiety and
trouble will soon prove to be a Source of
Joy and pleasure.

Robert Gunn.