be reached either by the experiments of the physiologist, or the research of the pathologist, when, in fact, it has baffled the inquiring physician for ages, he should be content to direct his attention to the laws which diseased action observes, both under the influence of remedies, and when allowed to run its course uninterruptedly. These laws are always discoverable by the numerical method, when systematically adopted, and if the knowledge acquired is not all that could be desired, the inferences it leads to, are at all events as practical, and founded as strictly in truth, as if the intimate nature of disease was more fully understood.

Art. VIII.—Propositions relating to Diseases of the Stomach.

By Jonathan Osborne, M.D., Queen's Professor of Materia Medica, Clinical Physician to Sir P. Dun's and Mercer's Hospitals, Honorary Fellow of the King and Queen's College of Physicians, &c.

Torpid Digestion.

Having already communicated in this Journal my proposition, on irritation of the gastric glands, and on irritation of the mucous membrane, I now proceed, in pursuance of my original intention, to those relating to torpidity of action in the stomach, and I beg the reader to bear in mind, that my object in those communications has been to diagnose distinct affections of the stomach, which have hitherto been confounded, and to describe an appropriate mode of treatment for each. If I have succeeded even imperfectly in a class of diseases in which so much hit or miss practice commonly prevails, I shall hope for some indulgence and forbearance from hasty condemnation on the part of my readers, seeing that the value of such propositions is not to be tested by their apparent probability, but by that patient observation of various cases which must be the work of time.

First Proposition.—Torpidity of digestion is denoted by the following symptoms: 1st, a feeling of distention in the hypochondrium, with an elastic fulness somewhat relieved by
Dr. Osborne's Propositions relating to expulsions of gas from the stomach, which are either insipid or sour and sulphureous; 2nd, palpitations, with slowness or irregularity of the pulse; 3rd, occasional oppression of breathing; 4th, dull pain, or rather weight in the head; 5th, vision affected with motes, and involuntary action of the eyelids; 6th, more or less deafness; 7th, peculiar lowness of spirits, and disposition to exaggerate and brood over the internal sensation produced by the disease.

A Feeling of Distention in the Hypochondrium.—This is frequently the only cause of complaint, but one, the pertinacity of which is a cause of great distress. It arises from distention either of the stomach, or, of the arch of the colon by gas; and the tumour being thus elastic keeps up a constant pressure, affecting more particularly the diaphragm. The necessity of holding up the ribs by means of the intercostal muscles, during the impediment offered to the descent of the diaphragm in each inspiration, causes a weariness of the left side, which, although not amounting to pain, is almost worse. Often have I known practitioners (urged, I suppose by the importunities of patients), after an unavailing employment of purgatives, proceed to leech and blister the hypochondrium; but I need scarcely add with very indifferent effect. The most appreciable benefit is obtained by the expulsion of gas in either direction, and this almost equally whether the seat of the distention be in the colon or in the stomach; as in either case the diminution of the tension is the same. When the stomach expels the gas, it is either nearly insipid or has the taste of a gun barrel, and consists of carbonic acid and sulphuretted hydrogen. This last gas, I have observed, is not produced in the stomach for any considerable time without the symptoms of gastric irritation commencing, while the insipid gas is not necessarily followed by any other symptoms except those of torpidity.

The formation of sulphuretted hydrogen in the stomach, when it does not occur in health, may be explained by the con-