

Dubois then gives them a little written out plan of this milk diet.

1st day	8	décilitres	only—about	26	oz.
2nd „	12	„	„	38	„
3rd „	16	„	„	50	„
4th „	19	„	„	60	„
5th „	20	„	„	63	„
6th „	20	„	adding bread and butter and honey or confiture to the middle day milk meal.		

The hours at which the milk is taken are from 7 a.m. to 9 p.m., every two hours. The fourth day a larger quantity is given at 7 a.m. and at 1 and 7 p.m., as preparation for returning to regular meals at those hours. The milk is to be drunk slowly, *à petites gorgées*. He usually gives it boiled and hot.

In 98 cases out of 100 patients support this régime. If they complain of a bad taste in the mouth, a coated tongue, he explains that it is the result of taking only liquid nourishment, and that it will all disappear as soon as they begin to masticate. Even when there is distension, acidity, regurgitations, or a little diarrhoea, he encourages them *avec bienveillance* to pay no attention, because he knows that it will pass. Sometimes it is desirable to combat the diarrhoea with lime water or even opium. And, very rarely, he has found it necessary to suspend the milk diet, and put the patient bravely on to hypernutrition.

The 7th day, without any transition, he orders:—

At 7, Breakfast: 4 décilitres of milk, bread, butter, jam or honey. At 10 o'clock: 3 décilitres of milk.

At 1, Dinner: *No permission of choice of food*: but a copious and varied meal, without wine. At 4 o'clock: 3 décilitres of milk.

At 7, Supper: Equally abundant and varied. At 9 o'clock: 3 décilitres of milk.

Nothing is needed but the gift of persuasion. Dubois continues to repeat: With this you will *always* succeed in dispersing the fear, and implanting belief in the necessity of this extra food as the sole means of rapidly curing their emaciation and weakness. If the patient complains of constipation, explain that the very best way to cure it is by eating a variety of food, for *“fæces are the scoria—the refuse of digestion, and consequently the means to obtain regular evacuations is to partake of food which contains many indigestible particles, de la cellulose qui ‘fait balai’ dans l'intestin. Les gros mangeurs ne sont jamais constipés.”*

Dubois, however, also insists on a regular training of the intestines, and devotes many

pages to the teaching of what is already known practically to every good English baby nurse! He explains carefully and patiently how and why it is possible to obtain a habit of defæcation *à heure fixe*—every morning, after breakfast. He then gives them written instructions, which begin with the order to drink a glass of cold water a quarter of an hour before breakfast. With those patients who have *la superstition des médicaments* he permits an infusion of quassia prepared overnight. But otherwise—nothing; no aperient, purgative, or laxative. He simply gently insists on the patients exacting obedience from their intestines, by training them to “the habit of functioning at a fixed hour.” He explains the use of fruit and vegetables as facilitating agents, and then exhorts them to wait and not to be anxious, for success is certain.

Where the constipation is of very long date, it is not always possible to eradicate it immediately. Should it continue for three days, Dubois orders a simple enema of tepid water: if this has no effect, he orders repetition of one litre, but given in the kneeling position, so that the liquid penetrates to the cæcum. The patient must be requested to retain it for a quarter of an hour, when the large intestine will certainly be emptied.

Nervous dyspeptics will doubtless complain of various other troubles, and the doctor must be careful not to make too light of them. On the contrary he must sympathise with the patient whilst showing him “that one can obtain nothing without effort, and that it is inevitable that he—a dyspeptic of long standing—should suffer many things whilst carrying out hypernutrition. Remind him that for years he has done nothing but take precautions, observe restrictions, and without success. He will then understand the wisdom of taking the opposite course, and bravely setting to work to nourish himself liberally.”

During the last ten years the Professor has become so certain of releasing his patients from all their dyspeptic sufferings, that he does not interest himself particularly in this part of the cure. The first two or three days he puts all his gifts of persuasion at the service of his patient, but after that he seldom has to occupy himself with any gastric trouble, and, constantly the transitional seventh day is reached, and the patient commences hypernutrition without the Professor even remembering the fact. He continues his daily psychotherapeutic conversations only with the view of leading him back to a generally healthy philosophy of life.

(To be concluded.)

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