

Modified Hydropathy,

being

Experiences and impressions
of the simple use of water in
the treatment of disease, with special
reference to general practice

Richmond Dwyer

M.D. Glasgow.

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The writer feels called upon to make apology for the free use of the first personal pronoun in the following thesis. At the same time he respectfully points out that he is telling his own story, a story with which many professional men of longer standing and greater general experience will disagree, but at the same time he hopes to convince those for whose criticism and approval it is submitted, that he has endeavored to cultivate this little corner of the field to the best of his ability. It is hoped then, that the literary blemish of the too frequent appearance of the "I" will be forgiven him, and ascribed to his want of experience in composition and not to a desire on his part to claim for himself a prominence to which he feels that he is not entitled.

London May 12th. 1896.

Hydropathy may be briefly defined to be the use of water for the cure of disease, for the alleviation of symptoms such as pain, temperature or for the stimulation of the nervous system, so that an alterative effect is achieved and the various bodily functions are carried on in an improved manner.

It is readily granted that the above does not include all that is now implied in the use of the word, nor is it even a scholarly definition, but it is claimed for it that it admits all that is good in the practice of hydropathy, and not being provided with unyielding margins it excludes nothing that may be done by means of water either in the direction of curing disease or in that of prevention.

The word "Hydropathy" is derived from the Greek ἕδρα which in composition becomes ἕδρα, and πάθος, and in several standard English dictionaries is

defined simply as "the water cure". One of these dictionaries bearing date 1895 defines hydropony, as "the cure of diseases by the use of the warm bath, the cold bath &c". Those who have seen the interior of the baths department of a large establishment where hydropony is practised will readily admit that a good deal is implied in the "etc" of the above definition.

The intention of the present essay is not to discuss definitions but to give a very brief resumé of the chief points in the history of hydropony and then to state the writer's personal experiences of the use of water during eight months special practice in a popular institution, and secondly during six years general practice thereafter with observations and comments suggested by the notes from which the essay is compiled.

That from very early times people made use of water

for other purposes than those of a domestic character and those pertaining to the maintenance of the virtue of cleanliness, is evidenced by the fact that holy wells existed near the temples of the Magi among the ancient Persians and Chaldeans who (the Magi) were the physicians of their period.

To the ancient Egyptians the Nile was a god bestowing good and evil as the Ganges is to the people of India to-day.

In the holy scriptures the use of the bath is very strictly enjoined in the case of any one who happens to touch anything on the bed of separation (Leviticus VI.27). By the Mosaic law the high priest was required to be scrupulously particular in his ablutions for we are told that "he shall wash his flesh with water in the holy place" &c. "And he that set for the goat for the scapegoat shall wash his clothes

and bathe his flesh in water and afterward come into the camp."

In the cleansing of lepers "the patient had to wash his clothes, to shave his head, to wash himself with water before coming into the camp and had to tarry abroad out of his tent seven days.

"Go and wash in Jordan seven times", was the command of Elisha to the Syrian Naaman, "and thy flesh shall come again to thee and thou shalt be clean". By commentators the date of the deliverance of the Mosaic Law is put at 1450 B.C. and they say that Naaman was cured of his leprosy about 572 B.C. — that we have what may be regarded as the germ of hydrotherapeutics in the sacred writings at least fourteen hundred years before the beginning of the Christian Era.

The great epic writer Homer is believed to have flourished about

nine hundred years before the time of Christ and he describes the wounded Hector as arising from his hurts through bathing in what the gods called Danthos, but mortal's Samander, a stream of the Troad. Hercules is represented on old coins as sprayed by a stream of water issuing from the mouth of a lion.

According to Herodotus the Macedonians compelled their women to take cold baths even after labour as they regarded warm baths as enervating.

Hippocrates was conversant with the physiological actions of water at different temperatures and was the first to maintain that cold water warms while warm water cools the body. He is said by Foesius to have treated tetanus with showers and to have recommended the application of a stream of cold water in rheumatic affections of the joints. Hippocrates

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was a believer also in the use of cold water internally as a means of treatment and this was the one of his regulations which had the longest life

About 340 B. C. it was alleged by the pupils of Chrysippus of Knidos that the drinking of cold water was hurtful, especially in febrile states.

Asclepiades ordered the drinking of cold water in diarrhoea.

Baths existed in Rome before the time of the republic and the douche and shower bath were well known. The indulgent habits of the empire threw the use of cold water into disrepute and the baths came to resemble somewhat the modern Russian bath.

But cold water was yet to achieve a great triumph in the cure of the self-indulgent pampered Augustus who was freed from his hypochondriac by cold showers and the copious imbibition of cold water. The poet

X He was a Frenchman

Did the author advert to this,
in his improved statement
immediately above?

As a fair cry for St. Louis
advocacy to Ambrose Baire!

It is said to have been used of an ailment by the same means.

Rhazes, an Arabian physician in 920 did much to foster this method of treatment at a time and in a country where it was looked upon with no favouring eye but Avicenna living rather more than a hundred years later threw cold water on hydropathy.

In the middle ages Italy first and Germany later may be looked upon as the home of this method of treatment. Ambrose Paré treated wounds and fractures with cold water and got excellent results better than had been achieved under the boiling oil regime. Hermann von der Heyden declared that he cured between three and four hundred people with water during an epidemic of dysentery of a malignant type.

To a resident in England and who was probably an Englishman

Floyer, belongs the credit of having secured something like a general recognition for the virtues of water. Floyer was born in 1649 and according to Winternitz who edited "Hydrotherapeutics" in Ziemssen's Handbook of General Therapeutics he died in 1714, but more reliable writers aver that he died in 1734 at the age of 85. His work was published in London in 1702 and forms a compendium of all the references in scripture and profane history to the remedial use of water in the treatment of abnormal conditions of body. He advocated the use of the coldest spring water that could be got and he seems to have been so carried away by his enthusiasm for this form of treatment as to have considered it to be of use in nearly all diseased conditions then known.

Smith in 1724 came to the conclusion that the benefits derived from mineral

→ Date & place of publication }
I cannot find this work in
medical catalogues of 1870

springs were for the most part due to the action of the water itself.

Men of the church generally, but more especially dissenters on our own side, are very fond of dipping a little into practical medicine, particularly if anything appears which seems to them to be more than usually faddy. One is not then surprised to find a divine Hancock by name sending forth a work bearing the title "Febrifugium Magnum, or Common Water the best cure for fevers", which had an enormous sale and is said to have gone through seven editions in a single year.

From this time onwards the literature of hydropathy forms a greatly spreading river system beginning with the tiny stream of Hoyer, which is soon joined by that of George Cheyne (1725) equally minute, being chiefly a complaint of the neglect of

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the use of the bath, the stream flows on only to unite itself to that of Lucas (1750) and later with the much greater one of Currie of Liverpool (1797).

Currie drew his inspiration from a man named Wright who was attacked by fever on a ship sailing from the West Indies and found the benefits of cold shower baths of sea water on himself first, and afterwards upon others. This man Wright seems to have settled in Edinburgh, and to have continued this method of the treatment of fevers with marked success. By the publication of an article in a journal Currie got to hear of it and immediately put himself in communication with Dr Wright. The result was that Currie did more than any man who had preceded him to make this form of treatment popular.

Just two years after the

Priessnitz is the proper
spelling I believe. W.H.

publication of Dr. Currie's book there was born a child named Vincent Preissnitz who was destined to make a name for himself as the founder of the first Hydro-pathic Institution.

Physicians of the time sneered at Preissnitz because he did not belong to the medical faculty. He was, I believe, a veterinary surgeon and it is to be said for that class that they are at least quite as untrammelled by dogma as our own, their opportunities of pathological research are infinitely greater, and they are not prevented to the same degree from trying a new or little known form of treatment by the awful responsibility which hangs over the heads of the members of the medical profession. Preissnitz was, as I have said, a veterinary surgeon and in the early part of his career he treated horses for joint affections and sores by cold water bandages.

This remarkable man Preissnitz met with an accident in which he was severely trampled by a horse with the result that two of his ribs were broken besides other injuries. After repeated attempts his professional attendant was unable to get the fractured ribs and informed him that there would be permanent deformity. Preissnitz determined to make an endeavour himself and by pressing his sternum against an article of furniture and at the same time manipulating the seat of fracture with his fingers, he contrived to get the ends into position. He bound himself up with bandages wrung out of water and the result proving satisfactory, he became somewhat of a fanatic on the subject of water's remedial powers. One can recall cases of similar injury which have resulted as satisfactorily with

Gräfenberg is the way
it is spelt in all the works
I have seen JJK

the same treatment minus the water, which seems to point to the possibility of fallacy, having crept into his reasoning. Preissnitz afterwards established as I have hinted above the first "Hydro" at Graffenberg and he prospered so well that when he died in 1851 he was a millionaire.

Lee, Gully, Beamish, Weatherhead and Ross are the principal English names found in the literature of hydropathy during the first half of the present century. Gully's book was published in 1846, ran through several editions, and had the honour of being translated into German in 1852. It had special reference to the use of water in the treatment of Chronic diseases. About the middle of this century was established an institution at Matlock Bank which, though not perhaps the first of its kind

+ Not a thorough-going hydropathist
in the sense of an entire opposition
to drugs; but a convinced hydropathist
as regards the matter of practice.

Since I know, as I have been at Longley
& H. was a pupil of mine.

in England, has, from small beginnings gone on becoming more and more famous, until it may be regarded as the greatest of hydropathics. The reference is, of course, to Smedley's now I believe under the charge of Dr Hunter who seems, from all that can be gathered from patients who have been treated there, to be a thorough going hydropathist. Unfortunately since the foundation of Smedley's the class of patient has entirely changed. At first it was a sort of sanatorium for the work people of Mr Smedley (he was originally a mill owner) and others; for the sick poor of the surrounding district; and for all who were the subjects of disease, and were willing to submit to this method of treatment. The charges were at first small so as to bring its benefits within the reach of the poor. These

people in many cases brought to the institution bodies which were impoverished from improper or insufficient feeding but it may be assumed that their ailments were not in any great proportion due to indulgence in the pleasures of the table. In this way the system got a chance for the patient had, during his residence in the house, rest from his labour, a liberal but plain diet, and by the hydropathic treatment he at least had his integument cleaned and rendered able to do some part of its work. And it is only too probable that this cleaning of the skin with many of the patients was a result only to be attained after a subjection of several days to frequent applications of water.

It is not to be wondered at that with such patients Mr Smedley achieved some wonderful results. The accounts we have of

the early days of his venture are of course from his own pen, and are tinged with the fanaticism and intolerance of the faddist, but still they shew him to have been a man of a strong mind, of great energy and zeal in the acquiring of knowledge particularly regarding the structure and functions of the organs of the body, and above all he seems to have been a man possessed with a desire to do good, to help his fellow-men by alleviating their sufferings and that too, in the first instance at least without hope of gain. That he was a monomaniac on this subject is true, that he was a quack (but not in a pecuniary sense) I admit but he was a man, who, had he belonged to the profession of medicine would have made a name for himself in his own particular line.

How different is the case with hydropathic establishments now

Great hotels for the most part have sprung up under the name. At a first the use of stimulants is entirely prohibited but it is not unusual to find at these places that there is a frequent but very irregular ~~and~~ demand for hot water by visitors of both sexes. Unfortunately only males can call for shaving water.

At another class of hydropathic visitors are allowed to bring their own wines, spirits &c. and to use them at table or in their rooms.

At a third class the institution possesses a license and is to all intents and purposes a hotel with a very well furnished suite of baths, a medical attendant, and a few male and female bath servants.

In place of the suffering poor who presented themselves, at the original Smedley's Hydropathic, we now meet with a very different class of patients. Hypochondriacs of both sexes abound

Men who have broken down under a long course of devotion to business plus alcohol; men who have forged themselves with animal food and spirituous wines for want of a better object in life; Occasionally a tired brain worker who wants a rest with a little society; but of people suffering from diseases other than those due to overeating and over-drinking, - not one patient in a hundred visitors. Very few visitors are patients at all, but the mass are simply the users of a hotel where the only restriction is that they have to go to bed or at least to their rooms at a reasonable hour of the night. The medical officers may be very thorough going and practical, but I maintain boldly that these places make hydropathy a sham and a delusion, and in the great majority of them the practice is unworthy of the name.

If a hydropathic institution is a place for the cure of the sick and afflicted how is it that so little is heard of their results except what one gathers from the long tongue of rumour or the scribbles of patients comparing notes.

The consequence of the failure of such places to carry out what ought to be their *raison d'être* is that water as a remedial agent was reflected in England where it had its best exponents in the past, and it was only on the lead of foreigners that it is now retaining its place among the means of the English physician. Keber wrote largely on the subject. Liebermeister made a reputation for himself in this field, and Winternitz has devoted an enormous amount of care and study to the history of the method in the past and its uses in the present.

In 1892 the reproach of inland was again removed and a book published by Lewis of Lower Street.

No one is more appreciative of James
Barr than I am, but I certainly should
not have written this sentence, which is
quite out of character, and not at all
descriptive of the book in question.

Why is the title of the book not given,
by way of reference. It would have
explained itself, better than this
reprovable

W.B.

London, written by a Glasgow graduate, written too in a style that carries the reader on as if through the pages of a novel, - shows that we have in our island a man, who has made the most sensible suggestion of the use of water in our time and has backed it up by such a series of successful results that even generations of physicians as a man who has done much to reduce the deathrate in typhoid fever, (and why not in typhus and pneumonia and other diseases of similar nature) and so, is worthy to have his name inscribed on Great Britain's roll of fame.

In writing on a subject such as this it may be admissible to offer a remark or two on the subject of the suggestion which the author proposes to make use

* I don't think this is at all fair.
The hardon codices may be vulgar & on
some things ignorant, but he is 'shrewd'
enough, and to spare.

MB

of any form of hydrophy, or in fact of anything else which is away from the beaten track in medicine. And these difficulties cast in his way by the friends of the patient if the case is a severe one, or by the patient himself if it is of a mild character, are much more numerous and troublesome in London than they are in Scotland or in the north of England where even the poor people exhibit a shrewdness and intelligence which are not met with in the Cockney until one searches upwards through several grades of the social scale.

In London the sick have a fetish which they fall down and worship, and in which they trust to cure them of "all the ills that flesh is heir to". This divinity is a "bottle". Woe to the practitioner who attempts to cure anything by any other means. If a cure results the patient imagines he has thrown "it" off through having an unusually vigorous constitution

and the painstaking directions of his physician as to diet, mode of life, attention to cleanliness are considered of no account, and the medical attendant of no repute, and often no fees, because he did not prescribe a "bottle". Even against the elegant pharmacy of globules, tinctures, capsules of the present day, the "Corkney" vials and demaunds his "bottle" and the more numerous and ugly it is the more it is appreciated. If in addition a name is ascribed to his complaint which is to him unpronounceable and incomprehensible his happiness is complete. There is little doubt that this feeling is a relic of the time when a certain class of medical men could not legally charge fees for their attendance but were only allowed to charge for medicines supplied. The natural consequence of this was that unscrupulous practitioners doled their patients unmercifully in the hope

of securing larger returns.

Whether this is the correct explanation or not, the fact remains that among the lower classes in London to-day the good physician is the man who gives a large strong nasty 'bottle'; and the man who sends his patient home with a mixture, some pills, a poultice and an eyewash may with confidence rely upon having his fame as a distinguished ornament of his profession trumpeted in every court and alley of his neighbourhood. Two instances of the ferid tenacity with which the Cockney holds to his belief in a 'bottle' occur to me. Dr W. one of the best known physicians as well as one of the most modest men in London had a case of typhoid fever brought to his wards in the hospital to which he is senior physician. The Doctor is slightly sceptical as to the use of many drugs or at least he refrains from prescribing them. He treated this case, which

was entirely uncomplicated, by careful rest, rest in bed of course, and the use of sponging when the temperature ran high. The patient made an excellent recovery and on the Doctor remarking during his visit one day that they would allow him to go home to-morrow as he was now sufficiently recovered he said "No thanks to any body here that I am not dead I have not had a drop of medicine since I entered the place six weeks ago. The other instance occurred in the practice of a friend of mine who was called in the middle of the night to attend a man suffering from intense abdominal pain which had come on after supper and had increased in intensity during the night. The D. ascertained that the rectum was overloaded and the character of the pain led him to believe that the trouble was in the colon. He gave the patient a large soap and water

enema which produced a copious
 evacuation and made the patient
 quite comfortable. Before leaving,
 the medical man gave him a pill
 containing a grain of opium. He
 called next morning and found
 that his patient of the night before
 was so well that he had got up
 at his usual time and had gone
 to business. On the bill being
 presented some months later, the
 man, who was a bank official
 with a salary of £500 per annum
 expressed surprise at the amount
 of the fee charged. The D told him
 that he considered half a guinea
 a moderate charge for his services
 "But", said the patient, "you only
 gave me one pill".

It is not to be wondered at, that
 among people with such a blind
 faith in the efficacy of drugs, and
 of drugs to the exclusion of everything
 else—, we find it difficult, nay,
 almost impossible to introduce
 any other form of treatment

however certain we may be of its benefits.

People are very conservative too in their ideas of what medical treatment should be, so that anything new is looked upon with feelings of distrust and suspicion; and if anything untoward happen after the use of a new method of treatment, reasoning on the post hoc principle, the friends of the patient ascribe it to the new treatment. Quite recently the writer was consulted as to the advisability of bringing an action for damages against a medical man because he had subjected a typhoid patient to a tepid bath. In this case the unfortunate patient emerged from the illness with a weakened intellect and this the friends ascribed to the immersion in the water. It is scarcely necessary to add that the case was heard no more of.

Another difficulty with which we have to contend in general practice is that people are so self-indulgent

that they will not submit to the momentary or almost momentary discomfort of the application of water whether in the form of the bath, the douche, the pack, the dripping sheet or even sponging.

The wet pack is the most valuable of hydropathic means to the medical practitioner but it entails a great loss of time to the attendant as he will rarely find anyone who is both able and willing to undertake the duty. Even trained and otherwise good nurses are frequently unable properly to pack a patient, though when a good nurse is present the doctor is able to leave as soon as the operation of packing is over, and the patient feels comfortable. The nurse may be safely trusted to make the necessary thermometric observations, to remove the patient at the time ordered, to dry him thoroughly and keep a record of the effects observed. Of course where possible it is more satisfactory that

all these things should be done in presence of the medical attendant and he will be very greatly interested in what he observes; but to a busy man whose time has to be divided between many patients, such a course is only possible on rare and special occasions.

A further, though less troublesome obstruction to the practice of hydropathy even in a modified form is the neglect of cleanliness among the poorer classes. It is difficult to get a man to submit to a pack or to having several buckets of cold water poured down his spine, whose ablutions are usually confined to scantily washing his face and hands, bathing his feet about once a month, and perhaps a dip in the sea on the occasion of an annual trip "down the water". It is said that one Clyde workman reproved another for the dirty state of his skin when they were bathing in the Sea off Millport.

'Aweel', says the other, 'ye see I wasna' down last year'. This may be an exaggeration, but many years ago the writer knew a man nearly ninety years of age who shaved himself once a week, and then dipping a corner of a towel in water he wiped the soap off, finishing up with a dry rub, and this was the extent of his balneation. So great was his fear of water that once when he was desirous to go to a gathering in honour of the coming of Lee by the Lord of the Manor his daughter attempted with a basin of water to get his head and neck into a state of cleanliness but the old worthy accused her of a desire to drown him in order to prevent his going. I do not attempt to explain how this man continued to live so long in his filthy ways but possibly had his habits been otherwise he might have attained even a greater age. This is an extreme case but a true one and there exist to-day men who are not much inferior.

to that old man in their attention to cleanliness. It will be readily conceded that to such men hydropathy even in its simplest form must be somewhat of a nightmare.

I now beg to offer a series of remarks on my own experience of the use of water in the treatment of diseased conditions. It may be gathered from the sub-title of this essay that, being a general and not a hospital practitioner there have been many difficulties to overcome, and many times the difficulties have overcome me. I do not believe that hydropathy is all that is claimed for it by its devotees; nothing in this world is, but this I do say, that any medical man who brings an unbiased mind to bear on the subject will find his hands very much strengthened after he acquires by experience the knowledge of what can be done by the simple use of water

independent of elaborate systems of pipes, showers, douches, and all the paraphernalia of the hydropathic establishment. The writings of hydropathists are misleading on account of their promising too much from the use of water, their observations are frequently unreliable on account of fallacies creeping in unnoticed, but the use of water in addition to, not instead of, the other weapons to our hands will give us increased power to carry on the war between us and human suffering.

In November 1889 being desirous for various reasons of acquiring a knowledge of the working of hydrotherapy, I was fortunate enough to secure an appointment as assistant to a gentleman who held the office of visiting physician to a hydrotheric institution, see the new patients, and generally to act as house physician. The establishment was of recent

foundation, with a beautifully furnished baths' department, but at the time when I entered on my duties did not boast of either male or female bath attendants! This was soon remedied however by the appointment of a man and his wife who had had considerable experience in similar situations. My chief was a distinguished graduate of a sister university and had been for a number of years physician in charge of a large establishment in the same county. He was originally a great believer in hydropathy, but a few years in general practice convinced him that there was nothing to be gained by pinning one's faith to one particular method of practice to the exclusion of others. We were able to work most harmoniously together, and I am indebted to him for much valuable information and many hints which have stood me in good stead in after life. Drugs

we used but seldom although I had a well furnished cabinet. I think they were made most use of in cases which were outside the usual scope of hydropathy. My principal had that indescribable charm of manner which sets a patient completely at ease, and at the same time impresses him with the idea that the doctor is the one man in the world who knows all about the case. He was good enough to give me a very free hand in the conduct of the work, and latterly only came in consultation when his opinion was always of use, and he proved extremely valuable in the cases of hypochondriac females who were of the opinion that his assistant did not take enough interest in them. I fear that occasionally that opinion was justified.

As was stated earlier in this essay the most striking feature among the average crowd of

Hydropathic patients is the fact that ninety per cent of them are suffering from nothing more serious than over-eating and drinking especially the latter, and in some cases the want of some engrossing occupation. The best treatment that could possibly be prescribed in the mass for them would be ~~the~~ ^{the} prison diet with the treadmill in the usual hard labour proportion.

Let me begin my experiences by recalling the case of two brothers who, both under the age of thirty-five were confirmed hypochondriacs. They had been to most of the prominent hydropaths in the Kingdom and had submitted themselves to treatment being told in most cases that their livers were disordered. There is a grand word in the practice of hydropathy namely crisis which denotes that condition of skin which somewhat resembles Job's description of his integument. This state of so-called crisis I believe to be due to the

over-irritant action of the water, but it serves no purpose to make such a statement of belief to a devotee. His opinion is that it is the bad matter in his internal organs coming to the surface.

These two brothers had been 'through the crisis' as they called it at so many different institutions that numerous scars were visible on their limbs and bodies. They had been made to wear the body bandage for several hours every day (an excellent means of removing tenderness in the hepatic region) until their wrists looked as if they must recently have had a double attack of shingles. During all this treatment no doubt these poor fellows had no other subject of conversation, or of thought, but the character of their illness and its treatment. Upon enquiring closely as to their past life I discovered that both men had led sober lives but for the last four years they had had no occupation and their

Supposed illness was almost coeval with their unemployed condition. They were not intellectual to any degree and consequently, being probably naturally selfish, were left with nothing to do but think about their health. The elder of the two wanted more hydropathy and on my explaining that he had already had more of it than was good for him, he left the establishment after making a vain attempt to induce the younger to go with him. The latter promised to put himself in our hands for a time and the method of treatment was left to me. Fortunately I had the necessary time to devote to the case and to closely attend to its details during the first fortnight. After that time he was left to the attentions of the bath attendant. The following is an outline of the treatment so far as it can be written down, but to my mind, the most important part of the treatment is that directed towards getting the mind into a

better state, and details of the various means were not noted, and have escaped my memory. Suffice it to say that I used every means to keep his mind occupied, and to lead him to think of others.

First day: Got up 6.30 a.m. dressed in a dressing gown, and hurried to the room of Turkish bath (temp. about 80° Fahr at that time in the morning). Stayed there for 5 minutes until patient felt just comfortably warm. Applied Leiter's tubes with cold water to forehead and warm water in india rubber bag to the heart to guard against any tendency to faintness. Stand for 5 minutes under a warm shower at the same time having tepid douche played on the spine from base of skull downwards. Then a sheet wrung out of cold water was rapidly passed round him from neck to heel by the attendant who kept up very brisk friction over the limbs and body on one side while I did the same on the other. The whole finished off

with a stick touching the patient
 upwards to his limbs and the front of
 the body while the attendant looked
 after the back.

After the first morning's treatment the
 patient expressed himself as feeling
 a little tired but fresher and brighter
 than he had felt for some time.

On the way back to his bedroom he
 enquired whether it was near break-
 fast time as he had something of
 an appetite. He was asked to dress
 very quickly and to walk to the village
 and back, a distance of a mile alto-
 gether, which he was to do in twenty
 minutes calling at the railway book-
 stall for the morning paper! This
 last item is of more importance
 than one would think and it gives
 an object for the walk beyond the
 benefit to health. I have always
 considered that it does as much
 harm as good to send a hypo-
 chondriac out for a solitary con-
 stitutional as his mind is sure to
 revert to his miserable state, and

treatment is to some extent nullified. But if he must go alone, let his walk have some object however slight it may be, and possibly he may concentrate his mind on that object to the exclusion of his supposed maladies. In this case it answered the purpose. His breakfast consisted of two lightly boiled eggs with a limited allowance of brown bread and butter. After the meal he complained of a feeling of discomfort and thought that his troubles were coming back to him after a brief respite, but the excitement of a little outing which I devised for him tided him over the time till luncheon. Luncheon consisted of a grilled chop with brown bread no vegetables and no stimulants but half a pint of water to be drunk twenty minutes after the meal. He was bright and comfortable all day but had to be kept constantly interested in something or another till bed-time. On the following morning

he declared that he had slept well and was quite prepared to go on with the treatment.

The second morning's bath performance was as the first except that the temperature of the spinal douche was lowered a little. Gentle music filled up the interval between breakfast and luncheon, and also that between luncheon and dinner. Great care was taken that the patient was not left alone, or if it was necessary that he should be, arrangement was made that he was kept occupied by some little task or another.

After the second day the hot water bag to the heart was discontinued and the temperature of both shower and douche was gradually lowered, that of the douche being kept a little lower than the shower, until he was able to stand it at its natural temperature (Feb. 1890), applied all over the body at low pressure for 60 seconds followed by a high pressure douche for 30 seconds.

Grange-over-Sands Lancashire, has a
very sheltered position. Snow seldom
lies more than a few hours. Tennis
was played, on asphaltic after the middle
of January 1890.

At the end of a week the visit to the first room of the Turkish bath was omitted and the patient went directly under the shower, had his douche, followed by the shampooing sheet as described on the first morning and finishing up with five minutes' towelling at his own hands and those of a muscular attendant. The whole operation did not last more than 12 minutes and when he emerged from the bath's department his whole skin was glowing, his eye bright, and at this time he first expressed the opinion that he was beginning to put on flesh.

More violent exercise was now indulged in and the patient without requiring to be dragged to it, might be seen trying to arrange sets at tennis, in order to pass the time between breakfast and luncheon.

Up to this ~~time~~ time Mr. D. had had no internal treatment of any kind, but as his tongue was slightly furred at the

back, he was, on the ninth day of treatment given four grains of calomel at night, to be followed by a saline in the morning. The saline was repeated on the morning of the 11th day, and that was the extent of his indebtedness to the pharmacopeia. His appetite continued to improve and he was given a more liberal scale of diet. As he continued to improve in health both of body and mind it was determined to bring his use of the baths into something resembling what could be done in a private house. He therefore took the spray cold and, instead of the ordinary douche with a calibre of about an inch he was given a few seconds treatment with a nozzle of $\frac{1}{8}$ of an inch under a considerably increased pressure. This gave him a feeling of being scalded and forced him to call out. Immediately after this he was put into what is technically called a half-bath, that is a bath

resembling those fitted in most private houses filled with water to a depth of 8 to 10 inches. In this he stayed for 3 minutes the attendant chafing his limbs and body under water all the time. Then he was taken out and thoroughly dried. The object of his use of the cold half-bath was that it was intended that should be the form adopted for his treatment after he left the institution. Gradually then the use of the apparatus was discontinued and after 3 weeks treatment the patient got up from his bed and went straight into the bathroom. While the bath was filling he was instructed to lave the forehead with cold water until it ached, and then go into the bath using a great sponge to supply the place of the douche.

The patient was warned that he must lead an active life, not indulge too freely in eating, and

and was advised to become a total abstainer. It is pleasant to be able to say that these counsels were all carried out, the patient again entered on a business career, led a very steady life, and except for a few weeks during January and February 1895 when he was unable to have his cold bath owing to the severe frost, he has never had a return of his hypochondriasis. He says now that at that time he felt as if all his troubles were returning. He did the wisest thing possible, viz: went again to the place where he had been treated before, and had a cold bath every morning followed as a hygienic by a shampoo at the hands of the bath attendant. In a fortnight he was quite well and I believe has continued so since.

I have purposely enlarged upon this case for the reason that it was the first one which I absolutely got into my own hands for treatment

During the two months before it began I had been observing routine hydrotherapy and its devotees, and trying to reason out for myself what was real and what chance. Many of the patients were women, this one being a man, and a companionable one at that if one could only get him away from himself for a minute, gave me a very much freer hand than if a hypochondriac woman had been presented for treatment. Hypochondriasis especially, if it is accompanied as it so often is by gastric and hepatic derangement should not, in my opinion, be treated by routine hydrotherapy alone, or by diet alone, but by such a form of water treatment as will secure improvement of the condition of the nervous system, and such a diet as will make good blood without taxing the stomach beyond its enfeebled powers. But above all this there

is a still more important form of treatment without which hydrotherapy will fail, dieting will fail, and even the two combined will do but little good. I mean mental exercise and that of an agreeable kind. It is necessary that the patient should have his mind directed to things separable from his miserable self and his sensations and it is just here that the hydropathic institution fails in hypochondriasis. The patients gather together in drawing rooms during the day, or they walk out in little groups and spend all the time they are not eating and sleeping in comparing their own with their neighbours' symptoms and it is amazing to find how much they are inclined to pour forth their woes to their fellow sufferers. Each one is anxious to relate his sufferings, and yet this class of patient is apt to become strangely silent if a confessedly healthy person should

join in the conversation.

The procedure much used in hydro-
 pathic practice in hypochondriasis
 is the use of the body bandage
 during the day. This is a net
 bandage fitted somewhat
 like a "bride" after parturition and
 extending from the nipples almost
 to the pubis. Over this the patient is
 swathed in flannel coverings, and
 then his ordinary clothing is if
 possible put on and he goes out
 for his constitutional. This does
 undoubted service in the case of
 a man who has over indulged
 his appetites to an extent sufficient
 to cause enlargement and tenderness
 of the liver, and a catarrhal con-
 dition of the gastric mucous membrane.
 It is of benefit too in habitual
 constipation, but I have not seen
 a case of hypochondriasis in which,
 though it might alleviate any of
 the above mentioned conditions that
 were present, it did not do more
 harm than good by acting as a

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constant reminder to the patient that he was an invalid, and keeping his mind constantly directed to his unwholesome state. In my brief experience hypochondriasis has proved more amenable to treatment in private than in a hydropathic institution, the reason apparently being that in private it is no so easy to select the company which the patient shall keep so that his mind may be kept diverted.

A case of atonic dyspepsia with depression of spirits.
Mr W. aged 52 complained during Whit week 1899 to me of progressive emaciation, loss of appetite, pain after the ingestion of food, occasional vomiting which was never of a coffee-grounds character, and loss of strength. The patient was a tall, thin cadaverous looking individual whose aspect made one think instinctively of malignant disease. He was a wholesale cigar

manufacturer, and he ascribed his illness to his constant association with tobacco, to his own excessive use of the weed, and to mental worry over some painful domestic circumstances. His illness had been coming on gradually for nearly twelve months. On examination he was found to be an unusually thin man only weighing 122 pounds although his height was exactly six feet. The breath sounds were normal and distinct over all the chest, there was no increased vocal resonance or fremitus though there were pretty distinct signs to his thinness, and there was no dulness on percussion. Respiration 26. pulse 110. The second sound of the heart struck me as being unduly distinct but neither a re-examination of the lungs nor a subsequent testing of the urine showed anything to account for this. The area of hepatic dulness was increased measuring 5 inches in the line of the nipple. The edge of the liver was felt beneath the ribs

and was somewhat tender. The patient in reply to a question, stated that he was habitually subject to constipation. When he stood up undressed the dilatations of the *senatus magnus* were more distinct than I had ever seen them.

There was no oedema of the ankles nor any history of it.

For a week he was kept in bed with a tepid compress applied to the abdomen, and this was changed every hour during the day, but was not applied during the night. His diet during this time consisted chiefly of very thin wheaten bread with raw-beef scrapings spread over it. This gave from the first very little discomfort and was evidently easily assimilated. If he complained of thirst he was allowed to sip milk and soda-water in equal proportions, but was advised to be very sparing in his use of fluids. At the end of a week the diet allowed gave no discomfort, appetite was improved

and the bowels had acted on alternate days. He then got up and was allowed to have for luncheon the lean part of a jilled chop with brown bread followed by milk pudding, but no fluid of it could be dispensed with. For dinner, no soup, sole with stale bread, underdone beef with finely mashed potato, followed by stewed fruit. He found it difficult to get on without fluid, so was allowed 8oz. of milk and soda water to be sipped after each of the two principal meals. In the meantime his breakfast is limited to bread with raw beef scrapings. Before breakfast each morning after he got up he was shampooed by the bath attendant as described in the last case. When he had been under treatment for 3 weeks he felt so much better that he was taken off the list of patients and became simply a visitor, but promised to continue the cold shampooing and to be very careful in diet. After ten days

he came back to me complaining of loss of appetite. I gave him some general advice and resolved to keep an eye on him at table. At dinner that evening he ate pretty heartily so next morning I desired the butler of the establishment to particularly notice when he had for breakfast. The servant's report so startled me that I immediately sought Mr W. and told him that if he did not eat less he was likely to have his troubles return. Two helpings of ham and eggs followed by a steak is too much breakfast for a dyspeptic. At the end of six weeks he left weighing 132 lbs. Within the last month I heard that he is dying of cancer of the liver.

If hypochondriasis is a complaint unfitted for treatment generally the case is very different with sub-acute and chronic rheumatism, gout, and arthritic troubles generally. Patients suffering from

these complaints do not do the same harm to one another by herding together, since to a great extent the mental element is wanting, and they are usually found to be a much more general class than hypochondriacs. The whole tendency of hydrotherapy in this class of diseases is to make the skin take on an increased functional activity and so give relief to the other excretory organs. And as these diseases may be set down as being due to the retention of certain substances in the body which in ordinary states of health are excreted by the kidneys, skin etc, it follows that if we can increase the amount of work done by the skin we lessen the damaging power of the disease. But appropriate hydrothermic treatment will do more than this, for, the strain on the internal organs being lessened as aforesaid they are more able to cope with the duties which before

overpowered them, and further the stimulating effect of the water applied to the body in the form of the pack or the body bandage has such an effect on the muscular tone as would surprise any one who has never before tried it on himself or patients.

In acute rheumatism I have never seen hydropathy pure and simple applied by others, and traditional prejudice has been too strong to allow me to try it myself, but some observers have got brilliant results from its use! My own method has been to make use of the compress applied to the abdomen first with tepid and then with cold water as soon as the patient is able to bear it. This has the effect of bringing the stomach into a better condition, and in most cases the bowels act well after the second day. Accompanying this treatment I give purified salicylate of Soda until the temperature becomes normal

In cases in which this did not take place during ten to fourteen days I have often seen benefit follow the use of the cold pack twice a day for two or three days. These packs act, I believe as antipyretics primarily, not through the long retention of the patient in the pack, as sudorifics of course the reaction after the first contact of the water by means of the cold sheet is bound to have a certain antipyretic action by bringing a largely increased blood supply to the surface of the body, but as the escape of heat is in great measure prevented by the use of woollen wrappings, the external and internal temperatures soon approximate.

The method of packing of which I have made use in such cases can be readily performed with little trouble to the patient. It is premised that the case has yielded to some extent to the action of the salicylate, say, that a temperature originally ranging between 102° & 104° has fallen to a mean

of 100°5 or even lower. The patient is made to lie at one side of the bed and all his bedclothes are pushed after him so as to leave more than half the bed unoccupied. Three blankets are laid one above the other on this vacant space, and on the top of these an ordinary sheet preferably six feet in width, wrung out of cold water is laid. The patient now emerges from the bedclothes and lies on his back on the middle portion of this sheet. The attendant takes the portion of the sheet next him and folds it loosely over the patient's body pushing it down with his fingers between the patient's arms and body, and between his lower limbs, so that every part is in contact with the damp sheet. The free edge of the sheet is then pulled over the patient more tightly and if long enough is tucked under him. The three blankets are then folded closely about him one after the other so that the whole body is swathed except the head

There is a feeling of discomfort at the first contact with the cold sheet but this passes off in from one to three minutes. After during this period the joint pains are aggravated but that also passes quickly off. In patients with weak heart action it is advisable to apply an india rubber bag of warm water over the heart as well as a hot water bottle to the feet. The application of an ice bag to the forehead for a minute or so before commencing packing is also useful. When the operation is completed the patient may be allowed to lie in the pack for from one to four hours. Generally speaking in this complaint two hours may be set down as the average duration. Except for the first two or three minutes the patient's condition is one of comfort, and in some cases in which insomnia has been a feature of the disease, the patient has been able to get a sound and refreshing sleep while in the pack.

Thermometric observations taken in the mouth during the pack are very interesting. The instrument used must be a delicate and quick acting one perhaps the variety known as the duplex instantaneous answers the purpose best. Suppose the patient's temperature immediately before the pack to be $100^{\circ} F$. If the instrument be shaken down and put into the mouth the instant the wet sheet is applied it will probably in 30 seconds register 100.4 to 100.8 . In ten minutes it will begin to fall, and may continue falling so that in half an hour it may be 99° or even lower. If the patient feels comfortable and the skin of the face becomes moist it is better to allow him to remain in the pack for some considerable time. Towards the end of the first hour the temperature begins to rise again but will rarely reach the height registered previous to the pack. In several instances I have seen this means succeed in terminating cases in

which the action of the calicylates after a time failed and I know of no reason why it should not be successfully employed ab initio if precautions against fainting are taken as indicated.

Now need the sheet be wrung out of quite cold water. A water at 70° would not be so much of a shock to the patient, and would just as freely produce sweating and a feeling of comfort to the patient as a cold one. The only objection is that the stimulating and tonic effect of the cold water is lost. Dr Parr of Liverpool, whose method of treating typhoid fever is mentioned in the introductory part of this essay, uses a tank filled with water at a temperature of 75° . If the patient's temperature becomes very high, the temperature of the water in the tank is lowered to 90° and if the patient's temperature falls rapidly or if there are signs of collapse the water in the tank is

gradually raised again to 95° .

If water at a temperature of 90° to 95° has an antipyretic action in typhoid one fails to see why it should not have the same effect in other affections, or why it should be necessary to use water of a temperature of 60° to 50° or even lower in order to cause a fall in temperature.

One respect in which the action of the pack as an antipyretic is superior to that of antipyrin, antifebrin and even of the salicylates is that the sweating produced, though it may be as copious in the one case as the other does not depress the patient nearly so much in the former as in the latter method of treatment. One reason for this no doubt is that after the pack the patient is turned on to a warmed blanket and rubbed until he is perfectly dry; whereas after the sweating from antipyretics he is over allowed to lie for hours in wet and clammy clothing from

which even the bed-clothes become damp, and every movement of the arms subjects the patient to the risks of a chill which may be serious in its effect.

In more chronic forms of rheumatism, a modified hydrotherapy has given better results than in the acute and sub-acute forms. The various writers who have made use of this means of treatment differ a good deal in their methods, but they are unanimous in believing that both rheumatism and gout are in the first instance accompanied by, and are in all probability due to, disorder of the functions of the stomach and liver. Of course when a man has been practicing pure hydrotherapy, and by that I mean hydrotherapy to the exclusion of everything else for years he is very apt to narrow himself up, and looking at everything from a hydropathic point of view, he by-and-by arrives at a belief that

there is no good whatever in any other form of treatment, and that the use of drugs is entirely hurtful. These writers usually preface their descriptions of the treatment with a tirade against the drugs that are commonly used by the medical faculty in dealing with these complaints. Calomel so much used in the past as the initiatory treatment of attacks of joint and rheumatism comes in for a special share of abuse, and one writer goes so far as to state that its action is merely to drive the complaint inwards to the viscera. I have not been able to observe anything of this sort in the action of calomel, and I make very frequent use of it.

A friend who has lately returned from an expedition into the Menang valley in Siam, where fever is very common and is accompanied by articular pains and sometimes swelling, tells me that he treated the natives of his party who were

attached, by giving first an emetic, then 5 to 10 grains of calomel, following this up by five doses of quinine. This gentleman informs me that not one of those who were thus treated had a return of the fever during the six months that the expedition lasted, though others whose first attacks were mild, and who escaped the calomel treatment, had second and some even third attacks during that period. It is interesting to learn that the Japanese are in the habit of taking morning hot baths at a temperature much higher than a European could bear, and that among them rheumatism is almost unknown. Whether their freedom from that affection is due to the hot baths or is to be ascribed to the climatic conditions under which they live I do not know, but it is quoted as a "sequitur" by a recent writer on Japan.

Returning to the use of water in the

treatment of chronic rheumatism one must not allow the attention to be entirely taken up with the condition of the joint or joints affected, but must have due regard to the condition of the liver and stomach. It is often found that the onset of the pain has been preceded by what the patient describes as a bilious attack and it is a matter of common experience in hydropathic practice that patients presenting themselves for treatment and having only a little pain, frequently have a short attack of rheumatism in an acute form shortly after they are put under the water regime. The first applications are compresses applied to the abdomen, tepid if the patient is weakly, but cold if he or she is able to stand them. The object is to relieve the congested condition of the liver and stomach, and by stimulating its

former to lead to a free flow of bile. An effect almost constantly noticed from the application of these compresses is that whereas the bowels may have been constipated before, after the application of a few compresses they are freely evacuated and that without pain or griping to the patient. This fact was first brought under the notice of the writer by W. T. R. Jessop of Leeds, one of the leading surgeons of the north of England. In the case in which we were associated the compresses sufficed to clear out the bowels and proved very agreeable to the patient who was suffering from peritonitis due to traumatism.

The joints affected may be packed twice a day. In cases where there is much stiffness but not a great deal of pain the douche is often of great service, and I have found it useful ^{to alternate} a cold with a tepid douche in these

cases. At most institutions the patient is ordered the wet sheet twice a day. This sheet is practically what I described ~~as~~ in my case of hypochondriasis. The sheet must be long enough to reach from the patient's neck to his heels, and broad enough to go one and a half times round the body. It is wrung out of cold water, and the patient holding one corner, the attendant winds the sheet round him and proceeds to rub him firmly from head to foot. As the sheet warms cold water may be sprayed over it. If there is the slightest sign of a shiver the patient is taken out of the sheet as quickly as possible and given some exercise. A good many cases were treated in this way during my residence in a hydro pathic institution, and the results were more satisfactory than those I have been able to get in private by other methods.

Two or three times in private practice I have been able to get a patient to submit to a modified hydropathy by the ~~device~~ device of ordering a soda bath to the affected joint or joints, substituting compresses in the case of the knees, hips and shoulders. A lump of carbonate of soda is put into a small footbath filled with water in the case of affection of the wrists, fingers, ankles or toes and the foot or hand is inserted into this and kept there from ten to twenty minutes. Patients readily agree to this treatment if the water used is warm but the best results are got from the use of quite cold water. I believe that the same results would be got without the soda, but patients have a belief in its efficacy as a curative agent which is often a tradition with them. Combined with this treatment I employ iodide of potassium and arsenic, or the

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carbonate of magnesia combined with sulphate of soda. In a few cases the use of tincture of iodine has given cause for satisfaction being to some patients more readily tolerated than its potassium compound.

The accompanying chart is that of a case of acute rheumatism in a child of nineteen. His attack was ascribed to exposure to damp and cold while charring some tanks in a ship-building yard at Barrow-in-Furness. I first saw him on the third day of the illness. He was put upon free doses of salicylate of soda combined with alkalies. The attack quickly yielded to the treatment but from the 7th to the 18th day his temperature remained slightly raised. He was packed twice a day for two days when the temperature fell to normal and remained so. There was some stiffness afterwards but this also disappeared after some friction with a stimulating liniment.

Gout.

This disease is a rarity in Scotland. One of our most respected professors used to speak of poor man's gout but so far as I recollect was never able to show us a typical case so rare was gout in my student days that it was only in the winter preceding graduation that we had an opportunity of seeing a genuine case of chalky gout. The patient was in the Western Infirmary and I believe was brought there by our professor as a curiosity that we might have a chance of observing the disease. If I recollect aright the patient was a man who had never been in the habit of taking wines or malt liquors, but had at one period of his life indulged freely in Scotch whisky. Up to that time I had, in common with most of my fellow students, thought that this was the liquor least likely to cause this complaint.

Whether there was a hereditary taint in this man's case I do not recollect.

In the north of England port is more common than in Scotland, but it is in London and perhaps at Burton in the midlands that it has its home and flourishes among all classes of people. Among the porters at the Smithfield meat market it is a very frequent complaint. These men consume large quantities of animal food and one of the fairly steady ones will drink from half a gallon to a gallon of ale per diem. Even more common in proportion is it among their employers the meat salesmen who also partake freely of animal food and whose breakfast ^(usually) (and about 11 a.m.) is frequently a pint of Champagne. A third class of sufferers are the brewer's draymen and their port is usually ascribed to their indulgence in stout. Why should port be more

common, as I am informed is the case, among London than among Edinburgh or Alton draymen? Perhaps the greater consumption of meat by the Englishmen may account for it.

Gout may fairly be ranked third as a disease the sufferers from which seek the aid of hydro-pathy. The two conditions spoken of before, viz: hypochondriasis and rheumatism give a greater number of cases, and dyspepsia runs them close but the last is so very frequently associated with hypochondriasis or with gouty or rheumatic states that its treatment is necessarily the first step towards that of the associated morbid condition.

The chief difficulty I have experienced has been that of persuading patients to accept a prescribed dietary which only admits animal food on alternate days and which entirely excludes alcoholic liquors.

Some patients who were willing to undergo any hardship in the way of baths, compresses or shampooings, were quite unable to resist the temptations of the table, and as the treatment was only half carried out the results were sometimes not very satisfactory, although the effect of the water treatment was certainly good. The skin being cleansed and stimulated by the action of the water took a strong position as an eliminative organ. Further the effect of the shampooing sheet alone, disregarding for the moment the action of the body bandage or the abdominal compress on the state of the viscera, is a most remarkably tonic one as anyone may prove for himself. The proper treatment for a forty patient who will not deny himself the pleasures of the table would be prison diet with enforced bathing every morning, and as soon as the acute attack passed off, hard labour,

There would be fewer recurrences and I believe that by and by there might even be a cure in certain cases.

Gully, one of the most prominent hydropathists of the forties that it is only right to say that a case of gout has been cured when there has been no recurrence during two years after the cessation of treatment. By his own test he had to confess that he himself had never been able to cure a case of gout though one of his cases went within a few days of two years without a recurrence. What little I have seen of the routine use of water in gout does not incline me to think that it surpasses other methods. To my mind it is a question of diet chiefly, and elimination next. After water treatment gout returns just as after colchicum &c.

Atonic Dyspepsia is a complaint

in which a better result may be looked for by a combination of the ordinary treatment with a modified hydropathy than by either alone, and as one finds very often that the subjects of this ailment are going about their occupations from day to day and refuse to rest for treatment the form of hydropathy has to be a very modified one indeed. The first step of the treatment must be the preparation of a diet to be rigidly followed by the patient and I think one gets the best results from a food table which includes as little fluid as possible. In a hydropathic establishment ~~the~~ ^{the patient} makes use of the abdominal compress as in pout, and is treated to a cold dripping sheet in the morning, but in private one is almost confined to the use of the bath. If the patient is young and not much reduced in strength, much may be done by the use of a cold sponge bath in the morning. At the present time

I have three cases of atonic dyspepsia under observation, one aged 35, is treated by diet and the morning cold sponge alone. Another, 24 years of age, unable to bring herself to bear the application of cold water has a mixture containing R_{ij} Bicmulli, Tinct Nucis Vom, and Hydrocyan dil, Tinct card Co. and Sperkellon₃ times a day after meals. The third patient is an old lady of 72 who uses a tepid abdominal compress for an hour in the morning and twice for the same time in the evening. She has a mixture (resembling that of number 2. It is too early yet to speak of results but I may say that in cases 1 and 3 there is no constipation and little discomfort after food, and both these patients are in a better state of health than number 2 who has decidedly the finest constitution of the three. This seems to me to indicate that in this complaint we are justified in adding water in different forms to our other means of dealing with it.

Typhoid Fever.

Having made mention of Hypochondriasis, rheumatism, gout, and dyspepsia, I have practically exhausted the list of diseases commonly seen during my year's residence in a hydropathic, but things observed there have led me to make use of water to some extent in the treatment of many other forms of disease, not to the exclusion of other forms of treatment, but as an adjunct.

I can recollect the shudder with which I first heard of the use of the cold bath as an antipyretic in typhoid fever. The idea seemed a hideously cruel one, but the Germans who tried it were able to show good results therefrom, so that one, getting accustomed to the thought of the cold bath, began to have a longing to try it on some one else). I do not think that immersion in the cold bath kept its place long in English and Scotch

practice, because very soon after getting into the harness of general practice I was told by a well-known hospital physician that they had quite given up the use of the cold bath and now made use of sponging with tepid or cold water instead, and that patients found it much more comfortable, and the results were not less favourable. Sponging has been the chief antipyretic agent in my treatment of typhoid, but sometimes I have had to supplement it by the use of cold water enemata, or by the pack as in one case to be quoted shortly. In every case of typhoid I have used the abdominal compress at some time or another either for the prevention of constipation or to allay abdominal tenderness. The following case of typhoid will give an idea of the method adopted in this disease. The case was a severe one, occurring in a dear friend of my own. Complications

appeared early, but from the time I took up the case on my return from Scotland, it was, though very severe, an uncomplicated one to all intents. On one occasion the hydro-pathic procedure bordered on the heroic but was I think justified by the severity of the symptoms, and, since the patient ultimately made a good recovery one is tempted to ascribe the result in part at least to the water treatment. It certainly could not be ascribed to the strength of the patient's constitution.

David S. aged 42, seen on Saturday July 7th 1894, complained of feelings of malaise, indefinite pains in the limbs and back, with loss of appetite. Had up till that date been attending to his business, and would not then have sought advice but for the importunity of his wife, said he did not feel unfit for work but felt as if living were too much trouble. The patient's idea was that he was run down by the heat of

the previous week. On examination nothing was found to account for his symptoms in any way His temperature was sub-normal and his pulse increased or after being rested for 10 minutes. His pupils were somewhat dilated but reacted equally to light and in following the finger. The following mixture was prescribed three times a day after meals

℞ Acid nitro. murat dil ʒiʒ
 Inf. Calumb ʒiʒ
 Tinct Aurant ʒiʒ
 Symp Simp. ʒiʒ
 Aq. Dest ad ʒvʒ
 No.

sig One sixth part 3 times a day after meals.

On the following day the patient said that he felt better and on Monday 9th July when seen again he said that he felt quite well.

Suspecting from his lack of energy that something was coming I asked the gentleman who was acting as

locum tenens for me to see him on the following Wednesday, as I myself was starting for Scotland. I see from my prescription book and visiting list that Dr. Harvey saw him on the 11th and 13th July continuing my prescription and there for the present the visits ceased.

On the 15th Dr. Harvey was again called to him and made a note that his temperature was 102° at 4 p.m. On the following morning the temp. was 101.2 pulse 80. In the evening it had risen to 102.8 . On the 20th he was seen by Dr. Buge of King's Cross in consultation with Dr. Harvey and they came to the conclusion that the case was likely to prove to be typhoid. I am unable to find the date upon which the case was notified to the local authorities owing to my book of counterfoils being mislaid but on the 23rd of July I received a letter from my brother

in which he stated that the case was one of severe typhoid with a temperature ranging from 102° morning to 105° in the evening, and asking me not to prolong my holiday as the patient's friends were anxious that he should be under my own care. On the 30th I returned, from which time the notes of the case are my own. The temperature had been recorded since the 19th.

D. Harvey informed me that the case had been complicated by pneumonia of the right base, and that there was much tenderness over the region of the liver. I saw the patient at 7.15 pm. on the 30th. The temperature then was 105.2 pulse 84 and respiration 36. He was very drowsy but recognized me and asked about my holiday. He remembered that I had written him a letter a fortnight ago and also remembered its contents, but could not say how long he had been ill. Gently turning him over on to

his left side, dulness of the right base was observed and crepitant rales were heard on both sides. No rash was to be seen on the back. The abdomen was somewhat distended and the liver was tender to pressure. Up to that time quinine had been administered to control the temperature but a glance at the chart shows that it had not been very successful. The skin was hot and dry with no suspicion of moisture. He was ordered 10 grain doses of the sulphocarbolate of soda at six hour intervals, and the nurses were told to sponge the patient's body with tepid water whenever the temperature was over 103° for this purpose the thermometric observations being made frequently.

July 31st morning.

Temperature 101.3 pulse 84 respiration 36. No motion during the night. Skin still dry. No spots. Patient has become more drowsy and stupid but seems to recognise me. In the evening I found

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that the patient had been sponged twice an hour before my visit and the temperature was lower than the previous evening being $103^{\circ}8$. No motion during the day. As the liver was still tender a cold water compress was applied to the abdomen and was ordered to be changed every hour until further directions were given. Diet:— Four pints of milk, and one pint of beef-tea in 24 hours, the milk to be diluted with soda water if agreeable to the patient.

On August 1st I was informed that the patient had passed a restless night muttering in his sleep and tossing his arms about. Had been sponged three times but the temperature remained and at the time of my visit was $103^{\circ}2$ having only fallen three fifths of a degree since the night before. At night the thermometer showed $105^{\circ}4$ the highest temperature yet reached, but strange to say the pulse was only 88 and the respiration 40. The cold compress was continued

being changed every half hour.
 At 11.30 p.m. I saw him again, when he did not recognize me but mumbled continuously. The tongue was dry, very brown and hard. As the temperature did not improve and the bowels had not been moved since the 30th of July I determined to move the bowels by means of an enema. A pint of cold water was slowly injected into the bowel and the bed-pan placed in position. After a few minutes a profuse evacuation took place, the first portion being very constipated and the latter loose and slightly tinged with blood. Patient fell into a quiet sleep shortly afterwards. The following morning the temperature had fallen to 101° ~~and~~ and he had passed a quiet night, getting a fair amount of sleep, and not being apparently disturbed by the changing of the compresses. Otherwise the condition was unaltered. Compresses to be continued. Patient to be very lightly covered. A separate bedstead

was brought into the room for night use. Evening temperature only reached 103.3.

Aug 3rd to Aug 15th.

During this period the patient sank gradually lower and lower, the pulse became faster and the breathing more rapid and shallow.

His teeth and lips were covered with sores whenever his mouth was left uncleaned for an hour or two. He muttered almost continually, picked at the bed-clothes and passed urine and faeces involuntarily.

On the 7th of August and again on the 9th there was a slight recurrence of the diarrhoea but not enough to cause anxiety except from the fact that he passed faeces involuntarily, thus necessitating special care in the nursing. (It may here be stated that his wife who assisted in the nursing developed typhoid three weeks after this period. The attack ran a mild course. She had a typical relapse also mild and in

the end made a good recovery;
The only remarkable feature in
Mr S's case during this period was
the comfortable state which followed
the sponging with cool water.

August 16th:

The patient lies quite ~~so~~ like
a log, mutters pretty constantly, but
owing to the stiffness and swelling
of the tongue his words cannot
be made out. There is a diminution
of the tension of the abdomen.

Spots have not been observed through
the course of the disease. Pulse has
risen to 124. During the afternoon
he was sponged twice as the
temperature had reached 104°.

At the time of the evening visit
the thermometer registered 104.6. I
asked his wife's permission to
put him in a pack. He looked
so very low that I thought he
would die before morning unless
something were done. The pack
was prepared on the other bed and
he was lifted by his wife, the right

nurse, and myself on to the sheet and quickly enveloped in the pack. A slight shiver was observed at the moment of contact with the cold sheet. A teaspoonful of brandy was poured between his lips. The pulse ran up to 144 but a few minutes afterwards fell to 120 and he lay very quietly. At the end of half an hour the pack was taken off, the patient was quickly rubbed dry and replaced in the bed from which he had been removed. On the temperature being taken it was found to have fallen to 102.8 in the rectum. To show that this was not the natural fall it was taken in the same way after an hour's interval and was then found to be 103.2.

August 17th.

The nurse reported that he had passed a more quiet night than the previous one, but his condition was unchanged. The evening temperature was 104.2 and he was

sweating profusely. On the following day the temperature did not at any time reach 104° , but as it was 103.8° at night the nurse sponged the body with cold water.

On the 1st ^{I saw him} ~~at~~ ^{at} ~~even~~ ^{even}, the man was stating that his temperature was 108° . I was very sceptical about this so went at once and took the temperature with a different instrument. I found that the temperature actually was 108° , and informed the wife of the patient that death was imminent. His pulse was 160 almost imperceptible and beyond his shallow and very rapid breathing he gave no sign of life. As a last resource I determined to pack him. This was done in the same way as on the seventeenth, and brandy diluted with water was at very frequent intervals put within his lips with a teaspoon. In 40 minutes he was taken out and the temperature was 105.4 in the rectum. I remained with him and after an interval

of an hour I again packed him and made the nurse sit by him and feed him with a mixture of milk and brandy in the proportion of 3 to 1. Of this he took 6 oz during the three-quarters of an hour he was in the pack. On replacing him on his bed the rectal temperature was found to be $103^{\circ}2$ and I decided to let him rest for a while and left at 10:30 am. I saw him again at 1 pm. and as the temperature was then 104° and the bowels had not been moved for several days I gave him an enema of a pint and a half of cold water. This brought away a rather hard motion and the temperature in the axilla fell to $103^{\circ}2$. In the evening he was again packed and after it the temperature fell to $102^{\circ}4$. From this point the patient's improvement began. His temperature gradually fell and in a week was normal in the morning with only a slight rise in the evening.

His convalescence though slow was uninterrupted. He continued to ramble in his mind for quite a fortnight after the improvement began and a medical friend who saw him with me during convalescence expressed the opinion to me that his mind would be permanently injured. Happily this proved not to be the case!

The interesting points in the case are two; First, the total absence of spots in a severe case, while in the mild attack which his wife had there were many crops of rose red papules both in the initial attack, and during the relapse. I believe it is the general teaching of the books that there is some degree of relationship between the severity of the attack and the number of the spots. The second interesting point is the extremely high temperature reached just before the improvement began. The temperature was the highest I have ever seen, and I have not heard of another case which recovered

LEWIS'S FOUR-HOUR TEMPERATURE CHART.

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LEWIS'S FOUR-HOUR TEMPERATURE CHART.

Name *W. J. Taylor* Age *19* Disease *low.*

Age *19* Disease *low.* Admitted *low*

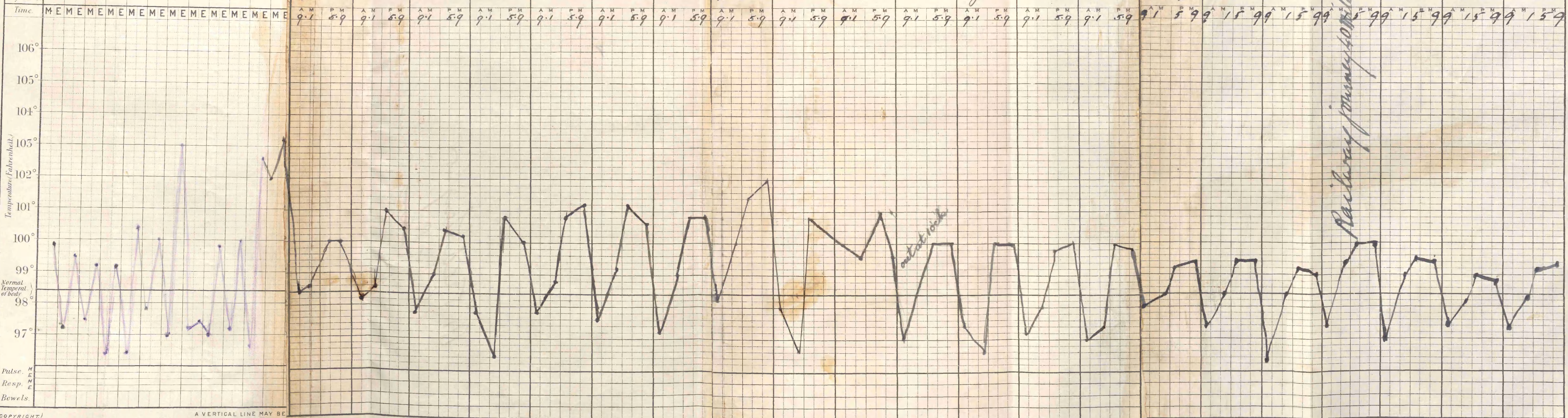
Age *19* Disease *low.* Admitted *low*

Age *19* Disease *low.* Admitted *low*

Day of Dis. *Apr. 9th 10 11 12 13 14 15 16 17 18 19*

Apr. 20th 21st 22nd 23rd 24th 25th 26th Apr. 27th 28th 29th 30th May 1st 2nd 3rd

May 4th 5th 6th 7th 8th 9th 10th



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Ending May 3rd 18

Ending April 26th 18

Mass. 9²

W^m Fred Taylor

17 ~~So~~ Cornwall Rd.

after a temperature of such severity.

I here insert a chart from a case of sub-acute diphtheria now going on in which the patient has had the dripping sheet in the morning since April 28th, but as a trial is being made of the use of carbonate of quinine in the case I am unable to claim the improvement as due to modified hydropathy.

In the affections peculiar to Childhood one finds an excellent field for the practice of a modified hydropathy and results may be stated with greater certainty since the patients have not had time to vitiate their constitutions and water may be more confidently used in the case of children for obvious reasons. Quite recently I was called to see a child of 6 years of age. Skin hot and dry, eyes red but not watery, no running at the nose. A hard breasy cough

suggested laryngitis, but the condition of the eyes seemed to point towards measles. Temp. 102.8. The little girl being evidently very uncomfortable and the diagnosis uncertain, I obtained permission to put her in a pack. I used hot water with the object of bringing as much blood as possible to the surface of the body so that the mucous membrane of the larynx might be relieved. The cough was relieved within a few minutes, temperature in the mouth remained unchanged, but shortly after the patient fell asleep. An hour later she was roused, taken out of the pack, dried thoroughly, and put into another bed which had been previously warmed. When she was taken out of the pack the measles rash was pretty distinct.

In attacks of what is popularly called croup as distinguished from laryngeal diphtheria the application of a sponge wrung out of hot

is very efficacious, and frequently cuts short the attack. If matters are not extremely urgent I prefer to apply a cold water compress to the throat with a hot water bottle to the feet.

One little girl, who is very subject to attacks of laryngitis, with a painful hard, brassy, cough which used to persist for several days, has been found to be greatly benefitted by a pack at the onset of the complaint and cold throat compresses for a few hours, so much so that now she is as a rule quite well on the following day.

Water is often of considerable value in the disorders that are ascribed to dentition. Children in convulsions are usually placed in a hot bath with very good results. In such a case the state of the gums must not be neglected, and if they are red and inflamed it may be advisable to massage them. The trouble is ^{that unless the tooth is} sufficiently forward to escape the receding gum

a scar forms which quickly becomes harder than the normal tissue and the eruption of the tooth is more retarded than ever. I have sometimes found that the use of a tepid pack causes the apparent necessity for lancing the gums to disappear. During the time the child ~~lies~~ is in the pack, and quiet sleep follows. But here again prejudice blocks the way and while mothers will readily allow one to use a lancet not one in ten that I have asked would submit her baby to the less dreadful operation of packing. I have packed babies on perhaps half-a-dozen occasions for teething troubles and have never noticed the least ill effect. In one of my cases I had incised the gums over the lower lateral incisors before packing, but as the child seemed still uneasy after the cutting, I obtained permission to pack it. This was done as quickly as possible and within ten minutes the

baby was sound asleep. From what I observed in that case I determined that in future I would put packing first, and in the few cases I have had since it has not been necessary to resort to the lancet.

Since penning the above paragraph a case illustrating the value of the cold compress in laryngeal irritation has cropped up and the result has been both interesting and gratifying. Doris F. - aged 5 seized on March 25th with a hard brassy cough, which caused considerable pain in the throat. The attack began at nine in the morning, and had continued with but little intermission till I saw her at 3 in the afternoon. I had on several occasions been called to this house in consultation with the regular attendant, so that in his absence I went to see the patient alone as the case was said to be very urgent.

The child had an anxious expression and occasionally cried from the pain.

caused by the cough. Temperature 102.4, pulse 120 respiration 32. The lungs were slightly inflamed, but nothing of the nature of an emulsion could be seen and there was no hardened wax in the ears. The breathing was not impeded. The chest was clear and normal in its sounds. Cold compresses were ordered to be applied to the front of the throat covering the larynx and extending outwards and upwards towards the ear on each side, to be changed every twenty minutes as long as the cough continued. For the benefit of the mother's feelings a mixture was prescribed containing five minims each of wine of ipecacuanha and sweet spirits of nitre. The family medical man called upon me next day and informed me that the cough had entirely ceased in twenty minutes from the time of the first application of the compress and had not returned though the application was discontinued.

at the end of two hours. The doctor stated that the temperature was normal and there was nothing but the pulsations of the child to indicate that there had been anything the matter at all.

In my brief experience the ailment in which a proposal to use a hydropathic method of treatment meets with least opposition from patients or friends is Acute Tonsillitis. In it too, one gets, at least I have got, better results from this than from other forms of treatment. The only drawback is that the simplicity of the means used does not impress an ignorant patient with the skill of the attendant so much as more disagreeable and intricate processes would. A good concomitant is to paint the swollen tonsils with a 20% solution of menthol in olive oil. This, I believe has not much analgesic effect but it is strongly antiseptic and it gives a feeling of comfort. It

may be done five or six times a day. Combining this with the frequent application of cold compresses one may tide a patient over a severe attack of tonsillitis with remarkably little discomfort. Of course it is to be remembered that the menthol application will get the credit and unless the water treatment is very strongly insisted on it will be thrown aside to the prolongation of its attack.

In this use of cold water compresses if begun early one finds more frequently than not that suppuration is prevented. Formerly I made use of poultices when the pain was severe, but one case in which the poultices markedly increased the pain led me to try the application of cold water. The result was so satisfactory to the patient that I tried it in succeeding cases in preference to poulticing and have not had to go back to the latter process.

A form of sore throat which has given some trouble is acute lacunar tonsillitis occurring in a joint person. I have seen three such cases and the characteristic of each was that ~~that~~ it resisted the treatment which has proved successful in simple tonsillitis, and only yielded to measures directed to the general condition. In a recent case it was only after five days that joint was suspected and the patient made a rapid recovery on fifteen minims doses of the wine of colchicum in addition to the compress treatment. The connection between sore throat and acute rheumatism is well known and has recently been accurately commented on by Dr Cheadle of St Mary's Hospital in his address to the British Medical Association on acute rheumatism. In rheumatism the sore throat may precede, come with or follow the attack, but in joint it comes early if at all, and may be so slight

that it is disregarded by the patient in his more acute sufferings.

It is true that tonsillitis is seldom or never fatal but any one who has been through it with purples poultices and acetate or belladonna internally will readily admit that there is a good deal of suffering connected with it. What I think I have observed is that this suffering is much lessened by the use of cold compresses frequently changed, that the ailment runs a shorter course, that suppuration rarely occurs, and consequently the patient's time and pocket are saved.

It will readily be believed from what has been written that I do not use, or advise others to use, water to the exclusion of other means of treatment, but I am firmly convinced that its use has been beneficial in cases such as those I have mentioned and that the results have been

more satisfactory than would have been the case had other means alone been relied upon.

If it be granted that in suitable cases water can do good, there are many reasons why it should be used. It is cheap, plentiful and always at hand. No elaborate apparatus is required, nothing in fact that cannot be found even in a very poor house. If it be considered necessary its action can be stopped in a minute which cannot be said of a drug. When the latter is once administered it has passed beyond the power of the attendant, and if its action prove hurtful he has to confine himself to measures calculated to modify its influence or to the administration of other drugs as correctives.

The chief objection to the use of water is, as I have before indicated, prejudice. Human beings are so constituted that prejudice forms their most constant heritage, so that

even the medical mind, broadened by education and experience, as it is, will more readily lend itself to the trying of a new drug of which little is known than to experimenting with such a simple remedial agent as water.

A less objection to the use of water is the fact that certain forms of skin trouble sometimes occur during a long course of water treatment, but these usually disappear when the treatment is at an end. Great capital is made out of these skin eruptions by certain professional hydropathsists, and they are popularly known as crises. Wilfully or otherwise patients are led to believe that these are due to impure matters in the system coming to the surface and they talk glibly of the number of times they have been "through the crisis".

It is not to be doubted that even in otherwise healthy persons skin troubles may follow excessive

bathing, but I believe that in many cases this is not due to the action of the water but to excessive use of course towels. I have recently been told by an eminent skin specialist that people who are in the habit of taking two or three baths a day frequently suffer from eczema which disappears when the excessive use of water and the subsequent friction are stopped. My own experience of this is nil. My patients do not exceed the morning tub, and many of them I fear, dispense with that except in the mildest weather.

The beneficial action of water is not confined to the alleviation of symptoms, and the curing of disease or assisting in such cure, but is perhaps most marked in its use as a preventative against the inroads of disease. A person in perfect health is better able to withstand the assaults of disease than

one who is out of sorts be it ever so slightly. The person who gets up in the morning feeling tired and unrested, with a coated tongue and a disagreeable taste in the mouth is one likely to suffer in the onset of an epidemic. His tired feeling and coated tongue are probably due to insufficient action of the secretory organs, or perhaps to the overloading of a stomach whose powers are enfeebled. Possibly also his skin is in an inactive state. All these points require looking after, but if there is one single agent which is capable of improving such a man's condition and of lessening his vulnerability to disease, it is the use of cold water in the morning. If he is a wealthy man let him have his valet taught how to apply the dripping or shampooing sheet with friction and frequent pouring of cold water over the rapidly heating sheet. This may be done for two or three minutes

before entering the bath proper. If a poor man let him learn to make use of a great sponge ~~to supply~~ to supply the places of douche and bath attendant. I can confidently assert that he will feel himself a better man for the experience and will be less likely to succumb to disease. It is to be remembered that prolonged want of food, exposure or over-exertion depress the vitality of the body just as effectually as does constant overloading of the stomach, and that while the cold bath will enable a man to do more and better work than he could do without it, it is not to be expected to supply the place of food and rest.

Cases in which the cold morning bath are inadmissible are few and far between. Advanced cases of lung or heart disease, Bright's disease, and especially cases in which there are any considerable evidences of arterial degeneration should not

be subjected to the bath. Marked anaemia in young women should be considered a contra-indication. Improve the condition of the blood and then the cold bath will come in as a very valuable aid. Cases of weak cardiac action require to be watched in taking the bath, but with proper care there is no reason why its aid should not be invoked for the improvement of the tone of the cardiac muscle. Many people find that the surface of their lower limbs is quite cold when they wake in the morning. Such persons should not go suddenly from bed to the bath, but should first go through such movements as will excite the circulation. A few minutes use of the dumb-bells will often be sufficient for this purpose. An excellent plan advocated by Dr Gordon Stables, is for the subject to remove his right feet and putting his head under the bedclothes, briskly to knead all

the muscles of the chest, abdomen arms and legs working from the periphery towards the heart. Two or three minutes of this will make the body surface warm. Let the patient now, standing on a rubber or preferably a cork slab by the side of the bath, lave his forehead with water until it aches again, and then bathe the arms and chest. He may then step into the bath without any fear of bad consequences. Persons using the cold bath in the morning are less liable to catarrhal attacks than those who do not. A patient 55 years of age told me quite recently that the only winter in which he never had a cold was one in which, out of bravado he had waded that he would have a cold bath every morning. My own experience amply confirms this statement.

Talking recently with a dramatic critic who is noted for the amount

of work he gets through I asked him how it was that he was able to do so much more than most of his confères. His answer was that his energy was to be ascribed to his habit of having a cold bath every morning. He said too that he hated the bath itself, although he liked the after glow, in fact in cold weather he shuddered at the thought of having to go into the bath, but he found, on the rare occasions when he yielded to his inclination and omitted the bath, that all the day his work dragged and pressed heavily upon him and when night came it was still unfinished.

The cold tub is a foe to hypochondriasis and I have never known a hypochondriac who used it with regularity. I have one patient at present who has a tendency to this condition and has not the courage to use the bath regularly, but does so by fits and starts. So marked

is the difference that I can easily tell whether he is having his bath or not whenever I happen to meet him. If I find him with a fresh face, a bright steady eye, and ready to talk on any of the subjects with which his mind is well stored I know that the bath is in daily use. If on the other hand I see him with a flabby pale skin, and a fishy eye, and hear him complain of something the matter with his heart, his liver or his testicles I know for certain that he is shirking the bath.

Personal experience shows that one is able to do more and better work, to enjoy work more, to enjoy life more, to have a better temper, a better appetite, and above all a clearer brain by the ~~same~~ use of the cold matutinal tub.
