many operations of a major kind are not followed by insanity at all. The fact that many women go through the menopause without mental symptoms can not be urged as an argument either way, because, though the ovaries cease to ovulate after the menopause, they might still secrete some substance beneficial to the nervous system. Insanity may follow any operation.

Piqué and Briaud² state that all the surgeons taking part in the discussion of the Société de Chirurgie in 1898 were unanimous in the conclusion that operations on the female genital organs did not predispose to psychoses any more than other operations did. Previous to this, in 1891, the surgeons who took part in the discussion of the Congrès de Chirurgie reached the same conclusion. In this Piqué and Briaud agree. I am not prepared to accept this view of the subject. I believe that insanity does follow more frequently from operations on the pelvic organs than from any other operation. There are reasons for this to which I will refer later.

The forms of insanity which follow operations on the pelvic organs are, first, the toxic insanities. These psychoses have no place in this article because they are caused by toxemia and, therefore, have no direct relationship to the removal of the pelvic organs.

The organic insanities are paranoia, melancholia, presenile delusional insanity, periodic erotic mania and paresis. Paranoia, of course, is not caused by any operation. The individual is born a paranoiac, the operation simply hastening the development of a disease ready to exhibit itself under suitable conditions. Nor can paresis be regarded properly as a postoperative psychosis. The syphilitic basis must be present in this disease. The operation with its exhaustive consequences simply develops a disease already present.

The causes for insanity, following operations on the pelvic organs, are, first of all, heredity and congenitally defective brains. I do not believe it is possible for any psychosis to develop after any operation on the pelvic organs in a healthy brain.

The psychologic causes are not by any means unimportant—the fear of death from the operation, disappointment at not being able to bear children, and the consequent curbing of the maternal instinct, the fear of the loss of the husband's love, the fear of becoming cold and indifferent to the husband, and the fear of acquired masculinity—all exert a powerfully depressing effect on the mind, and contribute, in a brain predisposed to insanity, a great influence in developing psychoses.

Such physical causes as anemia, neurasthenia and the breaking down of the general health from long-continued disease, also influence a tendency to the development of a psychosis. In almost all cases the patient has suffered for months and even for years from an exhaustive disease before operative procedures are advised, and this exhaustion and malnutrition is certainly influential as a causative factor in insanity. Surgical shock is by no means an unimportant cause.

My position on this subject is that the ovaries and uterus have nothing to do with the preservation of the integrity of the brain, and that their removal alone never causes insanity; that the insanities which follow operations on these organs depend on a hereditary tendency to insanity, the psychologic causes and the physical causes, and the surgical shock already referred to, but that the principal cause of all is the congenitally defective brain.

THE NAUHEIM BATHS AND TREATMENT OF HEART DISEASES.

G. WACHENFELD, M.D.

Sanitätsrat.

BAD-NAUHEIM, GERMANY.

During my stay in the United States an article by Dr. J. M. Anders¹ of Philadelphia on the action of the Nauheim cure attracted my attention. I deem it my duty to say a few words in reply to his statements, both in the interest of Nauheim and of Americans suffering from heart diseases who are unable to visit Nauheim for relief.

Those not acquainted with Nauheim and the prevailing conditions who read these statements must be led to the conclusion that it is a generally accepted practice at the place to treat heart disease with gymnastic exercises. This is by no means the case. The fact is that out of fifty physicians practicing in Nauheim the Schott treatment is solely applied by Professor Schott. A number of the Nauheim colleagues still occasionally permit the patients to exercise with the Zanders apparatus, but not until the muscles of the heart have been sufficiently strengthened by the bath treatment, which means near the termination of the cure. Then they apply preferably apparatus which produce passive movements, and particularly movements which tend to induce deep breathing without the least active exertion on the part of the patient, thereby not causing overworking of the heart. The number of physicians who reject even these apparatus is considerable. They rely mainly on the baths; prescribe all the rest possible and try with the aid of additional means, such as massage, diet, etc., to unburden the heart. During the last season over 26,000 people came to Nauheim to take the bath treatment. Of this number certainly by far the majority were not treated by the Schott method. In spite of the absence of this treatment, the results have been, to say the least, equally as good. Therefore, I am fully justified in the assertion that Dr. Anders has given the gymnastic treatment an importance to which it has absolutely no claim. To attribute recovery from diseases of the heart in Nauheim to the exercises is absurd; it is the Nauheim baths, plain and simple, which constitute the essential curative factor. Before entering more specifically on the bath treatment I wish to explain why I could not—without harm to the interest of patients not able to visit Nauheim—allow the misleading statements of Dr. Anders to remain unchallenged.

Frequently during my stay in the United States I have had the opportunity to discuss with my American colleagues the treatment of heart diseases in general. Invariably I have been informed that heart patients were subjected to gymnastic exercises, and in many instances I was referred to articles on this subject published by Schott, Thorne and other authors, and more than once my attention was drawn to Dr. Anders' paper. I was repeatedly assured that following gymnastics the area of dullness was diminished and the pulse rate reduced. But does that actually prove anything for the efficiency of gymnastics? I hardly think it does. On the contrary, I consider gymnastic exercises in most cases of heart diseases, especially myocarditis, under all circumstances very dangerous. Gymnastics are not without danger in any case, because in all cases of heart diseases the myocarditis is more or less affected, too. It is the more dangerous where the neutralizing

2. Piqué and Briaud: "Études de psychoses postopératoires," Arch. de Neurol., Second Series, No. 15, 1903.

1. THE JOURNAL A. M. A., Jan. 14, 1905, p. 116.

agent of the Nauheim baths can not be given at the same time to counteract the damaging effect of the exercises. In other words, I consider the treatment of heart disease with exercises, especially in those cases where the Nauheim baths are not available, extremely dangerous. Where a diminution of the area of dullness has been found, following gymnastic exercises, there is by no means a certainty that the actual size of the heart has decreased. At best the percussion of the heart is of a conditional value. To be of value it is necessary that the consecutive examinations by percussion are to be made under exactly the same conditions. The position of the heart is changed with the variations of the amount of the stomach's contents, and in like manner an expanded lung replete with air changes the boundaries of the area of dullness. In support of the latter contention in particular I refer to the work of my Nauheim colleagues, Grote and Reissner.² Both colleagues have by an extensive series of very carefully conducted investigations determined that the bath produces an increased depth of the respiration, and the consequent expansion of the lungs causes the deceptive appearance of the reduction of the size of the heart. The same increased expansion of the lungs, which also follows the deep respiration which Schott advises during the exercises, must be held responsible for the reduced pulse rate—not the gymnastic exercises.

Schott contends that by gymnastic exercises, by vigorous stimulation of the heart's action, in one of his first publications on this subject—if I am not mistaken—he uses the term *Herz-Turnen*—the muscles of the heart are strengthened. He assumes in this connection that the same conditions prevail with the diseased muscles of the heart as with weak and poorly developed external muscles of the body under voluntary control. There can be no doubt that muscles, otherwise healthy, that are below the average in their development may through systematic exercises be brought up to the normal, and more emphatically I contend that this capacity can be increased above the standard. I need only refer to the excellent results of physical culture and scientific training under the direction of competent men practiced at your American colleges and universities. With patients visiting Nauheim we do not deal, except in the rarest instances, with healthy or merely poorly developed heart muscles, but with pathologic changes, and often with degenerative processes, sometimes of the gravest nature. Weak and diseased muscles of the heart can never be strengthened by increasing their burden, but by lightening it, which means rest. It has been my experience that absolute rest of the heart, through diet, massage, sun baths, etc., are followed by the more certain results. I trust the reliability of my observations will not be questioned, as the greater part of my patients are constantly under my supervision, i. e., those who stay at my sanatorium.

Now, in regard to the influence of the Nauheim baths, I can readily understand that anyone who lacks the opportunity of observing a greater number of heart cases in the place itself will consider the matter somewhat skeptically. It appears at first thought incredible that twenty or thirty baths, or even a few more, should bring about such potent influence on a diseased organ, and yet this is actually the case. The fact that the number of patients afflicted with heart troubles in the last decades has annually increased considerably in Nauheim tends to show that more and more physicians and patients

alike are becoming convinced of the efficiency of the Nauheim baths.

What produces the effect of the bath? In my opinion, we need not look for a difficult explanation. In all chronic diseases we find metabolic disturbances. We all know that the lymphatic circulation bears a very important relation to metabolism. Now, the plain water baths bring about a stimulating influence in moving the body fluids, and in a more marked degree this action is found where the baths contain an increased amount of salts. Add to this the proper conditions of temperature, the presence of carbonic acid gas, as in the Nauheim waters, and other agents of physico-chemical nature, which have not yet been definitely determined, and the action of baths is increased to a vigorous stimulation of the lymphatic circulation. In addition, Nauheim enjoys the exceptional advantage of a great variety of bathing forms, which enables us to grade the baths to suit the indications of the weakest as well as the more resistant patient. It naturally follows that a thorough treatment at Nauheim is to be preferred to one at home. But not all patients suffering from heart troubles can visit Nauheim, and for various reasons a great number must be content with home treatment. If at Nauheim it is proper to aid the baths by dietetic treatment and measures directed toward unburdening the heart—these include the Abée heart-support—certainly all these must apply in a larger scale to a treatment at home where the artificial substitute must naturally fall behind the efficiency of the original Nauheim baths. At any rate, over-exertion of the diseased heart, gymnastic exercises in whatever form, can not be too strongly condemned.

THE MEDICAL PROFESSION AND THE MEDICAL JOURNALS IN RELATION TO NOSTRUMS.*

FRANK BILLINGS, M.D.
CHICAGO.

Primarily, the medical profession is to blame for the present extensive use of proprietary medicines, of which the majority are nostrums.

The law of demand and supply applies here; if we did not prescribe them, they would not be manufactured.

"There's millions in it." The medical profession is blind; we do not see that we are the dupes of men as fertile as Colonel Sellers in schemes and far more practical than he, in that they put their plans through to a finish.

Commercial cupidity exists in all the walks of life. It is small cause for wonder that shrewd men should take advantage of an opportunity that is lucrative and at the same time so easily exploited.

As it seems to me, the chief causes are evident. A large number of the medical profession do not practice medicine rationally. They have no clear conception of disease processes. They do not study and examine their patients. No diagnosis is made at all, or only from subjective conditions. Symptoms are treated. Headache, backache, indigestion, albuminuria, cough, constipation, dysmenorrhea, insomnia, nausea, dyspnea, etc., call for drugs, with usually no attempt to get at the underlying cause. I regret to say it, but I believe that many, many

2. A report appearing in the *Münchener med. Wochft.*, October, 1903.

* Read at the meeting of the Suffolk County District Society of the Massachusetts Medical Society, Jan. 3, 1906. A report of this meeting, with the discussion, appeared in *THE JOURNAL*, Jan. 20, 1906, p. 220.