

drug eminently successful; and, while such sequelæ as pneumonia are in no way apparently affected by its use, either favourably and certainly not unfavourably, others, such as the mental depression and physical languor, do undoubtedly yield to its continued exhibition. I am confident that we will never have a more trustworthy therapeutic agent for influenza than the bicarbonate" (of potash). This last-quoted gentleman previously informed me that they had had no sequelæ except in cases where the mischief had been done before they were called in; and I am aware that he has subjected my treatment to the most rigid clinical tests, so that his conclusions may be confidently accepted.

I have ascertained that some practitioners, while provisionally accepting my treatment, have not faithfully followed my directions for the use of the drug, and were thus led to inconveniences which they might have anticipated and avoided. It may not be amiss, therefore, if I give a short account of the usual way in which I treat my patients suffering from this disease. The patient ought to be confined to bed, and, the tendency to develop chest complications being so strong, the temperature of the room should be about 70° F. The room itself ought to be large and well ventilated, but free from draughts. The bowels should be acted on, and castor-oil in hot coffee or milk will do this office well. I give thirty grains (to an adult) of the bicarbonate of potash in a teacupful of milk every two or three hours, according to the nature of the attack, until the acute symptoms and fever have disappeared, which usually happens in from four to six hours. In addition to the milk in which the salt is administered, the patient should be well supported with good beef-tea and nourishing soups from the first. On the subsidence of the fever the salt may be given thrice daily in undiminished doses, and continued for two or three days. Care should be taken not to allow the patient to leave the warm room until convalescence is fully established.

I am fully aware that my treatment of this disease has been very extensively adopted by the profession; but I am also aware that very many—not a few in eminent positions—are still working on the old lines, with the old disastrous results. Should any considerable number of the latter perchance cast their eyes on this paper, I cherish the hope that the bicarbonate of potash treatment of influenza will, in consequence, be diffused over an ever-increasing area, for I am confident that when once adopted it will never be lightly relinquished for another.

Castle Hill, Maryport.

## ON MENTAL THERAPEUTICS.

By A. T. SCHOFIELD, M.D. BRUX., L.R.C.P. LOND.,  
M.R.C.S. ENG.,

HON. PHYSICIAN TO FRIEDENHEIM HOSPITAL.

THERE can be no doubt in the minds of thoughtful men as to the fact of the great influence—therapeutic influence—that the mind has over the body. Many monographs have been written from time to time on this subject, which is also incidentally touched upon with more or less brevity in various works on the mind and brain, but as regards its practical application is largely left in the hands of quacks, who are allowed by the medical profession to exploit at will the rich fields of scientific and pecuniary interest which it at present affords to those who are sufficiently clever and unprincipled to work the latter without scruple. It is difficult to understand why such a powerful means of cure is so systematically neglected and even ignored by the profession, with the unhappy results described above of leaving it to be used illegitimately by others. I suppose it is because mental therapeutics have been practically for so long the real *modus operandi* of the vast army of charlatans that the whole subject has acquired such a bad name that most men fear for their own reputation if they touch it; indeed, it is only because I have been taught practically so much of its real value, and feel so strongly that its continued neglect is no small blot upon the present system of medical training, that I venture with some trepidation to call attention to its almost universal neglect. While its power is everywhere seen and felt in the out-patient department, in the hospital ward, in the consulting-room and by the sick-bed, it is seldom spoken about and still less often taught, though few are bold enough to attempt to deny its potent powers for good. If one turns from the

physician's daily life to his library, one still fails to find in any modern system of medicine the subject fairly and fully recognised. There are many manuals and systems of therapeutics, but where is the great therapeutic power of the mind given its due place and prominence? It is the same if one listens to the teaching, clinical or otherwise, in the hospitals and class-rooms. Students listen with rapt attention to the powers of cocaine, piperazine, phenocoll, and the whole round of well-advertised modern drugs, but how often is their attention directed, save in ridicule, to this mighty curative agent that in its powers pretty well balances the whole pharmacopœia—the mind? Does any practical medical man doubt these powers? Is he not aware of the ingredient "faith," which, if added to his prescriptions, makes them often all-powerful for good? Does he not know the value of strongly asserting that the medicine will produce such and such effects is a powerful means of securing them? Has he never witnessed the therapeutic value through the mind of the dentist's waiting-room in curing toothache, or of the consultant's spacious dining-room and back numbers of *Punch*, combined with the physician's august presence in the consulting-room? And has he not seen how much more efficacious the very same drugs have proved when prescribed in such solemn surroundings than in his own humbler environment and less august presence? If, then, this power is so well known, why, in the name of common-sense, should it be pooh-poohed and ignored as it is? It has its laws of action, its limitations, its powers for good and for evil: would it not greatly help the medical student if these were indicated to him by his lawful teachers instead of his being left to glean them uncertainly from the undoubted successes of the large army of irregulars? Let me bring these suggestions to a point in order to give them a practical bearing and illustrate the value of legitimate mental therapeutics by briefly enumerating some part of the medicinal, or at any rate therapeutic, value of the common mantelpiece striking clock—I say "clock" in preference to "watch" because it is distinctly of greater value, and I say "mantelpiece" instead of "eight-day" or "hall" clock for the same reason. I would also say "striking clock," with the half-hours and quarters, if possible, as being of still greater efficacy. It is perfectly astounding to see the cures that can be assisted, and in some cases altogether effected, by this agency, the power of which is obviously purely mental.

Sir Dyce Duckworth, without dwelling on the value of mental therapeutics, has pointed out an instance of their valuable use by means of the clock in urging the great efficacy, in cases of persistent vomiting, of giving the liquid food in teaspoonfuls every five minutes *by the clock*. There can be no doubt that food thus given is readily retained, and still more so if the clock can be clearly observed by the patient himself from the bed. At the exact time the mind, acting through the brain, enables the stomach (perhaps by some inhibitory power over the vomiting centre in the medulla) to retain the food.

The value of the clock in labour is not universally known, but it is very marked. In a large proportion of cases, when the pains are tedious and irregular in force and frequency, they can be made quite regular, to the great advantage of all concerned—patient, infant, and medical attendant—by the aid of the clock. The law has only to be firmly laid down of "a pain every five minutes, of two minutes' duration, with a three minutes' interval," for it to be obeyed in a majority of such cases. When by the clock the time arrives for the pains to begin it should be clearly announced to the patient, and the fundus should at the same time be gently pressed by the hand on the abdomen, the nurse being meanwhile ordered to give, officiously, any needed assistance; and the pain, being thus expected and prepared for, commences, and should be kept up for the two minutes, complete rest being then given for the remaining three, when the process is renewed. After two or three pains are thus regularly induced the routine is established, and there is no difficulty in continuing regularly till the close of the second stage. The essence of success lies in invoking the therapeutic aid of the clock. Of course, there are patients who are not amenable to this form of treatment, as there are others who cannot tolerate quinine or opium.

Again, when the child is born what a boon, what a fountain of health, the clock may become to both mother and child. The nursery, when the value of the clock is unknown, is a scene of confusion and bad management, however full the little cupboard may be of drugs. What peace and

comfort, on the other hand, reign when mother and nurse have learned that the child must be nursed in the day every two hours *by the clock*, whether awake or asleep, and every four hours at night for the first fortnight at any rate, and never nursed between times or when it cries, or in order to put it to sleep. The real value of the clock in this, as in all other cases, is truly scientific, and lies in its potent aid towards rapidly forming accurate psycho-physical habits or artificial reflexes in the brain.

Few people, and possibly not all physicians, know what a potent aid to sleep a clock (in this case a non-striking one) is, by enabling a person to go to bed at exactly the same hour each night, regularity in this respect being a powerful hypnotic.

I will not touch on the importance of the clock in administering medicines, given as they are so often now in small divided doses every fifteen or thirty minutes, because this does not strictly illustrate its therapeutic value, but I will close with one more illustration of its power with regard to constipation, this time from a recent case. A woman about seventy years of age came to me in deep distress about her obstinate and continued constipation, which was so severe that not only was there no natural action of the bowels, but even enemas and pills often failed, and periodically recourse was compelled to the mechanical evacuation of the rectum by the physician or nurse. The painful condition had continued for years, gradually becoming worse. The patient was of exceptionally powerful mind and will, and remarkably intelligent. Seeing this, and relying on my friend the clock as an aperient in this instance, I told her I would certainly cure her if she would exactly obey my instructions for a period of from one to two months. I explained to her the power of an exact habit over the bowels, and pointed out that nearly all constipation was caused by a neglect of forming such a habit in childhood, this being probable in her case too, and that, though it was rather late in the day, it could yet be formed in her. The hour was fixed for 9 30 A. M. exactly by a clock on the mantelpiece of the bedroom that struck the half-hour, and at first the patient was aided by a pill at night. She breakfasted in bed and often wanted to rise to relieve the bowels before 9 30 A. M. This was never allowed. She was told that to be before the time would destroy the habit as much as being after it. At 9 30 A. M., as the clock struck, she was taken out of bed, and if the bowels did not act there and then a little glycerine or small enema was given till they did act. After a very few days there was no trouble. At the end of six weeks the habit was firmly established, and at the end of six months she had never missed having the bowels regularly relieved every day at 9.30 A. M. She has now no trouble, very occasionally only requiring a small pill. The case is remarkable, because, though the value of the clock is greatest in youth, it shows it has still a most powerful influence in the decline of life.

In these remarks I have but briefly illustrated one single method of applying mental therapeutics. Other methods still more important to understand, with the various laws that govern them, will readily suggest themselves.

Westbourne-terrace, Hyde-park, W.

## NOTES ON SOME CASES OF NERVOUS DISEASE TREATED WITH DR. BROWN-SÉQUARD'S ORCHITIC FLUID.

By GUY M. WOOD, M.B. DURH.,

HOUSE PHYSICIAN TO THE HOSPITAL FOR THE PARALYSED AND EPILEPTIC, QUEEN-SQUARE ;

AND

A. J. WHITING, M.D. EDIN.,

HOUSE PHYSICIAN TO THE HOSPITAL FOR THE PARALYSED AND EPILEPTIC, QUEEN-SQUARE.

By permission of the physicians under whose care the various patients were we are able to publish the results obtained by the use of Dr. Brown-Séquad's orchitic fluid at the National Hospital for the Paralysed and Epileptic, Queen-square.

The fluid was obtained directly from Paris, through the kindness of Dr. Brown-Séquad. In each case the injections were made daily, either under the skin between the shoulders or under the skin of the buttock. The injections were made

with a Koch's syringe, which was kept aseptic by being immersed when not in use in absolute alcohol. The needles were carefully sterilised by boiling before use, and were kept in a 1 in 20 carbolic lotion. Before each injection the skin of the patient and the hands of the operator were carefully cleansed.

The dose, commencing at one gramme of the fluid with one gramme of distilled water, was increased gradually up to four grammes of the fluid and an equal quantity of water, and in four cases up to six grammes of each. These large doses were injected in two places. In three cases the fluid was used undiluted. With the large doses some pain was complained of at the seat of injection; this was not increased when the fluid was used pure. The pain was found to be much lessened by injecting the fluid very slowly, and, taking into account the size of the injection, pain was very slight.

The immediate effects of the injection were practically *nil*. No alteration in the pulse or respiration rate could be detected. Two patients stated that they could feel pricking sensations in the paralysed limbs about three minutes after the injection; both these patients were the subjects of functional disease. In three cases abscesses developed at the seat of injection; these abscesses were opened and treated antiseptically, and rapidly healed, causing little discomfort. The temperature was carefully taken every four hours in each case, and remained on the whole practically normal. In a few of the cases there was an occasional rise up to 100° F. after an injection. Observations were of course made on the temperature before the course of treatment was begun. The only marked elevation of the temperature was when an abscess was forming at the site of an injection.

As will be seen on referring to the subjoined table, we were able to treat by this method twenty-three patients. Amongst these will be found four cases of tabes dorsalis, two of Friedreich's ataxy, and one of ataxic paraplegia. In three of the cases of tabes and in both the cases of Friedreich's ataxy no improvement was noticed. The ataxy was not less, the pains were still present, and gastric crises still occurred and were not altered in any way. In one case, under the care of Dr. Ferrier, there was some improvement. The subject walked a little better after his course of treatment; his knee-jerks, however, did not return and his pains still occurred. This patient before he was admitted to the hospital was extremely alcoholic, and had been leading a very irregular life, so that the effect of his abstinence from alcohol and of the regular life in the hospital must be taken into account. He left the hospital after a three weeks' course of treatment, having been there about seven weeks. He has relapsed after returning to his former habits. How much, therefore, of his improvement can be attributed to the treatment adopted and how much to his changed mode of life is doubtful. In the case of ataxic paraplegia the patient at first began to improve considerably; this improvement was maintained for about ten days, but afterwards he rapidly lost the ground he had gained and returned to his former condition. None of the other patients showed any signs of improvement in their physical condition, but they all expressed themselves as feeling better. Four cases of disseminated sclerosis and two of lateral sclerosis were treated in the same way. Here, again, no improvement could be detected in the patients' physical condition, although they almost all said they felt better after the injections. Four cases of paralysis agitans were treated, and in these, again, there was no improvement noticeable. One of these cases, a woman sixty-eight years of age, appeared to be getting so rapidly worse, the pulse becoming very weak, that it was thought inadvisable to continue the treatment for longer than three weeks. No untoward result, however, ensued, and the patient returned to her previous condition. One case of alcoholic neuritis was treated without any more rapid improvement than is usually obtained in these cases; the injection after four weeks was accordingly discontinued, and the hypodermic injection of liquor strychninæ substituted, under which he eventually recovered. Two cases of functional disease were also subjected to this method of treatment, but neither patient improved. In both these cases tingling in the limbs was felt shortly after the injections.

As at the commencement of the observations a considerable number of the patients expressed themselves as feeling better after the injections it was thought advisable to inject two patients with distilled water only, as a test, the same precautions and apparatus being used for them. Two cases under the care of Dr. Buzzard, who suggested the trial of this test, were placed under observation after