many will still prescribe belladonna to prevent scarlet fever and iron to ward off diphtheria; but I wish to emphasize what I consider a more rational process, particularly with diphtheria, typhoid fever and other exhausting diseases. It is known as a physiologic fact that certain fluids of the body, as blood, serum and the gastric juice, when in a normal condition are germicides. They kill bacteria. For our present purpose it does not matter how they accomplish this result. Such being the case, whatever helps to keep these fluids in a healthy condition will serve to fortify the system against the bacterial or infectious diseases. In view of the fact that the human body has the power within itself to battle with these enemies it may be suggested that most if not all cases of infectious diseases are results of neglect of some hygienic law or of the transgression of some other. The individual should not reduce his vitality or derange his digestion by eating too much or too little, or by submitting to fear or excitement, or any other condition which will diminish the normal resisting power. He should not permit work, pleasure nor social relations to interfere with his physical well being. He should be well clothed as well as properly fed and comfortably housed. This opens up a question which is too broad for just consideration in this paper, a social and political question. It is our duty, however, to call sufficient attention to this phase of our subject to make it a matter of thought. It is a cardinal fact that infectious diseases are prone to prey upon if not to originate among the poorer classes of society. To avoid this occurrence, to prevent these diseases from arising thus, requires that the poor should be well housed, well clothed, well fed, well bathed and properly exercised. How is this to be done? I do not discuss the method, I only desire to suggest whose duty it is to remove the condition. The poor can not do it. No man so thoroughly realizes as the physician that he is to a degree his brother's keeper. If a man has no right to do anything which may bring disaster to his neighbor, he has no right to go dirty, to live slovenly, to breed disease. If children are unable to accomplish results, to perform duties, which the rights of men lay upon them, the father's duty to aid them is paramount. We, and the poor with us, are but children of the State. The question then remains with us, how shall we as physicians, humanitarians, socialists, politicians, statesmen, provide the unfortunate with proper food, proper clothing, comfortable houses, opportunities for bathing and sufficient work to help them keep the grim monster from threatening our doors by invading the homes of the poor in the form of an infectious disease? Until something can be done in this direction, infectious diseases will still dwell in our land, although improved prophylactic or preventive agents may reduce their mortality.

Believing that the plan of supporting the ultimate tissues of the body by general hygienic procedures and proper feeding is the best means given to us for preventing the group of infectious diseases, it may be admitted that some good may be accomplished by the administration of certain drugs. If belladonna is of any value as a preventive of scarlet fever, it must be so because it has some modifying effect upon the cells of the body, not because it produces a rash. So far as I am aware no experiments have determined this point. Still I use this remedy for the purpose here suggested and in many instances have thought it

seemed to have some virtues as a preventive. The use of iron to prevent diphtheria is in direct accord with the ideas advanced in this paper, and without doubt serves an excellent purpose. Hydralactin, protonuclein and other proprietary preparations like the antitoxins have not enough reliable evidence in their favor to make their use as preventives general, but we are encouraged to hope that further reports and improved methods of production and administration will justify the high expectations which have been excited by the introduction of these agents, especially the antitoxins. A remarkable claim has lately been made for a specific action for jaborandi or its alkaloid, pilocarpin, upon the white blood cells. It is said to increase their phagocytic power or function. If this should be confirmed pilocarpin will be of great value in the treatment, as well as in the prevention, of all bacterial diseases. In two cases of tuberculosis in the earlier stages I have observed a favorable modification of the symptoms when administering this remedy and in several cases of chronic bronchitis the improvement has been marked. I shall conclude this paper with the following résumé:

1. Systematic cleanliness should be practiced, (a) by thorough disinfection of the patient, the sick room, all instruments, vessels, and other apparatus or clothing in use; (b) by allowing no unclean or infected fabric or vessel to be taken from the room until rendered aseptic.
2. Prevent individual contact (a) by isolation, segregation or quarantine; (b) by prohibiting communication between the infected and uninfected except under strict surveillance of the physician or in accordance with his explicit directions.
3. Provide thorough and systematic ventilation of cellars and basements as well as all other rooms in houses used for dwellings, and give free access of air under floors of houses which have no cellars or basements, and supply complete drainage.
4. Fortify the system against pathogenic bacteria (a) by abundant and suitable nourishment; (b) by insisting upon the observance of the laws of hygiene relating to clothing, eating, exercise and bathing; (c) by the administration of certain drugs, among which belladonna, iron and pilocarpine are prominent; (d) by the conservative use of vaccination, inoculation, the serums or antitoxins and perhaps protonuclein.
5. The State or city should see that the poor have work, food, clothing, good shelter, public baths and fresh air.
6. Health inspection officers should keep their wards in good sanitary condition, and see that the water and food supplies are uncontaminated.

PHYSICIANS AS PAUPERIZING AGENTS.

Read in the Section on State Medicine at the Forty-seventh Annual Meeting of the American Medical Association, at Atlanta, Ga., May 5-8, 1896.

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NEW YORK.

The writer has no desire to indorse any doctrine of socialism, communism or the like, but he wishes to call attention to two axioms which, though trite in themselves, are ever new in their application and abuses: 1, capital requires labor; 2, competition compels capital to lower wages. Without labor, capital may neither be accumulated nor maintained. Any sum of money must be dissipated eventually unless it brings interest, and interest, directly or indi-

rectly, means the earnings of hand workers. The fundamental laws of progress, and of animal life itself, seem to begin at toil with the hand or its substitute. Thus we see large communities of brainless beings, and the descending scale brings us to the jelly-fish which presents only a stomach and tentacles—a perfect type of absorption and accumulation. The brain may be essential to civilization, but without the hand existence would be impossible.

Lower wages may be obtained by reduction, regardless of employees or their needs. Business is without sentiment, and this direct method has been tried and has called forth the denunciations of organized unions from Maine to California. United labor has become capable of such independence and reckless readiness in asserting real or fancied rights that capital is cautious of unnecessarily antagonizing it. Constant attempts at making the hire unworthy the laborer arouse feelings quite different from the plaintive protests of a few individual sufferers, and if persisted in could only end in a chaotic condition of society. The Government Reports for the last seven years show a total loss to the community from strikes of \$64,000,000; fully 25 per cent. being due solely to attempted reduction of wages. Another method of decreasing compensation would be the importation of men under contract for a remuneration which may seem fair in Italy but, owing to the radical difference in the purchasing power of money, is starvation's limit here. Hordes of such immigrants would glut the market and force the American to compete with foreigners who can and do exist on food found in the garbage barrels. This danger was dissipated by labor's voting power and its effect on the legislative bodies. Laws were passed cutting off the contract-labor supply from too economical employers, and the capitalist is now between two fires—the stubborn resistance of labor and keen competition, with a possible removal of protective duties. From a business standpoint he can not be condemned for managing any industrial investment with the sole idea of “product as low and market as high” as circumstances will permit. Economical machinery has enabled one man to do the work of ten, and quality is made secondary to quantity. But despite all this, the element of expense in the cultivation, collection and conversion of raw material remains the price of labor.

The laborer will not adopt a cheaper mode of life without a protracted struggle; therefore, if his earnings are to be lessened, his living expenses must be cut down and his money made to go farther. The leading items of his disbursements are rent, clothing, food and professional services. Overcrowding will lower the value of rent and clothes, but labor is united on the plan of: “One for all, all for one,” and the packed tenement and the “sweaters’” pittance press hardest on the poor toiler. This objection, backed by solid votes, has caused a law to be passed forbidding the “double-decker” house and the erection of any structure occupying more than 65 per cent. of the lot. The present “sweat-shop” investigation is presumably only preliminary to prohibitory legislation.

Food, mostly farm products, can go no lower. Many farmers are now abandoning the farms and seeking a livelihood in the city. Those who do remain in the country are organizing for protection from ruin.

Professional services are rendered by the lawyer, the clergyman and the physician. The lawyer may

be called perhaps but once in a lifetime. He does no public charity work and all attempts at starting legal dispensaries have come to naught. He can be a help if employed or a hindrance if opposed. He is in command of the legal machinery from the White House to the “Tombs” prison. He and his professional brethren are so united in their interests that a malpractice suit against him must fail for lack of expert testimony. Capital can not reduce his fees, for he is a most dangerous adversary when attacked through the pocket.

The sums paid to church and clergy may be great or small, but an attempt to diminish them would cause such an upheaval as has not been since the Crusaders. The owners of wealth are growing old. The grave and the chances of a leveling process beyond make awkward thoughts for quiet hours. Capital sleeps lightly and if a millionaire is timid a multi-millionaire is often hysterical. Conscience does make cowards and the man of the cloth is let alone. He even receives “offerings” instead of fees, but he uses his influence for what he mistakenly believes is a good cause, and has collections in his church for charity falsely so called.

The doctor is an urgent necessity to the working-man. Exposure incident to toil, low vitality from lack of sunshine and from malaria and other diseases consequent upon meagre air space and indifferent plumbing—all these make the physician a frequent visitor upon the tenement families. The doctor's charity toward laymen is unlimited, but toward his colleagues he holds the simple faith of “Holy Willie” in Robert Burns's satire: “God bless me and damn my neighbors.”

The farmer and the physician are ground very fine—but with this difference, the farmer is organizing but the physician is disorganizing. The workman does not yet realize that the cheapening process means lower wages later on. It is not sufficient to give the work people free medical attendance, but everyone must be furnished as well, so that the shopkeeper can decrease the pay of his employees, as the banker can his bookkeeper's salary. To lower the cost of living everybody but the very rich must become paupers—so far as the medical man is concerned.

What must we think of any citizen quietly submitting to such imposition and becoming part of a great wedge which is to split up the manhood and self-esteem of our whole community? Is any one willing to inculcate the doctrine of non-payment for value received? Is this not the very teaching most opposed to all political economy, and the plan of action which makes the counterfeiter the most dangerous foe to the Government? There is such a man. He comes to the city a student, advertised for and welcomed by the medical colleges. They extend promises, either real or implied, of a livelihood after his diploma is secured. The demand and depend upon high fees and have many extras. The advertised multitude of patients available for teaching purposes is a very tempting bait. The victim does not appreciate the fact that if one institution attends 10 per cent. of the whole population there are, within a mile, ten other dispensaries all depending on a portion of the remaining 90 per cent. He may at this stage of his life have fine ideas of elevating the poor and of the dignity of charity, and has not yet learned that pauperizing processes are not conducive to high

mindfulness and that charity is not the "benevolence business." He goes through his whole course, supported by hope and a fund contributed by the self-denial of his whole family, till he gives his graduation fee of \$30, and exits from college life in a blaze of gas and glory. He becomes a practitioner, puts up his sign and finds himself penniless. He discovers that he has been deceived—that his most pitiless enemy is the alma mater who received him so smilingly and relieved him of his last \$30 with the ease and grace of a confidence queen. He realizes now that of the 10 per cent. of the population wrongfully under free treatment, two out of three individuals might pay him a small fee and one in three could recompense him handsomely. This year he learns that the clinic is to attend all the students of Columbia University in their own homes. Some of these pupils are the sons of wealthy parents and neither deserve nor need alms. The question of deserving poor or alms-receiving rich does not enter into the plans of the dispensary. The whole population must be able to save at the expense of the doctor in order that labor shall be cheap. So the young man becomes a member of the dispensary staff in order that he may obtain a few dollars by clandestinely sending patients from the "free" classes to his office—thus, by his aid in perpetuating the evil, the medical profession finds its charities, the viper warmed in its bosom which is stinging it again and again. The charitable and the taxpayer pay the expense. No medical union, on the plan of the laborers is contemplated. Personal jealousies are fostered by interested outsiders—the very governing boards actually think they do a physician a great service by allowing him to work for nothing. No position of trust is open to him; even the office of president of the health board is closed by law. He is not wanted as a commissioner of charity, yet the whole public service must cease without his gratuitous services in the hospitals. Membership upon the trustee boards of both hospital and the dispensary is denied him. The trustees themselves endeavor to arouse enmity between the specialist and general practitioner and are primarily responsible for the fact that worthless patients so crowd the institution that, for lack of time, the worthy can not receive proper attention. They promulgate the doctrine that the specialist has created the hospital and dispensary because he must have material to study and experiment upon. This is plausible reasoning, but its casuistry is made evident by the fact that any man can learn more from ten cases carefully mastered than from a hundred cases crowded in so fast that the most superficial diagnosis is all that is possible. The woeful daily mistakes resulting from such snap-shot methods is a significant proof of this.

The large sums spent out of public taxes for private institutions are wasteful and unnecessary. One-half this expenditure placed in the hands of a powerful charity organization society, could do all the work required and perhaps leave a surplus, simply by the exclusion of unworthy objects of charity, which deplete the treasury and burden the taxpayer. All private contributions for medical charity are superfluous if the thronging of public and private clinics by would-be paupers was stopped. At present the city is giving \$1,500,000 per annum to establishments not under its control, and private persons in mistaken kindness are donating a great deal more. Including the excise fund of more than \$60,000 a month and

the four and a half millions requested by the Charity Commissioners, the city of New York, at a rough estimate, expends \$5 per capita per year for charity alone.

What is the local effect of promiscuous beneficence? "a prostituting charity." John Stuart Mill expresses the idea thus: "A charity which makes twenty beggars while pretending to relieve one is a condition of affairs which makes it possible for some one to grow rich by administering the funds for the poor." We all know a neighborhood where the people were thrifty and contented before a medical college and its appurtenances appeared on the scene and initiated free treatment for all comers. The laborers, especially the younger ones, have become idlers; policy shops and loan offices have been opened; gamblers, dissolute women and opium "fiends" have appeared in such numbers that the locality is now named the "New Tenderloin." I have asked those addicted to morphin and loose women why they congregated near the dispensary, and their answers are appalling. The first say they can always "procure a jab" (hypodermic) when out of money. The second reply, "the female department is so crowded and the gynecologist so rushed that they can fool him and 'get a free abortion on tap.'" The speaker claimed personal experience; whether this be true or false, it is evident that the self-respect of the entire community has been undermined and the decent element is moving elsewhere. *Post hoc* if not *propter hoc*. The druggists know the status of the people and every apothecary can name many who are shameless in their abuses of charity. All classes are drifting to the dispensary, even the agricultural population. The country doctors inform me that only their richest patients can afford the time and money to take the journey to the city and stop at a hotel while obtaining free advice at the clinic. Surely the efforts at pauper-making may be said to be very successful.

The two parties most to blame are the millionaire and the medical man. The first enters the benevolence business for what it is worth to him; he may even think his contributions are doing good, though the smallest investigation by disinterested parties would prove the incalculable harm he is working to the very class he believes himself relieving. The medical attendants are only flies in the spider's web. They are engaged without salary and discharged without a hearing. On the first of November the visiting boards of six or eight hospitals were removed without any charges being preferred, and "reorganized" by a man who was "not impressed" by maggots in the patients' food.

You can not compel the capitalist to cease his donations, you can not obtain his ear against those who flatter his soul and place his name in the prospectus; the only remedy lies in the profession. That should demand that the poor should be treated like men and not like "clinical material."

In the public mind the doctors are all "good fellows," who are to give much and to get what they can. This is characteristic, as there is no human being lower in the social scale than the good fellow. The good fellow of the saloon "treats the crowd" and spends money for liquor that should buy his children's clothing, while his whole family depends in sickness upon the dispensary. The good fellow is the prey of the gambler and blackmailer. Goodness and weakness seem to be synonymous, and the final end of all good

fellows is they are cast into outer darkness after giving their best to the bad fellows; their course and termination is the same with the saloon hero, the Wall Street lamb, the card sharper's prey, and the physician at the hands of the trustee boards of the dispensary and of the commissioner of charity. The saloon, the gambling hell and the hospital can get plenty more good fellows to fill the places of those who now attend.

The people who formerly went to a consultant's office, now have a plain dispensary dress and consult him at a charitable institution. I have myself sent patients to well-known men and have received an opinion written on a dispensary blank—the gratuitous advice having been obtained by deception. A certain specialist charges \$10 for an office fee; sometimes the patient demurs and is sent at once to the dispensary, regardless of the fact that many a younger man in the same line, and possibly a more careful worker, would be glad to obtain \$5 for the same case.

The public can not believe that the profession is so imbecile as to seek positions which pay nothing, and consider that the places are sought for advertising purposes and for self-protection.

The fees for the specialist come, in most instances, from the general practitioner, but the practitioner is fast becoming an all-round specialist. Thus, through unquestioning charity, the specialist crushes the general man and he retaliates by sending cases to the dispensary rather than have a consultation. In the Manhattan Eye and Ear Hospital this is a common occurrence, and if an outrageous case is turned away, he proceeds immediately to the Vanderbilt, where no question as to length of pocket-book appears to be asked.

There is honor even among thieves—but the specialist and the practitioner, by suicidal and foolish bickerings, seem determined to prove that honor has fled from the grandest profession that ever shed luster on humanity. The medical "pirate" and the dishonest consultant appear with the lofty brow and amiable mien of the true philosopher, while they do deeds and participate in actions that even a bunco steerer would blush to contemplate toward his pals. The code is no longer the "Golden Rule," it has become the commandment of the Golden Calf. It is not "do as you would be done by," but "do or you will be done." Is it not evident that the whole profession is a most applicable tool, when pauperization is the work?

What is the remedy? The present condition is unjust to the tax-payer, and if the physician is a decent citizen he will stop enlarging our tramp class. In London I found many who would not work, because physicians and the charitable had made it easier for the pauper than for the laborer. Is it wonderful that the unemployed exceed a million in that city? In New York the dispensaries make it comfortable for those who wish to save the doctor's fee and spend it in the grog shop. I am now studying the transformation of men from clerks to rum soakers and then to tramps and I know that some of these men took their first step in pauperism in the clinics. I am convinced that some might be good citizens to-day had they not known the influence of such a family physician as came to my father's house when I was a lad. The institution crowds are maddening and confusing; they are only "clinical material" to the attendant, who becomes a doctor of medicine and not of humanity. He may say

hastily to some miserable wreck, "you are a bum" or some equally helpful remark, but the words are very different in effect from a man-to-man statement, "your heart is damaged; if you do not stop whisky you are a dead man." All physicians know that the hospital builders are no friends to the poor, that the service as now conducted is no more charity than stone is bread. If the money required to found these great places was meant for the benefit of the laborer it would have been spent for better homes and hygienic tenement houses and then the working-man's medical requirements would have been very few.

Let the physicians resolve not to attend undeserving dispensary cases, the trustees will ask for resignation, let the outside members of the profession refuse to fill vacancies produced by removals without cause; the matter will be remedied. To the honor of Philadelphia be it spoken that a position vacated by such a condition of affairs was not filled, and the trustees became humble. In New York a whole hospital staff was dismissed without a notification of charges or discharges. The nominating committees of three medical colleges, the Mayor and the Commissioners were written to and a hearing requested by a committee representing 1,000 physicians; not one of those written to had the courtesy to reply. This is mentioned to show how little the authorities care for any stand the medical profession may take, short of a point-blank refusal to fill the vacancies.

Boston has adopted a system of cards which requires some investigation into the qualifications of each applicant for free treatment. Some physicians have started their own dispensaries under the hope that they can reduce the material of the teaching clinics, so as to bring them to reason and give the physician a chance to say who shall or shall not be paupers. Some of the brightest young minds in the profession are seriously contemplating entering on an advertising career, arguing that the hospital attendants only hold their positions for advertising purposes, and printers' ink is much quicker. The physicians of New York can have all the institutions put under the care of the Charity Organization Society; they could have the powers of that body enlarged to those of the "Gerry" and "Berg" corporations, and make the *sine qua non* of free service that every dispensary should be under the supervision of a capable and disinterested investigating body. A committee sent to the Legislature with a petition signed by the majority of those practicing under the laws of the State of New York could obtain all the power necessary.

The profession has a duty to the public of our city, and as no medical man has ever been deaf to the cry of "Give, give," let him not stop his ears to the demand of "Withhold." Let him always help "God's poor and the poor devils," but let him stop making or unmaking the "devil's poor." And let him ever set his face against any and all means used for increasing the awful burden of pauperism which our city is already called upon to bear.

POINTS BROUGHT OUT IN DISCUSSION.

The writer of the essay has not suffered by the action of the Commissioners and colleges and is simply interested as anyone might be in an act of contemptible injustice toward the profession of which he is a member.

The Commissioners pretend to have consulted only

the interests of patients; if so why did they not secure the best physicians by making the hospitals over to the Civil Service Board and fill vacancies by competitive examinations?

Were the Commissioners legally justified in turning public hospitals over to three close corporations, *i. e.*, the colleges?

Is the medical profession at large "riff raff," in contradistinction to about one hundred men connected with the teaching faculties?

Had there been a medical union as firm in resisting injustice as the Hod-Carriers' Assembly, would the Commissioners have dared to ignore its request for a hearing?

Why were homeopaths not molested? For political reasons and pull?

Was not the whole so-called "hospital deal" a transaction by which an ex-commissioner was to be re-appointed by the influence of certain men, to whom he turned over all the hospitals of the department of Public Charities of New York City?

THE TURKISH BATH IN MENTAL DISORDERS.

Read in the Section on State Medicine at the Forty-seventh Annual Meeting of the American Medical Association, held at Atlanta, Ga., May 5-8, 1896.

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The treatment of disease at the present day is not based on "guesses" or "surmises" whatever might have been the case many years ago. This is the language of the empiric, not that of the man of science. There are intelligent men in our profession at the present time, who are now able to diagnose with extraordinary accuracy the pathologic changes going on in the brain, so wonderful has this knowledge become that it is not to be wondered at that we should gradually, but surely progress in the investigation of the treatment of those complaints. We learn from our experience that by opening the flood-gates of the skin from time to time, and submitting ourselves to the manipulation of the shampooer, in the oriental fashion, we may attain unblemished health under certain circumstances, both in mental and bodily complaints. During a long experience in diseases of the brain and nervous system I have had frequently to resort to the use of the Turkish bath as a remedial agent. I allude especially to cases of what is known as "brain fog." Where the victim to that complaint is reduced to a very low degree of vitality, I have found that after a systematic course of Turkish baths, that in many instances the mind recovers its wonted conditions and the brain exhaustion from which the patient suffers has diminished, if not entirely disappeared. The use of cold shower baths in the treatment of mental disorders has been known to the profession for a great many years. I have also found the Turkish bath beneficial in the treatment of some cases of acute mania. A patient is brought to the asylum in a state verging on cerebritis, and exhibiting all the well-recognized symptoms of sanguinous congestion of the brain. He is wildly delirious, the scalp burning hot, the skin dry and parched, the conjunctivæ injected, the pulse rapid; it has been found in such a case that material improvement has taken place, even after

the first Turkish bath has been used; but in such a case I would not advise a prolonged one, but of short duration, each alternate bath to be of increasing length in gradations. In the treatment of acute brain disease I would suggest that the whole process should not exceed half an hour for the first bath.

"Without principles," says the great Dr. Cullen, "deduced from analytical reasoning, experience is a useless and a blind guide." Appreciating the truth of this *dictum* we are naturally led to ask ourselves the question as to the rationale of this treatment in acute brain diseases; the answer plainly is the gradual and general lowering of the vital powers causing a certain nervous prostration, by means of which the cerebral vessels become relieved, and the system calm and quieted. In insanity, the *vis vite* is often reduced to the lowest possible condition. In the great mass of acute cases of disordered mind which the physician is called upon to treat, particularly in our public institutions, the nervous system is in a state of positive exhaustion and debility.

The furor, the violence, the maniacal excitement; the muscular resistance, so often associated with insanity, are generally symptomatic of profound nervous and vascular depression. The excitement of the insane is an excitement without power, and it must be left to the discretion and experience of the physician versed in the practical use of the Turkish bath to discriminate as to in what acute cases it may be used beneficially, for we must recognize this important pathologic fact that in some cases it is our duty to conserve and husband the flagging and ebbing vitality of the patient until the mind recovers its equilibrium. If in the treatment of acute brain diseases the Turkish bath is prolonged in the first instance fatal results may follow; of this there is abundance of proof; therefore in its use, in such acute diseases, much discretion must be used. Insanity does not result from active inflammation of the brain, and if such were its origin no physician would be justified in attempting to prostrate the system of those mentally disordered. In cases of profound cerebral excitement, the patient often recovers under the combined influence of a tonic and stimulant treatment. I have known violent mental perturbation considerably mitigated and often cured by the administration of stimulants combined with iron and quinin. Here is an instance where it would not do to prostrate the patient but to stimulate him; so in dealing with the use of the Turkish bath in such cases it becomes the imperative duty to consult one versed in its use. I wish seriously to draw your attention to what I have just stated, and also to further say than an excited patient may be made manageable and docile for the time being, but it will be quietness and docility gained at the expense of his reason and perhaps of his life, if the inexperienced in its use allow its adoption to be prolonged in such mental cases as I have just described.

Treatment of insanity by baths of various description has long been in vogue in various countries. Esquirol, the first to find fault with and denounce many of the abuses found in the treatment of the insane, freely used the cold douche shower bath in the treatment of insanity and to the use of which he attributed the cure of many of his patients. In his "Maladies Mentales" he records cases where the cold affusion was followed by tranquility in the first instance and a repetition of it by a complete recovery. A second case is mentioned where the use of the bath