pad set in the window over the convexity. In my experience jackets may be gradually discontinued in all but the extreme paralytic cases after a period of perhaps two years.

With regard to the relative merits of the suspended and the prone position it may be said —

That suspension works on the whole spine and distributes itself and untwists the rotation while it straightens the lateral curve, but it is obviously not corrective enough by itself when pushed to its limit or Wullstein would not have to add to it side pressure. The chief objection to it is that it is an uneconomical application of corrective force and that pushed to the point of obtaining overcorrection it must reach an almost unendurable grade of pull.

In the prone position fainting is less likely, there is less discomfort, and far less force is required to obtain a definite amount of correction, because the force is more economically applied and the back can be inspected through the early part of the process.

Personally, I think it a great advantage to have the lumbar curve held by the jacket as flat as possible, as thereby I believe that a corrective extending force is exerted upon the dorsal curve.²⁸

The claims of efficiency to be made for the apparatus may be repeated:

(1) The most economical use possible is made of the corrective force by applying it sideways and thus less force is required or the same amount of force will do more than in extension of the spine.

(2) The force is applied to the spine while slack and not made tense by extension.

(3) Side correction is made by one part of the appliance.

(4) Correction of rotation is made by another part of the appliance.

(5) The pelvis is held in a position which ensures some flattening of the lumbar curve, which in the upright position tends on account of the balance of the patient to bring about straightening of the dorsal curve.

(6) Finally, it may be said that general pathological considerations would seem to indicate that retention in the corrected position should induce changes in the shape and relations of the misshapen bones.

CASE I. Boy, thirteen years old in 1900. Severe infantile paralysis of one side of back and one leg, shortening of one leg of one and a half inches. Treatment for some years by braces and gymnastics. Forcible correction by four jackets in January, 1903. Since then retention in celluloid jacket, daily stretching in the prone position and hanging, with a few gymnastic exercises to develop the remaining muscles. A doctor who had given exercises in 1901 and previously and who examined the boy in December, 1903, wrote, "I found that he had gained considerably in muscular power. The back muscles were much stronger and the abdominal muscles had gained also."

CASE II. Eighteen years old in 1901. Severe infantile paralysis of one side of back and of leg; very

rigid. Brace treatment for many years. Plaster correction jackets applied in 1901. Retention jacket and exercises since then. Gain in height since 1901, seven-eighths of an inch.

CASE III. Girl, eighteen years old, no previous treatment. Rigid scoliosis; no paralysis; four corrective jackets in July, 1903; since then exercises and retention corset.

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HYDROTHERAPEUTIC PRESCRIPTIONS.

BY JOSEPH H. PRATT, A.M., M.D., BOSTON.

Physician to Out-Patients, Massachusetts General Hospital; Assistant in Theory and Practice of Physic, Harvard University.

DURING the past decade rational hydrotherapy has made great advances, particularly in Germany and Austria. The position hydrotherapy occupies to-day in the treatment of disease is largely due to the physiological and clinical investigations of Winternitz of Vienna, which placed the empirical water treatments on a scientific foundation. We are now able to predict, as von Hoesslin¹ says, the action of a definite hydrotherapeutic procedure in a given case with as much certainty as we can that of morphine and digitalis.

Dr. S. Solis Cohen, in his "System of Physiologic Therapeutics," suggests that "there should be maintained in every city an establishment to which any physician might refer his patients with a definite hydiatic prescription, just as he can now send them to the apothecary with a definite pharmaceutical prescription." A number of Boston physicians, feeling the need of such an establishment, met together at the suggestion of Dr. J. J. Putnam on Oct. 13, 1903, to consider the advisability of maintaining an institution for physical therapeutics "where pri-

¹ v. Hoesslin. Penzoldt u. Stintzing Handbuch der Therapie innerer Krankheiten, Jena, 1903, v, p. 110.

vate patients could be carefully treated and suitable researches carried on, and which should be under the supervision of a competent physician."

It was realized that unless such an institution was established facilities would be lacking in Boston for giving patients the benefit of the best methods of physiological therapeutics.

On motion of Dr. F. C. Shattuck it was voted to ask a committee composed of Drs. J. J. Putnam, E. G. Cutler and R. W. Lovett to propose a plan for organizing and maintaining a hydrotherapeutic establishment. The report of the committee was accepted and through its labors and the generosity of physicians and laymen a hydrotherapeutic institution owned and controlled by the medical profession was rendered possible.

Any surplus income is to be devoted to improving the establishment or adding new apparatus. The "Medical Baths," as it is called, was opened early in December, occupying quarters in the Farragut Building at the corner of Massachusetts Avenue and Boylston Street. There is a reception room, five small treatment and dressing rooms, a large treatment room and a douche room with a Baruch douche apparatus. The treatments are given by graduate male and female nurses well trained in hydrotherapeutic methods.

Many valuable hydiatic procedures can be carried out in the homes of patients very simply if a trained attendant is available, but of all forms of water treatment, the douche is the most powerful and the most varied in its action. The douche treatment requires elaborate apparatus and skilled operators. It differs from other hydrotherapeutic measures in its mechanical effect, which promotes reaction and increases stimulation. Pressure and temperature can be perfectly controlled by means of Baruch's table, and hydiatic prescriptions exactly followed.

In hydrotherapy precision of method is essential to success. The effort has been made in the following pages to present the modes of treatment which experience and experiment have shown to be the best. Only the institution-treatment of chronic disease is considered. It is of course understood that these prescriptions must frequently be modified to meet individual needs. The reaction of the patient is the usual guide to such modification.

In all chronic diseases, but especially in diabetes, chlorosis and neurasthenia, the hydiatic treatment should be considered only as a part of the whole management of the case. If this is remembered the treatment will succeed in cases where it would otherwise fail.

Chlorosis and other forms of anemia. The value of hydrotherapy in chlorosis has only recently been recognized. The treatment should begin with mild measures. In debilitated individuals and all unaccustomed to cold bathing it is well to begin with the hot pack followed by the wet mitt friction (Prescription 1). When

cutaneous lesions are present the cold towel rub should be used (Prescription 2).

As soon as the patient's skin becomes accustomed to cold water the wet sheet rub may be substituted for the wet mitt friction. This is the "*Abreibungen und Abklatschungen*" of the Germans (Prescription 3). And when this is well borne, the half-bath may be used (Prescription 4). As soon as the feeble patient by these moderate graduated measures has been trained to react well the stronger and more effective douche treatment is indicated (Prescriptions 5, 7). More robust patients and those accustomed to cold water can dispense with the milder applications and begin with the tonic douche.

v. Noorden makes use of the carbon dioxide bath in chlorosis (Prescription 6). In fact, he thinks it indicated in almost all cases. Sweat baths have been employed recently in chlorosis by Hegglin, Paul Schmidt, Delio and Romberg in Curschmann's private practice (Prescription 8).

Chronic arthritis. Sweating procedures when there is no cardiac complication (Prescription 9). Unless there is a tendency to acute exacerbations it is well to follow the hot bath with a stimulating douche (Prescription 10). Local hot-air or electric-light baths are frequently beneficial (Prescriptions 11, 12).

Bier begins the course of treatment with the hot-air bath and later employs congestion-hyperemia (Bier's "*Stauungs-hyperämie*," Prescription 13). Schuller and many others recommend the Scotch and the alternating douche (Prescription 14).

Douche-massage has been much used at Aix-les-Bains for a long time, and the method has quite recently been recommended by v. Leyden, Beissel and Machzun (Prescription 15).

Chronic muscular rheumatism. The procedures enumerated above under chronic arthritis are useful, especially short hot-air baths and the Scotch douche.

Sciatica and other forms of neuralgia. Vapor bath followed by hot pack (Prescription 16). Scotch or alternate douche to painful areas (Prescription 14).

Organic disease of the spinal cord, especially tabes. Hydiatic procedures are recommended by Erb, Senator, v. Strumpell, Stintzing, Matthes and others. Cold douches as a rule are poorly borne. The carbon dioxide baths hold the first place, especially in tabes, except when irritation phenomena exist (Prescription 6).

Exophthalmic goiter. Carbon dioxide baths (Prescription 6).

Chronic pleurisy. Wet sheet rubs, half baths and douches to the affected side are recommended by Fodor and Matthes (Prescriptions, 3, 4, 14).

Pulmonary tuberculosis. Hydrotherapy is a valuable adjunct to fresh air, good food and rest. With debilitated, poorly nourished individuals the hot pack followed by the wet mitt friction is recommended (Prescription 1). Other tonic procedures can be used to advantage (Prescriptions 3, 4, 5, 19).

Cardiac insufficiency. Hot baths weaken the heart, cold baths strengthen it. Carbon dioxide baths are of the greatest service. Benecke and August Schott were the first to show their specific action on the heart. They are indicated in cases with slight disturbances of compensation. Severe angina pectoris and advanced arteriosclerosis are contraindications. The baths should be administered by a physician or experienced nurse only. If the bath is of proper strength elevation of blood pressure occurs, associated usually with slowing of the pulse. Repeatedly we have demonstrated that the left border of the heart was 1 cm. nearer the mid-sternum after a bath. It is our custom to measure the blood pressure with the Riva-Rocci sphygmomanometer before and after each bath. Baths too strong for the heart overtax and injure it. If too weak there is no elevation in blood pressure and no diminution in the width of cardiac dulness (Prescription 18). A treatment consists usually of 25 to 30 baths, but the duration depends naturally upon the patient's condition. A course of less than 20 baths will not effect permanent good (Romberg).

The value of the baths is enhanced by combining with them the therapeutic exercises. As T. Schott has well said, "Movements without design weaken the heart; movements with design, on the contrary, strengthen the heart."

Cardiac neuroses. See neurasthenia.

Chronic gastritis, nervous dyspepsia, enteroptosis and motor insufficiency of the stomach. The wet sheet rub, cool half-baths and tonic douches have an invigorating influence and improve the appetite. Begin with a mild treatment such as indicated in Prescription 3. After a few days the skin will become used to the cold applications and then the douche should be employed (Prescriptions 5, 9). When there is epigastric pain or distress the Scotch or alternate douche to the abdomen is helpful (Prescriptions 14, 21). For enteroptosis, Boas recommends strong jet douches for the tonic influence they exert on the abdominal muscles (Prescription 20).

Constipation. Nothnagel advocates cold douches, but most authorities prefer the alternate douche (Prescription 22).

Diarrhea. General hydropathic procedures are used to improve the general condition (Prescriptions 1, 3, 4, 5, 19). v. Jaksch has recently highly lauded the cold sitz bath in chronic diarrhea, even when the condition is the result of serious disease of the intestine. Winternitz recommends that the cold sitz bath should be preceded by a wet sheet rub (Prescription 23).

Hemorrhoids. The cold ascending douche is of service. Its use can be combined with a general tonic treatment (Prescription 24).

Hypertrophy of the prostate. Prescription 24.

Neurasthenia. A stimulating treatment with the cold douche is of great value in many cases. If the patient is weak mild measures should be used at first, until by graduated procedures the skin becomes accustomed to cold water. Begin

with the hot pack and wet mitt friction (Prescription 1) and then after a few days the wet sheet rub can be used instead (Prescription 3). Later the half bath (Prescription 4). In most cases by the end of ten days the douche can be used with advantage. At first the pressure should be low and the douche of very short duration. The skin should be well heated before any cold application. Well nourished individuals, especially men, will react well to the circular and jet douche at the beginning of the treatment and with them some or all the milder procedures may be omitted (Prescriptions 5, 25). The procedure indicated in Prescription 5 is the milder treatment, and is used chiefly with women. The best results with any given number of treatments are obtained when the treatment is repeated daily. Baruch advocates the following mode of procedure: Prescription 26 one week; Prescription 27 for the second week, Prescription 28 for the third week. For the type of neurasthenia with excitation, Beni-Bardi recommends the neutral douche. This has a sedative effect (Prescription 29). The Scotch douche to the back is indicated in neurasthenic spine (Prescription 14). The Scotch or alternate douche applied to localized painful areas may be helpful. The Scotch douche to the legs is useful in some forms of persistent headache (Prescription 30).

Hysteria. Excitable type (Prescription 31). Depressed type (Prescriptions 30, 32).

Chorea. To improve the general condition v. Strumpell recommends the wet sheet rub and short cool douches (Prescriptions 3, 19). Gowers uses sweating procedures (Prescriptions 8, 9, 10).

Chronic nephritis. Moderate sweating baths are of great service in keeping the skin active and healthy, and are also used for reducing edema and combating the milder symptoms of chronic uremia,—headache, mental torpor and bodily lassitude, anorexia, etc. They should be repeated two or three times a week. After a hot bath a salt glow followed by a hot douche is refreshing. Cold baths or douches are harmful in nephritis (Prescription 3). v. Laube and more recently Strauss have sounded a warning against too energetic sweating procedures in nephritis. The hot full bath is now used quite extensively in place of the sweat bath in the treatment of nephritis (Prescription 34).

In treating chronic interstitial nephritis with signs of cardiac failure the carbon-dioxide baths have been used with success by Baur and Matthes. The temperature of the bath should not be lower than 86 (Prescription 18).

Obesity. As F. A. Hoffmann says, no obesity treatment is complete without hydropathic procedures (Prescription 35).

Diabetes. Naunyn, v. Mering and v. Noorden recognize the importance of hydrotherapeutic aids in the diatetic treatment of this disease. Tonic measures increase metabolism, invigorate the patient and improve the condition of the skin (Prescriptions 1, 3, 4, 5, 25). v. Leyden. *Handbuch der Ernährungstherapie*, I, p. 554. Leipzig, 1897.

PRESCRIPTIONS.

(1) Hot pack until skin is warm and cutaneous vessels dilated. Wet mitt friction, using water at 60° F. Repeat daily, reducing temperature of water 2° each treatment until 40° is reached. — *Kellogg*.

(2) Hot pack until skin is warm. Cold towel rub; temperature of water 60°. Repeat daily, lowering temperature of water 1° each treatment till 40° is reached. — *Kellogg*.

(3) Hot-air bath nearly to point of perspiration. Wet sheet rub; temperature of water 70°. Repeat daily, lowering temperature of water 1° each day until 60° is reached.

(4) Hot-air bath to point of perspiration. Half bath; temperature of water 70°; duration 1 minute. Repeat daily, lowering temperature gradually to 60° and increasing length of bath to 3 minutes.

(5) Hot-air bath to point of perspiration. Circular douche 105°–110°–90°, 2 minutes. Fan and jet douche to entire body 90°–80°, pressure 10 lbs., 1 minute. Lower minimum temperature 2°, and increase pressure 2 lbs. each treatment until a temperature of 60° and a pressure of 30 lbs. are used.

(6) Carbon-dioxide bath, 300 gm. HCl, 300 gm. Na₂ CO₃; duration 10 minutes. Repeat three to six times weekly. Increase strength gradually to 500 gm. of acid and salt and duration to 15 minutes.

(7) Hot-air bath to perspiration. Circular douche 95°–80°, 30 seconds. Spray douche, 70°, 30 lbs., 5 seconds. General massage 10 minutes. Reduce temperature of spray douche 1° daily. — *Baruch*.

(8) Vapor bath; temperature 120°; $\frac{1}{2}$ hour. Friction with warm dry towels. Rest in bed 1 hour. — *Nonne-Dehio*.

(9) Hot-air or vapor bath, 15–25 minutes, followed by dry pack 30 minutes. Rest in bed 1 hour. — *Matthes*.

(10) Hot-air or vapor bath, 15–25 minutes. Circular douche, 105°–110°–90°, 2 minutes. Jet and fan douche, 90°–85°, 1 minute, pressure 10 lbs. Repeat two or three times weekly, increasing pressure 2 lbs. and reducing terminal temperature 2° each treatment until pressure of 30 lbs. and temperature of 60° are reached.

(11) Local hot-air bath to affected joint, temperature 90° C., 1 hour. Spray douche 70°, 15 lbs. pressure, 10 seconds. Repeat daily, increasing temperature of bath 2° daily until temperature of 130° is reached.

(12) Local electric light bath, 15 minutes. Spray douche 70°, 15 lbs. pressure, 10 seconds. Repeat daily, increasing duration of electric light bath 2 minutes until length of bath is 40 minutes.

(13) Congestion hyperemia to affected joints, 1 hour. Repeat daily. — *Bier*.

(14) General hot-air bath to point of perspiration. Circular douche 105°–110°–90°, 2 minutes. Scotch or alternate jet douche to affected part or painful areas. Repeat daily.

(15) Massage and douche to affected joints, temperature of douche 92°–100°, duration 10 minutes. Circular douche 98°–110°, 2 minutes. Fan and jet douche to entire body, temperature 70°, pressure 15 lbs., duration 10 seconds.

(16) Vapor bath, 120°, 10 minutes. Scotch or alternating douche to painful parts. Hot pack 30 minutes. Rest in bed 1 hour. Repeat thrice weekly.

(17) Hot-air bath to point of perspiration. Circular douche 105°–90°, 2 minutes. Rain douche 86°–80°, 40 seconds, pressure 10 lbs. Oil rub. Reduce final temperature of rain douche 1° and increase pressure 1 lb. until temperature of 60° and pressure of 20 lbs. are reached.

(18) Carbon-dioxide bath, Na₂ CO₃, 100 gm.,

HCl, 100 gm.; temperature 95°; duration 7 minutes. Content of CO₂ and duration to be increased and temperature lowered until duration of 20 minutes, temperature of 80° are reached and 1000 gm. of acid and salt employed. For first two weeks take baths three times a week, later every day. — *Romberg*.

(19) Hot-air bath to point of perspiration. Circular douche 105°–110°–100°, 2 minutes. Spray and jet douche to entire body, pressure 15 lbs., 70°, 20 seconds. Repeat daily, raising pressure 2 lbs., and reducing temperature of cold douche 2° each treatment until pressure of 35 lbs. and temperature of 60° are reached.

(20) Hot-air bath to perspiration. Circular douche 105°–95°, 2 minutes. Jet douche to abdomen 75°, 30 seconds. Spray douche to entire body, 75°, 10 seconds, pressure 12 lbs. Abdominal massage. Repeat daily, increasing pressure 1 lb. and lowering temperature 1° each application until 25 lbs. and 60° are reached.

(21) Hot-air bath to perspiration. Circular douche 105°–95°, 1 minute. Jet douche to abdomen, 10 lbs., 86° raised gradually to 120°, 15–10 minutes. Fan douche to abdomen, then to dorsal region, 13 lbs., 60°, 15 seconds. General jet douche, 70°, 5 seconds. Repeat daily for gastralgia. — *Beni-Bardc*.

(22) Hot-air bath almost to perspiration. Circular douche 105°–95°, 1 minute. Small jet douche to course of colon, alternate 60° and 115°, 15 seconds each, pressure 15 lbs., 1–2 minutes. Fan douche to chest and back 75°, 10 seconds. Repeat daily for constipation, increasing pressure 2 lbs. each treatment until 30 lbs. are used.

(23) Hot-air bath until cutaneous vessels are dilated. Wet sheet rub. Sitz bath, temperature 70°, 10 minutes. Simultaneous hot foot bath, temperature 110°. Repeat daily, increasing duration gradually to 20 minutes and lowering temperature to 50°.

(24) Hot-air bath to perspiration. Circular douche 105°–95°, 1 minute. Ascending douche 60°–70°, 2–3 minutes, 5–10 lbs. pressure. Rain douche 105°, 30 seconds. Fan douche to entire body, 10 seconds, 15 lbs., 70°.

(25) Hot-air bath to point of perspiration. Circular douche 105°–90°, 2 minutes. Jet and fan douche 90°–80°, 15 lbs., 1 minute. Jet douche to spine 75°, 15 seconds. Lower minimum temperature 2° and increase pressure 1 lb. each application until pressure of 35 lbs. and temperature of 50° are reached.

(26) Hot-air bath until cutaneous vessels are dilated. Remove before perspiration begins. Circular douche 95°–85°, $\frac{1}{2}$ –1 minute. General fan douche 80°, 20 lbs., 10–20 seconds. Dry rapidly. Walk in open air, until somewhat fatigued. Repeat daily, reducing minimum temperature 1° each treatment. Once during week allow patient to perspire 5 minutes in cabinet. — *Baruch*.

(27) Hot-air bath almost to point of perspiration. Circular douche 95°–85°, $\frac{1}{2}$ –1 minute. Fan douche to back, 75°, 20 lbs., 5 seconds. General fan douche 78°, 30 lbs., 15 seconds. After several days substitute jet douche for fan douche to back, lower temperature of general fan douche 1° daily. — *Baruch*.

(28) Hot-air bath to beginning perspiration. Circular douche 25 lbs., 95°–80°, 1 minute. Jet douche to back, 30 lbs., 75°, 5 seconds, daily reduced 1°. Friction. Walk in open air. — *Baruch*.

(29) Hot-air bath to beginning perspiration. Circular douche 10 lbs., 105°–92°, 3 minutes. General fan douche 10 lbs., 85°, 15 seconds. Walk slowly in open air. Repeat daily, increasing pressure and lowering temperature until 15 lbs. and 80° are reached.

(30) Hot-air bath to point of perspiration. Change

cold compresses to head frequently. Circular douche 100°-90°, 2 minutes. Scotch or alternate jet douche to legs and feet, 15 lbs. Repeat daily, increasing pressure 1 lb. each application until 30 lbs. are borne.

(31) Wet pack; temperature of water 60°-70°, 1 hour. Circular douche 85°, 20 lbs. pressure, 15 seconds. Repeat daily; once or twice weekly initial temperature of circular douche 90°, reduce quickly to 75°, followed by fan douche, 85°-65°, 20 lbs. pressure, 5 seconds. — *M. P. Jacobi and Baruch.*

(32) Hot-air bath to perspiration. Circular douche 25 lbs. pressure at 85°, 30 seconds. Spray douche 65°, 5 seconds. After a few applications, use jet douche to spine at end of treatment for 3 seconds, temperature 65°. Lower temperature of jet 2° daily until 50° is reached. If this is well borne pressure may be increased 2 lbs. daily until 30 lbs. are reached. — *Baruch.*

(33) Vapor bath 120°, 15 minutes. Ice bag to praecordia. Salt glow. Jet douche to entire body, 10 lbs., 110°, 30 seconds. Rub dry. Rest in bed 1-2 hours. Repeat two to four times weekly, increasing pressure until 30 lbs. are employed and gradually increasing length of vapor bath to 30 minutes.

(34) Hot full bath, 100° raised to 106°, 5 to 10 minutes. Salt glow. Fan or jet douche to entire body, 110°, 30 seconds. Massage to edematous portions. Rest 1-2 hours before dressing. Repeat two to four times weekly, increasing pressure until 30 lbs. are used.

(35) Hot-air bath, 40-60 minutes. Soap shampoo. Half bath; temperature 70°, 3-5 minutes. General jet douche, pressure 25 lbs., temperature 70°, 20 seconds. Dress quickly and walk until fatigued. Repeat daily, increasing duration of hot-air bath and lowering temperature of douche as condition of patient indicates.

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AN ACCOUNT OF THE WORK, INCLUDING OBSTETRICAL TECHNIQUE, AT THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK.¹

BY CHARLES H. BRADLEY, M.D.

I HAVE been requested to outline for you the work done at the Lying-In Hospital of the City of New York. Understanding that this society is especially interested in medical education, I shall speak more of the obstetrical education of the student at this hospital, and for this reason will deal at length with the Outdoor Service.

History. — In 1799 a number of public-spirited citizens of New York petitioned the

¹ Read at the Section for Obstetrics and Diseases of Women of the Suffolk District Medical Society, Nov. 25, 1903.

governor that they be incorporated as "The Society of the Lying-In Hospital of the City of New York," with the express purpose of finding homes and giving medical assistance to women in child-bed. To this worthy purpose the society owes its birth.

Thirteen years ago the Broome Street Dispensary and the society joined forces; an indoor service was added in 1895, the hospital standing on the site of the present one, which was opened Jan. 1, 1902. The building of this new hospital was made possible through the generosity of Mr. J. Pierpont Morgan and other citizens of New York. This description would be incomplete without recording the indomitable energy shown by Dr. James Markoe and other directors in supervising the construction and adding the many details that make this hospital a leading exponent of the science and art of obstetrics.

The Student. — The Lying-In Hospital is an institution the purpose of which is to teach obstetrics, quite as much as to conduct a work of charity. This purpose being fully recognized one cannot but believe that the student benefits thereby. The student resides in the main hospital during his term of service, — a restaurant being provided where he may obtain food at cost.

The service is three weeks in duration, and divided into two parts, that obtained in the hospital and that in the outdoor service. The first seven days are spent in the hospital, where he has demonstrated all normal and abnormal cases, makes rounds with the visiting physicians and house staff and receives instruction in the diagnosis and treatment of those abnormalities incident to the anti-, inter- and postpartum periods. Each afternoon he goes to the antipartum rooms, where all cases are examined applying for care in their homes during the labor. The house staff teach him the symptoms and signs of pregnancy, their importance and the treatment of any abnormality arising. Here he has an opportunity to practice the methods of sterilization of his hands for a vaginal examination. Thus by the end of seven days he has become familiar with the technique, incident to the care of a normal case of labor.

Before going to the outdoor service he receives instruction in the use of the contents of the "labor" and postpartum bags, the correct method of keeping the outdoor histories, of making postpartum calls and the asepsis and antisepsis employed.

Outdoor Service. — For the next seven days he is a junior on the outdoor service, the junior of the week before becoming a senior. He now accompanies one or other of the eight seniors on the labor cases, acting as assistant and being given abundant opportunity to examine all cases. In addition, he makes four to six postpartum calls daily; these, on account of the large area covered by the department, are assigned according to locality. Before being entrusted to make calls alone, he is taken by the