

improvement that they might be considered as perfectly, or at least for all practical purposes, cured; (2) thirty-four left it with very considerable improvement; (3) nineteen with some improvement; (4) seven left it with no improvement; (5) two of them were worse rather than better; and (6) four of them died. We thus see that thirty-nine of the hundred and five cases, or 37 per cent., terminated in recovery. Those which recovered perfectly were for the most part cases of the limited deposits in the lung. In such cases, after the treatment, there was considerable improvement of the general condition, gain of weight and strength, with increased appetite, and perfect absence of all pathological symptoms as regards the organs of respiration, though one or two may have shown slight variations from normal percussion-tones, and prolonged expiration at the apex of a lung; but this slight dulness at the apex is sometimes consistent with recovery, as it may be due to thickening of the pleura. It is not pretended that there is absolute freedom from relapses under other conditions of climate and modes of life. Years are required to settle this point affirmatively. In the second class, or those relatively cured, must be placed those cases in which there had been considerable destruction of lung-tissue, with subsequent contraction, etc. Their general health was improved; all hectic symptoms, where such were present, had disappeared; but the damaged lung remained as a sort of *caput mortuum* to the injury of the organism. Such cases must of necessity be very liable to relapse. If the 37 per cent. seem a large proportion of success, it is to be remembered that the cases subjected to this douche treatment were selected from those suffering from the most favourable forms of the disease. Only 25 to 30 per cent. of the G6rbersdorf patients were subjected to the douche. Only eleven of the cured cases had hereditary phthisis. Of the four fatal cases, one died of typhlitis and general peritonitis, of a purulent kind; one, after h6moptysis, died of tubercular meningitis; a third, after h6moptysis, died of acute and rapid phthisis; as did the fourth and remaining case.

As regards the immediate effects of the douches, and those of the combined or repeated douches, they are as follows: 1. The capillary vessels of the skin become accustomed to a sudden contraction (shown by pallor, cold feeling, and emptiness) and then become dilated for a longer time (shown by purple red colour, and a pleasant feeling of warmth). 2. There is an increase of cutaneous respiration. 3. There is increased tissue metamorphosis, and improvement of the general condition of the patients. The skin is too often neglected in consumptive patients, and at first the douche often proves very unpleasant. The reaction is promoted by vigorous rubbing with

towels, and very soon the skin begins to resume its functions, and the douche is no longer unpleasant.

Sokolowski considers the douche indicated—I. In those predisposed to phthisis, but not actually consumptive, as (1) children of phthisical parents, whilst growing up; (2) people who have very sensitive skin and mucous membranes, and are always taking cold; (3) in so-called "primary catarrh of the apices;" (4) in chronic bronchial catarrh, not definitely localized with history of consumption in the family; (5) in chlorosis of constitutional or hereditary type. II. In people already suffering from phthisis; (1) in all the acquired inflammatory kinds, if the general condition of the system be good; as (a) in limited deposits in one or both apices of lungs; (b) in more extensive lung-changes, *i. e.*, when the size of the deposit is larger, even with considerable breaking down of tissues in consequence of chronic, stationary phthisis, without pyrexia [in a note he says that slight evening exacerbations of temperature do not forbid the use of the douche; and he refers to a paper of his in the *Deutsche Zeitschrift f6r Praktische Medicin*, No. 46, 1875]; (2) in constitutional inherited phthisis when the lung symptoms are still limited and slight, and the general health is good. But improvement should already have set in under the use of appropriate diet and fresh air. In summer the douche may be used freely. In winter we must be far more cautious. Pharyngo-laryngeal catarrh is a decided contra-indication against the use of the douche in winter. Not only the time of year, but the weather of each day must be taken into account. The chief contra-indications are: 1. Great general debility, apart from lung symptoms; very an6emic people mostly belong to this class; 2. Well-defined hectic symptoms, even when not very severe; 3. When no improvement results from the use of the douche, or there is faulty reaction, a great feeling of weariness, long-continued chilliness, faintness, etc., produced by its use. As temporary reasons forbidding its use are: 1. The menstrual period; 2. Severe nasal catarrh, especially in winter; 3. H6moptysis; 4. Well-marked muscular rheumatism, and other complications or incidental maladies. Whether a tendency to h6moptysis forbids the douche is much disputed. Sokolowski thinks the objection theoretical. The experience of these hundred and five cases is against it; 70 per cent. of them had more or less h6moptysis; 27 per cent. rather considerable losses of blood. In the eight months of douches there were only nine slight, and four severe attacks of hemorrhage—only once immediately after the douche—thus, in only fourteen of the seventy-four was there any bleeding from the lungs during the treatment. Indeed, slight h6moptysis was several times