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WOODHALL SPA.

CASES, RESULTS, AND REMARKS.

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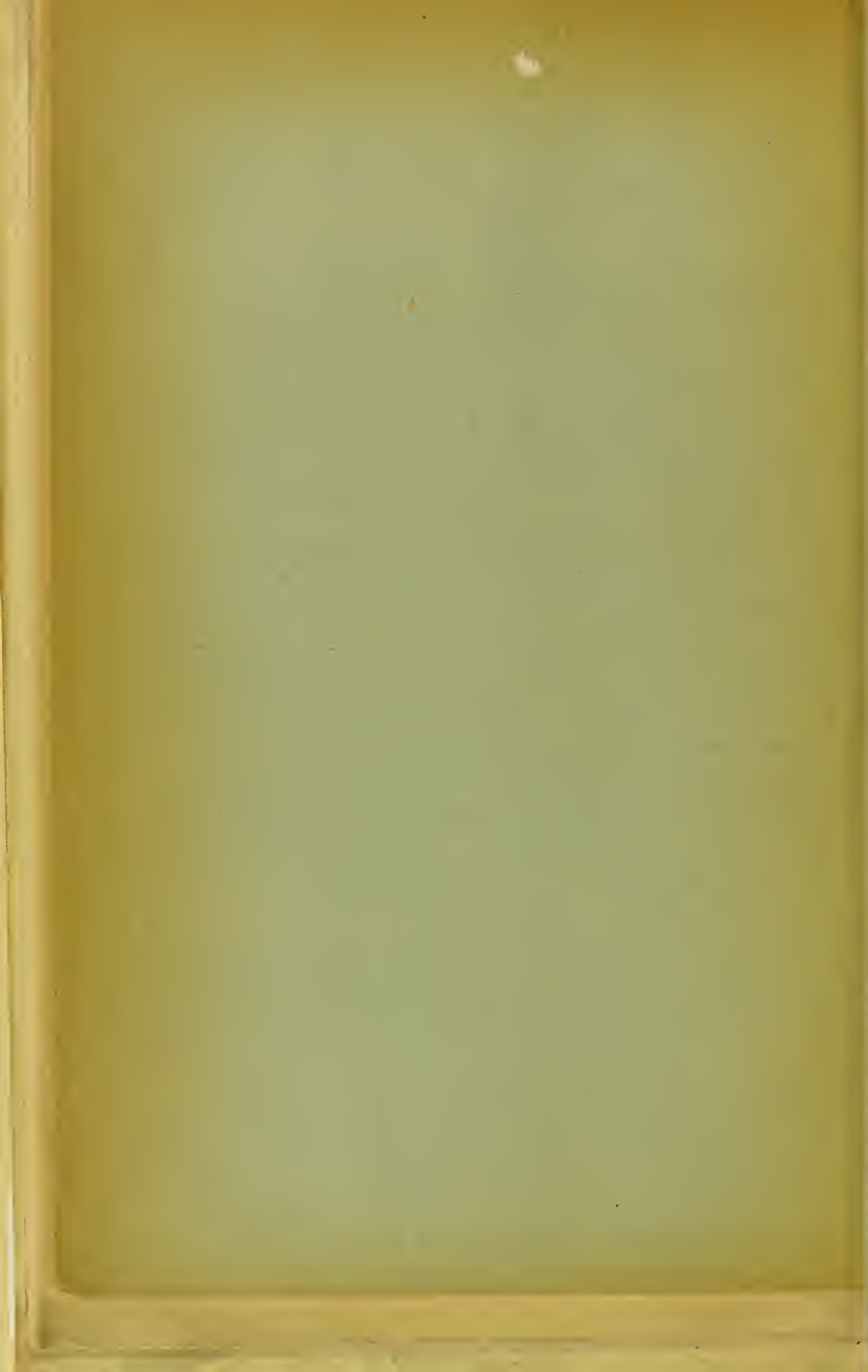
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PREFACE.

I HAVE ventured to record a list of cases of various maladies treated by the WOODHALL SPA BROMO-IODINE WATER. A perusal of these will at once show that it has been my object in writing these cases to put on one side all questions of theoretical pathology; it has been rather my endeavour to use the old nomenclature, to give a simple narrative of the facts as they have occurred, for, after all, we must learn from experience—theories vary, facts are eternal.

My experience as medical officer at Woodhall has spread over five years, and day by day I am becoming more convinced that we have in the natural water of this Spa a curative agent which is of unique value in many forms of disease which have resisted treatment at other Spas, and other remedies.

I would like to say that if any member of my profession has a desire to know more of the chemical character of the water, its mode of use, or its applicability to any special case, it will be a great pleasure to me to place any special knowledge, which my position enables me to possess, entirely at his disposal.

It has been suggested to me by several members of the medical profession that fuller particulars of Woodhall Spa and its neighbourhood would be acceptable and useful in guiding their judgment respecting their patients. This suggestion I have endeavoured to carry out, and I now have the pleasure in placing before you the following notes which I hope will embrace all the knowledge which is required.

Yours, &c.,

C. J. WILLIAMS.

1892.

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History of Woodhall Spa.

IN the year 1811 the late Mr. John Parkinson was sinking a shaft for the purpose of discovering coal, and when the borings had reached the depth of 540 feet a stream of water, tasting salt and of a high specific gravity, rushed into the shaft. This stream was diverted with difficulty and the operations continued until a depth of 1,000 feet was reached, when the enterprise was abandoned, no coal having been discovered.

About the year 1840 the late Thos. Hotchkin, Esq., Lord of the Manor, was interested in the matter, and was so impressed by the curative value of the Bromo-Iodine water that he expended nearly £30,000 in building an Hotel and Bath House. Until the year 1887 the place grew in reputation, and at this period the property was purchased by a Syndicate of Gentlemen connected with Lincolnshire, who enlarged the Hotel, reconstructed the Baths, added every modern apparatus for using the waters, and also built several houses.

During the last five years there have been a number of dwelling-houses, shops, &c., erected, and gradually the village has grown until it now includes over a hundred residences.

SITUATION.

Woodhall Spa is situated on the Horncastle branch of the Great Northern Railway, about mid-way between Boston and Lincoln, and can be reached in four hours from King's Cross Station.

During the summer months a through carriage is attached to the 3 P.M. train from London, but by all other trains it is necessary to change at either Peterboro' or Boston, and visitors should watch for Kirkstead station,

the junction for Woodhall Spa, where it is necessary to again change, as instances are on record of travellers being carried on and having to spend the night in Lincoln.

Passengers from Manchester or the North travel *viâ* Lincoln. Particulars of the times of arrival of these trains will be found in the time table on page 61.

ACCOMMODATION.

During the last five years the accommodation for visitors has been increasing rapidly, until at the present time, in addition to the two Hotels, there are numerous lodging houses, boarding houses, and shops. The station is not more than one-third of a mile distant from any house, and is within 300 yards of the baths.

The *Victoria Hotel*, which accommodates about sixty people, must always be the principal resort of visitors, as its proximity to the baths, which it almost adjoins, will be considered by many a great point in its favour, and now that it is possible to obtain baths of the mineral water in this building, the majority of visitors will, no doubt, prefer residing here during the winter and colder months of the year.

Added to this, it stands in grounds sheltered on the north-east by woods thick enough to break the severity of the wind even from that quarter; whilst its gardens, some four acres in extent, are most charmingly laid out, affording a pleasant shade during the heat of the summer, where visitors can enjoy the cool retreat of the pines and inhale the air redolent of their perfume.

The *Eagle Hotel* faces the station, and can receive about thirty visitors. It is situated in a large garden, and has its own tennis and croquet lawns.

A striking feature in Woodhall are the villa residences, mostly of Queen Anne pattern, which have been erected within the last few years. They are built on wide roads, on each side of which an avenue of trees has been planted,

and as nearly all the houses are detached or semi-detached, there is an absence of that crowding which is so prejudicial to the health of the delicate invalid.

A list of the lodging and boarding houses, with the number of sitting and bed rooms each contains, will be found on page 60.

SUBSOIL AND RAINFALL.

We can estimate with sufficient accuracy for all practical purposes the healthiness of any district by the character of its inhabitants, and it is a well-recognised fact that the inhabitants of Lincolnshire are notorious for their longevity and great physical powers. The Romans, no mean judges of the advantages of places, have left traces behind them in many parts of the county of their energy, their enterprising character, and their indomitable perseverance, whilst the hardy and tough Dane may be said to have left his mark upon the names of the villages, and the type of the inhabitants. These facts make Lincolnshire singularly rich in material of interest to the antiquarian or the anthropologist.

A totally erroneous idea is present in many minds that Lincolnshire is one vast fen. This is due to a great extent to the course taken by the Great Northern Railway, which runs through the flattest and dreariest parts of the county, skirting as it does for many miles the river Witham, and to those who have made the journey from Peterborough to Boston, and from thence to Lincoln or Hull, the country will present but little to interest the traveller; let such an one go to Woodhall and wander from thence to Somersby, the birthplace of Tennyson, and they will not wonder that he sang so feelingly of "The dearness of the distant hills."

Another idea floats about in the public mind which is that Lincolnshire is the very cradle of ague. Here again is another error, not a single case of this disease has

occurred either in Woodhall or within a radius of many miles for the last fifteen years.

In point of fact, Woodhall being built upon *moorland with a subsoil of sand*, and having, according to Mr. S. W. Miller, F.R.H.L., F.M.S., *a less rainfall than any other part of England*, the sporadic occurrence of ague in this place is an impossibility.

AMUSEMENTS.

Much has been written in favour of foreign watering places by those who find the amusements of English Spas somewhat tedious, and in such a place as Woodhall the visitor has to depend to a certain extent on himself and on those he meets, to prevent the time from hanging heavily on his hands.

Strenuous efforts have been made for the recreation of visitors, and an excellent tennis ground with four courts has been laid out as well as a croquet ground and bowling green.

A Golf Club has lately been formed, and visitors desirous of becoming members can do so on sending in their names to the Secretary, Mr. E. W. Stokoe, Ellon Lodge. The Links are situated half-a-mile from the Victoria Hotel.

Good coarse fishing can be had in the rivers Witham and Bain, and boats can be hired by the week or month for those who are fond of boating. These can be kept at Kirkstead, one and a-half miles distant from the Spa.

Riding horses and carriages can be obtained from the Hotel Stables, and during the hunting season the Southwold, Blankney, and Burton hounds meet within reasonable distance.

From June to the end of September a good band plays three times daily, and on certain evenings Entertainments are provided in the Tennis Pavilion.

DOMESTIC WATER SUPPLY.

Lincolnshire, erroneously supposed to be one of the wettest counties in England has, as lately as 1888, shown the falsity of this supposition. It was in this and the previous year that many districts were threatened with a water famine, Woodhall Spa being one of the places that suffered from want of water most severely.

To prevent the dangers arising from such a cause and to meet the requirements of the rapidly increasing population, hitherto dependent for their drinking water on surface wells, the contents of which were often of doubtful purity, arrangements were entered into with the Horn-castle Water Company for a constant service from their supply.

This water of exceptional purity springs out of the limestone rocks at Cawkwell on the Wolds, and is conveyed to a covered reservoir at Woodhall, a distance of fourteen miles, in iron pipes. There can, therefore, be no fear of contamination from impure drainage or sewage products.

Both the Hotels are supplied with it, and it is satisfactory to state, in the interest of the visitors, that *most* of the lodging house keepers have had their houses connected with the main.

DRAINAGE.

One of the advantages of English Spas, contrasted with foreign health resorts, lies in the fact that the drainage question is more considered, and every endeavour has been made to render the sanitation of Woodhall perfect.

One most important point is the absence of cesspools, nearly all the houses draining into the sewers, which are

flushed daily, and the sewage pumped on to land well removed from all buildings.

These precautions, together with the ventilation of house drains, have kept the Spa in a perfectly healthy condition, and since the formation of this system of drainage no epidemic has occurred, even when epidemic diseases have been rife in the neighbouring villages. It is interesting to note that during the outbreak of influenza, which was prevalent in the spring of 1891, only one patient, who was taking the baths, suffered from the complaint, and it may be further mentioned that the neuralgic pains and profuse sweats so common after the disease, are always removed by a course of these waters.

DURATION OF THE COURSE.

One of the first questions a patient asks on arrival is, "*The Duration of the Course of Treatment.*" This it is impossible to definitely state, as so much depends on how the baths agree, and my experience is that the number can only be regulated by carefully watching each individual case, but it may be stated as a general guide that the period of saturation is seldom reached before twenty-one baths have been taken, whilst in some chronic and obstinate cases it may be necessary to continue them until thirty or even more have been given, and it is common for patients to have to submit themselves to an annual course. This is especially true of those cases where the gouty diathesis is inherited, and the proclivity to the formation of an excess of uric acid pronounced.

INTERNAL ADMINISTRATION OF THE WOODHALL WATER.

At the Spa it is customary to prescribe the water to be taken in two or three doses during the day, commencing

with a small quantity and gradually increasing the dose, the daily amount for an adult being from 10 to 30 ozs. The first draught should, if possible, be taken before breakfast, and five minutes should elapse between each ounce imbibed; so that if 8 ozs. are prescribed, at least half-an-hour should be occupied in drinking this quantity. If the patient is strong enough, gentle exercise may be indulged in during this time, as it assists the absorption of the water. In no case must any food be taken within half-an-hour of drinking the water.

The next dose should be taken about mid-day, and the third about 4 p.m., the same mode of drinking being observed; for if the water is swallowed in too short a time, a purgative action from non-assimilation of the chlorides is often the result, or a feeling of sickness with flatulence, or a headache is observed.

Various modifications have to be made to suit the idiosyncrasies of individuals, some patients being unable to absorb the water when the stomach is empty, whilst in others it is necessary to give it warm, or even to dilute it with plain hot water before it is easily borne.

When the water is first taken, especially in those who assimilate it easily, constipation is often caused, but as the dose is increased a copious, daily evacuation results.

The quantity of urine excreted is considerably increased whilst under the influence of the water.

EXTERNAL APPLICATION OF THE WOODHALL WATER.

We attach great value to the effect of the action of this water when applied in different forms to the surface of the body.

THE FULL OR RECLINING BATH.

When it is thought advisable to immerse the body completely in the water we advocate a bath to be taken either before breakfast or two hours after a meal. In some cases it is sufficient if such a bath is taken every other day, but where it is desirable to produce a state of saturation in a limited time, or where the disease will only yield to the most stringent measures, a daily bath is recommended.

The temperature and the time spent in the water must be fixed by experience. At first we advocate about ten minutes, gradually increasing this until a much longer period is reached.

The action of the bath and waters may be much assisted by the use of compresses of the Mutterlauge, which must be applied evenly and tightly, and covered with a water-proof sheeting, so that no evaporation takes place. If used in this manner they act like poultices, and if continued long enough, an eczematous rash is produced, the "crisis," as it is termed by hydropathists.

Experience teaches that in some cases, especially in the aged, and in those who have heart troubles, immersion of the body in the water is too exhaustive, and in such cases some of the undermentioned baths prove more beneficial.

SITTING OR SITZ BATH.

We employ this in the treatment of piles and uterine conditions. This bath is very convenient for those who have the water from a distance.

THE VAPOUR BATH, GENERAL AND LOCAL.

The latter has proved most useful either as an alternative or an adjunct to other treatment, in cases of gouty or rheumatic enlargement of joints. This form of vapour bath is usually combined with massage of the affected limb.

MASSAGE DOUCHES.

Besides all the usual kind of douches, rooms have been specially fitted up in order that wet massage may be carried out as efficaciously at Woodhall as on the Continent, and thoroughly experienced attendants have been engaged.

NASAL DOUCHES AND SPRAY PRODUCERS

Are also used in cases of chronic catarrhal conditions of the nose, posterior nares or pharynx.

OBJECTS OF INTEREST IN THE NEIGHBOURHOOD OF WOODHALL.

Boston is within a short railway journey of Woodhall, and is a town which has a great attraction for Americans. Longfellow writes:—

“ St. Botolph’s tower. Far over leagues of land
And leagues of sea, looks forth its noble tower,
And far around the chiming bells are heard.”

The town may be represented as analogous to the port of Lincoln, as it stands on the Witham and a short distance from the sea. Historically it is full of interest, but its commercial position was at one time of great importance, being only second to London as a seaport. Gradually, however, the town as a port deteriorated, and although attempts were made to deepen the Witham orifice, no good results ensued until the construction of the new dock. The most conspicuous event in the history of Boston is the emigration of some of the population in 1620. The “ Pilgrim Fathers,” headed by John Cotton Key, sailed in the *Mayflower*. These founded the town of Boston in America.

The Parish Church of St. Botolph’s, known by the inhabitants as “ Boston Stump,” is in structural capacity, the largest church in the world. It was built during the reign of Edward III. The interior of the church is colossal and full of interesting brasses, &c. The tower is the chief

object of interest, and is 288 feet from its base to the top of the vanes. It rises in three gradually smaller stages, and is visible forty miles away across the Wash, and on the Norfolk coast. Jean Ingelow is a Boston woman.

BLANKNEY.—Within a drive of Woodhall. Is the residence of the Right Hon. H. Chaplin, M.P., whose home is a large mansion, standing in a well-wooded park. The Church was rebuilt in 1880. In the chancel is a slab of John de Glori. In the north chancel is a magnificent effigy of Lady Florence Chaplin, whose tomb in the churchyard is sculptured by Böhm.

LINCOLN—the very name of which is full of interest. By the Britons it was called *Caer Lindcoit*. The Romans called it *Lindum*, which is generally accepted as being the derivation of *Linden*, and denotes “The hill fort of the pool.” The following embraces the principal objects of interest to be explored in this city.

The Cathedral, generally called the Minster, although it was never a monastery, is magnificently situated on a hill overlooking the town, and with its varied form of architecture, its splendid Nave, its tower, its great Transept, its Presbytery or Angel Choir, which, as Mr. E. Sharpe writes, “Exhibits in every part a refinement and elegance, as well as a delicacy of finish in its minutest details to which it would be difficult to find a parallel in the whole range of Gothic art.” All these will amply repay any visitor for the short journey from Woodhall.

In addition the city has several Parish Churches, the Bishop's Palace, the Castle, the Jews' Houses (Norman), the Stone Bow, a Fifteenth Century Turn-gate, Newport Arch, the only Roman gate in England except Colchester, and a number of old houses. All these are of deep interest to the antiquarian and present features of interest which are not to be surpassed by any town in England.

HORNCastle is within a few minutes' journey by rail and has a fine old Parish Church, on the wall of the north aisle of which is the brass of Sir Lionel Dymoke, Champion

of England, 1519. In the North Chapel is the monument of Sir Ingram Hopton, who lost his life in the battle of Winceby.

SCRIVELSBY COURT, only a few miles' drive from Woodhall Spa, is the ancient seat of the Dymoke family. It was given by the Conqueror to his Steward—Robert the Dispenser. The present Champion is descended from the granddaughter of Lord Marmion, who married Sir John Dymoke in 1292. The Champion was required to appear in bright armour at the coronation, and challenge the Sovereign three times against all comers, receiving from the officer a gold cup filled with wine (several of these cups were in the Jewel house at Windsor Castle). The ceremony was last performed at the Coronation of George IV.

KIRKSTEAD, only a few minutes' walk from Woodhall, has the remains of a Cistercian Abbey, founded 1139, by Hugh Brito. This building was originally very extensive, as can be traced by the foundations, but only a small portion of the North-East Angle of the South Transept still exists.

The most attractive feature of Kirkstead is the Chapel of St. Leonard's, a perfect specimen of early English architecture. It has been closed for the last five years as the building is supposed to be unsafe. It is to be hoped that attempts will be made to restore such an unique example of this period of Church or Chapel building. Such specimens are rare enough and ought to be rigidly preserved.

REVESBY ABBEY, the seat of the Honourable Edward Stanhope, is about seven miles from Woodhall, and is a modern Elizabethan building, standing in the same place as the old Abbott's Home. The Church, recently restored by Mr. Hodgson Fowler, is well worth a visit.

There is little to be seen of the old Abbey, which was situated in the south of the village, but a ground plan has been carefully excavated, and is in the possession of Mr.

Stanhope. The late Sir Joseph Banks, the celebrated naturalist, lived chiefly here, but he was buried at Heston.

There are two ancient tumuli in this village which it is the intention of Mr. Stanhope to open at some not very distant day.

TATTERSHALL CASTLE is within an easy drive of Woodhall. It consists of a keep tower, representing the finest specimen of mediæval brick work in England. It is 112 feet high. The doors and windows are beautifully moulded, and the red brick, toned by age, gives a great fascination to the building. Inside the Castle are several very grand chimney pieces with rich coats of arms. From the leads a good view of Boston Church and Lincoln Minster can be obtained. The Church at Tattershall was rebuilt by Lord Treasurer Cromwell. There are some fine brasses in this Church representing the builder of the Church and Castle, headless, and without his wife's effigy.

TOWER IN THE MOOR is part of a hunting lodge of Cromwellian building built in 1500. Two miles from this the ancient Church of Martin, with normal south door and very narrow chancel arch, can be seen.

SOMERSBY.—A remarkably picturesque village which has become of world-wide celebrity, it being the birthplace of Alfred Tennyson. The Rectory, where Tennyson was born in 1809, is an old-fashioned homely comfortable house, with no special attractions. Those who know his poems will trace some connection between his earliest efforts, such as "Ode to Memory," and this old parsonage.

"The seven Elms, the Poplars four,
That stand beside my father's door,"

are now diminished; some, however, remained last year. The brook still bubbles on and sings:—

"I come from haunts of coots and hern,
I make a sudden sally,
And sparkle out among the fern
To trickle down the valley."

Somersby is within an easy drive of Woodhall, and those who undertake the journey will drive through some lanes which are typical of rural England.

LIFE AT THE SPA.

It has often been remarked by visitors that notwithstanding the lazy life led during a residence at Woodhall, there has scarcely been any time left unoccupied if the patient has conscientiously followed out the directions given him for completing his cure.

He has, if strong enough, to rise early, and devote from half-an-hour to an hour in imbibing the Spa water and taking the necessary exercise before his breakfast, after which the forenoon is passed in bathing and resting after his bath.

The afternoon is devoted to walking, driving, playing tennis or golf, interrupted about four o'clock, with further water drinking.

In the evening the band performs from 7.30 to 9.30 on Wednesdays and Saturdays. A concert or entertainment is generally given about once a week.

By ten o'clock most of the visitors have retired, the air, which is peculiarly strong and invigorating, increasing the desire for sleep, and this, together with the early rising, necessitates an early departure to bed.

SEASON FOR VISITING WOODHALL.

It is undoubtedly more pleasant to visit Woodhall and submit to the treatment during the summer, but it is an error to believe that good does not come out of the course when taken during the winter months.

A large experience during the most severe weather at the Alexandra Hospital conclusively shows that equal

benefit arises at one time of the year as at another. Moreover, the Mineral Water Baths can be obtained in the Victoria Hotel, so that it is quite advisable for those to whom time is important to visit Woodhall any month.

It is pleasing to record that during the year 1891, 11,000 baths were given, this number being a considerable increase over the previous year.

CASES ILLUSTRATING SOME DISEASES
IN WHICH THE
BENEFICIAL EFFECTS
OF THE
Woodhall Spa Water
HAVE BEEN DEMONSTRATED.

CHRONIC ARTICULAR RHEUMATISM.

REMARKS ON CHRONIC ARTICULAR RHEUMATISM.

We have included in this group all those cases in which the joints have been for a time the seat of pain; pain increased by movement and pressure, and often coming on in violent paroxysms at night. Crepitation could usually be felt when the joints were moved. In some instances the joints have been enlarged, but we have excluded those cases in which there have been bony outgrowths, arching bones, or destruction of cartilage. These we have described as cases of "deforming articular rheumatism." Many of these cases of chronic articular rheumatism will be found to have slowly crept on, with attacks of acuteness, but without elevation of temperature, and they would appear frequently to be caused by residence in a low, damp district. There are others in which there have

been several attacks of rheumatic fever. These persons will be found to become rheumatic on the approach of change of weather, or after exposure to a draught, or after getting wet. Sometimes one joint is affected, sometimes another, the joints are very sensitive and painful when moved. The latter form is very difficult to manage, and is frequently combined with muscular pains and neuralgia.

CASE 1.—A. B., aged 25, a blacksmith, who had been confined to his bed for twelve weeks with acute rheumatism, came under my care in 1888.

He was much emaciated, was subject to profuse sweats, the digestive organs deranged, the bowels constipated, and the urine loaded with urates. The arms could not be raised above the head, the shoulders and elbows were both affected, whilst walking was performed with the utmost difficulty, the knees being swollen and stiff.

After three weeks' treatment locomotion was possible without pain, and he could use his arms with perfect freedom, and at the end of the fifth week he was able to return to his work, the swelling about the joints having disappeared.

CASE 2.—J. C., aged 25, had been suffering for three months from rheumatism in the back,

in both feet, and in the right arm, the shoulder and both ankles being swollen. Five years previously he had been attacked with rheumatic fever, which had left him with valvular disease of the heart.

After a three weeks' course of baths and waters he left to resume work, perfectly free from all pain, all effusion about the joints having disappeared.

CASE 3.—J. A., aged 21, was admitted to the Hospital in September, 1889, suffering from pain in the back and shoulders, the result of an attack of rheumatic fever, which had commenced in January, 1889.

The digestive organs were much deranged, the rheumatic sweats were very noticeable, and there was a presystolic mitral murmur.

After a month's treatment he returned to his work, with the pain quite relieved, the digestion good, and greatly improved in general health.

CASE 4.—A. B., aged 21 years, a housemaid, was admitted to the Hospital in March, 1890, with rheumatic pains affecting the lumbar region, and slight effusion in both knees, the pain being so intense that she was unable to sleep at night. She had rheumatic fever three months before admittance.

After a month's treatment, she was discharged free of all pain, the swelling in the

knees had subsided, she could sleep well, and all the functions, including menstruation, had become re-established.

CASE 5.—Mrs. B., aged 40 years, was admitted to the Alexandra Hospital, in July, 1890, with rheumatism affecting the ankles and knees, these joints being much swollen. She was quite unable to walk, and suffered much pain, particularly at night.

Has had rheumatic fever twice, the last time two years previously.

She was treated here for one month, when she was discharged, with the joints in the normal condition, free of all pain, and able to walk with ease.

CASE 6.—A. P., aged 21 years, came under my care suffering from rheumatism, effusion in the shoulders and knees, with much swelling of sole of foot, and great pain on movement.

He had rheumatic fever two years previously, and commenced with present attack six months ago.

After one month's treatment he could walk without pain, there was no swelling, and he was able to dress himself unaided.

MUSCULAR RHEUMATISM.

REMARKS ON MUSCULAR RHEUMATISM.

We have embraced in this class all those cases which we have considered rheumatic, and which affected the fibrous tissues of any structure, excepting those about the joints.

The predominant symptoms in all these cases are diminished mobility, a peculiar stretching pain, and pain induced by pressure or movement. There are no physical signs apparent over the muscle attacked. The pain will be found to wander in some cases from muscle to muscle, in other cases, especially the shoulders, it will remain fixed week after week.

These cases are often very acute, coming on after exposure to a current of air, undue muscular exercise, or some obscure cause, whilst in others the condition creeps gradually, and will spread over a period of years. The pain is generally made worse by cold or damp and improved by warmth. In some instances, however, the pain is worse in bed.

In this group we include those cases of tender skull, which we hear called cephalalgia rheumatica, stiff neck or wry neck.

CASE 7.—P. S., aged 72 years, was seen by me in July, 1889. He had suffered for the past ten weeks from muscular rheumatism affecting both deltoid regions, which had re-

sisted all treatment, and prevented him from raising his arms to their proper height.

After a three weeks' course he declared himself free of all pain, and could move his limbs with perfect freedom and complete range of movement.

CASE 8.—J. C., aged 37 years, came here in August, 1889. He had suffered for three months from rheumatism affecting the muscles of the legs and back, and had also eczema on the right hand.

With one month's treatment, both the eczema and pain had entirely disappeared.

CASE 9.—J. T. G., aged 20, presented himself in June, 1890, and was then suffering from rheumatism affecting the muscles of the right hip, giving intense pain on movement, and preventing him from using his leg. This had followed an attack of pneumonia, and was of five months' duration. Improvement was rapid, and after one month's treatment, he returned to his work, able to walk perfectly without pain.

CASE 10.—Mr. B., aged 74 years, arrived here in July, 1890, and was then suffering from rheumatism in the extensor muscles of thighs and in the fibrous structures over the sacro-iliac joints. It had commenced six

months previously after influenza, and had been gradually getting worse until he was unable to walk, the pain being so much increased by movement. He had valvular disease of both mitral and aortic valves, but had never suffered from rheumatic fever.

After three weeks' treatment the pain was greatly relieved, he was much stronger, and was able to walk freely.

CASE 11.—Mrs. H., aged 62 years, was admitted to the Alexandra Hospital in October, 1890, with rheumatism involving the structures about the knees, shoulders, elbows and wrists. There was no swelling, but much pain on movement.

The disease had commenced two months previously, during which period she had been greatly troubled with insomnia, her sufferings being much intensified at night.

After one month's treatment, she was discharged, entirely free of all pain.

CASE 12.—W. B., aged 53 years, was admitted to the Hospital in 1890, with rheumatism affecting the muscles about the shoulders and knees. There was no swelling about the joints, but for six months the movements had been painful and embarrassed. He was only able to remain three weeks, but was then free of all pain, and could move his joints with ease.

He returned in August, the left ankle having become swollen, and after a further three weeks' treatment, was discharged cured, the swelling and pain having entirely disappeared.

DEFORMING ARTICULAR RHEUMATISM.

REMARKS ON DEFORMING ARTICULAR RHEUMATISM.

By the above table, we wish all those cases to be embraced in which there is an overgrowth of all the structures which build up the joints, but it must be borne in mind that the inflammation or hypertrophy will diminish or cut off the blood supply to the cartilage and the interior of the joints; hence we not only find hypertrophy of bone ligaments and synovial capsule, but, *pari passu*, absorption of cartilage, wearing down of bone and dryness of joint. (*Arthrite chronique sèche*.)

One striking fact has fixed itself on our notice, that is, the common association of deforming articular rheumatism with a tubercular family history, and to many it might appear more accurate if we had cut out these cases in which there is a marked family history of consumption and grouped them with the cases "tubercular disease," but we have thought it more practical to link those cases in which the

tissues have not suppurated, and class them in this section.

The enormous amount of lipping of bone which occurs will often cause great deformity and crippling, and where several joints are involved, movement becomes impossible. The joints will also not infrequently become dislocated, especially the little finger, which we have seen almost at right angles with the metacarpal bone. When the hand is the home of the malady, we find a curving and flexing of the metacarpal bones, which causes them to assume a position like a number of steps; they will also lie over each other like slates in a roof, and they invariably deviate to the ulnar side. A common joint to be attacked is the hip, especially amongst those who gain their livelihood on the land (*morbus coxæ senilis*).

We can have little faith in improving much those cases in which the disease is far advanced, but we do assert that where this complaint has just commenced, or where joint after joint is becoming slowly involved, that repeated courses of this treatment have arrested its progress, and patients who have arrived at Woodhall walking on crutches have left able to walk without them. This improvement we consider has been due to improved general health and absorption of inflammatory material which had not become organised.

CASE 13.—E. H., aged 23 years, was admitted to the Alexandra Hospital in March, 1890, suffering from deforming articular rheumatism of thirteen months' duration, involving both knees, hands and feet, the joints of which were much swollen and enlarged. He had had rheumatic fever seven years previously, which had left a presystolic mitral murmur.

After a month's treatment he had much improved, the swelling had greatly subsided, the pain had nearly disappeared, and he could walk more easily.

CASE 14.—Mrs. G., aged 25 years, came under my care in May, 1890, with deforming articular rheumatism. The disease was of seven months' standing and had commenced in the left shoulder, then involving the elbows, fingers, knees and ankles. There was also pain in the back of the neck.

With a month's treatment the pain had much decreased, the swelling had greatly diminished, and she was able to return home and resume her usual duties.

CASE 15.—Miss G., aged 44 years, paid her first visit here in June, 1889. Deforming articular rheumatism had commenced three years previously in the fingers, and had since spread, until it had affected all the joints with the exception of the hips and jaws.

There was profuse local and general sweating, particularly at night, with rapid high tension pulse.

A strong history of phthisis was given, and a highly neurotic temperament was observable.

After a month's treatment she returned home improved, walking with more ease and having less general pain.

She visited the Spa in June, 1890, having passed a better winter; many joints which had previously been much swollen had decreased in size and were more freely moveable.

Within the last two months she wrote me that on looking back she "could trace a decided if slow improvement since first taking the Woodhall baths."

CASE 16.—E. S., aged 28, admitted to the Hospital in July, 1889, with deforming articular rheumatism affecting knees and fingers. It had commenced in the latter a year previously, and had also slightly attacked the shoulders and elbows. The left knee was much drawn up and swollen, whilst the right knee was capable of a very limited amount of movement.

There were here present all the ordinary symptoms of the disease, with a family history of phthisis.

She returned in 1890 for further treatment, and when she left she had practically recovered, being free from all pain, and the general health

having greatly improved. The right knee was capable of increased movement, and the left leg was much straighter, so that she was able to dispense with the crutches which she had been obliged to use for the year past.

CASE 17.—Miss R., aged 62 years, first came under my care in the summer of 1889, suffering from deforming articular rheumatism of both knees.

She had during the previous year undergone three courses of treatment at another English Spa with no apparent benefit.

On arrival she was quite unable to walk, and it was with difficulty that she rose from her chair. She remained here for five weeks with good results, her general health having greatly improved, and the local condition being so much better that she was daily able to walk a mile with but slight discomfort.

She returned in June, 1890, and was then able to accomplish three miles with comparative ease.

CASE 18.—C. E., aged 46 years, admitted in October, 1890, suffering from deforming articular rheumatism of right knee and left wrist. The disease had commenced three years previously, and the joints were swollen and painful.

He remained here one month, during which

time the wrist had greatly improved, the knee had become much stronger, the swelling having diminished, and he could walk on that leg without feeling pain.

CASE 19.—M. A. P., aged 50 years, was first seen by me in April, 1890, suffering from deforming articular rheumatism.

The disease had commenced two years previously in the fingers, and had since spread to the ankles, knees, elbows, and shoulders, all these joints being puffy and enlarged, with in many instances great effusion.

There was here again a phthisical family history, combined with a neurotic temperament.

Her general health was very debilitated, and she was unable to walk or dress herself.

Marked benefit resulted from a month's treatment here, and she returned in October for a further course, leaving greatly improved in health, able to walk a fair distance, and nearly free of the pain which had been a most distressing feature in her case.

CASE 20.—W. C., aged 34 years, was first seen by me in June, 1890, suffering from deforming articular rheumatism of four years' duration.

The disease had commenced in the shoulders, and had since involved the knees, fingers,

wrists, and elbows, and slightly the ankles and feet.

A phthisical history, with all the common symptoms of his complaint, were observable. He underwent a month's treatment, returning in November for a further course, and left greatly improved, the joint swelling having much diminished. There was increased power of movement, and he was able to walk with perfect ease.

CASE 21.—W. B., aged 44 years, was admitted to the Hospital in August, 1890, with deforming articular rheumatism, which had commenced seven years previously, but had rapidly advanced during the last four months.

It began in the knees and feet, gradually involving the fingers and hands, and also the elbows and shoulders.

There were here physical signs of weakness about the apices of lungs, with a family history of phthisis.

Although on admittance he was unable to walk 200 yards, he could after a month's treatment cover two miles without feeling fatigued.

The joints had greatly decreased in size, the general health was much improved, and there was a marked absence of the local sweatings with which he had been greatly troubled.

GOUT.

REMARKS ON GOUT.

A perusal of the cases under this heading will demonstrate the fact that the Woodhall treatment is a prophylactic in cases of gout.

We are convinced that it is unwise to subject those who are suffering from the disease in its acute form to the baths, but in all those cases of gout which have come under treatment when the disease has been recurrent and persistent, and when there has been depression of the general organism, as is so often seen in the victims of repeated gout, we have seen some remarkable results. The quality of the blood improves, the muscular energy returns, the mobility of the joints recover, and what has been of greater value, the disease has been apparently kept in check by an annual course of the waters.

CASE 22.—Mr. S., aged 60, has suffered much from gout for many years past, and is now seldom without an attack for more than a few months at a time. He underwent a three weeks' course of treatment here in August, 1889, and returned for a further preventive course in 1890, having never been so free for many years past, having only had one slight attack during the intervening twelve months. This was without any altered mode of life.

CASE 23.—Mr. P., aged 50 years, first came under my care in August, 1888. At that time he was suffering severely from gout, which attacked both feet, knees and hands. For the past fourteen years he has seldom been free from acute attacks. He underwent a month's course of treatment, returned at the commencement of 1889, and has resided here from that date. Since the attack during his first visit he has never suffered from the slightest symptom of gout, and this I attribute to the preventive course of baths he takes every spring.

CASE 24.—Mr. F., aged about 55 years, has been a sufferer from gout for the past fifteen years, and has regularly every year undergone a cure at some watering-place. He first came under my care in July, 1889, and informed me that he had passed a very bad winter, having repeated attacks of gout of a very severe nature. After a month's treatment he left much improved, and returned again in 1890 for a further course, when he stated that he had suffered less during the past winter, and felt better than he had done for the last thirteen years.

CASE 25.—Mr. T., aged 50, was first seen by me in April, 1890, and was suffering from gout, which had commenced three years previously,

and was continually giving him trouble. He only remained three weeks, but returned in 1890 for a further course, when he stated that he had been perfectly free of gout, and felt in excellent health.

CASE 26.—Mr. W., aged 35 years, was first seen by me in 1887. He was then suffering from a very severe attack of acute gout. This case was one of a most obstinate character, the disease being not only inherited, but also fostered by the sedentary life which was led, and by the injudicious indulgence of a too healthy appetite. I may mention that the patient was an abstainer. After a six weeks' course he left much benefited, and returned in 1888 for further treatment, not having been troubled with any attack since his first visit. He did not repeat the course in 1889, but in April, 1890, again came under my charge, and was then suffering from gout which had commenced in December, 1889, and had obstinately resisted all treatment.

He remained here about two months, and left free of all gouty symptoms and much improved in general health.

SCIATICA AND LUMBAGO.

REMARKS ON SCIATICA AND LUMBAGO.

We use the term sciatica to indicate a painful condition of any of the nerves of the sacral plexus, which supply the leg from the pelvis to the extremity of the foot. We might be more accurate, and by localising the pain, call each case according to the nerve attacked; we should thus be able to speak of cases of crural, external, middle, and internal cutaneous neuralgia; also internal, saphenous, and muscular cutaneous neuralgia in the anterior aspect of the leg, whilst posteriorly the small sciatic external cutaneous, communicans peronei, and external saphenous nerves may and frequently are the seat of acute pain.

Practically, we find the most common seats of pain are behind the great trochanter, below the head of the fibula, the outer ankle, and dorsum of foot.

Sciatica usually creeps on gradually, the pain is never absent, but attains its maximum at stated times, frequently about two in the morning, when the victims are awakened by most excruciating pain, so severe that patients will commonly get out of bed, and we have known cases where the sufferer has sought relief by kneeling on a bed or sofa for several hours at a time.

The affection is most obstinate, and depends on a variety of causes.

A glance at the duration of our cases will demonstrate that sciatica is a malady which spreads over a considerable period, and that it is prone to relapses.

Lumbago, or lumbar neuralgia, is the form which attacks the cutaneous branches of the lumbar plexus. The most painful points are usually external to the lumbar vertebræ, somewhat above the crest of the ilium, and a point just in front of the anterior superior spine of the same bone.

CASE 27.—R. T., aged 56 years, had suffered from sciatica on and off for the last nine years. He was first seen by me in June, 1889, and had then been suffering for the past three months, during which term he had been unable to do any work. After remaining here one month he left completely cured, and has since then had no return of the complaint.

CASE 28.—W. W., aged 61 years, was admitted to the Hospital in June, 1889, suffering from lumbago and sciatica. The attack had commenced nine months previously, and had entirely incapacitated him from work. Had rheumatic fever thirty years ago, which had left a lesion of the aortic valves. He remained one month, and returned home to his work perfectly free from pain.

CASE 29.—W. M., aged 49 years, was admitted to the Hospital in April, 1890, and complained of pain in the sciatic nerve, which had commenced six years previously, and was of the most obstinate character, resisting all remedies, every attempt having been made to subdue the complaint in the Lincoln County Hospital, where he had been for twenty-eight weeks before his arrival here. After one month's treatment he left, feeling better than he had done for the past six years, and nearly free from pain.

He returned in November, having a slight pain on the dorsum of the foot, and informed me that he had been very well all the summer, having been able to do harvest work and make hay; the first work he had attempted for the past three years.

CASE 30.—Mr. T., aged 24 years, came under my care in June, 1890, suffering from sciatica, which had troubled him for the past five months. He had previously had two other attacks, and was of a very rheumatic character generally. After three weeks' treatment the pain had nearly subsided, he was able to walk well, and returned to his work cured.

CASE 31.—Mr. L. first came under my care suffering from pains over the sacro-iliac joints, which had been troubling him for the past

twelve months, and were no doubt of a purely gouty character. He had been in the spring to some baths for two months with no result.

On the second day after his arrival, before he had undergone any treatment, he was seized with a most severe attack of sciatica in the left leg, which absolutely prevented any movement for quite ten days, and which resisted all remedies. He then commenced the baths and waters, and began to show gradual improvement. After a very severe course, lasting nearly two months, he left free from all pain, able to walk well, and ride thirty miles daily.

CASE 32.—Mr. D., aged 35 years, suffering from sciatica in both legs, with rheumatic pains over the lumbar region, was first seen by me in September, 1890. This was the second attack within the year, and had lasted about three weeks.

After a short course of baths he left, with the pain much improved but still present. He was, however, able to ride, and the sciatica gradually vanished, and did not return during the winter.

SKIN DISEASES.

REMARKS ON SKIN DISEASES.

The benefit which has been manifest after treatment of cases of local eczema and the varieties of acne has been most encouraging, and in every instance rapid permanent good has been attained.

There has been in many instances a tendency to recur, a tendency always associated with such cases, but the relapses have been of longer intervals and of less severity. The cases of psoriasis have also shown evidences of improvement, but we are not able to say that an absolute cure has been effected in any instance. We believe this to have been due to two reasons: firstly, the disease is one which is always spread over a long period; secondly, circumstances have not enabled us to carry out the treatment for a sufficiently long time to hope to attain this result.

We are desirous of extending our treatment to cases of all the varieties of constitutional skin diseases, and are not without hope that in such cases as lichen ruber and pityriasis rubra we have in the Woodhall Spa water a remedy of great power. A glance at the chemical analysis will support us in the hope, because we find its constituents embrace all those drugs which have been sanctioned by time and ex-

perience as possessing a curative power in every symmetrical and persistent form of skin disease.

PSORIASIS.

CASE 33.—Miss T., aged 28 years, was first seen by me in 1887, and was suffering from psoriasis, involving most parts of the body with the exception of the face. She had had it for some years past, and treatment had been of little avail.

During her course here the skin assumed a healthier appearance, and there were no signs of fresh patches. She returned in 1888 and 1889, and declared that she was much better in the winter than she had been before taking the baths.

CASE 34.—Dr. C., who had lived for many years in India, came under my care in 1889, suffering from psoriasis, covering most of the body. He was of a gouty disposition, and was much troubled with dyspepsia. He took a month's course of baths and waters and was greatly benefited, the skin being in a much healthier condition.

He returned in 1890 for a further course, when he assured me he had spent a good winter.

CASE 35.—J. B., aged 18 years, a domestic servant, was admitted into the Alexandra

Hospital, suffering from psoriasis affecting the legs and arms, of three years' duration. After one month's treatment of baths and waters she left, the psoriasis having much improved, there being no new patches, and the old ones gradually dying.

ECZEMA.

CASE 36.—Miss E., aged 28 years, was first seen by me in the summer of 1888. She then came in the hope that a course of these waters would prevent a return of eczema, which had always attacked her every winter for some years past. She had been to Royat four years previously, and the treatment there had proved beneficial to her, the winter attack being much less violent.

After a month's course here she left, but returned in September, 1889, for a preventive cure, having been *perfectly free* during the intervening period.

CASE 37.—Mrs. B. was first seen by me in the summer of 1888, and was then suffering from very chronic eczema on the right wrist, of some months' standing. She was only able to remain here a fortnight, but continued the cure at home by compresses of the Mutterlauge to the wrist, and taking the waters internally

for a further period of one month. On her return in 1890 for some slight eczema she had on the right leg, she informed me that this treatment had effected a complete cure.

CASE 38.—Miss C., aged 50 years, was seen by me in October, 1890, and was suffering from eczema on the palms of both hands. She had had repeated attacks since childhood, the present one having lasted four months. She also suffered much from dyspepsia and acid eructations.

She commenced to improve from the first, and after a month's treatment she left with the hands nearly well, the skin being smooth and natural, and the digestive disturbance completely rectified.

ACNE.

CASE 39.—Mrs. M., aged 54 years, came under my care in April, 1890, suffering from acne rosacea, with which she had been troubled for five years. The digestive organs were faulty, and the bowels inclined to constipation.

After a month's treatment she left, the face having much improved and the dyspeptic trouble having disappeared.

CASE 40.—Mrs. M., aged 50 years, was first seen by me in 1888, and was then suffering

from acne, which attacked the face and back. She was greatly benefited by the month's treatment, the acne vanishing entirely, and never re-appearing until after a severe illness she had in 1890, when she returned for further treatment, with the same satisfactory result.

CASE 41.—Miss P., aged 20, was seen by me in the summer of 1890, when she was suffering from acne on the face and back. She had had it on and off for seven years, and had tried many remedies unsuccessfully.

The acne was much improved by the treatment here, the old spots gradually fading and no new ones forming, whilst the indigestion from which she suffered gave way to the influence of the waters.

TUBERCULAR DISEASES.

REMARKS ON TUBERCULAR DISEASES.

The rapid and striking improvement which has been observed in cases belonging to this group has been most encouraging, for two reasons.

Firstly—Because it was some time before we discovered they were benefited by the Woodhall Water. Secondly—Because the low and slow inflammatory action which is typical of all tubercular processes has always been a stumbling block to therapeutics.

The good results were obtained without any surgical operation, and the improvement in the general nutrition of the patients would encourage a further trial in all those cases which are now believed to be caused by, or at all events associated with, the "tubercle bacillus." We have a profound conviction that tubercular disease of the lungs, if not too far advanced, would reap benefit by the employment of Woodhall Water.

CASE 42.—Mr. W. B., aged 19 years, first came under my care in 1887, suffering from tubercular disease of the left foot and of both wrists. The bones of the tarsus had been involved for the past year, and two open sinuses remained, which were deep and discharged a curdy pus. The bones involved were much thickened, and there was great matting together of all surrounding structures. The left wrist had healed, but the right tarsus had been much affected, and there was a deep sinus on its posterior aspect.

He was hardly able to get about on crutches, the pain being so much increased if the foot was in the dependent position.

After taking thirty-five baths the sinuses had healed up, he was able to walk a short distance, and returned home greatly improved in general health. This improvement continued, and he thought nothing of a three-mile walk daily.

In the winter of 1889 the disease once more manifested itself, the left ankle again becoming involved, and when he visited this Spa in May, 1890, he had a deep discharging sinus on the dorsum of the left foot. He had lost weight, had a hectic appearance, with night sweats and relaxed condition of bowels.

After remaining here one month he returned home greatly improved. The perspiration had ceased, the bowels were regular, his weight had increased, whilst the foot had nearly healed, and he was able to walk a couple of miles without feeling any throbbing or discomfort in it.

CASE 43.—J. B., aged 37 years, was admitted into the Hospital in May, 1890, with scrofulous disease of the cervical glands on both sides of neck and ulceration of the skin over them. The disease had commenced three years previously, and had resisted all treatment. There was much discharge and great weakness.

He remained six weeks, having greatly improved, the discharge being much less, and most of the ulcerations having healed.

CASE 44.—Mrs. B., aged 61 years, was first seen by me in the summer of 1889, when she had enlarged cervical glands on the left side.

She was delicate in appearance, and there was a family history of phthisis.

She remained a month, no marked effect having been produced, but on her return in June, 1890, to obtain relief from rheumatism from which she was then suffering, noticeable improvement had taken place, this improvement having commenced about a month after her first visit terminated.

CASE 45.—Mrs. W., aged 25 years, first came under my care in 1889, when she was suffering from enlarged cervical glands on the right side, which had appeared three years previously after confinement. There was no tubercular history obtainable, but the patient was of a delicate, scrofulous appearance.

She was only able to remain for a short course at that time, but returned in 1890 and again this year, and after each visit a remarkable diminution had taken place in the size of the glands.

DISEASES OF WOMEN.

REMARKS ON DISEASES OF WOMEN.

It will be noticed that under this class are included cases of fibroid enlargement of the uterus and fibroid tumours, also instances of metritis with their associated symptoms. These

cases are perhaps the most obstinate and most common the gynæcologist is called upon to treat, and although it is not claimed that the bromo-iodine treatment of Woodhall Spa will cause absorption of a fibroid mass or cure a uterine displacement, still it is a fact that marked amelioration of symptoms and improvement of physical signs has followed our practice in this class of case.

Not a little of this good we believe is caused by the sedative effect of the Bromide contained in the water, which lulls the nervous system of those who are the victims of uterine troubles, and it is scarcely necessary to point out how important and constant these symptoms are. The calm and quiet of Woodhall is most beneficial to all such, and we firmly believe that an extended experience will corroborate our views.

CASE 46.—Mrs. —, sent here by Dr. P., aged 36 years, was seen by me in June, 1889, and was then suffering from fibroid enlargement of the fundus uteri. This enlargement, supposed to have commenced about two years previously, can just be felt externally. The periods are more frequent than normal (every three weeks), and are somewhat excessive.

After taking twenty-eight baths, the patient returned home, and continued the treatment

there by means of compresses of the Mutter-lauge and internal use of the water.

Writing some months afterwards, she stated that her doctor did not consider it necessary for her return to Woodhall, the treatment having been so beneficial that no further improvement could be expected.

CASE 47.—Mrs. —, sent here by Dr. B., aged 48, was first seen by me in March, 1890, and was then suffering from a fibroid enlargement of the posterior wall of uterus. Complaints of menorrhagia, back-ache, and inability to walk without intense bearing down pain being produced.

Was greatly benefited by a month's course of these waters, and on her return here in the autumn she stated she was able to walk without discomfort, and that the menorrhagia had much decreased.

CASE 48.—Mrs. —, sent by Dr. G., aged 40, has now been here for about one month yearly for the past four years, and has been steadily improving since first coming. On arrival she suffered from a fibroid of the uterus, with severe congestion of the ovary, preventing her from taking any walking exercise, and frequently confining her to bed.

She can now walk perfectly well without experiencing any pain, and the fibroid has much diminished in size.

CASE 49.—Mrs. —, sent by Dr. C., aged 33, first seen by me in March, 1889, was suffering from sub-involution, with the following symptoms: lumbar pains, inability to walk without producing bearing-down pain, menorrhagia, and various nervous troubles.

After a month's treatment she was greatly improved, the difficulty in walking having disappeared, and the lumbar pains much relieved.

She returned for a further course in 1890, and was to all intents and purposes in perfect health.

CASE 50.—Miss —, aged 30 years, paid her first visit here in the summer of 1889 to try and obtain relief from dysmenorrhœa, from which she had suffered for the past six years.

After a six weeks' course she left, the last menstrual period having been of comparative ease, but returned in April, 1890, for further treatment, the last period having again become troublesome.

Since she was first here, until just before her return, she had experienced no pain, and the headaches from which she had formerly suffered had been quite relieved by her previous treatment.

CASE 51.—Mrs. —, aged 37 years, was first sent here in July, 1890, by Dr. H. C., suffering from chronic enlargement of the ovary, of eight or nine years' duration. After one month's treatment she left, but returned some six months later, when Dr. H. C. wrote me that he was perfectly satisfied by the improvement which had taken place in her local condition, and he trusted that a second course of treatment would effect a perfect cure.

GONORRHŒAL RHEUMATISM.

REMARKS ON GONORRHŒAL RHEUMATISM.

We confess to a sense of surprised satisfaction at the rapidity with which freedom of movement and freedom from pain occurred in the two cases quoted of gonorrhœal rheumatism. Certainly the result was far more rapid than results after any other line of treatment.

When we remember how in some cases gonorrhœal rheumatism drags on month after month, when we remember how many cases of articular mischief have their origin in this disease, and when we reflect on the rapidity of the cure effected in one case, we have a reasonable position when we assert that the action of Woodhall Bromo-Iodine Water has a singularly striking effect upon the progress and cure of this rebellious disease.

CASE 52.—E. H., aged 26, contracted gonorrhœa three months before his visit to Woodhall. On his arrival he walked with a great deal of difficulty, seemed afraid to place his feet on the ground, used a stick, and complained of great pain when pressure was exercised on the soles of the feet. There was obvious effusion into the left knee, left ankle, and the tissues over the joints were red, and pitted on pressure. The inflammation seemed to be confined to the joints originally attacked. He had no deviation of temperature. He was not liable to rheumatic attacks. When first seen he had a muco-purulent urethral discharge, which varied from time to time.

He remained at Woodhall for three weeks, and at the end of that time the joint manifestations, and tender soles of the feet, had completely disappeared, and he went back to his work, that of a civil engineer. We have enquired about this case since, and are glad to know that there have not been any relapses, and that the patient does not suffer from any joint trouble.

CASE 53.—E. P., aged 29, came to Woodhall in 1890, with gonorrhœal rheumatism affecting the left ankle, right knee, and what is very unusual, the right wrist. The disease had existed for five months, during which time he had never been free from pain and embarrassed movements.

He had been afflicted once before, when he had also gonorrhœa. His mother had suffered much from gout, and he was a man who had been subject to muscular pains and frequent nasal catarrhs. He was of the coarse red type, which so often become rheumatic, and was a large eater.

He remained at Woodhall for four weeks, and when he went away he was practically well; he could walk three miles, he was not perceptibly lame, and he had neither effusion into the joints or redness of the contiguous cellular tissue.

It is worth remarking that in both instances the urethral trouble subsided side by side with the improvement in the joint affections.

GENERAL REMARKS ON BROMO-IODINE WATERS.

The following is the report of an analysis of the Woodhall Spa, made by Professor Wanklyn :

| | | |
|-----------------------|--------|---------|
| Chloride of Sodium | ... | 1330·00 |
| Chloride of Calcium | ... | 111·00 |
| Chloride of Magnesium | ... | 91·20 |
| Carbonate of Soda | ... | 10·00 |
| Sulphate of Soda | | ·30 |
| Nitrite of Soda | | ·55 |
| Free Iodine | | ·20 |
| Iodine (as Iodate)... | | ·20 |
| Iodine (as Iodide)... | | ·40 |
| Bromine (as Bromide) | ... | 3·40 |
| Peroxide of Iron | | traces |

If this analysis is compared with that of the waters of Kreuznach, Hall, Dürkheim, Krankenheim, Kissingen, Friedrichshall or Gerolstein, which represent the best known of the Iodo-Bromated waters, it will be found that Woodhall is richer in the quantity of chlorides combined with sodium, calcium and magnesium, than any other water, whilst the amount of bromide and iodine free and in combination, makes Woodhall Spa water pre-eminently the most potential amongst the known waters of this class. It may appear to some that it is impossible that such a small amount of iodide and bromide can

have a specific action upon the inflammatory deposits which occur in the cases of rheumatism, scrofula, or gout. To such we say, compare the actions of the alkaline purges, and it will be found that so subtle, so secret are the workings in the laboratory of Nature, that, what in the ordinary way would be an infinitesimal and inert dose of sulphate of soda or sulphate of magnesium, becomes in the waters of the natural springs an efficacious and ample purge. Just so it is with the waters of Woodhall Spa. Here we have in combination the chlorides with iodine and bromine, and it is striking to see the rapidity and certainty with which many of the products of simple inflammation disappear while people are living at Woodhall and undergoing the treatment.

For our part we do not consider it right to over-estimate the action of a water in diseases known to be incurable, at the same time it is unwise to deny their power, and useless to deny the evidence of actual experience. It is an incontestable fact that diseases are cured and relieved by the use of natural mineral springs, which have resisted all other efforts, hence their popularity, the early recognition of their value, and their increasing success. In England we have allowed our mineral waters to remain almost unknown; we have preferred to send our patients to Continental Spas, because we have either not known the con-

stituents of our own waters, or we have doubted the social and sanitary surroundings of the place.

It is not possible to estimate the action of any mineral spring by taking each salt and trying to explain its action on the secretions and excretions of the body. We are only able to know the combined physiological action of the water, and this is exactly what we have endeavoured to accomplish. For the convenience of others we will give a few practical conclusions at which we have arrived. We will then endeavour to apply these conclusions to the results obtained.

ACTION OF WOODHALL SPA WATER UPON THE ABDOMINAL VISCERA.

The drinking of the water detaches and dissolves the mucus which so often covers the interior surface of the stomach. The water also excites the action of the gastric follicles. This action is continued to the mucous glands of the intestinal canal and we have increased secretion, increased peristaltic action of the bowels, increased excretion of faecal matter (or more complete emptying of the rectum), and returning assimilation and nutrition. In some cases, where small doses only can be taken, a sedative action is observable, resulting in lessened secretion, with constipation, hence its value in catarrhal conditions of the intestinal canal.

ACTION OF THE WATER UPON THE KIDNEYS.

The action of the water is practically to increase the quantity of urine voided, which is simply mechanical, and to diminish the amount of uric acid in those who have uratosis. We know that conditions caused by an excessive amount of uric acid in the organism are cured by use of Woodhall waters, but whether these curative results are due to oxidation of uric acid it is impossible to determine. It seems to us more probable that the soda combines with the uric acid, and is cast out as the only soluble urate of soda.

EFFECTS UPON THE NUTRITION OF THE BODY.

It has been a conspicuous fact that all those who have visited Woodhall have shown evidence of increased respiratory, circulatory, and digestive power, which has been proved by an increase in the quantity of red blood corpuscles, an increase in the appetite and digestion, and increasing energy; in point of fact, we do not remember a single case in which a residence at Woodhall has not improved the general health. What has been striking has been the marked sedative action which the treatment has had upon the nervous system. In several instances we have found an irritable and impressionable state of organism, gradually followed by a calm and quiet state, in which

sleep has been continuous, refreshing, and natural; and the odd pains which we are accustomed to group as neuralgic have disappeared. This may have been due to the quantity of bromide which the water contains, but is also doubtless to a great extent due to the general improvement in the nutrition of the body. We would wish to point out that in some instances where the treatment has been pushed, a good deal of nervous prostration has ensued, which has been shown by headache, backache, and general weariness. Where such has been the case we have always found a diminished quantity of water internally, and a less time spent in the bath, followed by the usual advantages. We need not be surprised at this, because it is found by experience that individuals vary much as regards their susceptibility to all forms of treatment.

EFFECTS ON THE SKIN.

The action of Woodhall water upon the integument has been variable. In some instances the patient has experienced an irritation of the skin; in others the effect has been a tingling sensation only. In those who have been the most influenced by the baths are those who have found the best results. We do not claim any special advantage for the development of a "crisis rash." This is only the effect of the water upon a vulnerable skin.

Probably the chlorides and iodides act on the terminal nerve filaments and reflexly through them on the different organs of the body, resulting in an increased tissue metamorphosis, and absorption of morbid products.

EFFECTS UPON INFLAMMATORY DEPOSITS.

It is a well-known therapeutic fact that the iodides and other alkalies have a special action in causing absorption of simple inflammatory material. We see the most striking example of this in the way in which iodides cause the disappearance of the later syphilitic manifestations, such as cutaneous and osseous deposits, and some of the most brilliant feats of medicine follow the administration of these salts. The Woodhall water is particularly rich in salines, and this will probably account for the action of the water in causing absorption of the inflammatory products of scrofula, gout, or rheumatism. These deposits hinder the action of all movements, and as they are gradually absorbed we find a return of free and easy action of the joints. Just so it is in cases of uterine fibroids—we do not claim that this water has the power to cause absorption of a fibroid tumour. This is outside the range of practical therapeutics, but we do assert that in and around such growths is a considerable proliferation of cells; and we

do claim for this Spa the power to produce absorption of this cell growth (if it has not become organised). We also believe that the beneficial action of Woodhall Spa water is caused by the action of the salts which are maintained in solution. These salts act in two ways: firstly, by producing an increased excreting action of the skin, kidney and bowels, by which process more of the morbid material (which lies at the root of all rheumatic and gouty affections), is carried out of the system.

Secondly, by a local tissue change, which is caused by the absorption of the salines into the very seat of the morbid processes. Here the law of osmosis causes an interchange of fluids, and we find the salines of the blood balancing the salines contained in the water, by which action the local capillary circulation is stimulated and the morbid material is carried away.

In conclusion, we would like to call attention to the advantages derived from a combination of the internal administration of the water and its external application, and in many instances we have convinced ourselves that local massage by a trained rubber has been followed by the best results.

**ALEXANDRA HOSPITAL, WOODHALL SPA,
LINCOLNSHIRE.**

The following are the Rules :—

Life Governors for every Twenty Pounds, and Annual Subscribers for every One Guinea subscribed, shall be entitled to nominate one In-Patient annually.

Patients suffering from advanced stages of Pulmonary Consumption, or any infectious disease, as also incurable diseases, shall not be admitted.

No person shall be admitted unless his or her case be certified by a duly qualified Medical Practitioner to be a fitting one.

Every Patient must defray all expenses connected with the journey to and from the Hospital.

Every Patient to pay 10s. per week during residence in Hospital.

Every requisite, except personal clothing, shall be provided in the Hospital.

Patients shall not be allowed to receive food or drink from any other source without the sanction of the Medical Officer.

Subscribers are earnestly requested to ascertain from the Matron that there is a vacant bed before they give a recommendation.

All communications regarding the admission of patients should be addressed to the Matron.

The Alexandra Hospital, of which H.R.H. THE PRINCESS OF WALES is the PATRONESS, is capable of accommodating twenty patients, and is open all the year round.

LODGING ACCOMMODATION.

| | | | NUMBER OF | NUMBER OF |
|-------------------------|-------|-------------------|-----------|-----------|
| | | | SITTING | BED |
| | | | ROOMS. | ROOMS. |
| † Alverstone House | | Mrs. Glover | 4 | 8 |
| Avenue Cottage | | „ Steel | 2 | 3 |
| † Beaconsfield Cottago | | „ Humberstone | 1 | 2 |
| † Bridlemere | | „ Pinning | 3 | 6 |
| Claremont | | „ Sharpe | 2 | 4 |
| Cornwall Terrace, No. 2 | | „ Shercliffe | 2 | 5 |
| do. | 5 | „ Boswell | 2 | 5 |
| do. | 7 | „ Clarke | 2 | 4 |
| † (Pembroke House) do. | 9 | „ Neighbour | 3 | 7 |
| † Egerton House | | Miss Patchett | 4 | 8 |
| † Fairlawn | | Mrs. Grimble | 3 | 6 |
| † * Fern-Lea | | Miss Peck | 3 | 6 |
| Grosvenor Lodge | | Mrs. F. Walter | 2 | 4 |
| † Hartington House | | „ Salmon | 5 | 14 |
| † Holmhurst | | „ Hackney | 3 | 6 |
| † * Kingthorpe | | Miss Roden | 2 | 6 |
| † * Lachemore | | Mrs. D. Henderson | 4 | 8 |
| Mareham House | | „ Huggins | 1 | 2 |
| † * Northcote House | | „ Henderson | 8 | 22 |
| North Cottage | | „ Newbery | 2 | 3 |
| Oranienhof | | Miss Wright | 3 | 8 |
| † Rosenau | | Mrs. Clarke | 3 | 6 |
| † Rosselle | | „ Babington | 3 | 6 |
| † Seymour Villa | | „ Ward | 1 | 2 |
| Sleaford Villa | | Miss Brown | 3 | 6 |
| † Stanhope Villa | | Mrs. Powell | 3 | 6 |
| Summercourt | | „ Turner | 2 | 4 |
| † Sylvenhay | | Miss Harding | 2 | 4 |
| † Syston House | | Mrs. Hallatt | 4 | 9 |
| The Bungalow | | „ Wield | 1 | 2 |
| † * Tyringham | | Miss Cowper | 2 | 7 |
| Villa Kreuznach | | Mrs. Cartwright | 6 | 12 |
| † The Mall | No. 4 | „ Carless | 2 | 3 |
| † do. | 21 | „ Truswell | 1 | 1 |

* Are also Boarding houses.

† Are connected with the Woodhall Spa Water Co.'s Main.

TIME TABLE.

BOSTON.

| W. SPA DEP. | BOSTON ARR. | BOSTON DEP. | W. SPA ARR. |
|--------------------|-------------|-----------------------------|-------------|
| 6.55 | 7.44 | 8.10 | 9.6 |
| 10.11A | 10.55 | 9.50A | 10.32 |
| 11.12 | 11.55 | 10.30B | 11.36 |
| 3.54 | 4.43 | 12.25 | 1.11 |
| 6.20 | 7.19 | 3.30 | 4.21 |
| | | 5.57 | 6.51 |
| A. Wednesday only. | | A. Fri. only. B. Sat. only. | |

DERBY.

| W. SPA DEP. | DERBY ARR. | DERBY DEP. | W. SPA ARR. |
|----------------|------------|----------------|-------------|
| 6.55A | 10.49 | 8.3A | 11.36 |
| 8.31 | 12.56 | 8.32 | 1.11 |
| 10.11 | 3.46 | 10.25 | 4.21 |
| 11.12A | 4.15 | 1.11 | 6.51 |
| 12.45 | 4.15 | | |
| 3.54 | 10.19 | | |
| A. Via Boston. | | A. Via Boston. | |

KING'S CROSS.

| W SPA DEP. | KING'S CROSS ARR. | KING'S CROSS DEP. | W. SPA ARR. |
|------------|-------------------|--|-------------|
| 6.55† | 10.40 | 5.15 | 9.6 |
| 6.55 | 11.10 | 7.15A | 11.36 |
| 8.31A | 1.0 | 8.45 | 1.11 |
| 10.11B | 2.30 | 10.35* | 2.15 |
| 11.12 | 3.20 | 12.30 | 4.21 |
| 12.45A | 5.20 | 3.0 | 6.51 |
| 3.54 | 7.55 | * This train only runs during certain summer months via Lincoln. | |
| 6.20 | 1.51 | | |

† Monday only. A. Via Lincoln. B. Friday only via Lincoln.

NOTTINGHAM.

| W. SPA DEP. | NOTTINGHAM ARR. | NOTTINGHAM DEP. | W. SPA ARR. |
|-------------|-----------------|-------------------------------|-------------|
| 6.55 | 9.54 | 5.35 | 9.6 |
| 8.31B | 12.2 | 8.40 | 11.36 |
| 10.11A | 1.30 | 10.12 | 1.11 |
| 11.12 | 3.30 | 11.55 | 4.21 |
| 12.45B | 3.30 | 2.10 | 6.51 |
| 3.54 | 8.10 | 3.0A | 6.51 |
| 6.20 | 11.20 | A. Saturday only via Lincoln. | |

A. Friday only. B. Via Lincoln.

LINCOLN.

| W. SPA DEP. | LINCOLN ARR. | LINCOLN DEP. | W. SPA ARR. |
|-------------|--------------|--------------|-------------|
| 8.31 | 9.25 | 6.35 | 7.24 |
| 10.11A | 11.2 | 9.45A | 10.32 |
| 12.45 | 1.38 | 10.40 | 11.36 |
| 3.54 | 4.42 | 3.31 | 4.21 |
| 6.20 | 7.11 | 6.10 | 6.51 |

A. Friday only.

A. Wednesday only.

HORNCASTLE.

| W. SPA DEP. | HORNCASTLE ARR. | HORNCASTLE DEP. | W. SPA ARR. |
|-------------|-----------------|-----------------|-------------|
| 7.24 | 7.38 | 6.44 | 6.55 |
| 9.6 | 9.20 | 8.20 | 8.31 |
| 10.32A | 10.46 | 10.0A | 10.11 |
| 11.36 | 11.48 | 10.57 | 11.12 |
| 1.11 | 1.23 | 12.34 | 12.45 |
| 4.21 | 4.33 | 3.40 | 3.54 |
| 6.51 | 7.3 | 6.9 | 6.20 |

A. Wednesday and Friday only.

A. Wednesday and Friday only.

MANCHESTER.

| W. SPA DEP. | MANCHESTER ARR. | MANCHESTER DEP. | W. SPA ARR. |
|-------------|-----------------|-----------------|-------------|
| 8.31 | 3.0 | 6.45 | 11.36 |
| 10.11A | 3.0 | 12.30 | 4.21 |
| 12.45 | 5.30 | 3.0 | 6.51 |
| 3.54 | 8.35 | A. Friday only. | |

LEEDS.

| W. SPA DEP. | LEEDS ARR. | LEEDS DEP. | W. SPA ARR. |
|-------------|------------|------------|-------------|
| 8.31 | 12.32 | 7.10A | 10.32 |
| 10.11A | 1.35 | 7.15 | 11.36 |
| 12.45 | 5.22 | 12.0 | 4.21 |
| 3.54 | 7.40 | 2.50 | 6.51 |
| 6.20 | 10.0 | | |

A. Friday only.

A. Wednesday only.

YORK.

| W. SPA DEP. | YORK ARR. | YORK DEP. | W. SPA ARR. |
|-------------|-----------|-----------|-------------|
| 8.31 | 1.15 | 7.0 | 10.32 |
| 10.11A | 1.23 | 7.0 | 11.36 |
| 12.45 | 4.34 | 12.42 | 4.21 |
| 3.54 | 7.40 | 3.25 | 6.51 |
| 6.20 | 10.5 | | |

A. Friday only.

A. Wednesday only.

HULL.

| W. SPA DEP. | HULL ARR. | HULL DEP. | W. SPA ARR. |
|-------------|-----------|-----------|-------------|
| 8.31 | 1.30 | 6.30A | 10.32 |
| 10.11A | 3.42 | 6.30 | 11.36 |
| 12.45 | 5.33 | 12.0 | 4.2 |
| 3.54 | 8.25 | 1.45 | 6.51 |
| 6.20 | 10.25 | | |

A. Friday only.

A. Wednesday only.

DUBLIN.

| W. SPA DEP. | DUBLIN ARR. | DUBLIN DEP. | W. SPA ARR. |
|-------------|-------------|-------------|-------------|
| 3.54 p.m. | 6.0 a.m. | 6.45 | 6.51 |

EDINBURGH.

| W. SPA DEP. | EDIN. ARR. | EDIN. DEP. | W. SPA ARR. |
|-------------|------------|------------|-------------|
| 8.31 | 6.30 | 10.0 | 6.51 |
| 10.11A | 6.30 | | |
| 12.45 | 10.55 | | |

A. Friday only.

Special Scotch Express.



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AND DERBY.

