

Aix-les-Bains and Mont Revard : the douche massage treatment of arthritis and fibrositis / by James Kingston Fowler.

Contributors

Fowler, James Kingston, Sir, 1852-1934.

Publication/Creation

London : William Heinemann, 1926.

Persistent URL

<https://wellcomecollection.org/works/hg8dakfr>

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AIX-LES-BAINS
AND
MONT REVAR

BY
SIR JAMES KINGSTON FOWLER
K.C.V.O., C.M.G., M.A., M.D., F.R.C.P.



5510

J. HE/12.1



HE/~~12.1~~^{12.1}

Presented by

SIR WILFRED BEVERIDGE.

193 43



22102121707

Med
K29650



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

57

251

Major General. Rowbridge.

With the very kind.

Regards. of Mr. Arthur

W.

TO
AIX - LES - BAINS
IN
GRATEFUL REMEMBRANCE
OF
RESTORED HEALTH
AND
PLEASANT VISITS

AIX-LES-BAINS
AND
MONT REVARD

Other Works by the Same Author

A DICTIONARY OF PRACTICAL
MEDICINE. *Editor and Author*
of Numerous Articles

ARRESTED PULMONARY TUBER-
CULOSIS

THE DISEASES OF THE LUNGS
(with Sir R. J. Godlee)

PULMONARY TUBERCULOSIS

PROBLEMS IN TUBERCULOSIS

A HISTORY OF BEAULIEU ABBEY

A GUIDE BOOK TO BEAULIEU
ABBAY

AN IMPRESSION OF JAMAICA AND
THE PANAMA CANAL ZONE

In Preparation

THE NOTES AND QUERIES OF A
PHYSICIAN

AIX-LES-BAINS
AND
MONT REVAR

THE DOUCHE MASSAGE TREATMENT
OF ARTHRITIS AND FIBROSITIS

By

SIR JAMES KINGSTON FOWLER,
K.C.V.O., C.M.G., M.A., M.D., F.R.C.P.

WITH SIX PLATES AND ONE MAP



LONDON:
WILLIAM HEINEMANN
(Medical Books) Ltd.

1926

First Published 1926

6574435

WELLCOME INSTITUTE LIBRARY	
Call.	wel@me
Call	
No.	WE

London: William Heinemann (Medical Books) Ltd., 1926

PREFACE

THE objects of this booklet are to make the beneficial effects of the Douche-Massage Treatment, as carried out at Aix-les-Bains, better known to the medical profession in this country, and to suggest that the necessary provision for applying it should be included in the Massage Departments of our General Hospitals.

The thanks of the author are due to the Society of Physicians practising at Aix-les-Bains, especially to Dr. Louis Folliet, and to the Director of the French National Touring Office, for permission to use the photographs, which illustrate Aix and the various methods of treatment followed there ; also to the Director of the London Office of the P.L.M. Railway for the photograph of Mont Revard and the map of Savoie.





THE THERMAL ESTABLISHMENT.

CONTENTS

	PAGE
INTRODUCTION - - - - -	xi
"ORDERED ABROAD" - - - - -	1
THE MINERAL SPRINGS OF AIX - - - - -	3
THE DRINKING OF THE WATERS - - - - -	9
OSTEO-ARTHRITIS : RHEUMATOID ARTHRITIS - - - - -	11
A NEW NOMENCLATURE BASED ON THE TISSUE PRIMARILY OR CHIEFLY AFFECTED - - - - -	16
TYPICAL MUSEUM SPECIMENS OF THE VARIETIES OF ARTHRITIS - - - - -	22
A CASE OF FIBROSITIC ARTHRITIS - - - - -	25
GOUT - - - - -	28
SOME POINTS IN DIFFERENTIAL DIAGNOSIS - - - - -	31
CONCLUSIONS AS TO FIBROSITIC ARTHRITIS - - - - -	33
THE X-RAY PHOTOGRAPH - - - - -	35
SCIATICA - - - - -	36
PAIN - - - - -	37
THE TRANSVERSE PLANTAR ARCH AND CORNS - - - - -	40
THE DOUCHE-MASSAGE TREATMENT - - - - -	42
OTHER FORMS OF TREATMENT IN VOGUE AT AIX - - - - -	45
THE GENERAL EFFECTS OF THE DOUCHE-MASSAGE TREATMENT - - - - -	47
THE LOCAL EFFECTS - - - - -	49
DOUCHE-MASSAGE TREATMENT IN GENERAL HOS- PITALS - - - - -	51
EXERCISE - - - - -	53
CLOTHING FOR THE BATHS - - - - -	54
ORDINARY CLOTHING - - - - -	56

INTRODUCTION

ALTHOUGH the virtues of the hot sulphur waters of Aix were known to the Romans before the Christian era it does not follow that they must be better, or at least as well-known, to-day to the medical profession in this country ; indeed from recent observation I am disposed to think that it may not be so. A friend, wealthy, and therefore able to obtain the best advice, who is now hobbling about with the aid of a stout stick, ferruled in indiarubber, disclosed in conversation that he had never heard of Aix-les-Bains, and had never been to Bath. I remember that for at least six months he was said to have "sciatica," the almost invariable diagnosis for that period in such cases, and I suspect that he now has osteoarthritis of the hip-joint.

It is far from certain that had he gone to Aix for treatment from the onset he would have been cured, but he would, I believe, have had the best chance of obtaining that result. If this lack of information is wide-spread some observations based on personal experience may possibly be of use.

LIST OF ILLUSTRATIONS

	<i>Facing page</i>
THE THERMAL ESTABLISHMENT - - - -	ix
DOUCHE-MASSAGE - - - - -	42
LOCAL DOUCHE-MASSAGE - - - - -	45
THE BERTHOLLET BATH - - - - -	46
THE COVERED CHAIR - - - - -	55
VIEW OF MONT REVARD - - - - -	58

MAP.

P.L.M. PRINCIPAL WINTER SPORTS CENTRES - -	60
--	----

“ORDERED ABROAD”

CERTAIN sections of our people, more especially those who socially are near the top and intellectually, a long way from it, are not lacking in criticism of the shortcomings, as they regard them, of the medical profession. Indeed, to judge from the conversation of many, not all of the male sex, there was originally nothing the matter, all their ailments having been due to the incompetence of their doctors! When, however, it is suggested that a change of air is desirable, especially if the time and place should suit their inclinations, their friends are informed, sometimes through the medium of the Press, that they have been “ordered abroad.” Such advice then receives the reverent attention of a command, which it would be almost impious to disobey, whereas from a similar source a recommendation to avoid port wine would probably elicit the remark, “What can he know about port? Probably he has never had a glass of good port in his life.”

Our knowledge of foreign health resorts may be at once admitted to be somewhat lacking in

precision, and in the absence of it wise men are cautious in "sending" their patients to a given place. The aim of the teacher should always be to crystallise into a short sentence, an *obiter dictum*, the substance of his instruction; then the phrase may stick in the memory of the student. In regard to this matter, my own was, "Never send a patient to any place which you have not yourself visited," and I practised what I preached. There are many things to be learned about every health resort which are rarely to be found in any medical work, *e.g.*, how to get there; the best hotel; the most competent physician; the kind of people likely to be met with; the season for the "cure"; the details of the treatment given; the personal experience that can only be gained by taking a bath or drinking the water, and many other items of information. The patient will be quick to observe whether the advice given is based on personal knowledge, and will value it accordingly.

THE MINERAL SPRINGS OF AIX

My first visit to Aix-les-Bains was made for purposes of observation more than forty years ago, and I have since then on several occasions experienced the benefits of a course of treatment there.

Nature supplies the town of Aix with over one million gallons of alkaline sulphurous water daily, at a temperature between 113° and 115° F. This alone renders a bathing establishment of this kind possible, as otherwise the cost of heating such an enormous volume of water as is used every day in the baths, even if it could be otherwise obtained, would be prohibitive.

Moreover, there is also a cold spring of equal or greater volume, employed in reducing the temperature of the hot water when that is necessary ; thus over two million gallons are used daily, and as these springs have so far as I know, never failed since Roman times, economy in their employment is not necessary.

The analysis of a natural mineral water is, I think, apt to make dull reading, even though

carried to five places of decimals ! and, except to the ultra-chemical mind, not to be very informing. Analysis although essential cannot be followed by reconstruction and there is in the Aix waters, as in others, some quality which makes them specially adapted to the purposes to which they are put. In the water of the so-called " Alum " spring, which by the way contains no alum, there is an organic substance named " Barègine " which is said, and probably rightly so, to give the water the peculiar unctuous feeling which renders it specially suitable for Massage, and possibly accounts for the sticky state of the skin after a bath. I am not sure that the same results could be obtained by the external application of London water at a like temperature, although it is difficult to believe that any but a very small fraction of the mineral constituents of the water is absorbed whilst it merely passes over the surface of the body. Those who inhale the air of the " Bouillon " room, which is filled with the steam from the shower bath of hot natural water, must inhale vapour, which may be mineralised, and this may account for the saltish taste in the mouth, which I imagine all bathers have experienced. The only other evidence suggesting absorption that I have noticed, and that is not confirmed, is that the tartar of the teeth to a certain extent

undergoes disintegration, not however that actually in immediate contact with the teeth.

I mentioned this observation whilst there to a very experienced frequenter of Aix who remarked: "It is curious you should mention that, as I went to my dentist to-day to have my teeth scaled after the usual interval, and he said that there was very little tartar to remove."

I enquired of another dentist at Aix whether he had noticed this effect of the baths, but he could not confirm my observation.

How the springs obtain their heat is a more interesting question. One naturally concludes that it is accounted for by the fact that they must come from "the bowels of the earth," which are hot. The springs appear in "The Grotto" close to, and only a little above the baths, but is the height of "the bowels" to be taken from that level or from the top of Mont Revard?

The official explanation is as follows.

"The two thermal springs at Aix come from the Urganian calcareous layers, by passages that are 160 yards distant one from the other.

"The following extract, from the records of the Natural History Society of Savoy in 1897, gives an idea of the origin of the Aix Sulphur waters:—

"The Urganian calcareous earth that forms the hill

of Chantemerle in which the mineral waters are found, falls away to the east, and forms a *synclinal** bend in the soft 'Molasse' deposits.

"The deepest part is probably close to the base of Mont Revard, and about 200 yards from Aix.

"When the calcareous earths are seen again on the upper lip of the *syncline*, a little below Pré-Jappert they are vertically placed against the mountain, and at the summit of the Revard are no longer found.

"It is evident that they are worn off there by erosion, and leave the top exposed to the elements.

"On observation of the smaller flat top of the Revard, one finds depressions called 'Avens'; these are sometimes very deep, and water forms in them and follows the almost vertical stratifications found here.

"This atmospheric water follows the calcareous strata, and falls down to Mouxy, round the Chantemerle hill, arriving at the point where the mineral waters are found.

"According to this theory, the temperature of the mineral springs is explained, and a simple calculation will show this. It is known that the temperature of the terrestrial layers rises one degree C for 90 ft. of depth. Now the Revard flat is at 5,070 ft.; the Aix level is about 765; there is therefore 4,305 ft. difference, and if we add the 600 ft. (about), which gives the approximate depth of the Mouxy synclinal, we have as a result 4,200 ft. of vertical depth for the course followed by the waters. Dividing this amount by 90, we get the temperature of 46.70 Cent; the usual temperature of the sulphur spring is 113° Fahr. and that of the alum spring 115° Fahr."

The answer to the question therefore is that the

* Strata "sloping downwards in opposite directions so as to meet in a common point or line."

level of "the bowels of the earth" must be reckoned from the summit of Mont Revard.

The mineralisation of the Aix waters is due to

1. The presence of free sulphurated hydrogen, and the alkaline hypo-sulphates; and
2. The preponderating quantity of calcium, magnesium, sodium, and aluminium sulphates.

One of my old teachers, Sir Alfred Baring Garrod, was probably the first English physician to appreciate the healing virtues of the Aix Baths, and in the last edition of his work on *Materia Medica and Therapeutics* he refers in the section on sulphur waters (p. 477), to Aix-les-Bains as follows :—

"In chronic muscular affections they are useful and the author from a long and extensive experience can confidently state, that in rheumatoid arthritis the treatment at Aix-les-Bains is most useful. Probably the peculiar mode of their administration adds to their value. Sulphur waters are used internally, and likewise in the form of baths of different kinds and massage is frequently employed in the douche bath, especially at Aix-les-Bains."

The good people of Aix so much appreciated the support which for many years Sir Alfred

Garrod had given to the town that they named a street after him. It is curious that recently another Englishman, having in part the same name, should have been similarly honoured for his unvarying appreciation of the baths, and his munificent gifts to the poor of the town.

THE DRINKING OF THE WATERS

VISITORS to Aix who fancy that by drinking the waters from the "Source des deux Reines," or the "Source St. Simon," they will be able in a period of one month or less to secure immunity from the natural results of errors in eating and drinking during the remaining eleven months of the year are likely to be disappointed; they should have gone elsewhere. The reputation of Aix depends upon its "Bains" not upon its drinking waters, although the latter, if taken in sufficient quantity, say five or six pints daily, not the meagre dose of two small glasses which are drunk by some of the visitors with much solemnity every morning and possibly also in the afternoon, might attain to equal repute. The most remarkable recovery I have ever witnessed from a crippling poly-arthritis, which probably was of the fibrositic variety, although of this I am not sure, occurred in the person of the manager of an old established firm of dispensing chemists not far from my home in London. Having seen him frequently in the shop and then having missed him for a time I happened to overtake him walk-

ing in a street near by, when he showed no sign of any limitation of movement. In reply to my question as to how this marvellous transformation had been effected, he told me that for some months he had been drinking six pints of London water daily and that what I witnessed was entirely due to this method of treatment and to it alone. His crutches are still lent to poor people who need them.

ARTHRITIS DEFORMANS ; OSTEO-
ARTHRITIS ; RHEUMATOID
ARTHRITIS ; RHEUMATIC GOUT ;
CHRONIC RHEUMATISM ; MUSCULAR
RHEUMATISM—FIBROSITIS, ETC.

ALTHOUGH there may be wisdom in a multitude of counsellors, a great variety of names for associated affections generally implies a lack of knowledge as to their real nature and of the links by which they are connected. So it is with the conditions to which the above names are applied. As long as the pathology of Acute Rheumatism remains in doubt, and it cannot I think yet be stated that its dependence upon a definite microbic infection has been proved, that of the manifestations which have, or seem to have, some connection with it must continue to be obscure.

My own interest in Rheumatism dates from 1873, when as a student of King's College Hospital, I left my comfortable quarters in Arlington Street, Piccadilly and took rooms for a time in Carey Street, Lincoln's Inn Fields, in order to attend the required number of cases of

midwifery in Clare Market and Seven Dials. I shortly afterwards suffered from an attack of Tonsillitis (Quinsy) due to exposure at night, possibly as I now think, aided by a carious tooth ; this was followed in about a month by Rheumatic Fever.

Physicians of my own period, especially if personal sufferers from rheumatic fever in the pre-salicylic acid days, know what a very serious disease it then was. To be laid up for six months, to be reduced almost to a skeleton, to be continuously drenched in sour smelling acid sweats, to be covered from head to foot with an eruption of sudamina, to fear the approach of anyone lest he should touch the bed and increase the agonising pain in the joints, to have only the strength necessary to lift a small fork, but not a large one is a serious disaster to happen to a student during the course of his curriculum.

The extraordinary sensitiveness to cold developed during such an illness may remain in a modified degree for the rest of the patient's life. (Frigiditis!). To this attack I attribute my liability to Fibrositis.

My first paper on a medical subject was entitled "On the Association of Affections of the Throat with Acute Rheumatism," and was based on the observation of my own case. I found later that

Trousseau had described a "Rheumatic Sore Throat," and that before and since his time, others had observed the same association.

For those who seek to know all that has been written about the various affections named above, many monographs, treatises and text books are available and it may be safely stated that the more they read the deeper will be the mental fog in which they will become enveloped. The quotation from Sir Alfred Garrod's work shows that in earlier days the name most in use was Rheumatoid Arthritis, now-a-days Osteo-arthritis or Arthritis Deformans appears to be more favoured. Light is gradually being thrown on the obscure pathology of these various disorders. As even to enter upon a discussion of this subject, possibly one of the most involved in medicine, is beyond the necessary limits of this brochure I shall content myself with a statement of some of the conclusions at which I have arrived.

1. I regard Acute Rheumatism as a disease due to an infection, and I think that in a very large proportion of cases this comes through the tonsils, which may be infected from carious teeth. In the cases which I published as long ago as 1880, I estimated this proportion at 80 per cent. It is, however, well to remember that any theory of causation based on the presence of dental

caries, which is almost universal, starts with an initial advantage only equalled by one that, in the domain of therapeutics, deals with the treatment of Lobar Pneumonia, a disease tending in so many cases to recovery even if unaided by any remedy.

2. The use of the term "Fibrositis," first suggested by Gowers in 1904, is I think to be encouraged as it accurately names and definitely limits the structure primarily involved, *i.e.*, the white fibrous tissue.

3. Fibrositis may be a sequela of acute rheumatism and, but far less frequently, of gonococcal septicæmia.

4. As already stated affections of the pharynx and tonsils may be precursors of this affection. Influenza has also been recognised as a cause of fibrositis.

5. Conditions that give rise to "rheumatoid arthritis," may also cause localised fibrous indurations where that tissue is found. Pyorrhœa and other septic conditions of the teeth may be factors in its causation. Possibly infection from the intestinal tract and from the bladder should be included.

6. Frequent exposure to cold and wet, muscular work of unusual severity, over-exertion in sport and games, especially if resumed after a long

interval, rupture of muscle fibres from sudden strain are also possible exciting causes.

7. It is unlikely that in such of these conditions as are due to an infection, a single organism is alone concerned.

8. Finally I think that the nomenclature of these affections requires revision, and that no progress will be made until the use of the term "Rheumatoid Arthritis" is entirely discarded.

Dr. Strangeways, of the Research Hospital, Cambridge, as the result of prolonged study of these conditions, subdivides "Rheumatoid Arthritis" into the following groups:—

1. Capsular.
2. Dry.
3. Adhesive.
4. Rarefying.
5. Villous.
6. Infective.

He regards the lesions of "Rheumatoid Arthritis" as the results of inflammatory conditions, whereas those of osteo-arthritis illustrate degenerative changes.

A NOMENCLATURE BASED ON THE TISSUE PRIMARILY OR CHIEFLY AFFECTED

THE nomenclature of disease has interested me since 1890 when, almost single handed, I began the attempt to substitute "Pulmonary Tuberculosis" for "Phthisis" and "Consumption." That two long words would ever displace either of these names, each one of which had behind it centuries of use, did not appear probable, but in spite of opposition the new name has been accepted owing to the inherent advantages of a title which leaves no doubt as to the nature of the disease, requires no explanation and brings the name of the malady, when the lungs are affected, into line with that used for the tuberculous diseases of the other organs of the body.

The multiplicity of names already in use for the affections now under consideration may appear at first sight to be a good reason for not adding to the number, but if others can be suggested which more clearly define the pathology and morbid anatomy the attempt is justifiable.

In this question of names the interest of the

student must be considered; his thinking must not be wasted, the name that expresses most clearly what the disease really is and what tissue is primarily involved will relieve him from the necessity of thinking backwards over past controversies and will leave him free to visualize, as nearly as knowledge permits, the lesions in the parts affected.

Take for example, "Rheumatoid Arthritis." The name implies that the disease is an inflammation of a joint, *like* that caused by rheumatism.

Rheumatic fever is the best known form of that disease as it affects the articulations. Are the changes in the joints in Rheumatoid Arthritis at all *like* those of rheumatic fever? A disease in which a very large number of the articulations may be seriously affected at one and the same time and yet when the fever is past all the structures involved may, so far as we know, return to normal, whereas in "Rheumatoid Arthritis" these conditions are never fulfilled.

Consider on the other hand "Fibrositis." It implies an "inflammation of the fibrous tissue" which is precisely what we believe it to be. It calls up at once to the mind of the student all the fibrous structures of the body. The white fibrous tissue of the fasciæ, aponeuroses, sheaths

of muscles and nerves, ligaments, tendons, periosteum, subcutaneous tissue, capsules of joints, etc., and he is prepared to find that its manifestations may be varied and widely spread throughout the body. A perfect name, and one the use of which should be encouraged and extended.

It is to be remembered that a joint is a complex structure and that an inflammation of it, arthritis, is not a term to be limited to a lesion in which the articular cartilages or the osseous structures are involved and to none other. The names which I propose for these affections are:—

FIBROSITIS.

This would include chronic rheumatism, chronic muscular rheumatism, stiffneck, pleurodynia, sciatica, lumbago, teno-synovitis, sequelæ of traumatic lesions, overstrain in various exercises and games, coccydynia, certain forms of back-ache and headache; and perineuritis affecting various nerves. These examples of fibrositis are sufficient but their variety is by no means exhausted.

FIBROSITIC ARTHRITIS.

When the fibrous structures in and around the capsule of a joint become involved in a post-rheumatic fever case, or in one of gonococcal

rheumatism, and partial or complete fibrous ankylosis results or, short of that, limitation of movement, a name is required for the condition, and "Fibrositic Arthritis" indicates clearly how it has been brought about.

Possibly Fibrous Arthritis would be more correct, but that would fail to convey to the mind of the student the important fact that it is associated with Fibrositis.

In some cases of fibrositis following acute rheumatism the fibrous nodules may for many years be limited to the neighbourhood of the elbow joints, the clavicles and the scapulæ, or have caused limitation of movement of the shoulder joints before they appear in the capsule of one or other of the hip joints.

One of the physicians practising at Aix who is consulted by a very large number of patients from England informed me during a recent visit that the cases of Arthritis of the hip seen by him during the last three years had been grouped as follows :—

Rheumatoid Arthritis	.	.	3
Osteo-arthritis.	.	.	42
Fibrositis	.	.	100

145

This clearly indicates the prevalence of fibro-

sitic affections of the hip joint, and more than justifies the use of the term "Fibrositic Arthritis" as already suggested.

SYNOVIAL ARTHRITIS.

This name for many of those cases now classed as Rheumatoid Arthritis informs the student that the structure within the joint which is believed to be in the majority of cases primarily or chiefly affected is the synovial membrane. No theory as to causation is involved in the name. As the disease progresses the occurrence of fibrositis, neuritis and perineuritis, muscular atrophy, contractures and deformities complicate the clinical picture, and from the point of view of morbid anatomy lesions of cartilage and bone are added.

OSTEO-ARTHRITIS.

This disease is characterised by the limitation of the lesions in the early stage, either to the articular cartilage, or to the bony structures underlying it. In the former the cartilage undergoes a process of fibrillation, whilst in the latter variety deformity and flattening of the head of the bone may precede the change in the cartilage; bone is being absorbed and rarefied whilst at the same time new bone is being produced. Pressure causes thinning of the cartilage

and thickening of the bone ; erosion and eburnation follow.

Should these names come into general use I believe that students would find it much easier to form a mental picture of the relation to one another of the affections contained within the various groups and of those of one group to another.

The particular variety of polyarthritis which is I believe, most likely to repay careful research is that of sudden onset, often in young subjects, in which many joints are affected, but which is little if at all benefited by salicylate treatment. Muscular wasting, contractures and fixation of the joints are marked features of such cases, after the acute phase is passed.

TYPICAL MUSEUM SPECIMENS OF THE VARIETIES OF ARTHRITIS*

FIBROSITIC ARTHRITIS.

“THE bones of a left elbow joint from a case of fibrous ankylosis.”

The external condyle of the humerus is enlarged in a direction downwards and outwards, the result being that the capitellum is on a lower level than the trochlear surface. A small amount of new bone has been formed at the edges of the articular surfaces and upon the ridge leading to the external condyle. The articular surfaces are otherwise normal.

During life the joint was fixed in a position of semiflexion and it is possible that the enlargement of the external condyle may be due to the diminished pressure exerted in that position by the head of the radius on the capitellum.

SYNOVIAL ARTHRITIS.

“A right elbow joint. The lower end of the humerus is much altered in shape, nodulated and

* From “A Descriptive Catalogue of the Museum of the Middlesex Hospital, by J. K. Fowler” (1884).

anched to the detached coronoid process of the ulna. The end of the radius is distorted and denuded of cartilage and the orbicular ligament has been almost completely destroyed. The olecranon is enlarged and nodulated. Hanging by pedicles and fringes of the thickened synovial membrane are numerous cartilaginous nodules, several of which were found lying loose in the articular cavity. The synovial membrane was greatly thickened and presented calcareous and cartilaginous plates."

The contrast between the changes present in this specimen and the one described under Fibrositic Arthritis is very marked. Here the enlargement is the product of disease, whereas in the former it is uniform with smooth and normal articular surfaces, and an accidental change the result of the long continued fixation of the joint. Indeed it may be that the emphasis should have been placed on the *smaller* size of the *internal* condyle as illustrating a wasting change due to many years of increased pressure.

OSTEO-ARTHRITIS.

"Part of a right Os Innominatum with the upper part of the Femur. For a considerable distance around the acetabulum the surface of the bone is porous and covered with stalactitic

processes and crusts of new bone. The acetabulum is much enlarged and altered in shape and very shallow: immediately above is a newly formed hollow in which the head of the femur rested. The head and neck of the femur are porous and carious, and the part of the head which was in contact with the new socket is encrusted with new bone."

A CASE OF FIBROSITIC ARTHRITIS

MANY years ago when I had been recently appointed Pathologist and Curator of the Museum at the Middlesex Hospital, Dr. Alexander Patrick Stewart, at one time one of the physicians there, who shares with Sir William Jenner the distinction of having been the first to differentiate Typhoid from Typhus Fever (although their claim to priority is not admitted in America), died at the age of 70 years leaving in his will directions that his left elbow, ankylosed for many years and his right kidney, believed to contain a calculus, should be removed *post-mortem* and placed in the pathological Museum of the Hospital so that future generations of students might profit from his bodily infirmities. I was instructed to obtain these specimens and accompanied by my faithful assistant, William Brindle, proceeded on the somewhat grim errand. William seized the arm firmly above and below the elbow, when suddenly the anchylosis broke down and the movements of the joint became quite free. After removal it was seen that the articular

surfaces were normal and that the fixation had been entirely due to changes in the fibrous structures around the joint. What an opportunity lost to a manipulative surgeon or bonesetter ! What capital he would have made of such a triumph in the person of a distinguished physician, at the expense of the profession, and what large headlines would such a case, if occurring nowadays, have obtained in some evening paper, or, possibly, in a highly respectable weekly journal looking out on the world !

Nothing remained but to remove the right kidney, but here, alas ! diagnosis had again been at fault, as except for the presence on the anterior surface of a cyst about the size of a hazel nut, it was everywhere normal and there was no stone ! Alterations in the tension of the fluid contents of the cyst had doubtless from time to time stretched the capsule and given rise to pain which had suggested the presence of a calculus.

William and I returned to the Hospital in moody silence, he, a keen morbid anatomist, probably brooding over the loss of two specimens of great prospective interest, whilst I was thinking, not for the first time, of the importance of accurate diagnosis, a subject which has never since been for long absent from my mind. But the public place treatment before diagnosis, and

are easily satisfied with a word or a phrase such as "a chill on the liver."

This recalls a visit to a country house, when one day during luncheon the servant announced that the Veterinary Surgeon had come to see a lame horse with a considerable swelling of its near fore leg. Later, when the other guests had left the stable, but my veterinary colleague remained, I asked him what he thought the swelling was due to. He replied "Oh, it's just a chill on the liver." How easily bad examples are copied!

GOUT

MANY sufferers from the articular manifestations of chronic gout were sent to Aix by Sir Alfred Garrod, who had a unique knowledge of that disease and whose researches did much to elucidate its pathology, and doubtless they derived great benefit from the treatment there. Now-a-days those physicians who have succeeded to his inheritance tell us that they rarely see a case of old-fashioned acute gout in the great toe, and it is not risking much to state that gout is a disappearing disease, and that the next generation of medical men will have little experience of it, either personally or vicariously, and that then fewer sufferers from it will be found at Aix-les-Bains.

This change has been largely effected by the researches of physiologists, most of whom are also members of our profession, and by the teaching of clinicians in regard to such important matters as eating and drinking, with the result that thirteen years have been added to the average expectation of life.

Thus it is that those who labour to prove that their work should be unnecessary, may as time goes on succeed in showing that their services are rarely needed except when life is beginning, and when it is drawing to a close.

I remember many years ago showing to Mr. (Sir) Jonathan Hutchinson, a specimen which illustrated the lesions of osteo-arthritis with deposits of urate of soda in the cartilages of the affected joint. He agreed as to the nature of the changes and as to the extreme rarity with which they are met with in association. Why this should be so is an interesting question.

I have always believed that it is possible for any physician who has had a prolonged experience of cases of pulmonary tuberculosis, to tell at a glance whether an individual is specially susceptible to that disease, and I accept without hesitation the view that there is a section of mankind who are specially liable to gout and to the arthritic diseases dealt with in these pages and that the trained eye can recognise them. I should not look for them amongst those who are short in stature, pale in face, flabby in texture, have dark hair and become prematurely bald, but should select those who are rather above the average in height, whose hair becomes grey at an early age, whose complexion is rather florid, who

are active in mind and body and take pleasure in the use of their well developed muscles. It is unfortunate for present day theories that such persons usually have well preserved teeth.

SOME POINTS IN DIFFERENTIAL DIAGNOSIS

Frequency of Occurrence.—One of the many advantages which come to anyone from having supervised two or three thousand autopsies, is a knowledge of what is common and what is rare ; geese are no longer mistaken for swans.

In the discussion of the forms of disease now under consideration, *viz.*

1. Fibrositic Arthritis.
2. Synovial Arthritis.
3. Osteo-arthritis.

It is not I think sufficiently realised that the presumption in a given case presenting no feature which at once distinguishes it, is, owing to its relatively greater frequency in favour of Fibrositic arthritis, and that both clinical and pathological experience point to the fact that relatively *Synovial Arthritis (Rheumatoid Arthritis so-called) is a rare disease.* The figures given on p. 19, which may be repeated here, *viz* :—

Rheumatoid Arthritis	4
Osteo-arthritis	45
Fibrositis	100

cannot surely be merely an individual and accidental experience, they must give some indication of the relative frequency of occurrence of these affections.

Enlargement of the Affected Joint.—In chronic cases of Fibrositic Arthritis there is no enlargement of the joint, whereas in Synovial Arthritis it is owing to the swelling and other changes in the synovial membrane, a common feature and may give valuable aid in diagnosis.

In the cases of multiple arthritis of more or less sudden onset, which do not yield to salicylate treatment, there may be during the acute stage some effusion into the joints, but whatever may be the pathology of such cases they are not, if there is permanent enlargement, to be regarded as examples of Fibrositic Arthritis.

Muscular Wasting.—The atrophy of the muscles in the neighbourhood of the affected joints, particularly the extensor muscles, is not a distinguishing feature of much value, as it occurs in Fibrositic Arthritis. I am disposed, notwithstanding much that has been written as to its being a reflex effect, to attribute it to the inactivity of the muscles.

CONCLUSIONS AS TO FIBROSITIC ARTHRITIS (HIP JOINT)

1. That inflammation of the fibrous structures of the hip-joint (Fibrositic Arthritis) may give rise to symptoms and signs which are with difficulty distinguished from those of Synovial Arthritis or Osteo-arthritis.

2. These include pain in the joint ; intensified when it is bearing the weight of the body, especially in ascending steps, tenderness on deep pressure ; a limping gait ; a shortened step ; a general limitation of movement ; an inability to lie on the affected side without inducing pain ; wasting of the glutei muscles ; involvement of the peripheral nerves, neuritis and peri-neuritis, with the type of pain characteristic of those lesions ; inversion of the foot in walking, etc.

3. That these symptoms and signs may lead to an erroneous diagnosis of " Osteo-arthritis " or " Synovial Arthritis " (Rheumatoid Arthritis), or Sciatica.

4. That the existence of these changes in the fibrous structures of the joint may not be revealed by an X-ray photograph or by a course of treat-

ment which has included firm massage of the hip joint, from which very great benefit has been derived.

5. That subsequently an incautious movement, or a premeditated movement with the foot in a certain position, may give rise under such conditions to agonising pain, probably due to stretching or rupture of the shortened fibrous bands, and that this may be followed by a return of complete freedom of movement unaccompanied by pain.

6. That such an affection requires a name, and that it is best expressed by the term "Fibrositic arthritis."

7. That these observations, if correct, may be useful in regard both to diagnosis and treatment.

THE X-RAY PHOTOGRAPHS.

ACCURATE diagnosis is as just stated an essential preliminary to treatment and an X-ray photograph taken with the latest and most approved apparatus should form part of the equipment of any patient suffering from arthritis who is about to visit Aix, as it may prove of great assistance to the physician there in deciding upon the course of treatment.

Unfortunately, however, it does not follow that in a case of Fibrositic Arthritis there are no lesions in or near the joint affected because none are clearly shown on the plate.

SCIATICA.

MUCH thought and careful examination is necessary before arriving at a diagnosis of "Sciatica" and an X-ray photograph is essential.

This is shown by the fact that of the 145 cases of hip-joint affection already mentioned, 67 were sent to Aix with the diagnosis of "sciatica" and only 29 with the diagnosis of some form of arthritis affecting the hip-joint.

As already stated, it is usual, according to my observation, for cases of arthritis of any of the varieties herein considered to be diagnosed as "sciatica" for about six months.

PAIN.

It is difficult to describe in words the varieties of pain which may accompany the various lesions of fibrous tissue, nerve sheaths, and articulations, but those who have experienced them are in a better position to do so, although they may think that words adequate to the intensity of the sensations are lacking.

No one, for example, who has displaced a semilunar cartilage in a knee joint would admit that "sickening agony" was adequately descriptive of the pain thus induced, but it is an approach to it.

In fibrositic arthritis a false or premeditated step may, as already stated, probably by causing the head of the femur to rupture some attachment or impinge upon some tender nodule, be followed by such an intense pain in the joint, that absolute immobility of the body for some minutes is necessary to allow it to pass off in its most acute form.

The word "lightning," as used in relation to the pains of tabes dorsalis is descriptive of the pain attending neuritis and peri-neuritis in many

other conditions. It is "flash" like and shoots downwards and must, I think, be due to a sudden arrest of the electric current which is normally always passing along the nerve.

The effect of heat upon pain is often diagnostic : contrary to what I read in some text books I should say that all or nearly all pain due to affections of the fibrous tissue, is relieved by warmth, of this the effect of a hot-water bottle in lumbago is the best example. Fixation by strapping may have a similar effect by limiting the contractions of the muscle fibres.

It is quite easy to distinguish between the dull aching pain of an arthritis, and the sudden shooting pain of a peri-neuritis when both tissues, as is so often the case, are involved in the same lesion. The pain of neuritis is deep and "linear" and cumulative in intensity up to the sudden discharge or interruption to the flow of nerve currents which may cause contraction of many muscles of the affected limb. Moreover, the former is as a rule relieved by heat, whereas the latter may get worse as the bed becomes warmer.

The nodules which form along the attachment of muscle to bone in fibrositis are intensely painful on pressure and their exact limitation can be defined to the sixteenth of an inch. An area of skin supplied by a nerve which is involved in a

peri-neural lesion often feels cold to the touch, even in a warm bed. Sufferers from any form of rheumatism or fibrositis should avoid the use of linen sheets and after a severe attack of acute rheumatism the patient should sleep in blankets for at least six months.

These blankets should not be of the ordinary rough "Wilton" variety, but brown ones of much smoother texture.

THE TRANSVERSE PLANTAR ARCH AND CORNS.

IT was suggested to me at Aix, and I think there is much evidence to support the view, that the falling in of the transverse plantar arch and the consequent change in the poise of the body, especially when corns develop on the soles of the feet, may, given a previous tendency to fibrositis, play some part in the distribution of the lesions of that affection in the lower limbs and especially so in relation to the hip-joints. For many years doubtless, like others similarly affected, I have, without realising the cause, attended the ministrations of a very skilful chiropodist from which I have obtained much temporary relief. By careful digging around the apex of the papilla most affected, a small cone-shaped mass of intensely hard cuticle is removed from the sole of the foot and handed by the operator to the sitter. On both sides much satisfaction is expressed, the corn has been "extracted" and all for a time goes fairly well until the necessity for another visit becomes obvious, when the process is repeated and so *ad infinitum*. But finality only appears

when at long last one realises that these corns, and others which appear elsewhere from time to time owing to the attempt to relieve the pressure on the most painful parts, are due to the impact of the sunken heads of the metatarsal bones which form the transverse plantar arch upon the sole of the foot. Whether the operator is aware of this fact I do not know. Lord Morley has written. "If you would think well of mankind, you must not try human nature too highly." The medical profession alone enjoys the privilege of labouring unceasingly to obviate the necessity for its continued existence.

The pain attending this condition may become so severe that exercise is limited to short walks followed by rest, and prolonged standing gives rise to intense aching.

If, as I am assured, this vicious cycle can be broken by the use of a simple appliance which restores the transverse plantar arch one regrets not to have heard of it sooner.

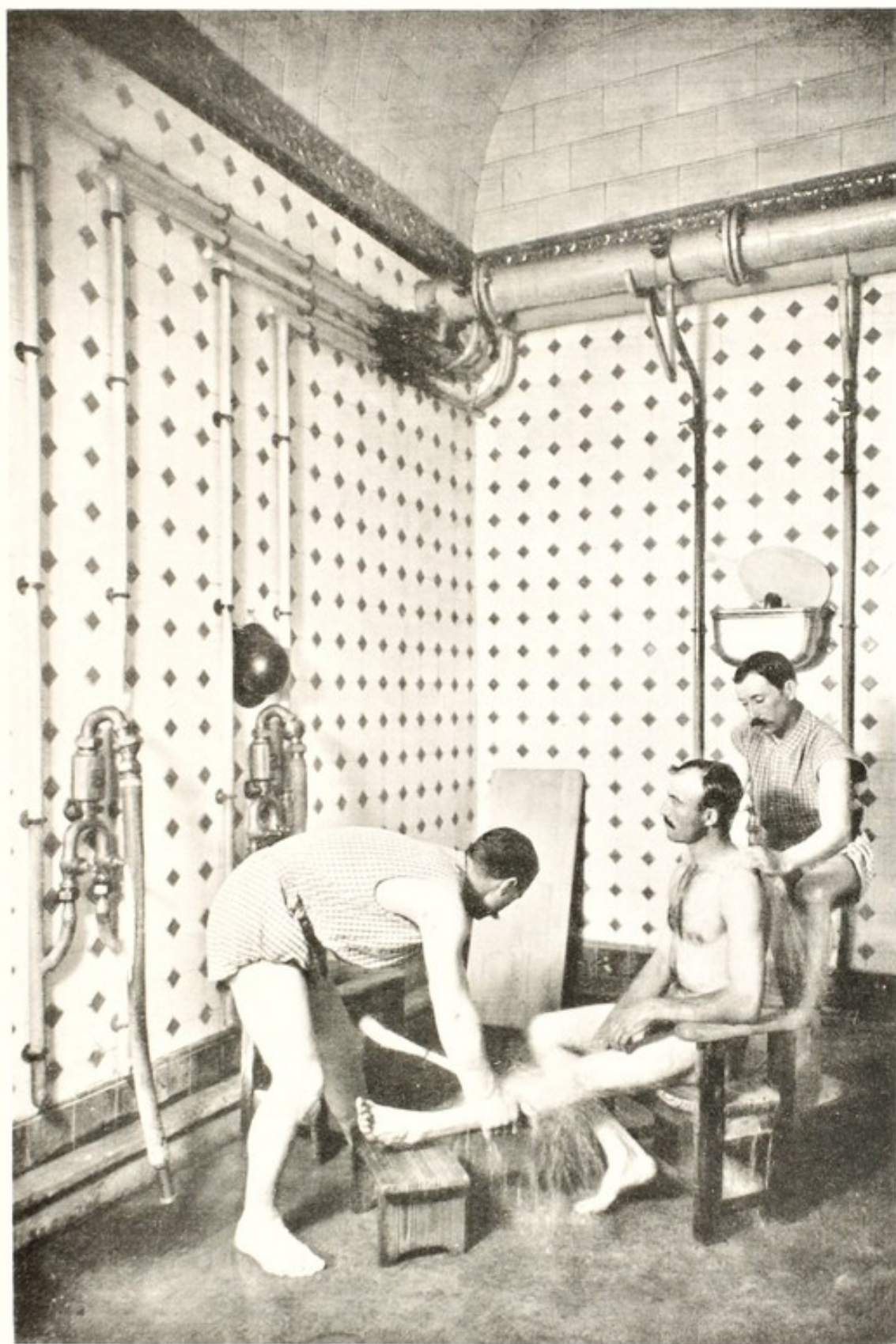
Another simple method of restoring the arch is to apply a layer of adherent wadding cut into an oval shape in the line of the heads of the metatarsal bones, and to cover it with an adhesive and elastic webbing which will remain in position for a fortnight or more in spite of a daily hot bath.

THE DOUCHE MASSAGE TREATMENT

THE douche-massage which is the special feature of the Aix treatment may be divided into three stages.

1. The Bouillon.
2. The Douche-massage, and
3. The Hose.

A stay of five minutes in the "Bouillon," where in a small room a steamy atmosphere has been produced by the continuous falling for many hours from a large perforated drum of a shower of the hot mineral water, is enough for most patients. Left to his own devices the patient uses the falling stream in a way that seems to him most likely to reach the "spot," wherever it may be, *e.g.*, elbows, back, shoulders, hips. This produces a general free perspiration. He is then summoned to the douche-massage room adjoining where, whilst he is sitting down, two operators, one standing in front and the other behind, a most essential combination, direct the streams of hot water coming through the nozzles at the end of flexible tubes, which are deftly held in position, upon the place which each is at the same time



DOUCHE - MASSAGE.

To face p. 42

massaging with both hands. The back, the shoulders, arms, hands and fingers first receive attention, then the thighs, legs and feet. A couch is then produced upon which he lies at first on his back, then face downwards, and the trunk and limbs are again massaged with a vigour which would surprise any masseur in any Turkish Bath which I have ever frequented. That finished he stands in the most distant corner of the room whilst the junior operator fires at him from a hosepipe a column of water which would at short range effectually disperse any crowd. At the word "Tournez" he revolves a quarter of a circle until every part of the body has been dealt with. The stream played up and down the back makes the stooping shoulders less round, and when it arrives at the "spot" effectually touches it up wherever it may be. A very hot coarse cotton dressing gown is then put on, and in it he is dried and returns across a narrow passage to the dressing room in which he has left his clothing. Here the drying and rubbing down process is completed. As only twenty minutes are allowed for each patient for the whole of these proceedings it may be imagined under what pressure the masseurs work during the busy hours. They are all Savoyards, no strangers are employed, it is a family calling requiring great

physical strength, and much skill is attained by long experience.

On the first visit the physician attends with the patient and gives the senior of the two masseurs any special instructions which the nature of the case renders necessary.



LOCAL DOUCHE - MASSAGE.

To face p. 45

OTHER FORMS OF TREATMENT IN VOGUE AT AIX

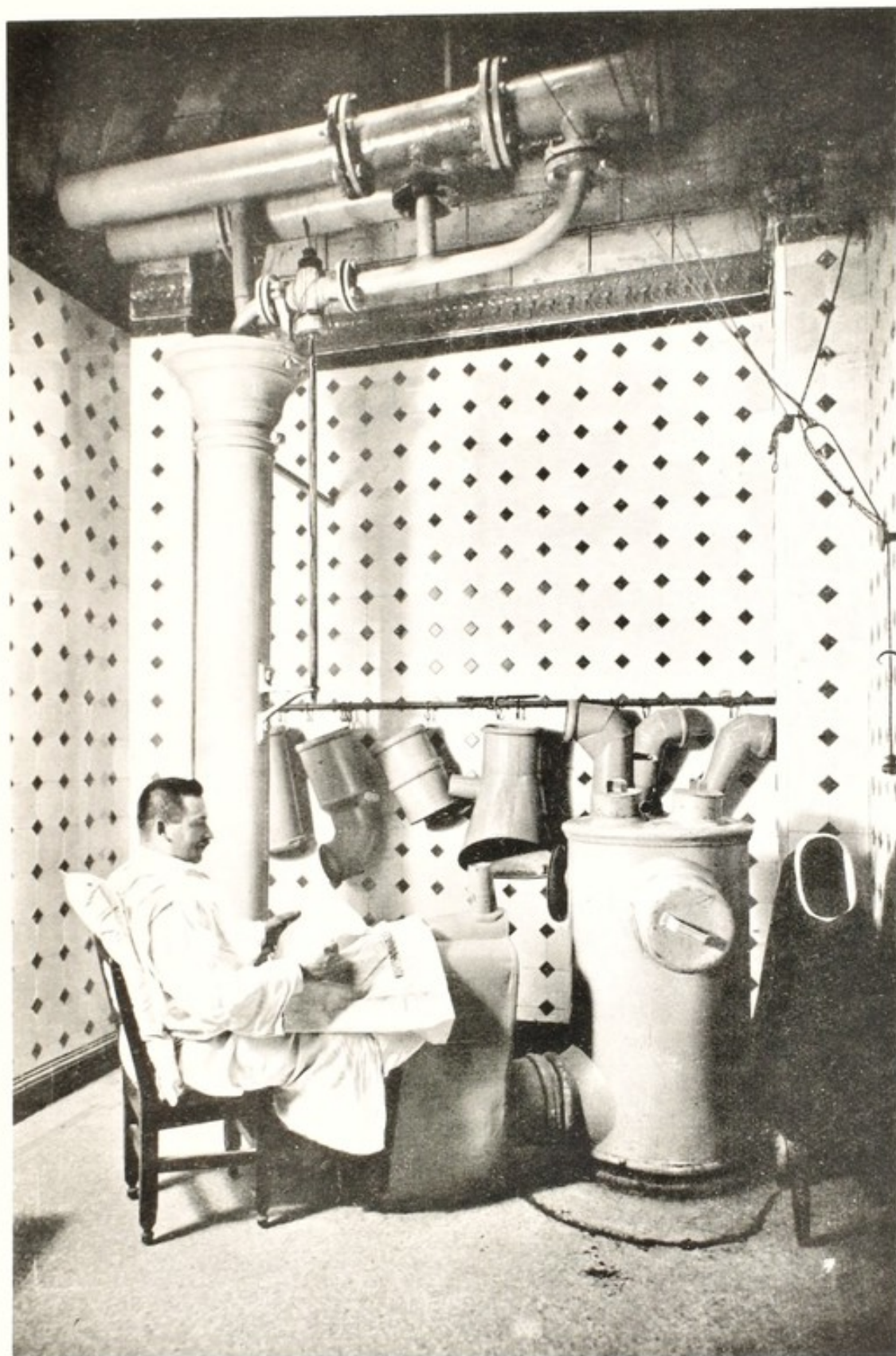
FOR local application of the douche-massage treatment, *e.g.*, to the legs only or the arms only, the affected limbs are put through rubber covered holes in a partition so that the patient and the operator are on opposite sides, and less undressing is necessary.

The "Berthollet" Baths are employed when it is desired to affect a single limb or joint or a part of the body such as the lumbar region. The hot vapour, 104° to 107° F. is obtained from the natural mineral water as used in the douche by allowing it to fall from a great height. These baths which may be followed by dry massage, are much used for the nodular lesions and deformities of the hands so common in women.

"Humage" is the name given to the use of the hot vapour from the springs conveyed from large "drums" through flexible tubes and either inhaled or applied to the ears or the eyelids.

At Marlioz, a suburb of Aix, there is an establishment chiefly devoted to the treatment of affections of the throat, ear and nose by the

use of sprays, douches, gargling and inhalation. The cold alkaline sulphurous waters used are obtained from springs arising there. For the treatment of various bronchial and other affections the water is artificially heated.



THE BERTHOLLET BATH.

To face p. 46

THE GENERAL EFFECTS OF THE DOUCHE MASSAGE TREATMENT

AN annual course of treatment at Aix is taken as a measure of precaution by many—the Acheans—who have no obvious ailment, and I can well believe that they derive great benefit from it, and I trust that they will all in consequence live longer and more healthy lives. There may be some who without experience are inclined to doubt the oft repeated assertion that the ultimate effects of such a course of treatment are not completely manifest at the moment, but only after some weeks or months, nevertheless I believe it to be based on accurate observation. Personally, I do not regret that I for many years preferred to walk the moors in Scotland, but age brings with it certain limitations, and many friends are alas ! no more.

The chief effects which I should attribute to the treatment are a feeling that one has become younger by some years, that one has regained height owing to a strengthening of the muscles of the back, and that the capacity for exercise is greater. These various changes in general well-

being may be independent of any local beneficial results. The combined effects of attraction of blood to the surface of the body, of the free perspiration, the stimulation of the skin by the passage over it of the hot water, the vigorous kneading of the muscles, the massage of the abdominal organs, the improved tone of the muscles consequent on the stimulant effect of the impact of the water under high pressure from the hose are to quicken the physiological action of the various organs, and to cause the elimination of effete materials from the muscles and other structures of the body.

LOCAL EFFECTS OF THE DOUCHE MASSAGE TREATMENT.

THE local effects which may be observed in a case of Fibrositic-arthritis, even after a few baths, are increased freedom in the movement of the joint, a longer step can be taken without pain, and in ascending steps there may be freedom from pain which has been for long experienced when the weight of the body is being transmitted through the affected hip.

Tenderness over the great trochanter and the acetabulum may also be markedly less. Should, however, the patient in a moment of elation think himself cured he may have a rude awakening.

Having noticed a tendency to turning inward of the foot of the affected side in walking, he may deliberately turn it outwards and take a step with the foot in that position. Immediately the weight of the body comes on to the affected hip, he may experience such an agonising pain in the joint that he with difficulty refrains from crying out and may have to remain motionless for some minutes, fearing that movement may cause a return of the pain. He is fortunate if he is able to crawl home.

From this experience he learns that the inversion of the foot was an unconscious adaptive precaution against the head of the bone being allowed to impinge upon some painful fibrous nodule or upon some fibrous band, either without or within the joint and that the existence of this lesion had not been revealed either by the X-ray photograph or during the course of the treatment notwithstanding the thoroughness of the massage.

If, as may happen, such an experience should be followed by much greater freedom of movement he will appreciate that it was really a blessing in disguise, although at the time it was singularly well hidden.

THE NEED OF PROVISION FOR DOUCHE-MASSAGE TREATMENT IN GENERAL HOSPITALS.

IF Aix-les-Bains could be reproduced elsewhere Mont Revard certainly could not, and it is to Mont Revard that Aix is indebted for its hot springs ; nor could the beauty of the surrounding country with its Alps and valleys and Lac Bourget nor the charm of life in the town. But something of what Aix gives to those who visit it could in a modified and doubtless less efficient form be provided in every general Hospital.

The waters would not be the same, their peculiar suitability for douche-massage would be lacking, but the temperature of the water used might be the same and the methods of its application could be imitated.

1. Three small rooms *en suite*.
2. Hot water under pressure, and
3. Skill in massage under a stream of running water, are all that is necessary.

It does not seem to be much when set out thus, but it represents centuries of experience which is not to be easily transferred elsewhere, but it

could be done, and if every general Hospital had a douche-massage department, the early treatment, upon which so much depends, of the cases which are considered in these pages would be far more efficient than it now is.

The Thermal Establishment at Aix, is open to the poor free of charge. If this suggestion were adopted even to a limited extent, Aix would be brought to the Hospitals for the poor.

EXERCISE

AIX presents many opportunities for exercise such as golf, lawn tennis on hard courts, climbing the neighbouring mountains and swimming in the clear blue water of Lac Bourget, but the middle aged and elderly patient will probably be well advised to avoid them all during the course of his treatment and to confine himself to gentle strolls alternating with periods of rest in the pleasant sunshine. He may indeed look forward to his "day off," *i.e.*, the day on which he has no bath, which generally follows three days "on."

CLOTHING

THE patient who proposes to walk home after the bath or to return in one of the omnibuses which the larger hotels provide for their visitors, should pay a good deal of attention to his clothing, as only a short time is allowed for undressing and dressing. All under-garments should button down the front, as the state of perspiration and stickiness of the skin after the bath render the pulling over the head of any garment very difficult, and fatigue is to be avoided.

Years ago, for another purpose I (mentally) invented a pyjama suit with feet on the trouser part like those on fishing waders. This year I found it in general use under the name of "Le costume de Mont Dore." It is made in thick flannel, is very warm and when in use the feet are encased in laced up white canvas shoes. It has a hood which may or may not be used. A fairly thick and long overcoat is generally worn over this and a woollen comforter and cap complete the dress ; but the special " costume " is of course not a necessity.

The covered carrying chairs in use at Aix have



THE COVERED CHAIR.

probably been seen on post cards or in photographs by most people.

If the patient is recommended by the physician to be carried home, he will be wise to accept the advice, although he may privately dislike it and fancy that he will be an object of derision. He need not worry, as the sight is too common to attract any attention. **W**hen he arrives at his hotel the porters will unpack him and he will lie in his blankets for about an hour until he has cooled down. Rest after the bath is essential.

ORDINARY CLOTHING

THE ordinary clothing necessary for a stay at Aix will depend to some extent upon the period of the year. Aix-le-Bains in August and September can be hot, indeed very hot and only the lightest clothing can be worn ; suits obtained for a visit to the Tropics may then prove useful. But conversely it may be cold and wet, and thick clothing may be necessary. Moreover, the susceptibility to chills is increased by the baths and caution is advisable as warmth and sunshine are great aids to the success of the "cure."

A white knitted Shetland woollen jersey buttoning down the front and with long sleeves, worn under the shirt and over another jersey of silk, retains a layer of air in contact with the body and thus preserves the body heat better than any other similar garment many times greater in weight.

Two pairs of white flannel or duck trousers will prove very useful and white leather shoes are usually worn with them.

Knickerbockers, the acid test of the bounder. "To wear or not to wear?" are not favoured by the English visitors, nor are brogues with a tab for keeping out the heather !

HOTELS

AIX-LES-BAINS is possibly the most charming of all the continental health resorts, but it is not a specially cheap place. The Hotels-de-luxe, as they are called, are suitable for those who can afford them and the food is good, but personally I would rather have a bedroom in one that was less pretentious if it faced South by East and got the morning sun and gave the glorious view of the West face of Mont Revard and the panorama of hills around with Aix in the hollow. The colour effects upon the face of Mont Revard as the sun gradually sinks into the West, and the rose tints slowly rise to the top of the mountain, are alone almost worth a visit. A bedroom facing north is always to be avoided and not less so at Aix than elsewhere.

There is no special "diet" which is suitable for patients undergoing the douche-massage treatment and no general attempt is made to enforce one; my own opinion would be that if the physiological effects depend, as above suggested, upon the elimination of effete materials from the body, it is not a time to add to them by indulging in what is usually called "rich living."

MONT REVARD

Few visitors to Aix fail to make the journey of about one hour's duration by the funicular railway to the plateau which forms the summit of Mont Revard, and those patients who are recommended to take an "after-cure" at a high attitude might do well to stay there. The snow covered mass of Mont Blanc is the special feature of the view, which on a clear day is said to extend over a hundred and twenty-four miles of country on every side.

During the last two years great changes have been effected on the plateau, by its owners the *Compagnie du Revard*. The insanitary wooden structure which was the only available hotel has been replaced by one in the Swiss chalet style, the ground floor rooms of which are in admirable taste and suggestive of great comfort. I did not see a bedroom, as they were all occupied, but they are doubtless from the description equally attractive. Those on the first and second floors looking towards the Alps must be ideal places on a sunny morning. In addition to the Hotel there is, at a short distance, a large luncheon and tea



Restaurant.

Garage and Railway Station.

Hotel.

MONT REWARD.

To face p. 58

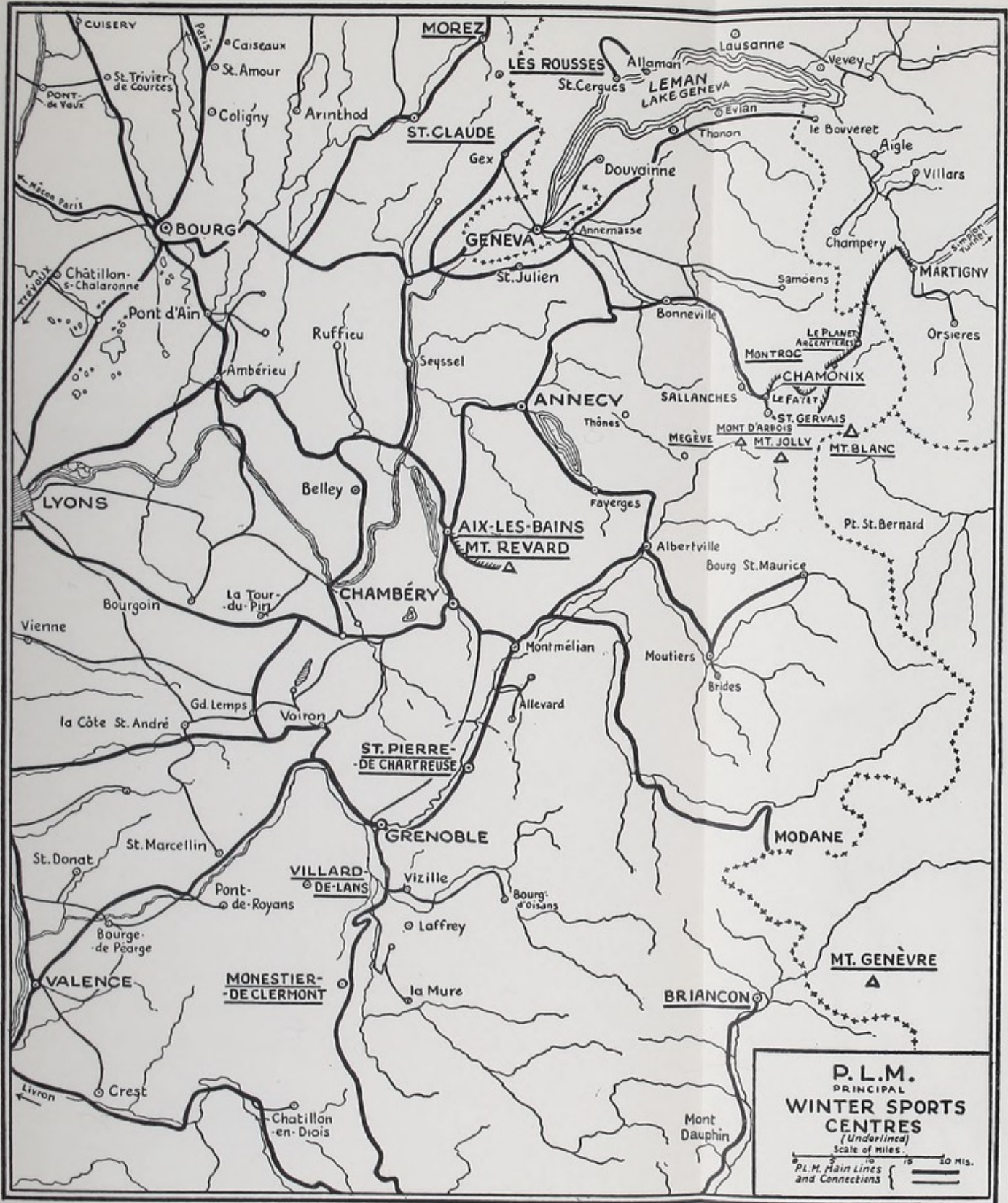
room for casual visitors by rail or car. A skating rink of over 5,000 square yards to be illuminated at night by powerful electric lamps was under construction and the intention is to make Mont Revard a winter sports centre for which it seems to be well suited. Cars from Aix on their way to Mont Revard attain the summit from the East side of the mountain.

THE JOURNEY OUT AND HOME

PATIENTS from London are advised to take the 11 o'clock boat train from Victoria to Dover. All luggage whether carried or registered is examined at Calais, where the custom house is a monument of inefficiency and the whole proceeding resembles very closely a football scrummage.

All the necessary information as to trains, reservation of places, and sleeping accommodation can be obtained at the P.L.M. Railway Offices, 179, Piccadilly, W. 1, or at Victoria Station, or the International Sleeping Car Offices, at 20, Cockspur Street, S.W. 1.

The ticket should not include the circular railway from the Gare du Nord to the Gare du Lyon at Paris, as if so the traveller may arrive at the latter station with possibly only twenty minutes or less for dinner. Crossing Paris in a taxicab from one station to the other is a trip of about twenty minutes and may be full of incident. It is well to impress upon the driver the necessity of extreme caution as *M. le Voyageur est très nerveux*. Some taxis arrive others do not.



The journey from Paris, Gare du Lyon, to Aix-les-Bains, takes 9 hours. The train which arrives at Aix at 5.30 a.m. is to be avoided, as it is not met by the hotel omnibuses, and "early breakfast" or indeed any breakfast of the English type is a meal unknown in France. The next train arrives about 7 a.m.

It is well to secure beforehand a seat in the Pullman Car from Victoria to Dover before leaving London, and, when returning, at least ten days before starting from Aix to book a sleeping berth in the 10 p.m. train to Paris, also a seat in the boat train from Paris to Calais and a seat in a Pullman Car from Dover to Victoria. Those who are what is called "bad sailors" will do well also to secure beforehand a private cabin if the channel is as it often is; an expensive luxury but it may be worth the cost. The office of the Southern Railway (English) in Paris is at 14, Rue du Quatre Septembre. If the registered luggage from Aix is not at Victoria on the arrival there of the owner, it will not be given up later to anyone else, even though the luggage ticket is produced. The owner who intends to send for it must obtain a form and sign a declaration that the trunks contain no articles liable to duty; they will then be surrendered to anyone who has the ticket and the form.

BY MOTOR CAR FROM LONDON TO AIX-LES-BAINS.

It may be useful to patients who decide to journey to Aix in their own car, to give the routes which are recommended by my friend Lord Montagu of Beaulieu, who has probably travelled by motor car in France more than any other Englishman.

The landing place in France may be either Calais, Boulogne, Dieppe or Havre, but whichever route is selected the point to make for is Versailles, and having arrived there to follow the road to Fontainebleau, thus avoiding the necessity of passing through Paris.

From Fontainebleau the Route Nationale to Sens, Auxerre, Avallon and Chalons-sur-Saone is the best. From there it is better to avoid the more direct road to Bourg-en-Bresse, the next point to make for, in favour of the main road, which passes through Macon and crosses the Saone to the East of Macon. From Bourg-en-Bresse the route to be recommended is that by Pont d' Ain to Amberieu, where the road turns to the left through St. Rambert and Culoz.

Shortly after passing through Culoz the north

end of the Lac de Bourget is seen, and from thence to Aix-les-Bains, the distance is only a few miles.

There is an alternative route, more hilly, but more picturesque, for the last day's run. At Virien le Grand a turn is made to the right instead of to the left, continuing over the Col du Dent du Chat until the road is reached which leads to Aix round the south end of the Lac de Bourget.

The distances from the ports of landing are as follows :—

Calais to Versailles, 105 miles.

Havre to Versailles, 140 miles.

Versailles to Aix-les-Bains, 350 miles.

Whether the traveller takes two days or three days in journeying from Versailles to Aix-les-Bains will depend upon a variety of considerations into which it is unnecessary to enter.

The following Hotels *en route* can be recommended,

Boulogne to Versailles, 150 miles.

Beauvais, Hotel de France et d'Angleterre
or Hotel Trianon.

Versailles, Hotel des Reservoirs

Auxerre, Hotel de l'Epée

Chalons-sur-Saone, Grand Hotel

Bourg-en-Bresse, Hotel de l'Europe

POSTSCRIPT

AFTER this brochure was in type I had an opportunity of reading the report of the discussion on "Rheumatoid Arthritis its Causation and Treatment,"* which took place at the recent meeting of the British Medical Association.

It does not suggest the necessity for modifying the statement on p. 13, possibly indeed it makes the need for a revision of the nomenclature of these affections more obvious.

It was of interest to observe that only a single reference was made to the place, and the method which it is the object of this essay to make more widely known, and yet I think that the springs of Aix will be bubbling from the earth, and the Savoyards will still be applying them with the skill for which they are so famous to multitudes of sufferers when all the teeth have been extracted and vaccines, whether autogenous, stock, sensitised, monovalent or mixed; protein shock therapy and many other methods and drugs therein mentioned have been for ages relegated to the limbo of the forgotten.

* B.M.J., Oct. 3rd, 1925.



