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A

NEW AND SUCCESSFUL METHOD

OF CURING

RHEUMATISM AND CONTRACTIONS OF
THE JOINTS,

AND

RESTORING LOST MUSCULAR POWER.

BY

ALFRED KING, M.B., M.D., &c.

LATE MEDICAL EXAMINER IN H.M. SERVICE, &c.

"Many a good surgeon is obliged to use the knife, but he is a better one who can cure without it."—SIR A. COOPER.

"When we can cure disease with little medicine, we shall indeed benefit mankind."—
DR. FORBES.

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P R E F A C E.

MANY years since I consulted a valued friend of mine (a well-known physician) as to the best remedy for chronic rheumatism, having at that time a patient suffering with the formidable complaint. "What have you tried?" I mentioned the usual medicines given in such cases. "It is a most troublesome malady," he said; "try and think of something fresh, for, upon my word, I do not know of a cure: contrive some outward application to support the parts, and give them new power. I think that would be about the best thing, for medicines seem to me of little use."

I have endeavoured to carry out these views with respect to outward applications and treatment, as will be found in the following pages.

A. K.

BALHAM, S.W.



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A

NEW AND SUCCESSFUL METHOD OF
CURING RHEUMATISM.

THE general feeling that prevails respecting rheumatism and gout being incurable has superseded many endeavours to find out a remedy; yet these diseases may be cured, and indeed prevented, as well as other maladies. Nature herself points out to us the mode, for when seized with violent pain or cramp we instinctively apply our hand to the part and compress it. Why, then, should we not follow Nature's dictates and improve her hints? When a person is first attacked with rheumatism or gout a very slight manual operation would in the majority of cases prevent swelling and pain. Even where these diseases have, as it were, fixed their abode, the patient may have the perfect use of his limbs restored, and be enabled thereby to take that exercise without which health must be imperfect and old age premature. The practice, however, is to encourage the patient to give perfect rest to the parts affected with rheumatism till, as

it often happens, the vessels change their action altogether. It is, I think, incumbent on the medical attendant to show that there is greater security to life in painful, rigid, and swollen limbs, and in frequent and long confinement, than in the free circulation of the blood through every part of the body, and that life is more secure when the functions of the body are imperfectly than when perfectly performed. In other words, it behoves them to show that disease is preferable to health and conducive to long life.

There is not a sense or organ in the human body whose functions are not preserved and improved by exercise. No wonder, then, that so many rheumatic and gouty persons lose the use of their limbs when patience and flannel are the usual remedies prescribed for these diseases.* The sufferer, if able to walk without the aid of crutches, moves at right angles with his arms and legs, bending forward to lessen the weight on his ankles and knees: he walks chiefly on his heels, and with the appearance of fear and pain; the flexor muscles will be found rigid and in a contracted state; the legs and feet are cold and the circulation in a languid condition. The skin is frequently of a bluish colour, and about the joints there is great

* Very lately mint water has been given to cure acute rheumatism. (*See Guy's Hospital Reports.*)

tenderness ; the ligaments are thickened and contracted. This happens chiefly at the ankle and knee-joints. In cases of this kind medicine is of little or no use.

Miserable lameness in youth and persons of middle age has frequently come under my care, which in a few days was so much relieved by the new mode of treatment, that these patients were able to walk without assistance.

It may with truth be affirmed that there never was an improvement made in the practice of medicine or surgery that did not meet with some opposition ; even Harvey himself is said to have lost much of his practice by discovering the circulation of the blood, and Jenner suffered in a like manner. I am well aware that compression and percussion may be objected to in rheumatism on the ground that they may repel the disease to an internal part. But the objection has no foundation whatever either in fact or in the nature of things. I have cured lameness in gout in many instances, so that the patients were enabled to take that degree of exercise which quickly restored them to perfect health. Instead of repelling, the treatment I adopt creates a renewal of nervous energy to the part ; thus, vessels in a torpid state are roused into action and the circulation restored ; the bandages and medicated pressure support the vessels and enable them

to perform their functions. If fever be present, it should be treated upon general principles; but it is well known that the cure of rheumatism is not completed when the *fever is subdued*. Both these diseases (rheumatism and gout) often assume a chronic form, and are not to be removed by the power of any medicine.

In gout, inflammation of some part of the extremities, particularly of the great toe, has hitherto been thought as necessary for the safety of the human constitution as the celebrated lamp invented by Sir Humphrey Davy for the preservation of the lives of coal miners. And this inflammation is not only induced but kept up by artificial means, and the improved state of health in which the patient sometimes finds himself is attributed to the degree and duration of the local affection. Long confinement, intense suffering and lameness, are considered the only conditions on which life can be preserved. It is surprising that we do not perceive how increased perspiration and a regulated diet during a long confinement produce that change of action in the system which is attributed to the inflammatory action in the joint of the great toe. It is also surprising that we do not perceive that a constitutional disease, of which inflammation of the great toe is only a symptom, could be successfully combated by con-

stitutional remedies without injury to any part, function, or organ of the body.

Whoever has the slightest acquaintance with natural philosophy and chemistry knows that percussion and compression produce wonderful effects on inanimate bodies. The mason will cut a stone of immense thickness by a few blows of a hammer, and a piece of cold iron may be made hot by the same means.

If I apply medicated compression and percussion in the course of the sciatic nerve to a person labouring under sciatic rheumatism, a pleasurable vibration will be communicated through the whole limb, the nervous power being thereby diffused. If I apply percussion to a paralyzed limb I can attract to it the nervous energy. If I apply percussion to limbs debilitated by rheumatism, long confinement, or inaction, I thereby excite the action of the vessels and nerves; I promote circulation and restore that natural heat of which they are deprived through the inactivity and weakness of the general system.

It is not consistent with common sense and reason to suppose that a substance formed like the cellular tissue of vessels, which carry on (if I may use the term) the business of life in every part of the body, can remain sound when the muscular fibre is affected with disease; it is infinitely more

rational to conclude that the affection of the muscular fibre is a consequence of the affection of the cellular tissue, whose functions seem, from its universal diffusion, subservient to those of every other organ; for this cellular tissue or membrane is formed of capillary arteries and absorbents. The balance between their functions being in any degree upset must produce corresponding phenomena; thus, if the absorbents of a muscle are more active, and carry off more than the arteries deposit, contraction and wasting of that muscle will be the consequence.

It is well known that diseased appearances are often confined to the cellular membrane, and that when this is the case the organs or vessels which it surrounds exhibit a morbid action. It is likewise ascertained from observation and experience, and it goes far in countenancing our theory, that, however insensible the tendons of muscles may be in their sound state, injuries and morbid affections of these parts are accompanied with severe pains. Thus, inflammation of the integuments and the subjacent cellular membrane of the arm occasions not only the most inexpressible sufferings, but will sometimes render the arm contracted and rigid for a long time.

But the knowledge we possess of the functions of this membrane goes a great way in the explanation of the disease called *rheumatism*.

In the first place, then, the covering of the muscle (the membrane just mentioned) confines them to their situation parallel to the bones. If this were not the case, a muscle could not contract at all; destined to act in a certain sphere, if that sphere is lessened, a muscle will either not contract or its contraction will be of no use. Suppose, for instance, that beautiful muscle of the upper arm, the biceps, or any other muscle, was deprived of its natural bandage that confines it to its situation, what appearance would it exhibit in a state of contraction, were it able to contract at all, under such circumstances?

A muscle in contracting becomes rigid and hard. It is evident, therefore, that unless a muscle were bound by its covering the contractions would either be very limited, or in contracting it would start from its place. It follows, therefore, that a perfectly sound state of this covering of muscles is necessary to their vigorous and healthy action; and on the supposition of there being in rheumatism a morbid affection of this covering are explained the pain and difficulty of motion in a limb or part affected by this disorder.

In the second place, the doctrine of a morbid affection of this covering or cellular membrane connected with the muscles accounts for the debility of the latter and likewise their rigidity in chronic

rhematism. Were it not for the cellular membrane lubricating the surface of the muscles, it is impossible that they could move upon each other so as to contract simultaneously, and to the same degree, otherwise inflammation and adhesion would not fail to be the consequence of their friction or movement upon each other. If, then, there should be a morbid state of this cellular membrane, and a deficiency of this lubricating fluid which facilitates the motion of the muscles, rigidity and pain will be the result; and not only so, but if there be a deficiency of the fatty substance, which in a state of health is found in a greater or less quantity deposited between and in the interstices of the muscles, they must become more attenuated, and their fibres will approximate nearer to each other in every direction.

The muscular fibre is not a line of continuous substance extending from beginning to end; it is made up of many pieces, whose ends are connected with each other by means of vessels, nerves, and cellular membrane. What, therefore, has been deemed a wasting of the muscle, may with greater propriety be considered a deficiency of those cushions which give plumpness to the flesh.

There can be no question that at times there is a wasting or absorption of the muscle itself to a

certain extent, and also an affection of the nerves of the part affected with rheumatism.

For if we reflect that the nerves and muscles are enveloped in this membrane, we must infer that the apposition of muscular and the secretion of nervous fluid are performed by the capillary vessels of that membrane. If, therefore, the functions of these vessels are impaired, the membrane and muscles themselves must suffer; but mere disuse alone will produce emaciation of a limb.

There is no fact in physiology better established than that action is necessary to circulation, and circulation to nutrition.

These are, indeed, matters of daily experience. Emaciation of the muscles must therefore be considered more as a consequence than as a cause of rheumatism.

Now, the effusions that sometimes take place within the sheaths of the tendons are a proof that the cellular membrane is principally affected in this disease.

I have seen effusions of this kind occur as a first symptom, and I lately had an instance of it in an officer in Her Majesty's service.

Again, from the fact that the same cause affects different parts of similar structure in different individuals, and, indeed, in the same person, perhaps at different times, we might judge *à priori* that it

is not the muscular fibre, but the membrane of the muscle that is affected in rheumatism. Thus, exposure to cold produces in one person cough, in another inflammation of the liver or bowels, and in a third rheumatism.

The parts affected in these disorders, however they may differ in intensity, are of the same nature with the joints and muscles and the cellular substance interposed between the fibres. It is, therefore, not illogical to conclude that it is this membrane, and not the muscular, that is primarily and principally affected. No doubt there is also an affection of the muscular substance; for, as I have before observed, the connection between the two is so intimate that we cannot well conceive the one to be in a state of congestion and the other healthy. But this state of things is secondary, and therefore cannot be understood as constituting the malady in the first instance.

It would appear from what has been said that the proximate cause of acute rheumatism, at least, is an affection of the tendons and membranous coverings of and around the joints. This appears from joints being first affected with pain and its consequences.

In many instances, indeed, the pain is confined entirely to the joint and its coverings; at other times the muscles are affected with pains, and also from one joint to another.

Chronic rheumatism may be and is a very frequent consequence of the acute form; nothing, therefore, can be more evident than that what constitutes the proximate cause of the latter must also form that of the former; for the only difference between the two consists in this, that the acute is accompanied with fever, and the chronic is free, or nearly so, from it. Finally, the mode of operation, and the various means employed by me for the cure of rheumatism and the loss of muscular power, put it beyond a doubt that the cause of the disease consists in a languid, congested, or obstructed circulation in the parts affected.

Heat, which is generally used either as a principal or an auxiliary remedy in the management of this disorder, whether applied externally or internally, moist or dry, whether produced by action or accumulated in the body by clothing, cannot but stimulate the system. If the temperature of the atmosphere that surrounds us be increased, the body becomes larger, because the circulating fluids expand and dilate the vessels. The motion of the heart is also increased both in frequency and force, so that the whole circulation moves with greater velocity.

If the person labouring under rheumatism feels at times relieved by such increase of temperature, or, which is the same thing, by the action of new heat within him, upon what principle does the

relief thus obtained depend? Can there be a more natural inference than that the stimulus of heat, by rousing into action the vessels which were in a torpid state, enables them to propel their contents?

We can see this verified in a very simple manner by the most ignorant, who apply a hot iron near a part affected with rheumatic pains until they are removed. Now, can it be conceived that the pain is removed in any other way than by relieving the *congestion* that was in the vessels of the part?

These observations apply to the operation of heat from any source, whether applied externally, as by an increase of temperature of the rooms, or the warm bath, or whether produced by motion, warm clothing, or excited by drinking warm fluids.

Medicines given in chronic rheumatism with a view of producing action on the bowels cannot affect the parts on which chiefly they are intended to act, without previously affecting the whole system. If we give those medicines which act upon the skin and produce perspiration, we cannot do so without affecting the parts between the stomach and the skin; neither can emetics or aperients operate on the stomach and bowels without promoting the action of those vessels called absorbents.

Tonics.—A most useful class of medicines in the

treatment of rheumatism; if they do not quicken, they must increase the power of the circulation.

Now, if these remedies operate by increasing the action of the system, we cannot help concluding that the parts affected are relieved by having their action promoted. Consequently, diminished action, or, in other words, congestion, must be the proximate cause of the malady. No other vessels than the capillary system can be obstructed without being attended with results very different from that which takes place in the disease now under consideration. Therefore, the *modus operandi* of the remedies employed in the cure proves that the cause of the disease is an affection of these minute vessels.

Such are my views respecting this most painful, most troublesome disease, and upon which I have founded a new and very successful mode of treatment for it.

From the time I discovered the benefits arising from compression, bandages, and percussion in the cure of chronic rheumatism, and the loss of muscular and nerve power, I have never failed to give relief where the disease was recent when it was seated chiefly in the muscles, or where the joints were only superficially affected. But where the disease was of long standing, and had taken a firm hold into the joints, or when considerable

effusion had taken place, I frequently found this mode of cure, although applicable, somewhat slow in its operation. This cannot be a matter of surprise to any one. The irregular surfaces of joints often preclude the possibility of compressing the very parts most affected. Articular surfaces and the synovial glands can neither be compressed by bandages nor sufficiently stimulated by friction; for the coverings of joints are often so puffed and tender as to render compression very frequently out of the question.

In this state of things I did not despair of being able to attack rheumatism even in these most painful parts. Recollecting the well-known practice of some poor people exposing to a fall of water limbs, or parts sprained, for the purpose of reducing the swelling and pain, and of restoring tone to the injured parts, I concluded that such effects depend on the concussion produced. By these means a tremulous motion is given to the minutest vessels, which are thereby excited to action; hence, circulation and absorption, formerly in a languid, are thereby restored to a healthy state. As the debility and effusion consequent on violent sprains are very similar to the debility and effusion accompanying many cases of rheumatism, it occurred to me if a like motion to that produced in sprained limbs by the dashing of cold water upon them

could by any means be communicated to these internal parts of the joints affected, perhaps equal results might be obtained in the one as in the other. For this purpose I contrived two little instruments, so that I could apply gentle percussion to any part of the body.

These instruments* are simple enough : on the end of a conical piece of wood is placed a small ball of india-rubber ; the cone portion is secured by a steel spring, and this is inserted into a light handle of wood. The spring is movable, so that the blow or percussion can be regulated in power by the length of the spring. The other is a ball of india-rubber attached to a spring and handle ; they are used according to the violence or nature of the case.† In fact, a small drum-stick with ball at the end will answer very well.

The first time I made a trial of these instruments I found them to exceed my most sanguine expectations ; and I have often, by their means, produced in a joint a degree of motion which compression and friction would have required some days to effect. Sometimes at the first visit, at any rate in a very short time, I have given motion to a joint which had been fixed for days and weeks. Thus I succeeded in overcoming a difficulty. The disad-

* Made by Arnold, of Smithfield.

† I have since used a needle percussor with great benefit.

vantage arising from the application of bandages now disappeared, for I had found a substitute far better.

I have had patients who could not stoop, or, indeed, move their hands or arms, and who, after percussion and medicated pressure had been used for a very short time, were able to stoop and place the fingers of both hands upon the ground. By these means every part is stimulated, the vessels and nerves react, and thus is demonstrated the soundness of this mode of treatment.

I will now proceed to detail a few of the cases treated by me:—

CASE 1.—Four years ago a Mr. Stepton, of Liverpool, applied to me for advice. He had taken a violent cold in the spring of the year, and was completely incapacitated from walking; the result of a rheumatic affection of both ankle-joints and the soles of his feet. I found that the pains of which he complained made him very lame, and although he had the assistance of two sticks he walked with much difficulty. I applied percussion, then medicated pressure, and afterwards a bandage of wash-leather, with immediate good effects. The next day gentle percussion and friction were used, and, lastly, a good bandage. He was under my treatment two weeks, when he returned home free from pain, and able to walk as well as ever.

CASE 2.—A gentleman came to me one morning with pain and swelling of the right arm and wrist-joint; he had suffered more or less for six months. He was a law-stationer, and, in consequence of the pains, was unable to attend to his business. In this case percussion at first gave him great pain, but after gentle pressure with the ends of the fingers, I again applied the cone-percussor with the best effect. Before it was used the second time he could not shut nor move any of his fingers without suffering; but after a very short time he could not only move his fingers, but hold the instrument, and declared that the pain was less severe than it had been for days. Gentle percussion and pressure were used in this case; and after three visits (a bandage being applied on each occasion), the patient sent me word that he was quite well.

CASE 3.—The groom of Major D., late of the Madras army, was sent by his master to me for my advice; the poor fellow had been for months in a very sad state. One night he got very wet, and a few days after was seized with pains all over him. A medical gentleman had attended him, and he got better; though he did not recover the use of his feet. He had taken, he said, lots of medicine for it, and was one day better and another day worse. He had been unable to work for eight

months. He was very lame in both feet, and could not stand upright or walk any distance without sticks. I found both ankles very tender on pressure, his general health not very good, bowels confined, little or no rest at night, and his appetite indifferent. I directed him to have six leeches applied to each foot, and afterwards both to be covered with poultices of hot bran, which were to remain on all night. The next morning there was less pain, but in other respects he was much the same. I now commenced gentle pressure and medicated rubbing and percussion. On the third day he could walk across the room without his sticks. On the sixth day he came to me very much better; but the following day the pains returned. I found he had discontinued the use of the leather bandages which I had ordered him to keep on; these were reapplied after the percussor had been again used. Each day he continued to mend, and was under my care about three weeks, when he returned to his master cured, and able to resume his work. I may mention in this case that the only medicines taken by him were three or four doses of Epsom salts and powdered nitre.

Percussion and medicated pressure need not be confined to cases of rheumatism, but may be applied with the best results to many other complaints.

They are capable of removing general distress and uneasiness in the system arising from an unequal distribution of the nervous fluid. In paralysis (loss of muscular power) it has done much, as the following cases will testify:—

CASE 4.—In the summer of 1864 I visited the Isle of Wight. One morning I was requested to see a Captain D., who, I was informed, was suffering from paralysis of both legs. He had little or no power in walking, without the assistance of his wife and a stick. He gave me the following history of his case:—In the year 1860 he returned from India, not in a very good state of health, but after coming to this place (the island) his liver acted well, and he quite recovered. Subsequently, he visited some friends in London; and it was during the winter of 1861 he fell on the ice, was taken home and attended by a medical gentleman; he appeared to be getting on pretty well. One morning, however, he found he could not stand without assistance; in fact, the use of both his legs was almost gone. He placed himself under some of the best men in town, who were very kind, and gave him every hope that he would soon be well again. For twelve months he was pretty well doctored, and then he was recommended to try the movement cure; but there seemed no cure for him. He afterwards

visited Brighton, and was under the care of a well-known "rubber" there, and others in the town. Here, however, he met with no beneficial result, and ultimately returned to Ryde. In his then present state I found he could not stand without support, and in walking he was unable to lift his legs and feet off the ground; it was a sort of "drag" walk. His general health was good; he was of a full habit, bowels confined, and had to take aperient medicine frequently; appetite moderate. On examining the spine, I found tenderness about the upper part of the lumbar region, and this continued all the way down to the lowest parts. The legs were cold, and rather wasted, with little feeling, and no pain about them. The treatment adopted in this case was the following:— I directed six leeches to be applied to the spine near the tender parts, and the patient to lie on his stomach during the night. The next morning I found him much the same. Six leeches to be applied to the other side of the spine. On visiting him on the second morning, I found that he was better; the tenderness of the spine gone; the bowels open. I now in a very gentle manner passed my hand up and down the back, rubbing with the heel of the hand, and used the percussor No. 2 to both legs, back and front, for ten minutes. I then compressed with my hands the flexor

muscles of the legs for ten or fifteen minutes, banded them, and left him. The next day I again examined the spine, and found the tenderness gone, but the leech-bites were troublesome. Gentle friction was used with the hand along the region of the spine and down the legs. Percussion was again used. The patient was now directed to get up, and to his surprise he found he could stand alone. As he stood up, I used the percussor rather freely; when he said it gave him sharp, darting pains. I requested him to walk, and he did so without much assistance. A day or two after, I used the percussors again to the muscles of the legs; then hand-rubbing was used, and the bandages applied. On the sixth day he was able to walk with the assistance of his wife, and step out very well. His diet about this time was milk morning and evening, and boiled mutton for dinner, no beer or wine being allowed. On the tenth day he was improved. On the twelfth he continued to improve. On the sixteenth day also. On the seventeenth percussion again to the spine and legs, with friction and bandages. On the twentieth day, a liniment, composed as follows, was used:—

Extract of belladonna . . .	1 drachm.
Veratria	10 grains.
Soap liniment	4 ounces.

The spine was well rubbed with this with the heel

of the hand every morning for twenty minutes. Percussion to the legs, and bandages. His health continued good. He was under treatment for two months, and improved every day; and at the end of that time he was quite restored, having the use of both legs as well as ever. The only medicine used in this case was the liniment and a few doses of Epsom salts, with digitalis taken occasionally to regulate the bowels. This gentleman has since returned to India.

CASE 5.—This was a person who came and requested my advice. Two months previously he had a fit, and was attended by a medical gentleman. He improved under his care, but could not recover the use of his right arm: his face and mouth were a little drawn on one side; all the affected parts and arm colder than natural, and hand useless. Appetite moderate; sleeps during the day, but none at night; aged sixty. He had been a strong and healthy man; temper irritable. He was treated as follows:—Epsom salts and digitalis occasionally. The liniment was used for twenty minutes. On the fourth day percussion was used for ten minutes, and then friction and pressure. On the sixth day percussion and bandage. On the tenth day the same, and so on up to the sixteenth day. On the twentieth day he came to me and complained that

he had much heat and pricking pain in the arm and hand, "but," said he, "I can now use both, sir."

Now, many persons whose muscular powers are not over-strong are very frequently subject to that very painful affection called cramp; and when this pain or spasm passes away it very frequently leaves behind a soreness both of the flesh and skin; it is also a well-known fact that all excessive muscular action is sure to be followed by acute pain in and about the parts, and this soreness of the muscular fibre is often accompanied with great sensibility of the skin over it. Such persons, then, who are troubled with this very painful affection directly they get into bed at night may prevent it by these very simple means. Let a bandage be applied to the affected leg or part of the body (a flannel or cotton roller will do) just before retiring to rest, and it will be found that the power of compression will be sufficient to prevent the pain from returning.

As a very good illustration of the power of the bandage in controlling muscular spasm, I may mention that many years ago a friend of mine requested me to see two cases of cholera, both were well marked. The one a woman, the other a middle-aged man. The cramps in both were something frightful; my friend was anxious for me to try my system of compression, and at his

request I applied a strong roller of flannel to each leg, beginning at the ankle and ending at the upper part of the thigh. I waited one hour, but the cramp did not return; and although all the other symptoms continued, the patient was not again troubled with cramp. So much, then, for this power of controlling muscular pain by compression. How well do cramp and spasm in cholera illustrate the fact that cramp is very frequently the result of debility of the system.

When a boy I can well remember suffering with cramp every time I bathed in the sea. One day an old fisherman advised me always to tie a handkerchief round my leg just before going into the water. I did so, and I was never afterwards troubled with it.

As the power of controlling spasm and pain by compression is so well marked in the two instances just given, I have very little doubt but that the following case will interest some of my readers:—J. B., aged eighteen years, had been troubled with epileptic fits for two years. His mother stated that one day her boy saw a person run over and killed on the spot. He fainted or had a fit at the time, and about every six weeks he always had one. The following plan was adopted, to prevent if possible, or rather to try the effect of compression in this case. A few days

before the expected attack a bandage was applied to the left arm and left leg. The fit came on about the expected time, but the struggles were very few, and the fit only lasted five minutes. It usually lasted a quarter of an hour. On the next occasion four bandages were applied, one to each limb. The fit returned about the regular time, but there was no struggle or spasm; the boy fell down in the fit, but in a few moments recovered. This was a most interesting case, and I requested the mother to bring the boy to my house, as I intended to invite a few medical friends to see and examine him, but, like most persons of her class, she said her son should not be experimented on (as she termed it), and I have not seen her since.

I have very little doubt in my own mind that, with proper tonic treatment, and bandages, this boy could have been cured. This proves to me that epilepsy is a disease arising from debility, and in many cases curable. I do not pretend that the bandage alone will cure cases of this kind, but, from what I have seen, I am quite sure of the power it possesses in controlling the morbid action of the muscular system.

I have only given a few of the cases successfully treated by me; but I may likewise mention the following diseases, which, if treated according to the

principles I have laid down, may be in a very short time cured, with but little trouble:—Indigestion, congestion of the liver, and that feeling of distress known as general debility.

The effect produced by the above mode of treatment in chronic rheumatism, and the loss of muscular power is so great, that I feel sure it will work its way with the public. And I venture to assert that the time is not far distant when these simple, yet powerful agents (if properly applied), will prove a real benefit to suffering mankind.

All persons suffering with pains in the joints, or rheumatic affections at night, should sleep in blankets below and above during the winter time—even the pillow should be covered with blanket ; so great is the feeling of warmth and comfort during the coldest nights that patients have frequently told me of the quiet and sweet sleep they have enjoyed. And after all it seems strange that persons of cold habits of body and subject to pains should not do so. I ask my readers to try this, and I am quite sure the pleasure will never be forgotten, or in the words of Colonel Monson—“No more cold sheets for me in winter time, and I hope no more lumbago.”

THE END.

THE following should have been printed with the other cases, but was unfortunately mislaid:—

“The Terrace, Portsmouth, Dec. 12th, 1866.

“MY DEAR SIR,—Before leaving England I must again thank you for all your kind treatment and attention to my case. And now that I have the use of my hands and feet—for I can walk almost as well as ever; indeed, I can place them upon the ground, walk, and feel no pain; and that, after being for seven years a sufferer, is to myself and friends most surprising—my sister is trying to cure herself; but no one, I feel sure, can do that without seeing and consulting you, as in my case. I feel sure your success in restoring lost power to the human frame, and in giving relief in all such painful diseases as neuralgia and rheumatism, will get you many friends. I return to Bombay by this mail, and shall write to you again. And now, dear doctor, receive the grateful thanks of one who has been restored to health and friends by your mode of treatment, and

“I remain,

“Ever faithfully yours,

“EMMA FORBES MAITLAND.

“To Dr. A. KING.”

From the late Dr. C. MURCHISON, 79, Wimpole St., W.

January 2nd, 1879.

“DEAR DR. KING,—Your little book is out of print: get another Edition out as soon as you can. A friend of mine has received much benefit from the treatment.”

Faint, illegible text, possibly bleed-through from the reverse side of the page.