

and used it so as to obtain the best results, was the late Professor Samuel Jackson. He was in the habit of making his patients remain in bed for many weeks at a time, and, if I recall his cases well, he used this treatment in just the class of disorders among women which have given me the best results. What these are I have been at some pains to define, and I have now only to show why in such people rest is of service, and what I mean by rest, and how I apply it.

In No. IV. of Dr. Séguin's series of American Clinical Lectures, I was at some pains to point out the value of repose in neuralgias, in myelitis, and in the early stages of locomotor ataxia. I shall now confine myself chiefly to its use in the various forms of weakness which exist with thin blood and wasting, with or without distinct lesions of the stomach or womb.

Whether we shall ask a patient to walk or to take rest is a question which turns up for answer almost every day in practice. Most often we incline to insist on exercise, and are led to do so from a belief that women walk too little, and that to move about a good deal every day is good for everybody. I think we are as often wrong as right. A good brisk daily walk is for well folks a tonic, breaks down old

tissues, and creates a wholesome demand for food. The same is true for some sick people. The habit of horse exercise or a long walk every day is needed to cure or to aid in the cure of disordered stomach and costive bowels, but if all exertion gives rise only to increase of trouble, to extreme sense of fatigue, to nausea, what shall we do? And suppose that tonics do not help to make exertion easy, and that the great tonic of change of air fails us, shall we still persist? And here lies the trouble: there are women who mimic fatigue, who indulge themselves in rest on the least pretence, who have no symptoms so truly honest that we need care to regard them. These are they who spoil their own nervous systems as they spoil their children, when they have them, by yielding to the least desire and teaching them to dwell on little pains. For such people there is no help but to insist on self-control and on daily use of the limbs. They must be told to exert themselves, and made to do so if that can be. If they are young this is easy enough. If they have grown to middle life, and made long habits of self-indulgence, the struggle is always useless. But few, however, among these women are free from some defect of blood or tissue, either original or having come on as a result of years of indolence and attention to



aches and ailments which should never have had given to them more than a passing thought, and which certainly should not have been made an excuse for the sofa or the bed.

Sometimes the question is easy to settle. If you find a woman who is in good state as to color and flesh, and who is always able to do what it pleases her to do, and who is tired by what does not please her, that is a woman to order out of bed and to control with a firm and steady will. That is a woman who is to be made to walk, with no regard to her aches, and to be made to persist until exertion ceases to give rise to the mimicry of fatigue. In such cases the man who can insure belief in his opinions and obedience to his decrees secures very often most brilliant and sometimes easy success; and it is in such cases that women who are in all other ways capable doctors fail, because they do not obtain the needed control over those of their own sex. There are still other cases in which the same mischievous tendencies to repose, to endless tire, to hysterical symptoms, and to emotional displays have grown out of defects of nutrition so distinct that no man ought to think for them of mere exertion as a sole means of cure. The time comes for that, but it should not come until entire rest has been used, with

other means, to fit them for making use of their muscles. Nothing upsets these cases like over-exertion, and the attempt to make them walk usually ends in some mischievous emotional display, and in creating a new reason for thinking that they cannot walk. As to the two sets of cases just sketched, no one need hesitate; the one must walk, the other should not until we have bettered her nutritive state. She may be able to drag herself about, but no good will be done by making her do so. But between these two classes lies the larger number of such cases, giving us every kind of real and imagined symptom, and dreadfully well fitted to puzzle the most competent physician. As a rule, no harm is done by rest, even in such people as give us doubts about whether it is or is not well for them to exert themselves. There are plenty of these women who are just well enough to make it likely that if they had motive enough for exertion to cause them to forget themselves they would find it useful. In the doubt I am rather given to insisting on rest, but the rest I like for them is not at all their notion of rest. To lie abed half the day, and sew a little and read a little, and be interesting and excite sympathy, is all very well, but when they are bidden to stay in bed a month, and neither to read, write, nor



sew, and to have one nurse,—who is not a relative,—then rest becomes for some women a rather bitter medicine, and they are glad enough to accept the order to rise and go about when the doctor issues a mandate which has become pleasantly welcome and eagerly looked for. I do not think it easy to make a mistake in this matter unless the woman takes with morbid delight to the system of enforced rest, and unless the doctor is a person of feeble will. I have never met myself with any serious trouble about getting out of bed any woman for whom I thought rest needful, but it has happened to others, and the man who resolves to send any nervous woman to bed must be quite sure that she will obey him when the time comes for her to get up.

I have, of course, made use of every grade of rest for my patients, from insisting upon repose on a lounge for some hours a day up to entire rest in bed. In carrying out my general plan of treatment it is my habit to ask the patient to remain in bed from six weeks to two months. At first, and in some cases for four or five weeks, I do not permit the patient to sit up or to sew or write or read. The only action allowed is that needed to clean the teeth. In some instances I have not permitted the patient to turn over without aid, and this I have done because some-