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Lente (Fr. S.)

FLORIDA

AS A

HEALTH-RESORT.

BY

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MEDICO-LEGAL SOCIETY; VICE-PRESIDENT NEW
YORK NEUROLOGICAL SOCIETY, ETC.

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FLORIDA AS A HEALTH-RESORT.¹

FOR years the question, *Where shall I spend the winter?* of a phthisical or phthisically-inclined patient, has been an embarrassing one to the physician. Winter resorts, some of them entirely dissimilar in the characteristics of their climate, have risen or fallen in the estimation of the public, and, to some extent, among medical men, according to the prevalence or decline of a theory, or apparently even a fashion; and we are still, to a great extent, at sea as to what is the most favorable location for an invalid in winter or spring, or even whether any change is desirable. The cold and dry regions, e. g., Minnesota; the elevated regions, with their rarefied air, e. g., the Engadine in Europe, the mountains of Peru in South America, Laramie and Colorado in this country, have had their pilgrims, and neither theory nor fashion seems to sustain their reputation. The time-honored resorts of Italy, which, for so many years, absorbed almost the entire invalid travel, have lately fallen greatly in the estimation of intelligent people, who could not fail, after the charm of novelty and the haze of romance had been dispelled, to see on how unstable a foundation, in a climatic and hygienic point of view, her reputation had been based. Even Mentone, to which the name and efforts of Bennett, for a long series of years, gave a fictitious

¹ This paper was read, by abstract, before the American Public Health Association, at its annual meeting in Boston, October 6, 1876.

prominence as a health-resort, and rendered it, for the English invalids at least, a medical Mecca, has failed to respond satisfactorily to the test of time and experience. One who wishes to get a thorough *exposé* of the peculiarities of Italian climate, from a responsible source, should consult the entertaining book of Dr. James Johnson on "Change of Air." The climate of Bermuda has lately been recalled into some prominence through the efforts of a transportation company; but those who have remained there for a few weeks have been more injured than benefited. Those who merely made the voyage, and remained but a week or two, have seemed to be somewhat improved in health.

But little has been known among our people concerning the climate of Florida. Comparatively few had visited the State prior to the war. Many causes conspired to this: the long Seminole War; the unsettled state of affairs for many years after; the impossibility of securing any decent accommodation for invalids; then the civil war checked travel and immigration, and rendered the State still a *terra incognita*. Now, everything has changed. To one who has not paid a visit there, especially to the St. John's River region, for three or four years, it is as if the magician's wand had been waved over it. Not only those seeking health, but settlers, in the shape of farmers, of men of means, even of wealth, of education, and refinement, have been pouring in along the river counties; as many as twelve thousand have been estimated as the influx into Orange County alone in twelve months. Forests have been leveled. Orange-groves have taken their places. Schools and churches have sprung up, and refined and agreeable society can be found over a large extent of country, where but a few short years ago a howling wilderness existed. The tide of invalid travel having been diverted from its usual channels to this favored spot, the attention of the medical profession has naturally been attracted there also, and a growing desire has been manifested to secure reliable and definite information in place of the various conflicting reports which are constantly flooding the journals and magazines of the country. The writer had collected a large amount of valuable information and statistics, and had partially prepared for publication, at

the suggestion of friends and physicians, a somewhat elaborate account of the climate, remarkable objects of interest, and resources of Florida, especially as a health-resort, when he found that he was overtaking his available time and health, and now offers, as a poor substitute, such remarks and suggestions as he thinks may prove interesting or serviceable to the profession, and for which he may be able to find room in the somewhat restricted compass of a medical journal.

The discussion of the broad question of climate, in its various aspects and bearings, has always been a perplexing one. It is especially so when we, as physicians, come to consider it in its relations to any particular individual, or even any particular disease. To analyze the mass of information with which we are confronted, to scrutinize the various conflicting statements of equally reliable observers, and to deduce anything like a definite and satisfactory conclusion, with regard to any particular locality or country, is a matter of no small difficulty. To this sort of investigation the writer has addressed himself for the past two years, in the case of Florida; and indeed, for the most part, only to a small portion of the peninsula, that which is most accessible to invalids. For, until proper facilities for easy travel and proper accommodation are provided for those larger portions lying along the Indian River, and along the Gulf coast, south of Tampa, which are supposed by many to present attractions superior to the more northern portions, their relative merits may profitably be left out of the question. The great bulk of tourists and invalids have heretofore distributed themselves along the St. John's River and at St. Augustine. A few go into the pine-regions of the interior to get away from the river. But, go where one will in Florida, it is difficult, owing to the peculiar conformation of the country, to escape the influence of considerable bodies of water. With reference to Florida, "almost without a metaphor," says "Chambers's Encyclopædia," "it may be described as amphibious." This, however, so far from being a disadvantage, constitutes, to a certain extent, its charm, and will, in the future, constitute a great source of its wealth—these bodies of water being, for the most part, clear streams

and crystal lakes. A study of most of the works on Florida, from that of Le Moyne, who visited the territory as artist to the French expedition under Laudonnière in 1564, and the Bartrams, who visited it as naturalists in 1772, to the latest publications, including periodicals, pamphlets, and newspapers; access to all the records bearing upon the subject in the possession of the War Department, the library of the Surgeon-General, and other depositories in Washington; a careful collation of the various meteorological and other tables included in these records; personal interviews with distinguished medical officers of the army, who have served in all parts of Florida, and with many of the scientific and medical residents of the State, with some of her representatives in Congress; and, lastly, the opportunity for consulting a considerable number of the thousands of intelligent visitors and invalids, who passed through, or located for the season at the writer's winter residence, have afforded him unusual facilities for unraveling the intricacies of the subject so graphically described by Scoresby Jackson. The last source of information, as regards the relative merits of various climates, he considers of more value than all the others, more so than even an extended personal observation. For invalids are by far the best judges of climate; they are living barometers and hygrometers. Here, you have the opportunity to question and cross-question the reporters, and not only thus to arrive at the truth, but, what the books seldom give, the whole truth. All of these individuals were intelligent and educated people, most of them invalids who had traveled the world over in search of health, and tested its renowned sanitary resorts, some of them winter after winter. Few of them had any particular prejudice for or against any special locality, save from its actual effect, but were, from self-interest, in search of the best.

The evidence of those who have tested the climate of Florida by sufficient personal observation, or by a careful examination of the data furnished by others, has been of the most favorable character. The opinion of those who have devoted a few weeks to roaming from one locality to another, or who have based their opinion on conversation with a few visitors,

may be profitably neglected. From the very earliest discovery of the continent, the remarkable salubrity of the climate, and the extraordinary transparency and purity of the springs, gave origin to the tradition that a "fountain of youth" existed somewhere within the borders of the territory, and led to the expedition of the romantic and chivalric De Leon in search of it. The first impression of a visitor, who has been led to form a picture of Florida from the enthusiastic descriptions of writers, aided, perhaps, by a vivid imagination on his own part, is not unfrequently that of disappointment. But a longer acquaintance almost always leads to a revulsion of sentiment, and a succession of visits to something of the enthusiasm of the earlier historians. A reasonable amount of valuable data with regard to the meteorology of Florida is supplied by the volumes of the "Medical Statistics of the United States Army;" but if one undertakes to judge of a climate, in a sanitary point of view, or of the fitness of any particular country or district for invalids, by mere latitude or temperature, or its variability or invariability, its dryness or humidity, he will fail to comprehend the philosophy of the subject. Its geography, especially its physical geography, must be studied, its position with regard to surrounding or neighboring seas or bodies of water, to great currents both of air and water, to its relation to storm-centres and tracks of storms, to mountain-ranges, not only within its own borders, but sometimes at a distance from them. Thus Florida has often been poetically described as "the Italy of America," yet the parallel which runs through the southern extremity of the peninsula is 25° , while the southern extremity of Italy is 38° . The Riviera is 44° , and the Isle of Wight and Torquay nearly 51° ; yet the winter climate of the latter is very pleasant, and highly recommended in England for consumptives. While one can usually live in perfect comfort in Florida, even away from the coast, if at rest in the shade, under a temperature of 95° , the same person, under a like temperature in New York or Canada, would probably be in a state of mental and physical discomfort. It is the insular position of Florida, with the proximity of the Gulf Stream flowing north, and the cold arctic current

flowing south, the comparatively narrow strip of country separating the Atlantic and the Gulf, and the numerous smaller bodies of water abundantly distributed over its surface, the prevailing winds always sweeping over water of a uniform temperature, which modifies the heat of summer and the cold of winter. "The peculiar character of the climate," says Dr. Robert Southgate ("United States Army Medical Report"), "consists less in the mean annual temperature than in the manner of its distribution throughout the year. Possessing an insular climate, the extremes of temperature are much modified; although the winter at Fort Snelling, Minnesota, is $47^{\circ} 73'$ colder than at Tampa Bay, the summer at the latter place is only $8^{\circ} 24'$ warmer. In the summer season, the mercury rises higher in any portion of the United States, and even in Canada, than it does along the coast of Florida." "Within the period of six years," says Forry, "the mercury at Key West was never known to rise higher than 90° Fahr., or lower than 44° Fahr." The *variability* of the winter temperature has frequently been noticed, and has been often alluded to, by those who have not had personal experience of the actual effects of these changes on the human system, or with the modifying influence on these changes of the peculiar constitution and surroundings of the State, many of which have already been pointed out, as greatly detracting from its value as a health-resort. A change in twelve hours, for instance, from 70° to 60° or 50° , has a very different effect on the sick from a change of a like number of degrees in Boston, New York, or Chicago. Practically, these variations are of actual benefit to those invalids who are tolerably careful, and who take the precaution to change clothing with the change of temperature. A continuous temperature of from 75° to 80° at mid-day, for a number of consecutive days, is generally felt as a serious inconvenience, especially by the more advanced and debilitated cases of phthisis, and these generally longed for the cold changes, knowing by experience their tonic effect, whereas the *steady* heat of some tropical regions, though not excessively high, and very agreeable to most persons, is generally followed by increased debility in the spring in the case of in-

valids. With regard to these variations of temperature, Dr. Southgate remarks, "Rarely is the change so great as to impress the individual in fair health, uncomfortably, and the invalid has invariably sufficient warning to guard against it." Surgeon-General Lawson, United States Army, speaking from an extended personal experience, says: "The climate of Florida is remarkably equable, and proverbially agreeable, being subject to fewer atmospheric variations, and its atmospheric ranges much less, than any other part of the United States except a portion of the coast of California." With whatever faults it may have, the climate of Florida, in comparison with most others, stands preëminent. I have watched, with some anxiety, the cases of those in the more advanced stages of consumption, when the diurnal temperature ranged, as it did last winter, from December 5th to December 16th, as follows: 78°, 82°, 82°, 83°, 84°, 81°, 82°, 81°, 81°, 80°, as I heard them complaining from day to day, and was gratified, when the mercury showed 69° at the same hours on the 16th, to hear their expressions of relief, and to see their entire change of manner and appearance. This was an unusual series of days for Florida in winter; but a high temperature of shorter duration is quite common, and the cool, sometimes cold, change which succeeds, so far from causing colds and pneumonic complications, common under like circumstances at the North, generally acts like a cold shower-bath, and braces up the system. The occasional wood-fires, around which the invalids so cozily congregate on the cool days, are never unacceptable as a pleasant change, and contrast favorably with the more uniform and debilitating heat and monotony of more tropical climates. Nothing, in fact, is so distasteful and injurious to most invalids as monotony. The writer has always believed in the traditional idea that when phthisis had arrived at the stage of softening, a removal to a warm climate is not a beneficial change, that a sudden and rapid increase of the trouble is pretty sure to follow. A study of such cases last winter has not tended to establish the correctness of this idea. On the contrary, the progress of the disease was slower, if not entirely arrested, provided the patients were not moribund (as

they sometimes are) on their arrival, even with the disadvantage of being deprived of the comforts of home, which they so much need. Every village and hamlet in Florida can probably furnish its examples of people who have come there years ago, only, in the opinion of their friends, to die, and who are now doing well, some of them apparently in full health. It is impossible, of course, to say, without a physical examination, how many of these were cases of *chronic bronchitis*, or other affections simulating phthisis, but their history showed that they would almost certainly have died except for their change of climate. This little village, in which I have taken up my winter abode, can furnish several examples. It is very likely that the more uniform heat of tropical climates may furnish stronger evidence of the correctness of this commonly-received opinion among medical men.

The *temperature* is similar to that of a *typical* May or September in New York, and is usually delightful. For a period of twenty years, it was at Jacksonville, on the St. John's, for January, February, and March, 62° ; at St. Augustine, 59° ; at Pilatka, latitude $29^{\circ} 34'$, it was, last winter, for January, February, March, and April, at 12 M., $63^{\circ} 50'$. The average temperature, taken during these months every hour, from 12 at night until 6 A. M., was $57^{\circ} 40'$. A slight film of ice is occasionally seen during the winter, and slight frosts are not rare north of the 25th parallel, but not often injurious to vegetation. Williams, in his history of Florida, speaks of a snow-storm which appeared in 1774, and extended over most of the State. "The ancient inhabitants," he writes, "still speak of it as an extraordinary 'white rain.'"

As regards *hygrometric* conditions, it is necessary to say a few words. The "dampness" of the climate has been much talked about by those who have regarded only the physical aspect of the State, the large proportion of water existing everywhere, without any knowledge of the actual condition of the *air*. The air is, during *summer*, very damp. Guns, surgical instruments, etc., rust in spite of all precautions. More rain falls during this season than all the others combined. During the winter the case is entirely different. I found no

special precautions necessary to preserve my instruments from rust, and boots and shoes, long neglected, showed no mould. At some of the prominent resorts in Florida the invalid is conscious of an unpleasant dampness after sunset, when out-of-doors and not in active motion. As a rule, these places are usually surrounded by large trees, with their usual funereal adornments of Spanish moss, which may, in some measure, account for this. At Pilatka, and at other points farther up the river, it is not so. This village, with an elevation of twenty-five feet, has a natural drainage on three sides, a peculiar soil, and no large trees, only the wild-orange, and other tropical trees of slight elevation, simply for ornament. Here, when the air is not too cool, one may be out until ten or eleven o'clock at night with comfort, though it is not *advisable* for invalids to be exposed at this hour. The dews, usually heavy, do not commence to gather until twelve o'clock, the mercury then commencing to fall, and falling steadily until five or six. Until 11 p. m., or later, last winter, a handkerchief could be swept over the grass—which is here, unlike other localities in the State, as green as in a Northern village in summer—without being moistened. When the mercury rises to 75° or 80° during the day, there are fogs; but the invalid rarely sees them, as they commence at midnight, or later, and are dissipated by the sun before their breakfast-hour. A great deal has been said, by those interested in other winter resorts, about the fogs and dampness along the river; but there is really no more dampness than is useful, indeed necessary, to prevent too rapid radiation of heat from the surface of the earth, and a consequent too rapid fall of temperature. Were it not for this provision of the climate, instead of a fall of ten or twelve degrees, we should, perhaps, have one of thirty to forty. In the desert of Sahara, for example, where the dryness is absolute, and radiation at night unrestricted, the temperature falls to the freezing-point; and on our Western Plains the difference between the diurnal and nocturnal temperature is sometimes 60°. Here, while the evaporation of moisture during the day tempers the heat, the condensation at night limits the cold. At Fort King, in the same section of the State as Pilatka,

Forry gives the annual number of fair days as 309 for a series of years, and on the Northern Lakes 117. On the *coast* of Florida the number is 250. A moist climate is not necessarily bad for consumptives, though it is generally so. On the Nile, though most cases do well at Thebes and Cairo, others do better at Alexandria. The climate of Lima is very dry, yet consumption is very common, while on the mountains back of Lima the air is always damp and rain common, yet consumption is rare. *Cold* and moisture are always bad, but *warmth* and moisture may or may not be so. The question as to the influence of large bodies of water on the production and progress of phthisis is so important, especially to those physicians contemplating the adoption of Florida as a winter residence for their patients, that, at the risk of extending the limits of this paper unduly, I quote a very instructive table from Forry,¹ with an abstract of his remarks on the same, and his preliminary observations :

“Having already demonstrated that the regions of the United States, on the same parallels of latitude, present systems of climate very diverse in character, viz.—1. The regions bordering on the ocean; 2. Those under the influence of inland seas; and, 3. Those remote from such controlling powers—it will be seen that these laws of climate maintain an intimate relation with the etiology of pulmonary diseases. It seems to be a well-established law that the prevalence of *catarrh* and *influenza*, in each *system* of climate, increases and decreases in proportion as the seasons are *contrasted*, thus maintaining an unvarying relation with the extreme range of the thermometer as connected with the seasons.”

“The following table presents, in a condensed form, so far as regards the *catarrhal* forms of pulmonic lesions, the results of the quarterly sick-reports of forty-five permanent ports, arranged in classes, comprising a period of ten years :

¹ “The Climate of the United States, and its Endemic Influences, based chiefly on the Records of the Medical Department and Adjutant-General’s Office, United States Army, 1842.”

Divisions.	SYSTEMS OF CLIMATE.	Latitude.	Difference between the Mean Temperature of Winter and Summer.	RATIO TREATED PER 1,000 STRENGTH.				
				First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Annual Result.
Northern.	1st Class.—Posts on coast of N. England.	43° 18'	38° 61	63	49	36	85	233
	2d Class.—Posts on N. chain of lakes..	46° 27'	43° 00	90	62	50	96	300
	3d Class.—Posts remote from the ocean and inland seas.....	44° 53'	55° 84	175	120	86	169	552
Mid.	1st Class.—From Del. Bay to Savannah.	37° 02'	32° 99	102	45	23	97	271
	2d Class.—Southwestern stations.....	35° 47'	36° 83	122	61	33	78	290
South.	1st Class.—Posts on Lower Mississippi.	30° 10'	24° 39	82	34	26	60	218
	2d Class.—Posts in peninsula of Florida.	24° 33'	11° 34	45	24	40	33	143
Average.....				98	56	42	88	287

“This table contains, besides the results of the permanent stations, those of the thirty-one temporary ports in Florida.”

“This table, which exhibits the annual and quarterly ratios of each system of climate, and serves to elucidate their relations and sequences, affords a beautiful illustration of the etiology of catarrhal affections as connected with the meteorological laws established. Take, for example, the Northern Division, consisting of the first three classes: On the New England coast, as the ocean modifies the atmospheric temperature, the annual ratio, treated per 1,000 of mean strength, is as low as 233; on the Great Lakes, where a similar modifying influence is in operation, it is 300; while the third class, characterized by the extreme range of the thermometer, has a ratio of 552. But let us follow more narrowly the isothermal and isocheimal lines (representing the mean temperature of summer and winter), which describe four curves within the same space, presenting alternately a *mild* and an *excessive* climate. As these lines, on the coast of the Atlantic, present comparatively little deviation from the terrestrial parallel, the ratio of catarrhal diseases is low; advancing into the interior,

the line of equal summer rises, and that of winter sinks, and the ratio increases proportionally; proceeding into the region of the Lakes, the lines again converge beneath the controlling power of the waters, and the ratio of catarrh and influenza is modified accordingly; again advancing into the interior beyond these ocean-lakes, the average rises in proportion as the isothermal and isocheimal lines tend to opposite directions. In the other divisions the same law obtains. On the Atlantic coast, between the Delaware and Savannah Rivers, the annual ratio is 271, while the average of the interior posts of the Middle Division, notwithstanding this class lies somewhat farther south than the former, is 290. As most of the posts of the first class of the Southern Division are on the Lower Mississippi, and are much under the influence of large bodies of water, the annual ratio is as low as 218; while the second class, which comprises the mild, insular climate of East Florida, has an average of only 143." We thus see that large bodies of water modify climate favorably, and that the ratio of pulmonary disease increases with the increase of the mean *annual ranges* of temperature as regards the seasons, rather than the prevalence of sudden or diurnal vicissitudes; and that the injurious effects of moisture, even in *cold climates*, are more than counterbalanced by the modification of the *temperature* of the air induced by the warmth of the water; while in *warm climates*, in winter, the moisture has a positively beneficial effect in limiting the diurnal vicissitudes.

As regards *liability to disease* in Florida, a careful examination of the "Medical Statistics of the Army," extending through a long series of years, personal observation, and conversation with medical officers engaged in the Seminole War, indicate a remarkable exemption, throughout the State, from malignant or even very serious diseases. "At all seasons, with the exception of the Northern Division," says Forry, "the mortality is lower in East Florida than in any other class of posts." He ascribes this, in a great measure, to "its being nearly wholly in a state of Nature." Circumstances have changed since then, of course, and the clearing of the forests, especially the hammocks, has developed in the summer season a considerable increase of fever. Notwithstanding the exces-

sive exposure and fatigue endured by our troops in the Indian wars, in penetrating the swamps and Everglades in pursuit of the savages, the amount of serious disease developed was remarkably small, and the ratio of mortality, as Forry has shown, correspondingly so—only twenty-six per 1,000; while in other portions of the United States it was thirty-five. General Barnes, our present Surgeon-General, informs the writer that on one occasion he accompanied a boat-expedition through a portion of the Everglades, and, although they were almost constantly wet, making their way at night, and for a time eating uncooked food, being afraid to light fires for fear of alarming the enemy, no severe cases of fever or rheumatism were developed in the detachment. General Crane, the Assistant Surgeon-General, gives similar testimony from his own experience.

In the "Statistical Report of the Sickness and Mortality of the United States Army," from 1855 to 1860, is a table, at page 163, which exhibits the sickness and mortality among the troops stationed at the interior Gulf posts, and embracing, especially as regards the former, the most unhealthy part of the peninsula. The number of *cases* for the whole year is 19,312, the *deaths* 119, or 0.61 per cent. There were but four cases of congestive fever, none of which died. It could therefore hardly have been of the severe character which is met with in other parts of the country. If we take into consideration the very unfavorable circumstances surrounding the small commands scattered over this area, the bad water, poor food, hard work, and continuous exposure of all kinds, the small percentage of mortality is remarkable, and shows that, although the cases reported for treatment are very numerous, the diseases of all kinds were very amenable to treatment and rapid cure; as all the military operations went on successfully, notwithstanding this very large amount of sickness. The very small percentage of deaths from diseases of the respiratory organs is especially noteworthy—only thirteen cases among the 19,000 of all diseases treated. Notwithstanding the dampness, rain, and exposure, there were only thirty-three cases of pleuritis and twenty-five of pneumonia. "I have served in Florida," says Surgeon-General Lawson (letter to the Hon.

D. S. Yulee, United States Senate, October, 1855), "and have served also with an army on the Northern frontier, and, from my experience of the influence of climate and active operations in the field on the health of soldiers, I have no hesitation in expressing the belief that, had the troops engaged in the Florida War been engaged for the same length of time in active operations, in winter and summer, on the frontiers of Canada, though the *cases of disease* might have been less numerous, the *mortality* would have been infinitely greater, than was experienced in Florida."

Tourists are industriously warned, by persons interested in other localities in Florida, against the *malaria* of the St. John's River. It is undeniable that persons do occasionally suffer from it during the winter season. But it rarely gives trouble except to those who are unusually careless in exposing themselves, or in drinking well instead of cistern water.

The State abounds in springs of excellent water, but they are not always accessible. Rain-water, however, may always be had, even in the driest seasons, by providing large cisterns for storage. Lately, water has been procured by boring through the calcareous crust to the depth of sixty feet or more, and the water, when filtered, is pleasant to the taste. A qualitative analysis of one of these wells in the yard of the Putnam House, made by my friend Prof. Witthaus, gives the following result: Lime (carbonate and sulphate); magnesia (carbonate); ammonia, soda, chlorine, carbonic acid, sulphuric acid (*traces*); silicic acid; organic matter; the latter in small quantity. This water ought not to take the place of rain-water for drinking-purposes. The cases of intermittent fever which do occur in the winter, generally among those who are visiting different points of interest up and down the river, and more or less exposed at night, are very manageable. It is not fair, however, to attribute every case of fever, which occurs among Northern visitors, to the Florida climate, since the disease has been so very prevalent, almost over the whole of the Northern States during the last five years, both in winter and summer, that it would be more rational to attribute the outbreak to latent disease contracted at home, and developed, as is characteristic of the disease, by change. In my own case, I had

suffered from it for more than eighteen months, had failed to get relief from a summer's residence in Saratoga Springs, and have never had an attack since my arrival in Florida last December, though I remained there until the 10th of May, and although the winter was an exceptionally favorable one for the development of malaria, owing to the drought.

Dysentery and *diarrhœa* of a mild type, and easily managed, occasionally attack the winter visitor. Statistics, which I have not space to quote, show that *phthisis* gives fewer deaths than in any other portion of the United States. *Yellow fever*, even when it appears in other Southern States, rarely appears in Florida, except at Key West and Pensacola. It is almost unknown in East Florida. "This is only the second time," says Forry, alluding to St. Augustine, "that yellow fever has prevailed in this city for twenty years; while, at Charleston, we are told by Prof. Dickson that in twenty-four years' practice but three have passed without his knowing of the occurrence of yellow fever. As regards the essential cause of yellow fever, we still remain in the dark. It is manifest, however, that, to develop the cause, and to keep up its action, requires a high range of atmospheric temperature; and, as this condition seldom attains on the coast of Florida, it would seem to afford, in part, an explanation of its infrequent appearance in this region."

Who should go to Florida? When one thinks of our cold weather at the North, extending from October almost into June, with the last three months of alternate freezing and thawing, cold and damp, with their attendant crops of colds, influenzas, diphtheria, pneumonia, etc., one is disposed to answer, "All who can afford it." The *mass* of visitors, who now pour into the State to enjoy the winter, are not invalids in the strict sense of the term; many of those who are invalids are not perceptibly so to the general observer, and the average tourist is not therefore annoyed, as he feared he might be, by constant contact with sick and suffering people. Of course, of the *invalid* class, those afflicted or threatened with *phthisis* and its allied affections constitute the majority of the pilgrims to all southern climates. Although I do not countenance the practice of banishing those in the last stage of

the disease from friends and the comforts of home, yet, as has been before stated, not all of those die, and an apparently rash and hopeless determination of a patient, perhaps in opposition to physician and friends, occasionally results in cure. Besides, a considerable margin ought to be left for a possible mistake in diagnosis. Our first-class diagnosticians would hardly require this margin, and many who do not come within this category will doubtless resent this insinuation. But a winter's experience in Florida among the invalid visitors would convince the most skeptical that modern diagnosis of pulmonary complaints, even among those who stand high in professional estimation, has not arrived at the degree of perfection usually accorded to it. Then there is a class of cases which would be greatly benefited by a winter's residence here, which is not considered of sufficient gravity by many physicians to be banished from home: those who present some of the rational symptoms of phthisis without any physical signs—a condition not unfrequently, at the present day, confounded with the effects of *malaria*—such cases as Dr. I. E. Pollock had in mind when he said, in his recent lectures on phthisis, "Here"—that is, where we have "*a union of sub-febrile symptoms with progressive waste of the body*—is danger without any physical signs." *Incipient phthisis, pneumonic consolidation, laryngeal and pharyngeal diseases*, have sought and obtained great and prompt relief from this climate, especially if not hereditary. Many cases of throat-disease are, however, sent here for the *local* affection, who have the seal of consumption already stamped on the countenance, yet who are in ignorance of any constitutional disease, and who become sorely disappointed at the slow progress, and sometimes the hopeless nature, of the case. Of all thoracic diseases, *chronic bronchitis*, not rarely confounded with phthisis, is most certainly benefited by a Southern winter. *Asthma* is benefited, but to what extent, and in what particular localities, I am not able to say. It has been claimed by invalids that a locality back of Mellonville or Sanford, on the river, is particularly efficient. Forry states that the patient who is suffering from pure spasmodic asthma, or that which is complicated with chronic bronchitis, or that which is symptomatic of pri-

mary irritation in other viscera, is much benefited; also asthma connected with affections of the heart. But he does not advise any particular locality. The earlier stages of *Bright's disease* may be more successfully treated here than in the inclement weather of Northern latitudes; also persons, especially those of a delicate constitution, convalescing from *measles* or *scarlatina*, particularly when the affection of the kidney or other sequelæ are slow in passing away. *Old age* finds in Florida a congenial winter home. Aside from the dangers of thoracic disease, to which this period of life is so peculiarly liable in our Northern spring climate, the *vitality* is impaired by the long winter and lagging spring. Many of this class of the male sex are also suffering from *vesical* and *prostatic* disease; and the impairment of cutaneous action, induced by cold, causes much suffering, and hastens an unfavorable termination. Many cases also of the other sex, whose vitality has become impaired by chronic *uterine disease*, and whose local ailments have been relieved, as far as possible, by local treatment, find a no less invigorating tonic in this balmy air. *Rheumatism* and some forms of *neuralgia* are benefited. Certain forms of *dyspepsia*, particularly such as may be termed *nervous dyspepsia*, which is, like other nervous affections, becoming more and more common—which is merely one of the many symptoms of modern “wear and tear,” and which is often relieved completely, for a time, by the bromides, when various other treatment has failed—are permanently relieved by a winter's residence here. Lastly, Florida offers a haven of rest and quiet for that condition which is unfortunately becoming so prevalent among the restless, driving denizens of our Northern cities and towns, which comes under the comprehensive designation of *nervous prostration*; what Handfield Jones terms *cerebral paresis*, and which was thus described by James Johnson nearly fifty years ago:¹ “There is a condition of body intermediate between sickness and health, but much nearer the former than the latter, to which I am unable to give a satisfactory name. It is daily and hourly

¹ “Change of Air; or, the Philosophy of Traveling,” by James Johnson, Physician Extraordinary to the King.

felt by tens of thousands in this metropolis and throughout the empire; but I do not know that it has ever been described. It is not curable by physic, though I apprehend it makes much work for the doctors ultimately, if not for the undertakers. It is that WEAR AND TEAR of the living machine, mental and corporeal, which results from over-strenuous labor or exertion of the intellectual faculties rather than of the corporeal powers, conducted in anxiety of mind and in bad air." For this cerebral consumption, as we may call it, Florida affords as soothing a balm as for the pulmonary variety. It is as unsatisfactory to treat the one as the other in the stimulating and exciting atmosphere of our Northern Babylons. There, everything is energy, hurry, and rush, at all times and at all seasons; when the body is at rest, the mind is not. Here, the tendency is always in the opposite direction. Here, the Northern blasts, as they approach our borders, are gradually hushed into whispers. There, the very streams seem to rush along their rocky beds as if afraid lest winter should congeal them before they reach their ocean-goal; here, the swiftest currents have not enough energy to form a ripple. All Nature wears so subdued and peaceful an aspect, as one floats on the broad and placid bosom of the St. John's, that the most restless mind soon becomes attuned to the same measure of repose. Rest has come again to the wearied spirit, sleep to the fevered pillow. "All that surrounds one in Florida," says Ledyard, "is suggestive of, and in unison with, rest; and nothing is more grateful."

When shall one go to Florida? This will depend on circumstances, extrinsic and intrinsic, as regards the individual, and may be left to the judgment of the physician. But, if an invalid has only a limited winter vacation, he had better spend it at the end than the beginning or middle. "When shall one leave Florida or the South?" is a more important query. Many not only sacrifice all the benefit obtained by a winter residence in the South, by yielding to an impatient desire to get home too early in the spring, but are actually damaged to a greater extent than if they had remained at home. Even healthy persons, who go South merely to avoid a disagreeable winter, are rendered more sensitive to cold, and contract colds or

catarrh, by going North too soon. One may *commence* getting homeward in April, if he tires of sameness; otherwise, he need not move until May. But he should not get north of Virginia until the third week in May. If the climate of Florida becomes oppressive in April, Aiken, or Beaufort, in South Carolina, affords a more bracing and, at both the beginning and end of winter, a delightful change. He should not arrive in the latitude of New York until the third week in May, better even the first of June, if he has actual pulmonary disease.

How shall one get to Florida? There are many routes, by land and by sea. The feeble invalid, if he takes the former, should go by easy stages, and not rush. The latter part of the journey is so slow and tiresome that, unless he has an unusual repugnance to the sea, it would be better to take one of the very good steamers, of which there are several lines, the most popular being that which touches at Charleston, where a transfer takes place to the steamer which goes direct to Jacksonville and Pilatka. Being once aboard, all fatigue is at an end, and the four days of sea-voyage are generally beneficial to pulmonary and throat affections. The warnings of our excellent signal-service now render ocean-travel by steamer, on the coast, almost perfectly safe. *Sea-sickness* is the dread of many. There are several means by which this may be greatly alleviated, and frequently entirely prevented. First, one may take *bromide of potassium* in doses of twenty to thirty grains three times a day, for three days preceding embarkation. This deadens nervous impressions on the centres, and blunts reflex action. I was led to infer this power of the bromides from their efficacy in preventing the vomiting induced by anæsthetics. Then, the *belt* recommended by Jobard, of Brussels, is, in many cases, a valuable preventive. It is worn, *as tightly as can be conveniently borne* (which gives less trouble to females than males), around the *waist*, and should be shaped to fit well, and be provided with bones like corsets. I have had some made at Tiemann & Co.'s, 67 Chatham Street, after Jobard's pattern. His idea, that it acts by preventing friction of the viscera against the diaphragm, thus provoking it into action, is untenable. It

may act by the support and compression afforded the great vessels in the abdomen, thus preventing or limiting the variation in the blood-pressure in the brain; or the pressure may influence the semilunar ganglion. The former is the more probable explanation, since persons who have made several voyages have found that, by managing their respiration in a certain manner, the sickness may be prevented. That is, by accustoming one's self to take an *inspiration* as the ship descends with the wave, and making the expiration correspond, as far as possible, with the rise of the ship, this apparent sinking of the ship under the landsman being the motion most likely to induce the sickness. Vomiting and nausea, from a variety of causes, are frequently cured, after the failure of all ordinary means, by the use of electricity by faradization. The writer first called the attention of the profession to its remarkable effects in this respect, in an article in the first number of the *Archives of Electrology*. He has not had sufficient evidence yet to *prove* its value in sea-sickness, but such as he has had is favorable. A small Gaiffe battery, which is inexpensive and easily manipulated, can be readily managed by the patient or a friend, one wet electrode being kept on the epigastrium, the other over the spine, or rather just to either side of it, unless it is large enough to extend across, and then over, the seventh cervical vertebra.

How shall one live in Florida? This question will not be fully answered here, as it will be again taken up. Those who have a fondness for out-door life, hunting, fishing, etc., and who have the vigor to endure a little hardship, may form a party, provide the necessary equipments, and, with Hallock's "Camp-Life in Florida" and similar books as a guide, may find abundance of novelty, adventure, and game. If they need any other advice, I have no doubt my friend *Al-Fresco*, Dr. C. J. Kenworthy, of Jacksonville, will kindly furnish it to any of his *confrères* of the profession. One may live in good boarding-houses at ten to twelve dollars per week, with good rooms in pleasant situations, but, if he can afford it, the hotels in most places of resort are far preferable on the score of food. This is especially the case on the St. John's, where the hotels have an exceptionally good reputation. *Good and well-cooked*

food is a *sine qua non* in the case of such diseases as those for the alleviation or cure of which people come to Florida. Full nutrition of the body is of the highest importance, and patients should never sacrifice to a desire for cheap board ; it is better to make almost any other sacrifice. Many failures, attributed to the climate are probably due to error in this respect. If appetite or digestion fail for lack of inviting or digestible food, and this cannot be obtained, the invalid had better go North and brave the cold, if he has a comfortable home. If possible, one should always secure a room into which the sun shines during a considerable portion of the day, especially the morning sun. Nothing is more cheering, and nothing is more beneficial to the chronic invalid than sunlight. No trees should be allowed to intercept the sun's rays. If too hot, it can be moderated by awnings or blinds. A sickly plant is revived by sunshine and light, and the invalid animal responds equally, if not so apparently, to their stimulating influence. We have banished the traditional heavy and dark-colored hangings which formerly adorned the bedsteads of the sick. Let us equally banish them from the windows of the sick-chamber, and admit the glorious light and air of heaven to assist our tonics with what no artificial tonic can supply. Let us endeavor to cure our patients of a prejudice which James Johnson aptly terms *phæbophobia*.

With regard to the *clothing* proper for the winter climate of Florida, it is seldom that the *invalid* will want that which we wear at the North in summer, but rather that suitable for a moderate winter or late fall. Moderately thick clothing will be sometimes a little oppressive in the middle of the day, but always pleasant in the morning and evening. A tolerably thick overcoat or shawl, as the case may be, should always be taken along when one goes to ride, or in a steamboat, as the rapid motion creates a draught through the saloons. Thin woolen clothes should be worn at all times.

A most important desideratum for the invalid is *occupation*—something to give employment to both mind and body. Want of it is the stumbling-block to the improvement and enjoyment of too many of our Florida visitors. *Ennui* is a dangerous enemy of the invalid. His thoughts, when not

employed upon something external, are sure to be turned upon his disease, whether imaginary or real, and usually to his detriment. "Employment, which Galen calls 'Nature's Physician,' is so essential to human *happiness* that indolence is considered the mother of misery."¹ English soldiers in the West Indies, while idle, though kept out of the sun, and taken care of, were far more disposed to diseases, says Robert Jackson, than when kept at moderate labor nearly all day long, building roads in a marshy district. Lanier, in his interesting little volume on Florida, himself an invalid, thoroughly appreciates the importance of this subject. He says: "Endeavor to find some *occupation* consistent with your disease's requirements. Brooding kills. If you are near a Florida farm (e. g.), interest yourself in something which is going on there, the orange-culture, the grape-culture, the banana, the fig, the early vegetables, the fine tobacco-culture and the like. The field of Florida in these matters is yet so new, so untried by the resources of modern agricultural improvement, as to be full as fascinating, if one should once get one's interest aroused in it, as it was in the old days when the Spaniards believed it to be full of gold and pearls." Many invalids came to this spot last winter, and, finding nothing to interest them, although acknowledging the superiority of the climate, wandered off in search of novelty. Many others, although remaining here for many weeks, found that there were objects of interest still unexamined when they left, although pretty industriously employed all the time. The fault, in these cases, is generally in the individual, not in the place. Some seek out sources of interest and amusement for themselves wherever they go; others of different tastes, or less inquiring habits of mind, yield to the temptation of indolence. Those who have become *blasé* from frequent visits to ordinary haunts of visitors may, if they possess the requisite strength and energy, strike out a new course, and explore almost untrodden regions, and without any particular danger or discomfort. "Of the tens of thousands," says A. M. Conklin, "who, each winter, go to Florida in search of health and pleasure, few if any ever hear of this delightful interior country," referring to the Kissimmee and

¹ Burton, "Anatomy of Melancholy."

Okechobee region, "which is as little known to the outside world as Amazonian forests, East India jungles, or the lakes of equatorial Africa." Besides the *natural beauties* and objects of interest, there are some of the most interesting relics of the *mound-builders* to be found in the State. Their location and peculiarities are described in the December (1875) number of the *Forest and Stream*, with a map. Visitors last winter found much to interest them in their visits to the mounds which are scattered along the St. John's River above Pilatka, and their explorations therein. These remarkable works of ancient art scattered all over our country are still a mystery, to some extent, to our scientific authorities, and an examination of the subject, as found discussed in the many interesting works by Baldwin, Jeffries Wyman, and others, in connection with the explorations and examinations which they can prosecute themselves in Florida, will be found to afford agreeable and perhaps profitable diversion to body and mind for a considerable portion of the winter.

Physicians, in sending their patients South, frequently advise them by all means "to avoid drugs and doctors." The same advice, at home, might often be good for those who have a *propensity* for too much indulgence in these luxuries (?); and doubtless has, in some instances, saved invalids here from injudicious medication and advice. But, from my experience last winter, I judge that a much larger number have been directly injured by it, and, not unfrequently, it has cost them their lives, through neglect of the early treatment of serious complications. Any physician in large practice in Florida, or any boarding-house keeper, can furnish instances of this kind. There is no prominent resort in Florida where respectable medical advice cannot be had—advice which would certainly be far better than the usual plan of trusting to luck or Nature, or the advice of lady-friends, or the carefully-put-up bottles and packages brought from the North to meet all the indications for treatment which may chance to arise during a long winter. Unless the medical knowledge and diagnostic skill could also be bottled up to accompany these last, they will be likely to prove a delusion and a snare. For a delicate invalid, the risk of a faulty diagnosis, of mistaking the incep-

tion of a serious complication, or of a disease, for some simple derangement, is too great, much greater than that of getting medical advice; provided due inquiry is made for the best. Besides the local physicians, there are now, always in all frequented places, medical men from other portions of the country, well known to the profession. The writer will refer to only one instance, in illustration, out of many which have fallen under his observation. A well-known physician of one of our largest Northern cities accompanied his patient to Jacksonville the past winter, and introduced him to a prominent physician of that place. Subsequently, the latter was called in, and found that the gentleman had, from some imprudence, taken a severe cold a few days before, and had been endeavoring to get along the best way he could without medical advice. He said, "Doctor, I don't know if I have done right in sending for you, for Dr. — charged me not to send for a physician unless it was absolutely necessary." The disease proved to be capillary bronchitis, which is frequently irremediable even if taken at the onset. He was in a hopeless condition, and died within twenty-four hours. Another, scarcely less serious, and even more prevalent error, in the writer's opinion (one, indeed, to which we must all, to a certain extent, plead guilty), is, concealing from the invalid, and even also from the friends or relatives, the true nature of the disease. This entails unpleasant consequences both on the profession and the patients. The *true* pathological condition not being stated, the different physicians who may be called in at different times to examine the case are not apt to hit upon the same statement, and thus the public berate us for *disagreeing*, and the science of medicine is scandalized, or our honesty is impugned. One says to the invalid, "Your lung is a little weak;" another, "There is a little pleuritis at the top of this lung;" another, "There is some consolidation at the apex;" or, "The air does not enter quite as well in one lung as in the other;" or, "There is a little bronchial difficulty;" "The tubes are slightly affected." Often "chronic pneumonia" is diagnosed. If there has been hæmorrhage, especially if it has been slight, the patient is always, in his anxiety to make out his case as favorable as possible, ready

with his explanation to the physician that "it is only from my throat, I suppose?" The doctor says, "*Possibly* it is," and fails to undeceive him when he finds, as he usually does, that it isn't. Then the patient tells his second and his third physician that his "doctor" says it is only in his throat, and the other physicians wonder, perhaps, how so eminent an authority could make so glaring a blunder. Now, all these assertions are *literally* true, but they are not the *whole truth*; in fact, but a very small part of it. A *medical* man knows what a "little weakness in one lung" signifies, but the patient does not; or "a little pleurisy" at the apex; or "a consolidation," or "the little bronchial difficulty," etc. He knows it means, in nineteen cases out of twenty, incipient phthisis—"consumption." But the patient does not, and he is very sure not to cross-question the doctor too closely, if at all. He is only too glad to have his fears allayed so easily. Behind these comparatively trivial secondary affections, there is often tubercular deposit, or, if one prefers to call it so, permanent pneumonic consolidation, or softening; or, not unfrequently, already a cavity. Many patients come to Florida with extensive softening in one or both lungs, with the consent, if not the advice, of their physician, who dreads to tell the whole truth, and to crush the bright anticipations of cure, which they and their relatives have formed, through the instrumentality of the climate of this favored region, of which they have heard so much; and, perhaps, hoping that, at least, a temporary lull in the progress of the disease may be obtained. When an early death occurs, with none, perhaps, but strangers around, and the body is, according to custom, sent home by express, then the physician's reputation suffers, or that of Florida. If he is right, Florida is wrong. But Florida cannot work miracles. It is true, the physician is often met at the threshold, by the friends of the invalid, with the caution, and often *quasi* command, "Don't tell her she has consumption—it will kill her if you do!" One may well say, on the contrary, "It will kill her if you don't." In the long-run, the effects of the deception are far worse than those of the truth. The former are far-reaching and continuous, hampering other physicians in *their* management of the case

while the latter are transient, though, no doubt, at times distressing and severe. No matter how slight, then, the beginnings of the disease may be, the moment we are certain, we should say to the patient, "You have what will result in 'consumption' without proper management." In fact, in most cases, we can say, "You have the beginning of consumption." If the announcement is made in a proper manner, which the physician's tact will enable him to vary according to the idiosyncrasy of his patient, the shock is slight, and entirely neutralized, and the patient's confidence reassured, by the further statement that, with due care, and proper hygienic and remedial measures, the disease can be cured just as certainly as many other diseases. It would be a waste of time, and a superfluous attempt, at this epoch of medical history, to undertake to *prove* this. Consumption has always been considered one of the *opprobria medicorum*. But there is no reason for this. Consumption is as curable as any other chronic affection—more so than many of them, if we can command the *conditions of cure*, if the patient can avail himself of the proper remedies. Most diseases would be incurable without a resort to the proper remedies. It so happens, however, that most of the best remedies for this disease are unattainable by the majority of those afflicted by it; also, that most patients, influenced by the delusion which is so characteristic a symptom, and often by the concealment of physician and friends, delay treatment. Hence its great fatality. The cure of phthisis will never be found in any drug or any combination of drugs, although these are valuable, and, indeed, in most cases, indispensable *auxiliaries*. There is no disease, in which skillful diagnosis, sound judgment, judicious advice as to habits, occupation, climate, all the minutiae which enter into individual daily life, are so well repaid by corresponding success as in this. *Change* is generally the key-note to our management of incipient phthisis—change of locality, of air, of almost all the habits, leaving off bad and adopting good; *ventilation, exercise* (judiciously managed), *food*. Now, it would be mockery almost for us to say to the poor shoemaker, or compositor, or tailor: "Your only chance is change of climate, of occupation; you must give up your close room

with its confined and poisoned air. You must take to the sea or the farm, to out-door work and regular exercise, good food, sound wine, fewer hours of work," etc. We are driven to the only alternative. When we cannot get the *proper* remedies, we must do the best we can. We prescribe such hygienic rules as *can* be observed. We prescribe cod-liver oil, phosphorus and its compounds, palliatives for cough, etc., and we thus lengthen and render more tolerable the lives we cannot save. Sometimes, even under these untoward circumstances, we do save life. All do not die, by any means. The physician who, at this day, consigns his consumptive patient to the realms of despair even in the more advanced stages of the disease, without an effort to save him, scarcely appreciates his mission to its fullest extent. Suppose, then, that our invalid *knows* that he has incipient consumption, or that condition of lung, call it by whatever name you will, which under *ordinary circumstances* will almost surely result in actual consumption. He is cheered by the confident assurance that his chance for complete recovery is good (we are speaking of those able to avail themselves of our advice); that, at all events, if he does not completely recover, his life may be greatly prolonged. But, he also understands that his life is, so to speak, in his own hands; that he must, in a measure, work out his own salvation. He knows that he banishes himself from home, perhaps from friends also, to make a *fight for life*. He ought to know, likewise, that the fight is not to be a short one; that perseverance is necessary, and a patient acquiescence in all the minutiae of the advice of his physician, *however much and often it may conflict with his wishes and his temporary pleasures*. Without this knowledge, it is almost impossible to get the patient to avoid the most outrageous infraction of the most simple rules. The physician must see to it that his patient is not *hampered* by too much advice and too strict rules. Here, judgment and a study of individual character come into play. Some patients may bear consignment to the backwoods, to the interior pine-regions—no doubt, *per se*, the best place for many. But something more than dry air is needed. Many would almost as soon be buried. Many qualities of climate and location, besides that of

moisture or dryness, are to be considered in making a choice for individual patients—congeniality, amusements, occupations, diversion of the thoughts from within, life, activity, facility of access to and from the outside world.

But, suppose the disease is *not* incipient. Suppose it is advanced, that it involves a considerable portion of the lung, that softening has commenced, even an abscess exists. It may be asked, “Would you still inform a patient of his condition?” *To a certain extent*, yes! How far, would depend on the individual. There are exceptions to all rules. Such conditions involve more stringent rules and advice than the milder cases; and few patients will be disposed to submit to them at all times if they are not *impressed* with the *necessity*, and they cannot be so impressed if they are told that nothing very serious exists. The *general* condition of many of these—the appearance, the figure, the muscular strength, the appetite, the sleep, the ability to sustain considerable fatigue—may be good, or quite fair; and it requires no small degree of confidence in a physician to convince such invalids that their condition is such as to demand so close an adherence to hygienic rules. Even if the usual debility, cough, emaciation, etc., exist, the delusion, which is an almost inseparable attendant on the disease, prevents the invalids from *realizing* the meaning of these symptoms. Being in ignorance of their condition, they are constantly wondering why the cough cannot be “stopped;” why the hoarseness or soreness of throat cannot be arrested; why the expectoration cannot be checked; why they do not gain flesh or strength more rapidly, like others whom they look upon as afflicted with the same form of disease. If the physician has kept them in ignorance of their condition, he cannot explain himself satisfactorily; his apparent want of success impairs confidence, and they apply to some other; and, in going from one to another, and from one location to another, and thus undergoing a succession of experiments with various drugs and various climates, they lose the only hope, which is in a *steady perseverance*.

Some of the reasons *why invalids fail to secure the advantages which they have a right to expect from a winter residence here* have just been incidentally considered: a want of

proper appreciation of their condition, and of proper advice, leading to want of proper care. In fact, the extent of the recklessness and the want of common-sense exhibited by many invalids would not be believed by any one who had not observed it. Even the remonstrances of friends seem to influence them but in a trifling degree. My friend Mrs. Alexander Mitchell, of Villa Alexandria, near Jacksonville, can corroborate this statement, as almost any observing person here can. Her house and grounds affording, from their beauty and tasteful adornment, a source of pleasure to visitors, she is sometimes almost overwhelmed by them, and she related numerous instances of the temerity of invalids, ladies especially, in coming over in frail sail-boats in the most inclement weather, and clad in the most unsuitable garments, sometimes arriving drenched with spray or rain. On one or two occasions she has had to send out her boats to rescue them. In fact, her experience teaches her that, if there is a particularly unsuitable day for visitors to venture on the water, she must expect a batch of invalids. Her kind remonstrances seem to be entirely unheeded, the same invalids not unfrequently repeating the operation. Instead of getting the best advice as to location, and remaining there a reasonable length of time for testing it, they remain a day or two, and, if the weather happens to be unpropitious, or the hotel-table not precisely what it should be, or the company not particularly agreeable, or the evenings dull, off they go to try another experiment, thus traveling from one place to another all winter. Suppose they find a place which they cannot but acknowledge to be all they could expect as to climate, accommodation, fare, etc. One would suppose that any sane invalid would be glad to remain there. No! "I am getting tired of this place." "It is so dull." Or, "My wife don't like it," or, "My daughter don't enjoy herself." And off they go in search of variety and excitement. Life and health weigh lightly against matters of such magnitude as these! A party is made up, when the weather is fine, to go to some lake or stream on an excursion. When the hour arrives, the wind has changed, and a cold, wintry blast is sweeping from the north. Of course, you would say, "The invalids won't

think of going." Not so. They are usually among the first to protest against any postponement; asserting, without knowing anything about it, that the wind will soon change and the day be pleasant. And then they must *see* everything that is to be seen. They must stand in the forward part of the boat, where the view is best, and the draught is worst. Many, on the other hand, come to one locality, and, without any competent medical advice, *do* stay a whole winter, getting worse all the while. But they like the place, the room is good, the music is fair, there are frequent "hops" for the daughters, and they are *hoping* all the time to get better. Then, when spring comes, they go home, and condemn *Florida*, as if the whole State, like France, were represented by one city.

For instance, Miss M., and a gentleman-friend suffering from lung-trouble, went to Sarasota Bay, then to Manatee, on the Gulf coast. They were out of the world and uncomfortable, and getting rather worse than better. But they remained; and, in order to get away in the spring, had to proceed some miles in a small boat to the coast to await the uncertain arrival of the little steamer plying to Cedar Keys. And here they were exposed for two days; and both are naturally rather "disgusted with 'Florida.'" Again, the invalid, on the way down in the cars, takes a slight "cold;" nothing more likely. The cold is neglected, it gets worse; the cough increases, the nights are thus made restless and sleepless, the appetite fails, there is some fever. The husband or mother gets nervous. "The climate don't agree," and perhaps they go home again, or go to St. Augustine, or to Aiken, or Jacksonville, or Pilatka, or somewhere else, anywhere except where they ought to go, that is, to a competent physician for advice, as to what they *should* do. A *suitable* change may be required, or perhaps only a simple cough-mixture, and a little judicious nursing is all that is required to give the climate a "fair show." Sometimes the change of water or climate causes a diarrhœa, or it may set in as one of the accidents of the disease. It is a simple matter if managed in the proper manner, and, in a healthy subject, would perhaps require no treatment. But it continues. The invalid finally

consults a friend. She has a specific, of course; this fails. Another is "sure." This don't succeed. Finally, perhaps after considerable damage is done, a physician is consulted as a *dernier ressort*. Loss of appetite is a not unfrequent complaint among this class of invalids. But this is endured, and worried about, and friends are again consulted, and "bitters" are recommended, and the winter is thus wasted to a considerable extent. It is a very common occurrence, and one of the greatest nuisances of Southern watering-places in winter, for patients to lose their sleep, night after night, for weeks sometimes, with a most severe and persistent cough, and seemingly not to be aware of it. At all events, they consult no physician; and the distress and insomnia, and other troubles arising from it, sometimes completely counterbalance any good effect they might have derived from the climate. Hotels sometimes lose some of their best families in consequence of one person on a corridor coughing night after night. It would be tiresome to multiply these examples. One might adduce scores. They are mentioned as a hint to those who may be benefited by them. They are not, by any means, overdrawn. The writer is willing to risk the suspicion that he may have a selfish object. Those who know him will give him credit for a better motive. The following remarks, of a writer¹ than whom no one is better qualified to give advice on this subject, are so appropriate in this connection, that they ought to be quoted at length: "Let not the invalid, however, trust too much to a change of climate. Unfortunately for the character of the remedy, it has been recommended indiscriminately, and without proper consideration. It has been too often resorted to as a last resource or a forlorn hope; or, in cases susceptible of alleviation or permanent cure, it has been wholly misapplied. One person is hurried from his native land with the certainty of having his sufferings increased, and his life shortened, instead of being allowed to die in peace in his own family; while another, who might derive much advantage from the change, is sent abroad wholly uninstructed in regard to the selection of a proper residence, or ignorant of the various circumstances by which alone the most

¹ Forry, *op. cit.*

suitable climate can be rendered beneficial. It is one of our most powerful remedial agents, and one too which, in many cases, will admit no substitute. But, much permanent advantage will result neither from traveling nor change of climate, nor their combined influence, unless the invalid adheres strictly to such regimen as his case may require. This remedy—change of climate—must be considered in the light of all other therapeutic means, and, to insure its proper action, it is requisite that the necessary conditions be observed. The patient should, in a measure, regard the change of climate as merely placing him in a situation more favorable for the operation of the remedies demanded by his disease.” These remedies, whether local or general, or both, though ineffective in a northern climate, may become curative when aided by the healing influences of a southern climate and out-door exercise and employment.

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