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DISEASED CONDITIONS FOR WHICH SEA
AIR IS OF DOUBTFUL BENEFIT.

[Reprinted from the Transactions of the American Climatological Association.]

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AND

THE RESTORATIVE TREATMENT OF SLEEP-
LESSNESS FROM BRAIN EXHAUSTION.

[Reprinted from the Journal of the American Medical Association.]

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SEA air is so generally beneficial as a tonic and alterative that there is a possibility of overlooking the fact that it does not favorably influence every diseased condition. Physicians are constantly prescribing it, and nearly always with an intelligent idea of the effects likely to be produced, but it is a pleasant and increasingly popular remedy which patients are very fond of prescribing for themselves, and sometimes for maladies or stages of disease which it cannot benefit. The interests of medical science demand that the indications for sea air should be defined with as much exactness as possible. It devolves upon us, as students of climatology, and especially upon those of us who reside at the seashore resorts, first to observe carefully the effects of sea air, and then to classify and record our observations. Patients frequently spend a few weeks at the shore and return home no better or worse than before, though the climate was perfectly suited to them, and should have proved helpful. For instance, sufferers from hepatic or gastric derangements, or from nervous depression due to such derangements, may indulge inordinately the enormous appetite which is



nearly always produced by sea air. They will often go through nearly the entire elaborate bill of fare, day after day, at the leading hotels, with the result of bringing on attacks of acute indigestion, gout, diarrhœa, sleeplessness, or other sequelæ of such imprudences, and attribute it all to the noxious properties of the air. Others convalescing from severe illness, insist upon sitting upon the wet sand at Atlantic City for hours in February and March, or driving for miles against a cutting March wind, even during the occasional cold waves, and then anathematize the climate, which has not prevented them from contracting a rheumatism or bronchitis. Still others, with weak vasomotor nerve centres, and a tendency of blood to the brain, take prolonged hot baths without medical supervision, and thus cause cerebral congestion, or even apoplexy.

The foregoing are a few of the imprudences by which patients prevent themselves from improving at the seashore, when, with proper precautions, they should do well there. There are other incidental conditions, such as those pertaining to the location of their hotel or residence, whether near the beach or further removed from it, the amount of clothing worn, the kind and amount of exercise taken, and even the character of companions associated with, whether cheerful or hypochondriacal, all of which affect, more or less decidedly, the progress of a patient at a seashore resort.

But, aside from these various incidental influences, there are diseases for which sea air is not especially beneficial. In some few morbid conditions, particularly when far advanced, aggravation may be feared. In others, it is a matter of individual idiosyncrasy whether benefit or harm shall result from a sojourn at the shore. Sea voyages, involving contraindications

apart from the quality of the air, are not included in this discussion.

The disease which, in certain of its forms, is liable to the most pronounced and undoubted aggravation at the seashore is bronchial asthma. It happens occasionally that an asthmatic patient, who arrives by the evening train, at a seaside hotel, is obliged, after a night of exceptionally severe dyspnoea, to hurry away in the morning. On the other hand, many cases are most distinctly and positively benefited by sea air. I have known numerous asthmatics who enjoyed entire immunity from their affliction while residing at Atlantic City. There seems to be no sign or symptom by which the physician may determine in advance which cases will be benefited and which aggravated.

Diseases of the upper air-passages should be included in the doubtful list. In occasional cases, in which the mucous membranes of the nasopharynx and larynx seem to be abnormally sensitive, sea air proves too stimulating. In other cases of chronic catarrh of the same tract we may hope for benefit, especially in summer, when sea-bathing, to a moderate extent, forms a part of the daily routine. But, even in winter and spring, I see many subjects of catarrh improve steadily at the shore, as they gain in nutrition and general nerve tone.

Pulmonary phthisis, as shown by the writer in previous papers, is usually influenced favorably by sea air up to a certain point. During its incipiency, and during the whole of the first stage, improvement may be nearly always expected at Atlantic City. With proper attention to dress and other hygienic matters the cough diminishes, the appetite increases, sleep is sounder and more refreshing, the whole system is invigorated, and there is a gain in the body weight.

This is the rule, aggravation of the condition the exception ; but, after softening begins, it is the other way. Improvement is then the exception, a more or less downward tendency the rule. Chronic or slowly progressing cases of phthisis in the second stage, may do well at the seashore.

The advanced stages of heart diseases are liable to be aggravated by the overstimulation or exciting effect of sea air. Cases of extreme dilatation, or fatty degeneration, especially when general anasarca has supervened, cannot, as a rule, be removed to the shore with any hope of betterment.

Patients who suffer from violent neuralgias whenever the wind is from the eastward, or before the oncoming of storms, may experience aggravation when they first go to the seaside. After a longer stay, when the roborant effects of the air have fortified their nervous systems, with or without the help of some judicious medical treatment marked improvement may be expected.

Resident physicians at the seashore are often asked whether rheumatism is benefited there. It is a difficult question to answer satisfactorily. Reasoning on *a priori* grounds, we should expect the comparative dampness of most seaside places to disagree, and it is not unusual to meet with rheumatic patients who consider themselves worse at these localities. The result of my experience, however, is that the majority of cases at Atlantic City, when kept on proper diet and under suitable drug treatment, are favorably influenced. As in most chronic affections, improvement may be expected, *pari passu*, with gain in the general nutrition ; and there is probably no climate which conduces more powerfully to such a gain than that of a favorably situated seaside resort.

The hot sea-water baths which visitors to the shore may now enjoy, both in winter and summer, are probably more beneficial in rheumatism than any other class of affections. Sand baths in the summer months are believed to have curative properties in the same disease. It is probable that these baths of both sea water and sea sand, as well as the strongest sea air, produce some alterative influence upon the system in consequence of the iodine, chlorine, etc., which they contain.

Other physicians have assured me that they have observed a number of acute skin diseases to be aggravated by sea air. I have seen cases of urticaria which were exceedingly rebellious to treatment, but recovered promptly on returning to their homes and their own physicians. Whether it was the change of climate, or change of doctors which cured them, must remain somewhat in doubt, but it has come to be a fixed belief with me, that urticaria is apt to be worse at the shore than inland. I cannot recall any experience which would indicate that the same is true of any other skin disease.

It is thus seen that there are very few positive and well-determined contraindications for sea air. There is, perhaps, no single disease which a patient may not have in some of its forms or stages, and yet hope for benefit at a suitable seaside place; but there are numerous morbid conditions for which sea air is not notably curative, and several, including especially the most advanced stages of phthisis and of organic cardiac lesions, which cannot be improved, and may be injuriously affected by removal to the seashore.

Chicago 1887, VIII
459

THE RESTORATIVE TREATMENT OF SLEEP-
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One of the lessons strongly impressed upon me by my experience in practice is that insomnia when due (as is most frequently the case) to brain exhaustion, is best cured by tonic or restorative treatment, rather than by narcotics. It has been a source of gratification, therefore, to see the same lesson strongly inculcated by Dr. W. G. Eggleston in THE JOURNAL for February 19. I desire to confirm emphatically all that is said in his paper.

It has been alleged by somebody that man is the only animal that can be taught to sleep on an empty stomach. But when one is suffering from brain-fag this teaching may fail even in man. Unquestionably a lunch at bedtime is wholesome and conducive to sleep, especially in brain-workers who sup early and retire late. But the lunch should be simple. Indigestible food taken at bedtime may easily disturb the sleep.

The cold plunge or sponge-bath is another excellent hypnotic and a rational one, since it at the same time diverts blood from the brain to the capillaries of the surface and invigorates the nervous system.

At this health-resort, where many of the broken down people of the United States sooner or later come as to a sort of Mecca for the afflicted, I see large numbers of persons whose chief complaint is that they cannot sleep. Most of them have taken bromides persistently and often without advantage

except at first. When such patients come with definite instructions from their physicians to persevere with a course of some bromide mixture, I have always encouraged them to give the remedy a thorough trial, but when the cause of the insomnia has been, as it is in nine cases out of ten, some form of cerebriasthenia, the result has generally been disappointing, even in this air, which is exceptionally bracing and predisposes most persons to sleep.

The cases of nervous break-down which are serious enough to have caused a compulsory vacation from business and a sojourn here at the seashore, frequently require medical treatment to re-establish the habit of sleeping, and thus enable the exhausted nerve centres to be rested and reinvigorated; and no sedative or narcotic drug yet tried by me, whether opium, chloral, the bromides, hyoseyamus, hyoscine or paraldehyde has proved satisfactory in such cases. The tonic effect of the sea air with good food, moderate exercise and cheerful company often proves sufficient. When it does not, a light lunch at bedtime with occasionally a few teaspoonsful of whisky in milk added and the sponging of the body with sea-water followed by a thorough rubbing with a Turkish towel are highly useful measures. But sometimes these all fail, and when they do, my experience teaches that to begin administering any narcotic medicine is usually a mistake. My most frequent recourse now is to give some one of the nutrient nerve tonics, such as the compound syrup or glycerite of the hypophosphites— a teaspoonful two or three times a day—or in some cases the compound syrup of the phosphates, commonly known, in Philadelphia at least, as Parish's Chemical Food. When the patient has a weak heart and insomnia results from a passive congestion of the brain, a condition frequently

met with among neurasthenics, a little digitalis may work wonders and may usually be advantageously combined with very small doses of strychnia and quinine as well as with moderate doses of iron when this is otherwise indicated.

Of course it goes without saying that bad sleepers should have their stomachs and livers put in as good order as possible, and when kidney or other organic disease has a causative influence, it demands the chief attention.

There will remain, then, a certain proportion of cases in which drug treatment of all kinds has been tried and failed, and continues to fail even when tried again under the better conditions existing with rest and good hygiene in this invigorating seaside climate. When such patients fail to sleep, and are driven almost insane for the want of sleep, it is impossible to deny them a trial with narcotics. Yet I have seen an overtaxed journalist take astonishing doses of morphia besides really dangerous amounts of chloral and hydrobromate of hyosine without getting more than an hour or two of sleep and then sleep soundly after one or two treatments by the continued galvanic current, from eight to fifteen cells, passed directly through the brain. This was an exceptional case, but it is a constant experience with me to see electricity in some of its forms prove of the utmost value in cases of insomnia as well as in all the other forms or manifestations of nervous exhaustion. Massage is another promising auxiliary.

If these few hastily recorded results of a considerable experience with insomnia serve to help physicians who are not satisfied with the effects of the so-called hypnotic drugs, my object will have been achieved. Nerve tonics are often the best hypnotics. At my last visit, this evening, a puerperal woman who had been sleeping badly, said to me, "You put some quieting medicine in that last mixture." It was simply compound syrup of the phosphates.

Atlantic City, N. J., March 1, 1887.

