EASTBOURNE AS A HEALTH-RESORT.

Part of an Address delivered at the Annual Meeting of the South-Eastern Branch.

By BRANSBY ROBERTS, M.D., President of the Branch.

..... I WILL, with your permission, rapidly pass in review the general history and rise of this place, and then endeavour to discover the grounds on which it has become such a favourite health-resort (for I prefer that term to watering place); as I believe that, in the mind of *paterfamilias* at any rate, this aspect of the question has much, very much, to do with the answer to his question, Where shall we go? For many years, then, it has been a favourite locality with the few; but it was not till about twenty years back that, under the fostering and liberal enterprise of the present Duke of Devonshire, it first began to spring into note. Once visited, it rapidly made its way in public estimation, and as accommodation was provided, so rapidly was it occupied. People discovered that they rapidly got well here; and when this fact became patent, and was accompanied by the pleasant adjuncts of a pretty town and fine scenery in the neighbourhood, can we wonder that, during certain summer months, the accommodation has never yet been equal to the demand?

I will now proceed in my endeavour to trace this success to its proper source; and in sketching out, superficially it is true, the deficiencies in constitution and diseases which it seems most fitted to relieve and repair, we shall learn, I think, how important, even in the most healthy locality, are the artificial adjuncts of good drainage and proper, as well as ample, water-supply. The soil (chalk and green sandstone) on which Eastbourne is built, is perhaps one of the most favourable that can well be conceived. From its porous nature it not only provides a remarkably dry surface, but rapid decomposition of any deleterious matter takes place in the chalk; and the water which permeates the chalk filters subsequently through the sandstone, and affords one of the best, as well as the most agreeable, drinking waters in the kingdom. Thus we possess two of the great necessary elements towards health—a good soil and pure water. Let us now see how we stand in reference to the third, viz., air. The prevailing winds are west and south-west, and a glance at a good map (or better still, one which I hope many of my hearers to-day will enjoy for themselves, from the top of the hill approaching Beachy Head) will show that these winds are mostly marine; this it is which affords us such an equable temperature, modifying the summer heat, so that we hardly know the meaning of the word sultry, and giving us a mean winter temperature, which is a source of surprise to many who have not investigated the subject.

For example, the mean temperature in January was :

	1857.	1868.	1869.	1870.	1871.
The extreme range	36	38	43	40	35 deg.
The rainfall	43	27	27	25	25 in.
	4.2	3.5	3.2	2.8	2.6 in.

The most trying season of the year is the spring—a period at which I consider all seaside places in this country are relatively cooler than inland, owing to the fact that the sea having been parting with its caloric to the neighbouring atmosphere all the winter, and having a slower absorbent rate than the land, it follows that the sea at that period is much cooler relatively than the land, and consequently the atmosphere in its neighbourhood is cooler also. In addition to this general cause, no doubt our being open to the east and north makes the spring months here the most trying.

We will now pass on to another constituent of air, which we may say is essential, but of which we can only speak in general, not in particular, terms—I mean ozone. You will, I think, support me when I say that much remains to be investigated with regard to this important element; but we do know that no atmosphere is healthy which does not contain it in certain quantities, that the air of large towns does not contain it in any appreciable quantity, and that in impure atmospheres it does not exist. All I need, therefore, say on the subject is that (as might be supposed from its marine situation) the air is well charged with ozone. I have now touched upon the three main points, of the air we breathe, the water we drink, and the soil we live on. But this is not enough, for we know that however healthy a spot may be while sparsely inhabited, no sooner does the population increase than the circumstances are largely changed; and where people congregate in large numbers, they would soon vitiate the soil, contaminate the water, and spoil the air, did not man step in and make use of that intelligence with which he has been endowed by a

wise Creator, so as to provide means by which the vitiating ingredient may be got rid of. And although, on theoretical grounds, the plan adopted here, that of carrying the sewage into the sea, may not approve itself to the minds of all as the best, yet, in the present state of knowledge, and situated as this place is, doubtless it is the best practically. At a cost, then, of £35,000, one moiety of which was provided by the liberality of the Duke of Devonshire, a complete system of drainage was provided, and the sewage was conveyed to the out-fall at Langney Point, two and a half miles from the town, and, what is of still more importance, a point from which the sewage, by the action of the tides, is always carried out to sea, so that none flows back to contaminate the beach.

Having thus passed briefly in review the natural and artificial advantages possessed by this place, I may shortly sum up the whole by stating that we enjoy a moderately temperate climate of a bracing character, a good soil, and plentiful supply of water, accompanied by those more subtle (as acting through the mind) but necessary adjuncts to recovering health, viz., pleasant scenery and healthy amusements. I will now pass on to consider the diathesis and diseases which seem most benefited by a sojourn here, as well as of a few who had better stop away.

I need hardly say that, in a short address like the present, it is impossible to do more than touch upon the subject in the briefest possible manner. I shall therefore content myself by narrating mainly the results of my own personal experience. First, then, I would state broadly that almost all forms of disease originated by or engrafted on a strumous diathesis are or can be more favourably treated at the seaside than inland. We have something on our side here which our neighbours inland do not possess, and for which no skill on their part can quite compensate: I mean the marine atmosphere, which is always insensibly acting on the patient, stimulating the organs to increased activity, promoting absorption of lowly organised tissues, and change everywhere, thus promoting appetite, increased appropriation of material and improved vital energy of all organs. In this way, I believe, are the great and marvellous changes which we sometimes observe in the poor strumous child effected; the pale wasted cheek becomes imbued with a healthy colour, the eye brightens, appetite returns, the general functions become natural, swollen joints disappear, irregular deposits amongst the soft tissues vanish, and the child in time becomes strong, no visible trace of his former delicacy remains. What has been done here? I believe a great work, a life saved, and suffering—how great!—avoided. Secondly, cases of phthisis, if taken early, are generally much benefited; and I have watched many which have apparently quite recovered, have lost all cough, gained flesh, and have remained for many years well, without any physical signs indicative of their past dangerous condition. In the latter stage of the affection, I believe, as a rule, that the air is too stimulating; but the varieties of phthisis are so many that this rule is by no means absolute. I well recollect the case of a young woman, who was sent back here, as it was supposed, to die shortly (with a large cavity in one lung, and suffering from diarrhoea and hectic), who gradually improved, and after two years became, as she thought, so well as to deem any precaution superfluous, and, recklessly neglecting the advice given her, paid the penalty by bringing on a relapse of her former disease, from which she died. The climate is not favourable to cases of asthma generally, and I have been compelled to send many away. Some few do well where the disease is clearly attributable to debility and want of tone, especially in the aged and infirm; but, as you are well aware, this is a capricious complaint, and it is sometimes difficult to trace the spasm to its real exciting cause.

As we can readily imagine, from the dry and porous nature of the soil and consequent absence of damp, cases of rheumatism are not very frequent and generally do well.

Typhoid is almost unknown.

Scarlatina, though not unfrequently introduced into the place (for, like other seaside places of repute, we are very liable to the importation of zymotic diseases, many patients being sent for change when they would be much better still confined to their beds), rarely spreads, and even measles, that most contagious and infectious of all the class, frequently dies out. Why is this? The answer, I believe, is that in addition to a very efficient sanitary inspection, and adopting every precaution to prevent the spread of the disease, we have plenty of wind, which, being fully charged with ozone, acts as the best disinfectant and destroys the germs of the disease.

I must not omit to allude to the nervous class of diseases (excluding cases of insanity and asthma) for the treatment of which the climate seems especially favourable; all forms of neuroses do well, especially those to which women are liable, both at the commencement as well as at the close of their menstrual life. The medium position which we

occupy between the very sharp and bracing climate of the northern seaports and the relaxing ones of the extreme south, appears especially suitable to such cases; they exist generally in women of somewhat feeble tone, who require bracing and tonic treatment, but are, at the same time, incapable of bearing cold.

Before I conclude, let me touch upon a very important point; important to all, but especially so to those who, like myself, practise in health-resorts. We are frequently appealed to for advice and counsel, both by patients and lodging-house keepers, when attending cases of a contagious nature. Sometimes the friends of the patient are anxious to hush up the nature of the illness in order to avoid expense and trouble; next, the lodging-house keeper is greatly tempted to join in the same petition; for once let it be known that illness of a contagious character (such as scarlatina) has occurred in any house (whatever precautions may have been taken, however carefully the house and its inmates may have been disinfected) naturally that house is liable to be shunned for a time, perhaps for a whole season, and to some beginners, who have commenced on borrowed capital, this means beggary, or at the best a hard struggle for many years to repair the loss thus unwittingly and innocently incurred. The doctor is appealed to. Need I say that he has an obligation to his patient? True, but I hold that he has also an obligation to society, an obligation to mankind, to lessen disease, to prevent its spread as far as lies in his power; an obligation so binding, so imperative, that the lesser one becomes absorbed, almost lost, in the greater. I consider, therefore, that his duty is plain, to impress strongly on the householder that the other inmates should be at once informed of the nature of the illness, and that suitable precautions should be immediately adopted to limit, and prevent if possible, any further extension of the disease. I do not think it should be imperative on the medical attendant to inform the Sanitary Authority of the nature of the case; but I would make it compulsory on the householder (having been so informed by the medical attendant) in order that in all cases proper means of disinfection should be employed. Such precautions would go a long way towards stamping out some forms of zymotic disease, I do not say entirely, as cases will occur of so slight a character as to be indistinguishable, and which are yet focus points of fresh contagion.

Gentlemen, I have now, in a very imperfect manner, passed in review the sanitary aspects of this place, the basis on which they rest, and the cases which can be most conveniently and best treated here. You will have observed that I omitted to mention a large class who come to the seaside to recruit an exhausted brain and enfeebled body; these luxuriate in that fresh air, change of scene, and quiet which are here afforded them, and return once more strengthened and nerved to that eager battle of life which we see going on all around us. In conclusion, I can only thank you most sincerely for the kindness with which you have listened to this address, and express the hope that, in view of the many attractions provided by the local committee, I have not already detained you too long.

ON HIP-DISLOCATIONS.

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PROBABLY it was a fortunate circumstance that, when Mr. Morris wrote his paper on "Dislocations of the Thigh", he was unaware that Professor Fabbri had anticipated the views with which his name will be associated; for if he had known that Fabbri had demonstrated some years ago at St. Bartholomew's Hospital the mode of occurrence and reduction of displacements of the head of the femur, he might have been induced, in the revulsion of feeling which is occasioned by the discovery that some inconvenient predecessor has stolen our best thoughts, to withhold his very valuable and (so far as he is concerned) original paper from the Royal Medical and Chirurgical Society, contenting himself with a less efficacious channel for the publication of his investigations. The result would have been that, notwithstanding the citations from Fabbri which Mr. Holmes has made in his work on the *Principles and Practice of Surgery*, a large proportion at least of the practical surgeons of the day would have known little or nothing of Fabbri, but still be quoting Bigelow as the ultimate authority on the subject.

A copious and careful paper like that which Mr. Morris brought before the Royal Medical and Chirurgical Society was greatly needed to elucidate the principles which underlie the manipulations commonly employed in the reduction of dislocations at the hip. We knew all about the ilio-femoral or Y-ligament of Bigelow, and the questionable distinctions which he has drawn between dislocations above and dislocations below the obturator tendon. We knew that flexion

relaxed the Y-ligament, and that in the subsequent movements of reduction the motion of the head of the femur was controlled by the tension of that ligament, but we did not know exactly the *rationale* of "abduction" and "rotation outwards", to use the terms according to their ordinary application; "abduction" for the movement of the shaft of the femur outwards from the middle line of the body, and "rotation outwards" for a movement round an axis drawn through the head and lower end of the femur. The latter movement some replace by one of circumduction, both the terms "rotation outwards" and "circumduction", and the movements themselves, being often loosely applied. With all our knowledge, however, it must be confessed that both teachers and students were rather hazy in their ideas of the meaning of each step in the process of reduction, as well as in regard to the part of the capsule which suffers rupture and the positions of the limb most favourable to displacement.

Our authorities teemed with Bigelow and were innocent of Fabbri. Bigelow was quoted with approval where his opinion was doubtful and his advice hazardous. His opinion that in certain cases difficult of reduction the obstacle to reduction is the untorn capsule, and his directions for tearing the capsule further to facilitate reduction, have been adopted by eminent surgeons. Apart from the probable error of the opinion, it was by no means satisfactory to be inculcating freedom of manipulation upon students and house surgeons with the avowed object of rupturing untorn portions of the capsule. The scientific mind, sympathising with Hamlet's advice to the players, revolted from the idea of "sawing the air too much" with the patient's limb, and mindful of the not very remote danger of rupturing the sciatic nerve, preferred in the most obstinate cases to "use all gently and to beget a temperance which should give" the reduction "smoothness". Whilst we are encumbered by these difficulties and drawbacks, Mr. Morris opportunely appears, and traversing independently the ground already occupied by the Italian professor, lays down certain definite and precise propositions which, if established beyond controversy, remove all haziness and obscurity from the subject. I say, if established beyond controversy; because one or two of Mr. Morris's propositions appear to me to be drawn in too rigid terms and to need some qualification. Having seen only the abstract of his paper in the journals, I am not in possession of the evidence on which he bases his conclusions, and cannot form an opinion as to the exact extent to which the evidence supports his canons; but the impression produced on his audience, the observations of others, and my own experience, would lead me to concur in his propositions so far, at least, as to admit that he has correctly described one mode, and a frequent mode, in which dislocations of the head of the femur occur and the manipulations necessary for their reduction. As at present advised, however, I am not prepared to admit, without exception, his doctrines: 1. That all displacements at the hip, without fracture, occur during abduction of the limb; 2. That the capsule is ruptured always at the lowest part; and 3. That there is one primary dislocation at the joint, all the other varieties being secondary thereto.

1. Do all the displacements of the head of the femur occur during abduction? There is not the slightest doubt that on the cadaver it is comparatively easy, or rather comparatively less difficult, to produce dislocation by abducting the femur. On abduction, the ligaments may be heard to crack at the outset of the manipulation; on adduction, they do not yield until this movement is combined with rotation inwards, and even then displacement is not readily effected. Experimenting on a subject recently, I succeeded in effecting dislocation during adduction, but not until I had divided the muscles attached to the trochanter major. The head of the femur then escaped through the capsule posteriorly without rupture of the ligamentum teres. On the other hand, I was able, without interference with any structure, to dislocate both femora on to the dorsum during or subsequently to abduction by flexion and rotation inwards. The number of my trials is not sufficient for dogmatic assertion, but enough to show that dislocation is more readily effected during or after abduction. On the other hand, I think it safe to conclude, that though greater force is requisite to effect displacement during adduction, there is really nothing absolutely to prevent displacement without fracture occurring whilst the limb is adducted. The greater strength of the capsule at the part where the head impinges during adduction and the greater resistance of the muscles (especially during the continuance of rigor mortis) in this movement, make the dislocation difficult to the manipulator; but in the living subject, with relaxed muscles and exposure to force far superior to any which can be applied by an operator on the cadaver, what is there to hinder displacement during adduction? The conditions under which the femur is displaced in the living subject are scarcely comparable to those under which the stiff limb of the dead subject is manipulated. In getting out of a railway carriage a man falls on his side on the plat-