AN ADDRESS ON CIRCUMSTANCES WHICH INFLUENCE THE EFFECTIVENESS OF CLIMATIC TREATMENT.

Delivered before the British Balneological and Climatological Society, June 8th, 1898.

By G. V. POORE, M.D., F.R.C.P.,
Physician to University College Hospital, etc.

MEDICAL teaching in the present day is nothing if not practical, and some of us find a kernel of good in the methods of Mr. Squeers by which the boy who spelt "w-i-n, win, d-e-r, der, winder," was straightway sent to clean them, and so become practically acquainted with his subject. In all seriousness this method is very necessary with drugs, mineral waters, peptonised foods, and the numerous much-be-puffed articles of diet.

I had the good fortune to begin life as the pupil of a practitioner of very high standing in a rural district, and for eighteen months I was handling all the ordinary drugs day after day, and thus became thoroughly acquainted with their physical and many of their physiological qualities. That knowledge has been of great service to me, and is, to my thinking, so necessary that when I find my house-physician has been ordering the last new tar product, it is my invariable practice to send to the dispensary for a sample, and to examine it with the eye, the nose, and the tongue, with the not infrequent result that we discover that the patient to whom such drug is being administered has to endure some very positive ills as a set off against probable good.

This practical knowledge is especially necessary with regard to climatic health resorts of all kinds, and I take it that one of the circumstances which greatly interfere with the usefulness of climatic treatment is precisely this want of practical knowledge on the part of the prescriber.

It is a frequent cause of regret to myself, and must be also to others who are similarly circumstanced, that I have never resided in the tropics and have never had the good luck to visit our southern Colonies or India. We who practise in London cannot but be impressed with the fact that this City is the centre of the world towards which our patients are centripetally impelled after residence in every variety of climate. It is often very desirable to have a knowledge of the mode of life and the influences for good or ill to which those who consult us have been or will be subjected, and when I see "Jack," who has been invalidated from the West Coast, or "Tom," concerning whom I am asked whether he is strong enough to join his uncle in Assam, I confess to an inward feeling that the knowledge of the West Coast and Assam which I may have got by studying books and atlases is not quite the same thing as that personal acquaintance with the details of existence which only comes of residence.

Among many pieces of good advice which I received from the late Dr. Wilson Fox, I am especially grateful to him for one, namely, never when travelling to neglect visiting any locality which had a reputation as a health resort by virtue of its climate or mineral springs. "It will well repay you," he said, "even though such places should be at some distance from your main route." I have followed this advice, and have found it so useful that I shall continue to follow it.

Students who have just taken their qualifying degree or diploma, always receive from me the advice that if an opportunity for travelling offers itself, whether as the companion of a patient or as surgeon to a ship, they should seize it. A few months spent in this way before settling down is well spent. This advice is not universally given, and I know very well that at University College a distinguished colleague of mine will often advise a student that time spent in that way is generally time lost. It often happens, therefore, that a man who has been dissuaded by my friend, and nevertheless is still longing to see something of the world, will, to ease his conscience, seek further advice from me, well knowing what the tenour of such advice will be: I say "Go by all means, and find out as soon as possible that the world does not begin and end in Gower Street. You will

get a much-needed rest for your brain after five years of work at examinations, and you will lay in a valuable stock of health; you will see new countries, new men, new modes of life; you will practically find out what the word 'climate' means; you will see something of diseases which you seldom or never see at home; and it may be that life on board ship will discipline your mind and teach you to give and take, to make allowance for the peculiarities of others, and not to be exacting about trifles. We have abundant evidence in this country that life on board ship develops a race of men who are distinguished for their kindliness, courtesy, strength, and courage, and to associate with such may well serve as a moral education. The proper study for mankind, especially doctors, is man. Go and return with widened sympathies and an expanded mind, and if you should find that in your absence a rival has earned undying fame by the discovery of a new kind of leucocyte, you must seek consolation in the hope that you have laid in a stock of health and energy that will soon enable you to pull up abreast of him."

The first circumstance, therefore, which interferes with the effectiveness of climatic treatment is the want of knowledge on the part of the consultant of the places to which the patient is to be sent. For my own part, I am always careful to tell a patient who wishes to go to some locality with which I am unacquainted that I am unable to advise him from personal knowledge. I may say that I know the place by reputation and have nothing to say against it, and no objections to raise to the patient's proposal, but I am very careful not to make myself answerable for the statements which are put forward in advertisements.

Such an attitude is very necessary in the present day when healing springs are "boomed" by syndicates, and municipalities spend enormous sums in advertising in the hope of recouping themselves by increased trade. We all know how it is done. A poet is hired to do the description; a chemist is found whose report leads one to suppose that he is almost stupefied by the marvellous purity of the drinking water; the reports of the sanitary officials are ransacked for a paragraph which states that the death-rate is 8.046 (mark the accuracy of the decimals), and which, it is hoped, will make the whole world eager to visit this colony of Nestors. These selected facts are joined to a wealth of chromo-lithography which shows that in this favoured locality the sun is always setting in splendour, the almond trees are ever in a state of bloom, and the famous waterfall, despite the perennial clearness of the sky, continues in a maximum flood.

One knows that pictures and photography are of enormous service in disseminating knowledge; but there are certain facts which seldom find entrance even among the bald ugliness of the photograph, such as dust, cutting winds, noises, and odours. The proprietors of a foreign mineral spring have recently called in the aid of the comic artist, and have disseminated pamphlets which are intended, I suppose, to show that in their favoured locality all the pangs that flesh is heir to dwindle to the dimensions of a titillation which excites laughter.

This is an advertising age, and it seems to be true that advertisements attract the public exactly in proportion to their unblushing boldness. Our profession in this country sets its face strongly against all forms of professional advertising, and here it is happily uncommon to find the names of professional men linked with statements which science forbids us to take seriously.

We are, happily, all differently constituted, and I confess to be one of those who still believe that "good wine needs no bush," and am free to admit that I am repelled and not attracted by that damnable iteration which seems sufficient nowadays to bring money to the broadcloth rogue.

Although no mere printed statement will ever be able to replace that intimate knowledge of a locality which residence alone can give, it is very necessary that such statements should be reliable, and that vital and meteorological statistics should be based upon adequate data. In localities which are subject to periodical invasion of visitors, and which are rapidly growing and developing, it must be almost hopeless to attempt to compare the vital statistics with those of any other locality, or with those of the country as a whole.

Such a Society as this is capable of doing a great service to the profession and the public by the publication of good

maps and plans of health resorts, and a few necessary dry facts and figures which should be allowed to speak for themselves.

Before settling in, or advising a patient to settle in, any particular district in England, I should want to know something of the situation, aspect, soil, vegetation, character of surface (whether flat or undulating), population, area, water supply, sanitation, local industries, vital and meteorological statistics, amount of local indebtedness, rateable value of district, rates in the £. I should inquire very carefully into the character of the local council, and should try to avoid the misfortune of settling in a district in which one would be under the heel of a few scheming tradesmen, bent on using the ratepayer for their own ends.

The excellent report issued by the Royal Medical and Chirurgical Society, on the Southern Health Resorts of England, is a step in the right direction for which we cannot but feel deeply thankful to Dr. Ord and his coadjutors.

It is not only necessary that a doctor sending a patient to a health resort should have a practical acquaintance with the main climatic conditions of the country or district, be it mountainous, maritime, or what not; but it is equally necessary that the patient should have the benefit of local knowledge as well. The word "climate" is generally used in a wide sense, but it is very necessary to remember that climates are often extremely localised. Go to the south side of a garden wall running east and west, and bask in the brightness and warmth, feast on the peaches ripe and ruddy, and listen to the hum of insects glinting in the sunbeams. Then go to the north side—damp, all in chilling shadow; content yourself with a few hard pears or acid cherries, scrape off the damp moss growing in the mortar, and sniff the fusty smell arising from the dank sour soil. Can any contrast be greater? And yet these climates are only separated by a space of some nine inches. In houses there are rooms with different climates; in towns there are streets with different climates; and in districts, as we all know, it makes all the difference whether the house is on the north or south side of a hill; whether it is in a hollow where the air stagnates and the mists are only reached by the sun when the day is far advanced; or whether it is fairly open to the purifying influences of the wind and sun.

Another circumstance which interferes with the effectiveness of climatic treatment is the ability of the patient or the patient's family to bear the expense of it. If, in order to compensate for the expense of the journey, a patient is obliged to forego some of the comforts to which he is accustomed when at home, it is obvious that the advantages which are to be expected from the journey are made less probable. The patient who journeys in state to his villa in the sunny South with the command of servants, carriages, and horses, and all other luxuries that anxious forethought can suggest or wealth supply is in a very different position to those who "make every sacrifice" in order that the doctor's wishes as to locality may be carried out, no matter how penuriously. Climatic cures attempted under the latter circumstances are seldom successful, and are a mistake from every point of view.

I think we should always be exceedingly careful before making recommendations to ascertain that there are adequate means for carrying them out effectively. If possible, our recommendations should be agreeable to the patient. "The labour we delight in physics pain," and in making choice of a locality we should always give reasonable attention to the likes and dislikes of the patient.

Many of us are painfully insular. It is a defect, no doubt, but unfortunately it is very often a fact, and we not infrequently meet with patients who have a downright repugnance to foreign travel. It is unnecessary to say that persons of this class should be sent to English rather than to foreign health resorts.

I remember once encountering at Homburg an English squire of the old type, whose sojourn at this famous resort was most distasteful to him. He had come alone. He spoke no word of German or French; he hated the daily routine of fashionable conventionalities; he hated the food; he hated the light wines; he hated the noise of the *table d'hôte*. To be up at six in the fresh morning air was no novelty to him, and to one accustomed to an outdoor life in a healthy English village, with its park, pleasant fields, and woodlands, the

change which he had been ordered was no change for the better. The whole thing was to him like the treadmill to a prisoner. He was longing to be back to the harvesting operations on the home farm, and, like a famous statesman, he protested that he preferred the gout to the annoyance of the prescribed cure.

In selecting health resorts we have to endeavour to suit the patient to the place and the place to the patient, and this can scarcely be done without some personal knowledge of bath-life both in England and on the Continent. To send a fashionable person to a quiet place, or a quiet person to a fashionable place, is an error which should be avoided where possible.

It is a very necessary thing that an invalid should have amusement and generally acceptable surroundings. This I think is particularly necessary with tuberculous patients, who become depressed if they are congregated in herds and are constantly comparing notes as to the progression and retrogression of their troubles.

I once had the good luck to be taken ill in a *Curhaus* for the tuberculous. The house had been carefully and thoughtfully constructed, and presented many points of excellence, but the result of my eight days' sojourn, in weather which happened to be execrable, impressed me with the idea that the collection of phthisical patients in great numbers in one locality, or, still more, in one house was a mistake, quite apart from the doctrine of contagium vivum, which has caused a very general change of opinion on this question. Breakfast in this establishment was a most depressing meal; the general want of light in the huge rooms, which had been built partly with an eye to theatrical entertainments, the listless way in which the guests without healthy appetite chipped their eggs and played with the coffee, the flushed cheek, the bright eye, the occasional bursts of coughing, were all painful and depressing. The scraps of conversation were equally so. Mamma could not come to breakfast, her temperature was up again, and she was ordered to stop in bed. Tom had had a little return of hæmorrhage. Mr. So-and-so had been sick all night, and once we learnt that the Colonel who had been there all the winter had "left," which turned out to be true, for he had left this world for good. I was very thankful when my own trivial ailments enabled one to continue one's journey and mix again with healthy persons.

There can be little doubt that modern facilities for travelling and modern modes of life are a danger to health resorts because they are apt to bring about an undue concentration of population. A couple of years since I spent a week in a seaside place which had been known to me by reputation as a pleasant village remote from the haunts of man known and patronised only by a select and favoured few. Now, it has two railway stations connecting it with two different railway systems. The place is rapidly being transformed into a sort of Chicago-super-Mare. Land syndicates, water companies, gas companies, tramway companies, are making money by handfuls. The speculative builder is rampant. The new streets bid fair to be absolutely straight and at right angles to each other, the pavements will rival those of Cheapside, and the curtilage of the houses will be reduced to that almost invisible minimum which is sanctified by the name of "model." Soon will follow invitations to trippers who will respond in trainsful, and these will be catered for by every form of noisy amusement which one meets with in the London streets and on racecourses. These health resorts soon cease to be desirable places for invalids or for tired and jaded persons who need rest, albeit that they serve excellently as places of amusement for the teeming populations of our big towns.

Occasionally it may happen that the popularity of a place may lead to serious overtaxing of the accommodation for visitors. I remember being at a well known spa in Auvergne at the height of the season, and such was the competition for baths that invalids were sometimes obliged to take their turn at this Bethesda literally in the middle of the night.

The amusements provided for chronic invalids are most important, and I think that we shall all agree that crowded assemblies indoors, whether they be for amusement or for any other purpose are not permissible. I leave out of consideration the many excellent outdoor games which need no recommendation nor criticism in an assembly of Englishmen. The

question, however, of the kind of amusement to be provided between dinner and bed-time is all important, and especially so in winter. The winter evenings are long, even in the south of Europe, and the temptation for young people to participate in crowded balls or equally crowded theatrical entertainments is very great. It is clear, however, that such temptations should be avoided if possible. Is it too much to hope that it might be possible to dance under conditions of dress and ventilation which should satisfy the demands of hygiene?

Nothing can have more influence on the effectiveness of climatic treatment than the house in which the patient lives. At midwinter in Europe the patient must be indoors for nearly twice as many hours as he is out of doors, and it might be urged that the house has twice as much influence for good or ill as the "climate."

It seems to me to be quite clear that the average modern hotel can be no fit place for the permanent residence of a chronic invalid.

The fault of the modern hotel, which is an invention intended to economise space in a crowded city, is that the area is wholly inadequate for the cubic contents. As a consequence the population in a crowded hotel is so concentrated that anything like fresh air, privacy, or quiet is impossible. The city hotel is too often imitated in the country, and, as a matter of fact, I have seen one of these towering foul-air traps standing in the middle of ten acres of ground in a developing watering place in England.

If one wants to see wholesome and sensible planning of a house one must look at an infectious hospital, where everything is done to prevent the travelling of foul air (like Satan in the book of Job) "to and fro" and "up and down"; and where in the details of internal construction facility for cleaning is the paramount object. A maximum of area and a maximum of simplicity, with a minimum of plumbing, no hidden pipes, no lifts, no heavy cornices, no embossed ornaments on walls and ceilings. In short, the construction of a hotel should in many respects resemble that of a hospital. The mediaeval college as seen at Oxford or Cambridge is the best model for a hotel—the living rooms and bedrooms in one-storeyed or two-storeyed buildings and connected with the public rooms by cloisters or corridors. The kitchens, hall or *table d'hôte* room, library or news room, smoking room, billiard room, and so forth should be separated from the living rooms, and in the living room the visitor should be able to "sport his oak" at will.

I am far from saying that a country hotel should be built without regard to æsthetic considerations, but I feel sure that all expenditure devoted to the overloading of the rooms with a mass of vulgar ornamentation is money misspent, and from the point of view of health and comfort it is senseless to be paying interest on capital sunk for such objects.

Hotels, especially those used by persons seeking health, sadly need reformation. Decoration should be chaste and simple and no guest should succeed another until the rooms have been, in housekeepers' phrase, thoroughly "turned out." It surely must be possible to attain an elegant simplicity without giving the appearance of an "institution." In these days of contagia viva this reform is sure to come.

The food, one need hardly say, should be simple and first-rate of its kind. The bread, unless ordered to be otherwise, should be real wheaten, fermented bread; the coffee should have no admixture of taraxacum or chicory; the milk should be new and fresh; the butter should not be margarine nor be made with "separated" cream, which produces a negative grease which is not butter on the palate, whatever chemists may say to the contrary; the eggs should not be fusty; the "roast" meat must not be cooked in the oven; the green vegetables must not be soaked in fat nor have their colour deepened with carbonate of soda; the chicken must be tender and the fish not so high as to necessitate its being smothered in herbs and cheese to make it passable. In short, the diet should be composed of first-rate materials and should be ample and not too complicated. To keep even a strong man at table in a hot, close, crowded room for an hour or more while he discusses the various items of a meretricious *menu* consisting of disguised garbage catalogued in meaningless French is a sure way to dyspepsia. The quantity of food must be sufficient. I can recall an experience of a *pension* in which I once spent a week—and a delightful week, for

the situation and surroundings were most charming—in which the *pensionnaires* were compelled to rise from their meals not merely hungry but voracious; and another where the food was not merely small in quantity but uniformly second-rate, and we made the discovery that the tradesmen of the adjoining town were invited to supply the hotel with stale bread, and generally with such other articles as were unable to stand the competition of the open market.

It is hardly necessary to speak of wine. Hotel wine is a by-word all the world over, and it is well known that the hotel keeper looks to make his profit out of the wine. This, of course, is wrong. On the one hand, it is necessary that the small quantity of wine or beer which is needed by a chronic invalid should be thoroughly sound and fresh drawn at every meal; and, on the other hand, the guests must be prepared to pay a good remunerative price for their rooms and food, and to remember that the cost of lodging must be relatively great in establishments which are only open for part of a year. It may be true that in some primitive spots the cost of living is, as compared with London or Paris, singularly small; but, nevertheless, people are themselves to blame if they take up their residence in establishments in which the tariff is too low to be properly remunerative. That we must all be prepared to pay a fair price for a good article goes without saying.

When we advise a patient to leave the certainties of home for the uncertainties of a health resort, it is necessary as a rule to place the patient under medical care, and we none of us like to place a patient under the professional care of anyone concerning whose qualifications, character, and abilities we know nothing. It is very possibly a piece of gross insular prejudice upon my part that I should prefer to place English patients under the care of a doctor of their own nationality—one who knows the mode of life, customs, constitutions, and necessities of the patient. I shall be accused of additional prejudice if I say that therapeutic specialists are often prone to run their special therapeutic agent, be it a drinking water or a bathing method, a little hard, and occasionally to the detriment of the patient.

Further, it is notorious that health resorts are the happy hunting grounds of irregular practitioners of every kind and description, so that it behoves us to be exceedingly circumspect as to the selection of a practitioner to whose care a patient is to be confided.

The question of reciprocity of practice is now agitating the medical world, and undoubtedly it is a question of great importance. It is not, I think, very probable that English doctors will continue to send patients to places where they cannot have the advantage of the professional care of their own countrymen. The difficulties of obtaining this advantage for our patients seems, in Europe, to be upon the increase, and, as in commerce so in medicine, no country seems inclined to follow our example of free trade.

This state of things will lead to the improvement of our health resorts at home, and to the establishment of new ones in our colonies and dependencies.

The world gets smaller every day, and the facilities for travelling increase almost hourly. When one can get to the Antipodes in a month, basking beneath the awning of a palatial steamboat, and have most of the comforts of home in the shape of fresh bread, fresh fruit and vegetables and fresh meat, and the daily luxury of a salt-water bath, it is evident that the difficulties of placing our various colonial climates at the disposal of British invalids are getting less and less.

Already, both in Egypt and South Africa, sanatoria are being established which are attracting much and well-deserved professional attention, and doubtless in our other colonies, from Canada on the one hand to New Zealand on the other, similar advantages will soon be found. The invalid who is obliged to run away from the rigours of our winter enjoys in the Southern hemisphere the advantage of a long day, which, as it gives him the opportunity of being more out of the house than in it, is, of course, a priceless boon.

To sum up, I may say that the circumstances which often interfere with the efficiency of climatic treatment are:

1. Want of practical knowledge on the part of the prescriber.
2. The selection of an undesirable locality for residence.
3. The want of adequate means on the part of the patient.

4. The want of adaptability of the patient to his surroundings.
5. Overcrowding in ill-constructed and ill-planned houses.
6. Second-rate food and wine.
7. The want of reliable English doctors.

These deficiencies it is the province of this Society to lessen and remove. Already your excellent *Journal* is disseminating a large amount of useful knowledge, and I have no doubt that the real wants of our expatriated invalids will be adequately provided if they should receive distinct utterance at the hands of a powerful Society like this.

A NOTE

ON

A METHOD OF OPERATING FOR ECTROPION OF THE LOWER EYELID.

By D. ARGYLL ROBERTSON, M.D., LL.D., F.R.C.S. Ed.,
Surgeon-Oculist to Her Majesty the Queen in Scotland; and Consulting
Ophthalmic Surgeon to the Edinburgh Royal Infirmary.

THE operative procedures for the cure of ectropion of the lower lid that have been employed or recommended by various surgeons are so numerous that the following method of operating which I have recently adopted may have little claim to originality; at the same time as I am unaware of any surgeon having employed exactly the same procedure, and as the results obtained have been eminently satisfactory, I have deemed it advisable to report the method for the consideration of my professional brethren.

The operation consists in making an incision through the skin of the outer third of the lower lid, parallel to and about a line (2 mm.) distant from its margin. When the incision has been carried as far as the outer canthus the knife is directed a little more upwards, and the incision continued for about half an inch. It is then carried horizontally outwards for about 3 lines (6 mm.) and lastly downwards and inwards, nearly parallel to the upward incision, but diverging a little from it below, for the distance of about an inch and a quarter. Fig. 1 indicates the course of the incision.

Fig. 1.

Fig. 2.

The flap of skin thus outlined is then dissected from subjacent parts, and reflected back as shown in Fig. 2.

Next a suitable V-shaped portion of the whole substance of the lower lid is removed at a little distance (say 3 mm.) from the outer canthus. The "strap" of skin which had been reflected is now drawn upwards and outwards till the edge of the lid is brought up to its natural position, and the skin which it then overlaps is outlined by bringing the knife along the edge of the strap, and the portion thus outlined dissected off. Lastly, the "strap" is replaced and fixed in position by several sutures, as seen in Fig. 3.

It is advisable not to remove a large V-shaped portion of the lid at first, as a little more can easily be snipped away if on drawing the lid into position by means of the "strap" a puckering of the edge of the lid indicates that too little has been removed.

This operation is particularly useful in senile ectropion or in eversion of the lid from long-continued palpebral conjunctivitis, when the free edge of the lid has by traction been elongated and the curvature of the tarsal cartilage altered, but

it may be advantageously employed in other forms of ectropion also.

The chief advantages I have found in this method of operating are: (1) that the exact amount of lid tissue that should be removed is easily ascertained; (2) that by means of the strap of skin very efficient and permanent traction on the lower lid is obtained, thus bringing it and fixing it in proper position.

Fig. 3.

Instead of removing the skin that lies under the strap when it is drawn up so as to bring the lid into position, a small portion of the extremity of the strap might be cut off and the effect would be similar. But I prefer the method described, giving, as it does, a larger surface on which to fix the strap.

I have only had the opportunity of performing this operation on three cases, but in all (and one was a very severe and complicated traumatic case) the result was excellent.

For the sketches illustrating the operation I am indebted to the kindness of Dr. Jessie MacGregor.

AN ADDRESS

ON

THE PATHOLOGY OF ANTENATAL LIFE.

Delivered before the Glasgow Obstetrical and Gynaecological Society.

By J. W. BALLANTYNE, M.D.,

Lecturer on Midwifery and Diseases of Women, Minto House, Edinburgh.

[ABSTRACT.]

AFTER a preliminary reference to the relation between antenatal and postnatal life, in which he pointed out that the postnatal was not independent of, but, on the contrary, largely the direct continuation and outcome of the antenatal life, Dr. Ballantyne described

THE PHYSIOLOGY OF ANTENATAL LIFE,

subdividing it into three periods:

1. *Germinal Life*, about which little was known in the human subject, the period which ended in the mysterious phenomena of germ and sperm maturation, of the expulsion of the polar globules from the ovum, of the atrophy of the female element of the sperm-cell, and of the impregnation of the ovum by the spermatozoon with the resulting formation of the morula mass.

2. *Embryonic Life*, the period beginning with the differentiation of the blastoderm and ending about the end of the second month, the period of evolution or development during which the lines of future growth were laid down.

3. *Fœtal Life*, the period in which the organism showed its vitality chiefly by growth along lines which had been already definitely laid down.

It was necessary to point out, however, that these periods could not be sharply marked off from one another. One part might be in the embryonic stage while the others were in the fœtal. The third month of intrauterine life more than any other was characterised by readjustment and by change, most of the organs passing at this time from the embryonic into the fœtal state.

ANTENATAL PATHOLOGY.

Postnatal and antenatal life were both subject to disease and death, and probably all estimates of the antenatal death-rate fell far below the reality. Dr. Ballantyne then referred