

## **Wintering abroad : Mentone and the Riviera.**

### **Contributors**

Drysdale, Alfred Edgar.  
Royal College of Surgeons of England

### **Publication/Creation**

[London] : [Printed by J.S. Virtue], [1884]

### **Persistent URL**

<https://wellcomecollection.org/works/gzxju5yj>

### **Provider**

Royal College of Surgeons

### **License and attribution**

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



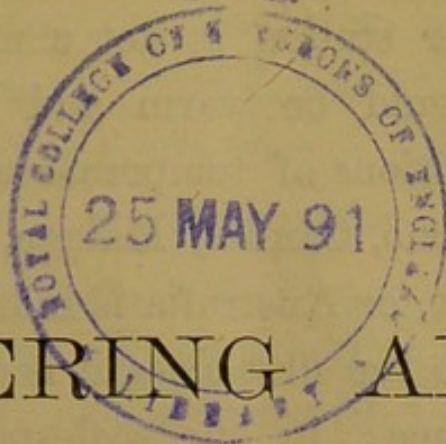
Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>







9.



# WINTERING ABROAD:

## MENTONE AND THE RIVIERA.

---

WE will suppose that it has been decided, of course after sufficient consideration, that a patient is not to remain in England through the ensuing winter. This point has been decided, and the question next arises, whither shall he or she be sent? The answer to this will depend upon a great number of circumstances. In the first place, the nature of the case. Persons ordered abroad for the winter will usually fall under two heads. First and foremost, young adults with threatened or incipient consumption. This class I place foremost, because it is, though not the most numerous, the one in which the stake is greatest, for an error in judgment, either that of not sending the patient in time or of sending him to the wrong place, will involve his life. The second class comprises chiefly persons advanced in life, whose poverty of circulation or general impairment of vitality renders them liable to bronchitic attacks and dyspepsia. It also includes many persons who, though not actually elderly, are virtually so through weak

hearts or exhausted nervous systems. With regard to this class, it may be at once said that the choice of the precise winter station is not a matter of any importance. It should be warm and sunny, and free from violent variations of temperature; but whether it be Naples, Mentone, Cannes, Malaga, Algiers, Egypt, Madeira, the Cape, or Australia is indifferent.

With regard to the first class it is otherwise. Here we have a balance: in one scale-pan we have the disease; if it acquires sufficient weight it will sink, and the patient with it. It is the duty of the physician to throw his remedies, including climate, into the opposite scale-pan. In some cases the original intensity of the disease is so great that no human agency can counter-balance it. In most the two forces are pretty evenly balanced, and the preponderance of one over the other may depend on the weight of a hair. It is thus seen how essential it is that the best possible thing should be done for the patient.

Of the courses open, there is the long sea-voyage to the Southern Ocean. The patient sails early in October, arrives in warm latitudes in ten days or a fortnight, and reaches Australia or New Zealand in January, in the summer of those regions. He thus escapes the winter altogether, and may return to England in the following May. He might by thus travelling backwards and forwards for the rest of his life never be exposed to another winter. Another of the advantages of this plan is that the patient may be in the open air from morning to night, and without any fatigue on his part is constantly moving more or less rapidly through the air. The air, of course, though loaded with sea-salts

and saturated with moisture, is otherwise pure and fresh. It is easy for the fashionable physician, seated in his consulting-room in Cavendish Square, from which he has probably never stirred except for a fortnight's shooting in the Highlands once a year, to dilate upon the manifest advantages of the long sea-voyage; but it must be confessed, by those who have experienced it, that there is another side to the picture. Dr. Johnson's definition of a ship as a prison with the chance of being drowned, is really not far from the mark. The patient has probably been suddenly removed by his illness from a sphere of activity and thrown into a state of complete though enforced idleness. This is the time when, if ever, amusements and distractions become necessary. But if he has chosen a sea-voyage no amusement or distraction will be possible. At first his fellow-passengers may amuse him, but their number is limited, and no new idea being able to reach the ship, their conversation will soon become a series of repetitions. After a time petty bickerings and squabbles will arise, till at the end of the voyage the mental condition of most of the inhabitants of the ship becomes truly deplorable. No newspapers, no new books, no variety of companionship is procurable.

There are other and perhaps more serious drawbacks to a long sea-voyage. In the first place there is seasickness. If this question is mooted by a patient anxious for information, he will be told that persons with weak lungs are never sea-sick; that you may be sea-sick in a steamship, but you will never be so in a sailing-ship; that if you are sea-sick, it will only be for the first few days, after which you will never be so

again. These answers should inspire suspicion from their very number and conclusiveness. They are apt to remind one of the Welsh washerwoman, who, when asked for the loan of her washing-tub, said: "I hav'n't got one; besides, I've lent it to a friend; besides, I want it myself." Now, I happen to know that every one of the answers given above is untrue, or at all events, not of universal application. I suffer from what is called weak lungs; I have been a long sea-voyage; I was always sea-sick when it was rough; I never overcame the sea-sickness; and I was just as sea-sick in a sailing-ship as a steamer. One of the advantages of the sea-voyage greatly dwelt upon is the perfect quiet. Let us take, as a sample, a comparatively calm day. It would not be fair to take a stormy one, with the pandemonium of sounds accompanying it: the trampling and bellowing of the crew on deck, the creaking of the cordage, the rythmical rattling and banging of articles of furniture thrown from side to side, and the thundering of waves against the sides of the ship. But let us describe an average day, with little sea or wind, on a sailing-ship. You retire to your berth early, not because you are sleepy, but because there is nothing else to do. You fall asleep speedily, but are awakened by a stamping on the deck, over your head, which resounds like thunder. The wind has fallen, and it is necessary to put up more sail. Hence instructions have to be shouted by the captain, in a voice resembling the sound produced by tearing a sheet, only much louder; and the sailors are, of course, unable to do their work without a chorus of some kind, perhaps "Roll a man down," or, out of deference to the pas-

sengers, only shouts. You fall asleep again as soon as you can, but not for long. The same performance is repeated because, this time, the wind has shifted, and the position of the yards has to be changed. You get up very early because there is no temptation to remain in your bunk; you go up on deck, say at five or six A.M.; you get a book, and settle yourself down in an American chair. In vain! men come with buckets to swab the deck; you are obliged to shift your quarters, and will not be able to return for some hours, when the deck has dried. Nor can you sit anywhere else for long—some rope will be wanted which will necessitate your removal, and so on all through the day. Perhaps the most serious drawback to the long sea-voyage is the complete isolation from relatives which it entails at a time when the patient is liable at any time to the supervention of acute or even fatal symptoms. No communication with the outside world is possible, except by means of vessels which may happen to be spoken, and in any case the relatives would be quite unable to reach the patient.

It is a question whether the advantages compensate for these great drawbacks. Sea-air is good for many patients, but a distinction must be drawn between the sea-air of a coast where there is constant interchange of currents caused by the different specific heat of land and water, and ocean air separated from land air by miles of sea. The latter is highly charged with moisture and sea-salts, particularly bromides and iodides. To many persons it is exceedingly trying, exciting them greatly and preventing sleep, and rendering them bilious. Another and still more serious

drawback to the long sea-voyage is the necessarily badly ventilated condition of the cabins. It must be remembered that most persons will spend at least ten hours in their cabins, or nearly half the entire day of twenty-four hours. Ladies will contrive to remain below even far longer than this. To their minds coming on deck necessitates a long and arduous toilette performed under difficulties, and this is sufficient to keep them below. Not the atmosphere of the worst ventilated theatre or church in London is worse than that of the cabin of an ordinary sailing-vessel. The heat is also very trying in the tropics or on a calm day. Strong men wake night after night to find their shirts dripping with perspiration. The effect of this upon a patient must be injurious in the extreme.

The patient arrives in a strange port, where probably he is without friends; he is ignorant of the climate, which may be either very hot or very cold, and quite unprovided with suitable clothing. Is it wonderful that so many are unable to resist the deadly complaint against which they are struggling, and succumb, when perhaps they might have been saved had other means than the long sea-voyage been prescribed for them?

Supposing that we have decided against the long sea-voyage, we have many resources left to us. We have the mild winter climates and the lately fashionable high altitudes, where the temperature is constant at many degrees below freezing-point. I should like at once to dismiss the latter as winter stations, on the ground that to send a consumptive patient to a place where he is snowed up for several months is contrary to common

sense. But in these days of daring experiment common sense will not be allowed to have much value. It is said that the rarity of the air renders it more easily respirable, and enables the patient to breathe more deeply and thoroughly. At the same time the cold crisp air braces the system and improves the general health. I have certainly seen some phthisical cases do extremely well at Davost, but they have always been those who I believe would have done just as well anywhere, even in England. There are some cases which the physician is able to recognise at once in which the disease has been induced by overwork, and which recover at once when the patient is removed from the conditions which induced the disease. These are the cases which are benefited by a winter sojourn on the Davost Platz. All other cases which I have seen have, I believe, had their end distinctly hastened by this harebrained and paradoxical remedy.

There remain to us the coast of the South of France, North Italy, Spain, Algiers, and Egypt and Madeira. The choice will depend mainly on the condition of the patient. Those susceptible of "bracing" will do well in Hyères, Cannes, Nice, Bordighera, Pegli, or Algiers. I may here warn the reader, because great delusions prevail on the subject, that Algiers, in spite of its latitude and its being situated on what is called the "burning continent," is one of the colder winter stations, and must be considered about equal to Hyères, Nice, Bordighera, or Pegli. In the determination of climate, situation has often more to say than latitude. Algiers is not provided with a screen of mountains, or rather the mountains are too far off and in the wrong place.

Hence it is colder than many places five degrees farther from the equator.

The cases which do best in the cooler winter stations are those phthisical cases in which, whatever may be the physical signs, disquieting symptoms are absent. These patients are usually over twenty-five, and may be any age under sixty. Their history is usually as follows: there is no marked hereditary predisposition; their occupation is too sedentary, or one which exposes them much to the weather; their illness has dated either from an acute attack of pneumonia or a series of bronchitic attacks; they have usually had one or more attacks of haenoptysis; there is no marked wasting, no great impairment of the functions of the stomach, though there may be a little acidity and flatulence. The most important distinction between them and a class of patients which will presently be considered, is the absence of fever in the afternoon. The physical signs observed vary in character, and may be those either of a consolidated patch or a small excavation, or may be absent altogether. Whatever may be the stage or degree of the lesion, it is never over a large extent of lung, and rarely in both lungs. These cases do admirably in a climate in which they get the maximum of bracing with the minimum of exposure to the exciting causes of catarrhs. In the South of France they are able to be in the open air a great number of hours in the day without catching cold, their appetites and digestions improve, they sleep better, gain flesh, and throw off the extreme liability to catch cold which characterised them. For such patients I should recommend Cannes, Bordighera, Nice, Pegli, or Algiers.

There is another class of patients which must be here mentioned; though they are not so important, perhaps they are more numerous. With them wintering abroad is not a matter of life and death, as it is with the preceding class, who would almost certainly die if obliged to remain the winter in England. The persons we are now considering do not die; they are, in fact, remarkably tenacious of life, often disappointing the secret wishes of their friends. I am alluding to the numerous tribe of *malades, imaginaires, hysterics, melancholics, &c.* I believe that almost no complaint which flesh is heir to causes more widespread suffering than hysteria or melancholia. The true remedy in most cases would be flagellation; but as it is not in the power of the physician to administer this, he must do the best he can with the means at his disposal. A marked symptom common to many of these cases is sleeplessness. The loss of sleep is always loudly complained of, but the true cause I believe is that the patient habitually neglecting all his duties, has no need of sleep, there having been no waste to repair. Whatever may be the cause, the air of the Riviera is able to induce in such cases an overpowering drowsiness, which not even the pangs of a guilty conscience can resist. I say in such cases, for in others, usually robust persons, it produces an obstinate insomnia.

Another symptom of hysterical patients is *tedium vitæ*. Life to them is insupportable; they take no interest in passing events, and have no hope for the future; the past is greatly dwelt upon and lamented over. There can be no doubt that this frame of mind tends to be perpetuated by gloomy surroundings—an

English leaden sky, an even downpour of drizzling rain, the view of a stone-paved courtyard—and conversely great amelioration may be hoped for by bright sunshine, blue skies, and purple mountain vistas. These are to be had in perfection on the Riviera, and hence many who arrive gloomy wrecks are sent back happy and useful citizens. But it is not important to which of the numerous winter stations you send them; if you wish to send them to the most beautiful, send them to Mentone.

There is another class of patients to whom wintering abroad is not a matter of life and death. I mean elderly people subject to winter-coughs and bronchitic asthma. In London their lives during the winter months would be miserable to them; they cannot go out without being choked with fog or pierced by the east wind. Consequently they are shut up in their houses without any means of occupying themselves. Their eyes are too weak to read much, they do not write many letters, and visits from friends are only made in the afternoon. They are thus condemned to pass many hours in apathetic listlessness. On the Riviera they are happy; they potter round the garden before breakfast, they visit the fish and flower markets, where they meet people exactly like themselves; they go to church many times a week, at all kinds of uncomfortable hours of the day and night. They lead a healthy, active life, sleep and eat well, and are astonished to find that they can walk many more miles without fatigue than they could in England. There can be no doubt but the Riviera adds many years to the lives of such people.

Asthma, pure and simple, is such an anomalous complaint that it is very difficult to say whether the Riviera has any special remedial action upon it. I have known persons come to Mentone, after trying almost every known climate in the world, and be cured by it. I knew a lady who had tried India because she was told it was hot and moist, Australia because it was hot and dry, Canada because it was cold and dry, &c., all without effect. From the day of her arrival her asthma quitted her and never returned till she left. She has now built herself a house there for the winter, and a small summer house on the hills behind. Nevertheless, my impression is that Mentone has no special remedial power in asthma. I have known persons come suffering from other complaints having no affinity with asthma develop the disease while residing there; but this no doubt was a coincidence, and would have happened anywhere.

Gout and rheumatism are certainly benefited by wintering on the Riviera. The air is exceedingly dry, the soil for the most part is gravel, and the constant warmth of the weather obviates fresh attacks of cold. Had we no experience of the effect of the climate upon rheumatism we should surmise it to be beneficial, because the inhabitants are so rarely affected with it. On looking over the returns of the town hospital of Mentone I observed that the number of cases of acute rheumatism was proportionally less than a third of that in the large London hospitals.

Patients affected with gout are often rendered worse on their arrival in Mentone; it seems as if the climate did what Spa doctors call bringing out the disease. If

they persevere, however, the acute attack subsides, and they experience great relief; the next attack is either indefinitely postponed or much mitigated in intensity.

Heart complaints are much improved by warm winter climates. Cold causes contraction of the arterioles throughout the entire system, thus raising the general blood-pressure and increasing the amount of work thrown on the heart. A heart affected by disease has already more work than it can manage, and any increase is apt to throw the whole apparatus out of gear, causing dropsy and congestion of the internal organs and ultimately somatic death. On the Riviera they escape exposure to extreme cold, they are able to sit out in the open air and enjoy the scenery, their general health is improved, they sleep well; and though the heart trouble is not susceptible of cure, its evil effects are reduced to a minimum. Mentone possesses a distinct advantage over the other winter stations in the treatment of heart complaints. Its temperature is more uniform, and higher. The screen of mountains is higher and extends round a larger part of the circumference of a circle. For this reason Mentone is able to effect an amelioration in the condition of heart patients beyond that of any other health-station. Certain kinds of Bright's disease are benefited by warm climates. If we broadly divide the varieties of Bright's disease into Catarrhal and Degenerative, we may say that all the catarrhal cases, that is, those whose exciting cause has been cold, are benefited by winter residence on the Riviera. The patient has fewer exacerbations, and thus less danger of a fatal attack. Also the healthy tissue left is able to do its work of removing the effete and

poisonous elements from the blood better; the action of the skin is increased, supplementing that of the kidneys, and thus the patient's general health is restored, if not to its normal condition, at all events to the best condition of which it is capable. The degenerative cases are not so benefited; on the contrary they are distinctly aggravated. The kidney is usually what is known as the granular contracted. A large proportion of the secreting tissue has been denuded, the constituents of the blood which normally are removed by the kidneys as urea remain, and cause symptoms varying with their amount, but which will ultimately culminate in fatal uræmia. In a cold climate a large proportion of these compounds (supposed to be creatin and creatinin) are oxidized and rendered innocuous. In a warm climate they remain in the blood, speedily accumulate, and cause fatal uræmia. I am aware that many noted London physicians are in the habit of recommending such persons to winter abroad with lamentable results.

A mild winter climate is a useful adjunct in the treatment of gleet, strictures, and catarrhs of the bladder. Stricture cases, even under the most favourable conditions, with the urethral passage well dilated and the bladder carefully and repeatedly washed out with antiseptic lotions, are liable to constant slight chills, accompanied with creeping in the back, pains in the loins, hot hands and feet, and increased frequency of micturition, the urine containing in most cases mucus and even pus. In a warm winter climate though the pathological condition remains, the exciting cause of the exacerbations is removed; the patient escapes the constant catching of fresh chills, and the mischief, instead of

gradually increasing, remains stationary or even retrogrades.

There are some incurable maladies which, as far as is known at the present day, pursue an interrupted course to a uniformly fatal termination. Such are the cancers and creeping palsies; here there can be no question of saving the patient, or of greatly prolonging his existence. The only thing left to the physician is to render the remainder of the patient's existence as tolerable as possible, and this can be done by ordering him abroad. His sufferings are not enhanced by the gloom and cold of an English winter, and bright sunshine enables him to endure his sufferings with greater fortitude.

What has been said of asthma holds good also of pernicious anæmia. It is impossible to predict beforehand what effect a given climate will have upon cases of this mysterious complaint. I allude only to those cases in which there is diminution of the red blood-corpuscles without increase of the white, or enlargement of the spleen or lymphatic glands. These cases, if left to themselves, gradually lose appetite and strength, waste away and die without any symptoms pointing to any one organ of the body. The great secret of success in their treatment, I believe, lies in change of climate as complete as possible. If the complaint has arisen in a relaxing climate send them to a bracing one, and *vice versa*. If it comes on in cold weather in England, send the patient to the warm winter climates in the South of France or elsewhere. If it has arisen in hot weather in the summer months, send them to the Highlands of Scotland or to Norway.

I now come to the most important of all classes of patients as regards the results of treatment by climate. I allude to the true tubercular, as they used to be called as distinguished from the acquired phthisical cases. I will not here enter upon a much-disputed subject. The conflicting theories of Laenee, Niemeyer, and Koch no doubt demand diametrically opposed lines of treatment. But I maintain that any one founding his treatment logically upon a theory of pathogenesis not unimpeachably established commits a grave error, entailing the loss of many lives. A partisan of Niemeyer will risk anything to brace his patient. The victim is not allowed to sit in the house without all the doors and windows open; he is constantly urged to take long and fatiguing walks, his bedroom window is kept open all night, and he is constantly plagued with cold douches and wet packs. Usually he succumbs to an attack of acute pneumonia, which might easily have been avoided. I am not aware whether any special line of treatment has been founded on Koch's discovery, but I suppose a logical disciple would confine his attention entirely to the destruction of the suppositious bacillus, neglecting climate and all other treatment.

This class of patients is not easily mistaken. They are usually quite young, from seventeen to twenty-three, tall, slim, and erect, with delicately chiselled features, pencilled eyebrows, and silky hair. Sir Henry Holland says they may also be short, thickset, and very ugly. The latter variety I confess I have not met with. The skin is remarkably transparent and brilliantly-coloured, the whites of the eyes glistening, the lips bright red, and the fingers long and taper, with almond-shaped

nails. There is a strong family history of consumption. The most distinguishing symptom in these cases is the marked evening rise in temperature, often preceding every other symptom. The other symptoms are well known : loss of flesh, night sweats, diarrhœa, &c. Physical signs are very variable ; they are usually either very extensive or entirely absent. I have seen cases rapidly fatal in which to the last no physical sign could be detected.

It is needless to say that such cases are, in the highest degree, dangerous. It is not too much to say that fifty years ago not one such case ever recovered. Nowadays, if all the resources of the physician are employed, including, of course, climate, a proportion escape. Which individual will escape and which perish will often depend upon the means employed by the physician, and a very great responsibility rests with him. The patient must be constantly in the open air, and yet must avoid chills, which may at any moment cut him off. Such a patient remaining through the winter in England would almost inevitably perish. He must be sent abroad, and the winter station must be very carefully selected. I have no hesitation in saying that the best winter station for such cases is Mentone. I shall not here, in a treatise written mainly for the public, enter upon statistics and mean daily variations of temperature. For practical purposes it will be sufficient to state that I have examined all the tables which have been published, extending over a great many years, and they coincide with my experience that Mentone is the warmest and most sheltered of the winter stations, not excepting Egypt. For many classes of cases it is too warm and sheltered,

the patients suffering from languor and depression ; but, for the cases we are now considering, it is the best possible climate. A screen of abruptly rising chalk mountains shelters it for almost three-fourths of the circumference of a circle, the exposed aspect being the south, from which the wind can only blow after passing over the African deserts and the Mediterranean Sea. It would be idle to deny that there are a few cold days even in this favoured region ; but on such days a glance at the meteorological column of *The Times* will show that it is equally cold or colder everywhere else. No matter from what quarter the wind may blow, a sheltered walk can always be found up one of the many valleys which converge at Mentone. The roads along these valleys ascend very gently, and are practically interminable. This is a very great advantage for lung and heart cases who are unable to go up-hill. All the advantages of mountain scenery and air are combined with those of level valleys offering every variety of lovely walks.

A patient belonging to the class now being considered, under proper drug treatment and hygienic conditions, passing the winter in Mentone, will, I believe, have the best possible chance of recovery. Whether he do so or not will depend upon the intensity of the complaint only, and if he do not, his friends will at all events have the satisfaction of knowing that everything has been done. A few of the precautions necessary for invalids wintering in Mentone will be here insisted upon, because should they be disregarded the patient might just as well stay at home. The first rule to be observed is to be indoors half an hour before sunset. This is to be a law of the Medes and Persians,

which altereth not. An almanack must be consulted, the hour of sundown ascertained, and no consideration must ever induce the patient to swerve by five minutes from the above rule. The reason is that shortly after, and indeed before sunset, a sudden chill is experienced by persons exposed to it. A sensation is felt as if a wet sheet were suddenly thrown round you. I have never heard a satisfactory explanation of this. Some say that the sun is so powerful and so strongly heats the rocks and earth, that the moment its influence is withdrawn these latter become cooled, and rapidly abstract the heat from the surrounding atmosphere. This explanation seems feasible enough for the phenomenon when it succeeds sunset; but exactly the same takes place shortly before sunrise. The temperature of the earth has been gradually falling all night, and of course would reach its minimum shortly before sunrise, but why there should be a sudden and marked fall at that time is difficult to explain.

Another point of importance is always to have a shawl or cape (without sleeves, so as to be readily pulled on and drawn off) over the arm, and to don it wherever a transition is made between sunshine and shade. A patient should never sit indoors without a fire and an overcoat on, or something additional. It must be remembered that the strong sunshine makes it much warmer out of doors than it is within. Both bed and sitting-room should have a southerly aspect; this is essential.

Another important point is the avoidance of heated churches and chapels. Such places are always either stifflingly hot or traversed by piercing draughts. It

is impossible for the officiating clergyman, however anxious to please, to meet the requirements of every one. If he ventilates his church many will find it too draughty, if he closes his doors and windows complaints of "stiffness" are made. The best plan is to avoid churches and chapels altogether; illness carries absolution, and the chaplain will attend invalids at home if required to do so.

Diet is another difficulty. It should be full and sustaining, but not rich. At most of the pensions and hotels the toughness of the meat and the mustiness of the fish is disguised by highly spiced sauces. The patient should avoid the sauces and take only the nourishing parts of the meals. Hotel meals should be supplemented by intermediate draughts of milk, which is excellent at Mentone. At night Brand's essence or Valentine's extract, or other prepared foods should be taken.

A drawback to Mentone at present is its vicinity to the gambling-tables at Monte Carlo. It cannot be too strongly insisted upon that no invalid should be allowed to gamble. It is the worst possible form of excitement. I know of no more painful spectacle than that of a consumptive sitting flushed and palpitating at a gambling-table in Monte Carlo. It is to be hoped that some steps will shortly be taken towards closing them.

I cannot but hope that either France or Italy will soon remove this moral eyesore, but at present each nation is intensely jealous of the other, and neither will move for fear of giving the other offence. Unfortunately, in the treaty of 1860 the suzerainty of Monaco was left an open question, so that its blind monarch is

allowed to pursue his evil courses unchecked. The French have now erected an enormously strong fort of one hundred-ton guns on the Tête du Chien, a mountain immediately commanding Monaco. The best use they could make of it would be to project a ton cannon-shot into the middle of the Casino.

An invalid, however feeble, will be able to spend most of every day in the open air. If he is too weak to walk he will be able to sit or lie in the sun and enjoy the great beauty of the surrounding scenery. So much time passed in the open air is sure to act upon the appetite: more food will be taken in and it will be better assimilated into the system. With the increase of nourishment will come increased strength, more exercise will be possible, and the increase of exercise again will react upon the appetite and still further increase it. Thus the patient's condition will gradually improve, till some of the symptoms will be thrown off altogether or diminished in intensity, and finally the patient either completely recovers or the worst symptoms are checked, and time is gained for a recovery at some future date. Such a patient must bless Providence that he lives in this age and not fifty years ago, when he would certainly have perished.

Some patients believe that the air of Mentone possesses peculiar "drying" qualities, and dries up the disease in their lungs. This is a mistake; lung-cavities are certainly frequently "dried up" or cicatrised by Mentone air, but it acts by invigorating the patient and enabling him to avoid the constant fresh attacks of cold to which he is liable. The air of Mentone is peculiarly light and invigorating; it is never oppressive or sultry.

On the hottest days it has not the "mugginess" of one of the proverbial three days which in London precede a thunderstorm.

I could here give an account of the mean temperature of many winters—of the number of days on which various winds prevail, of the amount of moisture in the air. But such statistics merely serve to bewilder the public. Trained minds no doubt are able to draw valuable deductions from them, but the public will be satisfied with the results to be arrived at from them.

The chronic bronchitis of middle-aged and elderly people is well treated by wintering abroad. Such persons are liable to repeated attacks of catarrh: a sudden change of temperature, the contact of clothes rendered damp by rain, or the mere exposure to a low temperature, is sufficient to determine the onset of an attack of catarrh, which commences usually with sore throat, feverishness, and dryness of the respiratory passages. It gradually descends, causing a tickling cough in the larynx and trachea, with a feeling of tightness across the chest, shortness of breath, alternate sensation of heat and cold all over the body, and culminates in a regular attack of bronchitis. Such an attack is, in an English winter, no sooner got rid of than another supervenes, till a permanent cough and irritation of the bronchial passages is set up, followed by loss of elasticity in the walls of the air vesicles, producing emphysema, enlargement of the right side of the heart and its attendant train of evils, greatly shortening the life of the patient. Such cases are greatly and permanently benefited by wintering abroad. With

ordinary care the repeated attacks of catarrh are altogether avoided and no fresh mischief is done. Time is gained for the mucous membrane of the respiratory passages to regain its tone; sleep is not interfered with by cough, appetite improves, and the whole system is fortified, so that the patient when again exposed to the exciting causes of catarrh is able to resist their effects. Emphysema when once existing cannot certainly be removed, but its increase will be prevented, and the air being light, free from moisture and easily respirable, less work will be thrown on the heart, and right-sided dilatation diminished.

Bronchorrhœa, by which is meant great increase of the mucus secreted by the bronchial glands, and hence constant and troublesome cough and debility, is greatly benefited by winter residences on the Riviera. The dry and suave air at once diminishes the amount of expectoration, and a residence of two or three months is often sufficient entirely to cure the patient.

I have been told that inflammatory bronchitis is better treated by a warm and moist climate, like that of Catania, in Sicily, or of Madeira. But I can speak very positively of the amelioration produced in such cases by the dry air of the Riviera. The important point in their treatment is to escape fresh attacks of catarrh, while the general health is gradually being improved, and this is best done by residence on the Riviera. I am aware that the warm and moist air of such places as Catania and Madeira is more grateful to the patients, while at the same time they are free from the danger of catching fresh colds; but at the same time the climate exercises a depressing influence and gradually enfeebles

the general health, thus rendering them more liable to take cold when they are again exposed to changes in temperature.

The question of drug treatment is not one to be discussed with the public. They have not the necessary technical knowledge to arrive at a just conclusion on such a subject. But it is necessary for me to say a few words here, in order that the good effects of climate may not be entirely negatived by resort to powerful doses of depressing and ill-chosen drugs. Most people will admit that a human being is a more delicate organism than a watch. Yet we see many medical men behaving exactly as a watchmaker would who, when a watch out of repair was brought to him to repair, instead of examining it to see what was wrong, should take a shot at it with a pistol, in the hopes of hitting and removing the obstacle to its proper working. It is really terrible, the hap-hazard way in which powerful medicines are prescribed, and one cannot but shudder when one reflects upon the number of patients who might have recovered but for the reckless drugging of their physicians. Drugs are recommended for diseases absolutely without rhyme or reason, usually because Dr. So-and-so has seen benefit from it. As an instance of utter recklessness in the choice of remedy, I will mention the following. A certain Mr. Jones, of Jersey, was called upon to treat a case of *delirium tremens*. For some unknown reason, he not only took down the wrong bottle from his dispensary shelf, but gave his victim three or four times the dose prescribed by the Pharmacopœa. To the astonishment of everybody the patient recovered; the

profession at large followed Mr. Jones's example, and prescribed the same remedy which had been hit upon accidentally by Mr. Jones and in the same poisonous dose. It is not too much to say that hundreds of persons have lost their lives through Mr. Jones's, of Jersey, heroic treatment, and the process is still continuing.

In order that the climate may have a chance, all violent and depressing drugs must be eschewed. A searching and well-selected remedy may be taken to aid in the recovery, and will often determine the result in doubtful cases, but nothing like heroic remedies must be resorted to.

I shall now briefly review the different winter stations for the benefit of those who are wholly ignorant of the subject.

*Hyères*, not far from Toulon, is easily reached from Marseilles. It has the advantage of being situated some distance from the sea. Many persons are peculiarly affected by the sea-air. It excites them greatly, so that at night, instead of sleeping, their brains become more active and keep them awake. Such sleeplessness is removed entirely by residence a mile or two inland. Many persons are under the impression that *Hyères* is an island; this is a mistake. There is an island of that name, but the town of *Hyères* is on the mainland, some distance from the sea. But *Hyères* is the least sheltered of all the Riviera stations; it is exceedingly windy, and entirely exposed to the inroads of the dreaded "mistral." It is suitable only for the milder cases of those who are sent abroad for the winter, such as old people and those who have no

marked organic disease. Some cases of rheumatism are greatly benefited by the climate of Hyères. I have known cases which were not benefited, but rather the reverse, by residence in Mentone and Cannes, rapidly recover in Hyères.

*San Raphael* is almost new. A French loan-company has bought up the land and is laying it out in wide boulevards and handsome houses. It must be considered one of the cooler stations, and suitable for cases which require warmth combined with bracing. The porphyry quarries in the neighbourhood are quite worth seeing.

*Cannes* is some miles to the east of San Raphael. The hills sheltering it are only moderately high, and it too is one of the more "bracing" stations. It is greatly resorted to by the English aristocracy and the very rich. It is like a Mayfair transported bodily to the South of France. It was originally brought into vogue by Lord Brougham, whose brother still resides there. It is now greatly enlarged, and is being built over to a great extent. The Credit Foncier has bought large tracts of land and made a wide boulevard running some miles directly inland. The French aristocracy, headed by the Orleans princes, also greatly affect Cannes.

Twenty minutes by rail from Cannes is *Grasse*, the capital of the canton and the seat of a bishopric. It is noted for its manufactures of sweets and scents. The scents are made of cassie—a small flower something like the flower of the mimosa, growing on a stunted thorny bush—of roses, violets, and mignonette. The sweetmeats are mostly preserved and crystallized fruits. There is now a good hotel at Grasse.

A few miles from Cannes is the noted pottery of Valauris. It has been worked since the time of the Romans, and the models of Etruscan vases, &c., have been handed down from that period.

*Nice* is twenty miles east of Cannes. It is built in a wide river-bed, and is exposed to the direct blasts of wind from the snowy Alps. It is the coldest of all the Riviera stations, not excepting Hyères. The sun is very powerful, but the wind often icy. It is a large and gay city, and is much resorted to by persons in search of amusement. There is an opera house and two theatres, and a casino where baccarat and other gambling games are much played. Nice is not at all a place suited to invalids, but is more a place devoted to amusement, like Brighton.

*Monte Carlo* is admirably sheltered by high mountains from all dangerous winds. The French Government has here established a meteorological observatory, and the temperature, wind, and rainfall is daily quoted in all the Paris papers. The winter climate of Monte Carlo is one of the mildest in the world. The worst class of consumptives do well there. At present a great drawback to Monte Carlo is the existence of the gaming-tables. Invalids, especially those whose recovery is to some extent doubtful, are apt to seize upon any occupation which distracts their attention from themselves. The excitement of gambling has therefore great attractions for them, and has the very worst effect upon them. I have seen many cases sink into their graves of whose recovery I felt morally certain till they gave way to this fatal habit. Many are drawn into the vortex who have had originally not the slightest intention of gambling. The

Casino is made attractive in every way possible. The band, which is considered one of the best in the world, performs twice daily, in a room upon which all the resources of decorative art have been lavished. The building itself was designed by Garnier, the architect of the Paris Opera. The mouldings of the graceful figures which line the interior of the concert-room is the work of Sarah Bernhardt, the great tragedienne. If the Irish-American dynamite-party would turn their attention to the Casino at Monte Carlo, it would be a consummation devoutly to be wished.

The palace of the Princes of Monaco is beautifully situated on a rocky promontory running into the sea. A room is shown in which the then reigning prince was murdered by his nephew, and the stain left by the uncle's blood on the floor is still to be discerned. His widow caused all the doors and windows of the room to be walled up, and it was only accidentally discovered a few years ago. Another room is to be seen in which the Duke of York, brother of George III. of England, died. He was landed from the English fleet which he commanded, and reached the palace just in time to die.

*Mentone* is the most sheltered of all the Riviera winter stations. The screen of mountains surrounding it is between three and four thousand feet high, and affords complete shelter against all winds but those blowing from the south. Some of these mountains are higher than any in England or Wales: the Berceau is four thousand five hundred feet—higher than Snowdon; Mont Agel is higher than Sca Fell. These high mountains keep away all injurious winds; yet Mentone is never sultry. There is a constant interchange of air-currents

between the mountains and the valleys and between the land and the sea. Mentone is the best winter station for the worst class of consumptives, namely, young subjects from seventeen to twenty-three with a strong family history. If such cases are to do well anywhere, they will do well here. Persons in robust health should avoid Mentone; they find the climate enervating, and there is no amusement. On the other hand, it is admirably adapted for invalids. It is rare indeed for there to be a day on which even an invalid cannot get out for several hours. Walks are to be had for miles in almost any direction without going up-hill. The excursions are without limit, and every variety and contrast of scenery is to be enjoyed within a comparatively short distance. I own to having started with a prejudice against Mentone; I was conscious of a disinclination even to visit the place. On analysing this feeling, I found it had been produced by the perusal of a book written on Mentone by a sufficiently known medical man. Everything in the book disgusted me—its grammar, its diction, its inexhaustible vein of self-laudation, and the badness of its arrangement.

After living some time at Mentone I have learnt that in many respects Mentone is the best of all the winter stations, but it is not free from drawbacks or by any means entirely perfect. I have seen snow on the hills for some days together, causing icy blasts to sweep the valleys, and rendering it quite impossible for invalids to go out; but such weather is exceedingly exceptional. Another thing greatly complained of in Mentone is the smells which assault the nostrils at every turn. This is a disagreeable and an inconvenient

feature in Mentone, but I believe not a dangerous one. Though the evil-smelling matters are able to permeate the air and reach the olfactory organs of passengers, dangerous germs of typhoid and other fevers are, it is generally believed, destroyed and rendered innocuous by passage through the open air. As a matter of fact, typhoid fever is exceedingly rare at Mentone, occurring only among the native inhabitants of the old parts of the town, and only in the early autumn, when few visitors have arrived. The plan of drainage adopted is the old cesspool system which, after all, is believed to be the safest, though perhaps not the pleasantest. Non-fecal matters and the household waters only run into the street drains; the water-closets and urinals run into a cesspool which is periodically emptied at night into a pneumatic cart, and the fecal matters employed in manuring the orange and olive-trees. This is the cause of alarming odours, which are often perceived by persons walking among the olive-plantations in the month of February, the season at which the husbandmen manure their plants. At some of the other winter stations, notably Nice, typhoid fever has been largely increased amongst the visitors by the adoption of the English system. The drains have to be built very large to accommodate the rush of waters which takes place at certain seasons. The rest of the year it is found impossible to flush them on account of the scarcity of water, and the fecal matters are left to ferment and germinate all kinds of diseases. This is the cause of the increased prevalence of typhoid fever since the adoption of the English system, which however suitable to England, where water is abundant and the drains

can be kept constantly flushed, does not succeed on the Riviera, where water is scarce.

The next winter station going eastwards from Mentone is *Bordighera*. It is really only ten miles off, but owing to the frontier between Italy and France having to be passed, a long wait is made by all trains at Vintimille, the frontier town. *Bordighera* is quite unsuitable for any but the mildest cases. It is exposed to the wind and very damp. Great numbers of palm-trees are grown here, and this fact is pointed to by its admirers as a proof of the superior mildness of its climate. In reality it is nothing of the kind. Palms would flourish equally well anywhere on the Riviera, but the inhabitants of *Bordighera* happen to possess an exclusive concession from the Pope to supply the palms to make crosses from on Palm Sunday. This is the real reason why fields of palm-trees are seen at *Bordighera* and not anywhere else on the Riviera. But though *Bordighera* is not suitable for the worst class of invalids, it is an eminently pleasant place to reside in. The views and walks are charming, wild flowers exist in the greatest variety and abundance, and the society, led by the kindly novelist, George Macdonald, and his amiable family, is exceedingly pleasant.

*San Remo* is well sheltered and sunny, but there is no view, and it is impossible to walk in any direction without having to go up-hill. Nevertheless it is a very favourite resort of invalids, especially Germans, who prefer being on Italian territory to being in France, where they are conscious of being, perhaps deservedly, detested.

*Pegli* is much exposed to cold winds in mid-winter,

but in early spring it is safe and is a pleasant change for those who have been residing at one of the warmer stations through the winter. The gardens of the Pallavicini, in which the personages of Boccacio's "Decameron" take refuge from the plague, and, to while away the time, tell each other the well-known diverting stories, are near Pegli. It is otherwise an uninteresting Italian town, not too clean, and possessing only two or three hotels suitable for visitors. It has, however, the advantage of being within a few miles of Genoa with its palaces and pictures.

ALFRED DRYSDALE.

15 AVENUE VICTOR EMMANUEL,  
MENTONE.





