

Hints for invalids visiting Southern health resorts / by W.H. Geddings.

Contributors

Geddings, Wm. H. 1838-1892.
Boston Medical Library Association
Royal College of Surgeons of England

Publication/Creation

New York : G.P. Putnam's Sons, 1879.

Persistent URL

<https://wellcomecollection.org/works/x2hq9mjv>

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**

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

13

WITH COMPLIMENTS OF W. H. GEDDINGS.

9.

HINTS FOR INVALIDS VISITING
SOUTHERN HEALTH RESORTS

BY

W. H. GEDDINGS, M.D., OF AIKEN, S. C.

MEMBER OF AIKEN CO., MEDICAL SOCIETY; MEDICAL ASSOCIATION OF S. C.;
AND OF THE AMERICAN MEDICAL ASSOCIATION.

[REPRINTED FROM "ARCHIVES OF MEDICINE," DECEMBER, 1879]

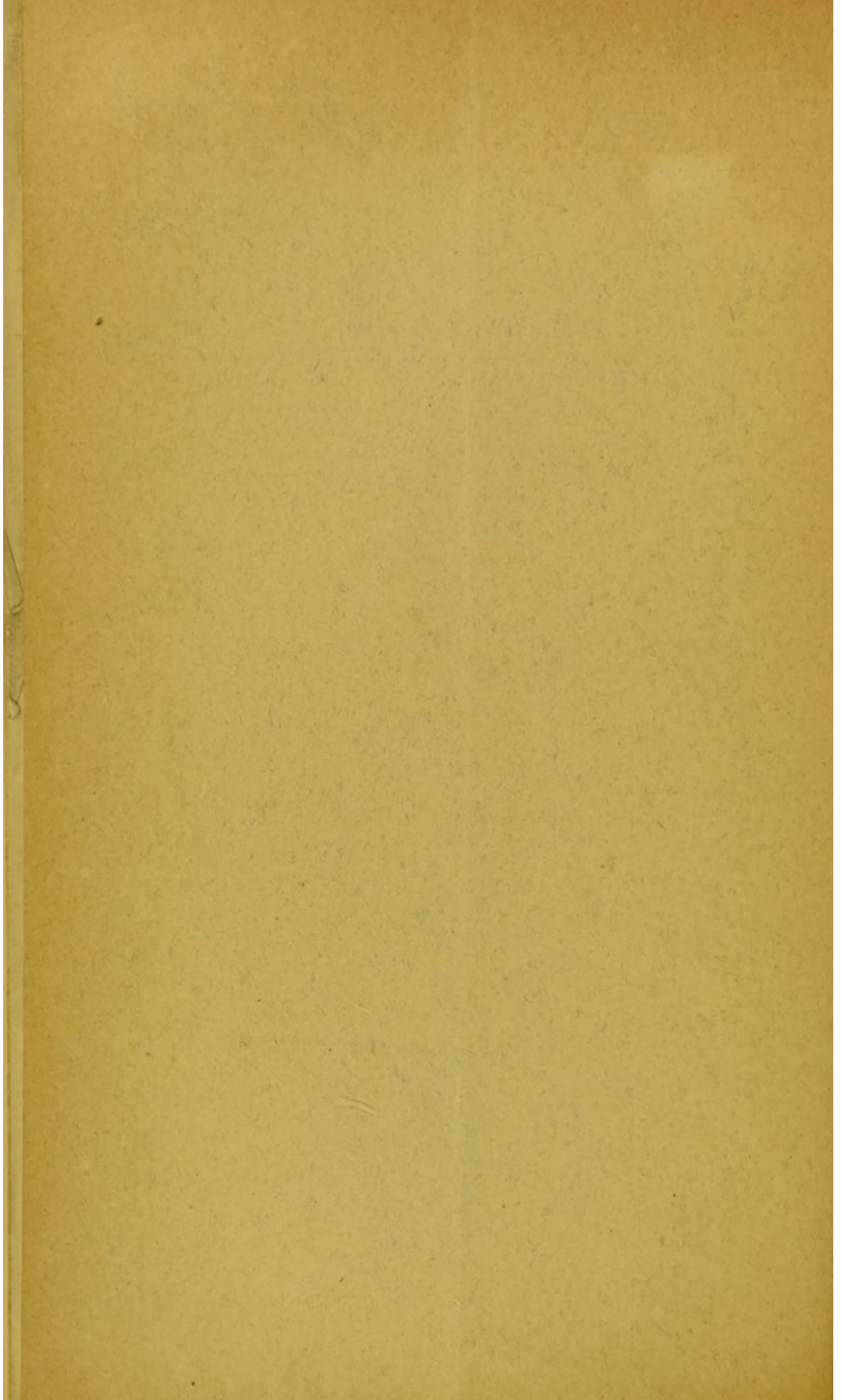


NEW YORK

G. P. PUTNAM'S SONS

182 FIFTH AVENUE

1879





HINTS FOR INVALIDS VISITING SOUTHERN HEALTH RESORTS.

BY W. H. GEDDINGS, M.D., OF AIKEN, S. C.

THE busy practitioner orders a patient to pass the winter in the South, tells him he is to remain a certain length of time, and may prescribe a given course of treatment. No directions are given in regard to the exposure of the room he is to occupy, the kind of clothing he is to provide himself with, the amount of exercise he is to take, and many other details so essential to the well-being of the patient; and yet it is upon attention to such little matters as these that the success of the trip depends; and no plan of treatment, be it ever so carefully devised, will be beneficial without them. A few years ago a physician in New York, a man of good standing in his profession, who had spent several years studying in Europe, sent two ladies to winter in Aiken, advising them to take nothing with them in the way of wearing apparel other than their usual summer clothing. This in latitude 33.32° , where in midwinter occasional snaps of cold weather are of course of not infrequent occurrence.

A residence of ten years at large health resorts in this country as well as in Europe, and a professional life devoted exclusively to the treatment of travelling invalids, has im-

pressed upon me the necessity of publishing a few short hints, which, while serving as a guide to the inexperienced, may also tend to direct the attention of the profession at large to details that are only too apt to be overlooked.

PREPARATIONS FOR THE JOURNEY.

Outfit.—Persons intending to pass the winter in the South should at once be disabused of the idea that they are going to a land of perpetual summer. The winter there is, it is true, very short, but there are days when he will feel the cold fully as sensibly as in the North, and it is important that invalids should be provided with clothing but little lighter than that which would be required at home. The houses in all southern countries being lightly built, are somewhat difficult to heat, so that a comparatively slight fall of temperature is apt to cause the new-comer some discomfort. I would here advise all invalids going South to avoid the so-called *chest protectors*. They are too heavy for the climate of that section, and on warm days become so saturated with perspiration and other cutaneous secretions as to become offensive to the patient and those around him. Once put on, their removal is attended with great risk, and they must in most cases be worn for the remainder of the season and the following spring. Similar objections apply to the popular porous plasters, but not to the same extent. On one occasion I was called to a young man suffering from what was supposed to be hectic fever, but whose general appearance did not correspond with that condition. On attempting to make a physical examination, I was so overpowered with a sickening stench emanating from his chest, that I was compelled to desist. On inquiry, I discovered that after rubbing the walls of the thorax with croton oil, he had covered them with porous plasters, wearing over both a thickly padded chest protector of chamois skin. After the removal of the plaster and "protector" and a thorough cleansing of

the skin, the fever, which was solely due to the suppuration under the former, disappeared at once, and the patient rapidly improved. They are both of them, to say the least, of doubtful utility, and all the good they accomplish may readily be attained by the use of warm flannel and mild counter-irritants.

Light clothing should be taken for spring use, but the patient should be cautioned not to change the character of his clothing without first consulting the local practitioner. The warm days of early spring are very treacherous, and I have known serious accidents to arise from the premature laying aside of winter clothing.

In addition to the ordinary clothing a light overcoat or shawl is indispensable, and no invalid should leave the house without one or the other of them. I do not mean that they should be constantly worn, but they should always be at hand to be put on when the invalid stops to rest, or on passing from the bright warm sunshine into the damp chilly shade of the woods.

South of Washington a lunch basket will be found very desirable, for although the railroads are provided with eating-houses, the food is not always of a character to suit a delicate stomach, and in the event of a break-down, or other accidental delay, the traveller may, as once happened to the writer, be obliged to go perhaps twenty-four hours without a morsel of food. If the invalid be at all weak, the basket should contain in addition to ordinary food a good supply of stimulants, one or more bottles of Valentine's meat juice and a small quantity of paregoric or some simple diarrhœa mixture, together with such other remedies as the patient may require on the way.

Unless the invalid proposes going to some very remote locality, it is more than useless for him to burden himself with a lot of medicines. Good drug stores with everything

he may require in the way of medicines are to be met with in most of the leading resorts. Fluid medicines do not make good travelling companions, and I have known the contents of more than one trunk to be seriously damaged by the breaking of a bottle of cod-liver oil, or the breakage of a vial of sulphuric acid.

Travelling Companions.—Pleasant and cheerful society is essential to the well-being of the sick, and no invalid should leave home for any great length of time without the companionship of some friend or relation. We have all experienced the depressing feeling that overcomes us on arriving in some strange place, and if this is the case with well people, how disastrous must be the effect upon him who has been weakened by sickness or suffering. He dwells morbidly on the details of his case, becomes every day more and more discontented and despondent, and often ends by returning home prematurely, thus abandoning that which, but for this single mistake, might have proved of inestimable value to him.

It is not every one, however, who is capable of filling this office, and some companions are worse than none. The escort should be of cheerful disposition, entertaining in conversation but not so voluble as to bore the patient, he should be possessed of sound common sense and good judgment, neither so young as to endanger the welfare of the patient by inexperience or carelessness, nor so old as to be uncongenial to him, he should know how to tell the truth, but in such a manner as to induce his charge to look on the bright rather than on the gloomy side of the picture.

As a general rule mothers and wives are the best companions for an invalid, but a sister or even a daughter if sufficiently experienced, may do equally well. In the absence of any suitable relative a good and trustworthy nurse should be procured from one of the training-schools. The latter

will be found to be of inestimable value even when the invalid is accompanied by some member of his family.

THE JOURNEY, ROUTE, SEA-SICKNESS.

Railway Routes.—Fifteen or twenty years ago, the question whether a patient should go South by sea or by land admitted of but little debate, the great saving in fatigue deciding almost invariably in favor of the former. The inventive genius of our fellow-countrymen, Mr. Pullman, has however changed all this, and the journey South may now be made not only with speed, but with a degree of comfort little dreamed of by the traveller of the last decade. All the lines of railway leading South are now provided with the elegant carriages invented by that gentleman, or in their absence with improvised sleeping cars, which, although not so luxurious in their appointments are preferred by many, the absence of the upper berth affording more breathing space. It is true that the same advantage may be secured in the Pullman car, but this entails an additional expense which many would gladly avoid.

The various railroads leading to southern resorts start out as a rule from Washington, but passengers from Boston, New York, Philadelphia, or Baltimore, may take a Pullman car from either of these places and make the entire journey to Augusta, Ga., or even Savannah without a single change of cars.

One of the most attractive routes is that known as the Central Short Line, which starting from Washington, runs via Lynchburg or Richmond to Danville, and thence through the picturesque Piedmont region of Western South Carolina to Augusta, Ga., the time from New York to the latter place being 30 to 33 hours.

The same point may also be reached by the Atlantic Coast Line, through Richmond and Petersburg to Wilmington, and thence via Columbia or Charleston, to Augusta.

Passengers by the Central Short Line, intending to winter at Aiken, S. C., change cars at Graniteville, seventeen miles east of Augusta and five miles from Aiken.

From Augusta, Ga., there are three routes to the various resorts in Southern Georgia and Florida. 1st. The Magnolia Route, via Yemassee to Savannah, and thence by the Atlantic and Gulf R. R. to Thomasville and Florida. 2d. The same points may be reached by taking the cars from Augusta to Savannah, (Central Ga. R. R.), and thence via Atlantic and Gulf R. R. as above. 3d. Passengers to Eastman and Thomasville may best reach these places by the cars from Augusta to Macon, Ga.

In addition to the rail routes, the well appointed steamers plying between Charleston, Savannah and Palatka, afford comfortable facilities for reaching Jacksonville and the various resorts on the St. John's river. There is also a line of small steamers running between Savannah and the St. John's, by what is known as the "inside" route, a succession of water courses lying between the main land and a series of adjacent islands, a desirable journey for those who wish to avoid the sea-sickness attendant upon the outside passage.

Steamer Routes.—Notwithstanding the many facilities afforded by modern railroads, much may still be said in favor of the sea voyage, especially for those with whom time is no object, and for whom sea-sickness possesses no terrors. It is not only less fatiguing, but owing to the equability of the ocean climate invalids are not so liable to take cold. On leaving the northern points, (I speak now of the New York and Charleston and the New York and Savannah lines) the steamer soon approaches the Gulf Stream, the warmth of which enables the patient even in winter to pass a considerable portion of the day on deck. Aside from the heating influence of the Gulf Stream, the air of the ocean is always relatively warmer than that of the land, from the fact that

the colder and consequently heavier strata of water sink to the bottom, and are replaced by those which are lighter and warmer. The change of climate, owing to the slower progress of the steamer, is much more gradual than when the journey is made by rail and is consequently less trying to the invalid. In addition to all these advantages the invalid secures the beneficial effects of a climate, which since the days of Aretæus has never ceased being lauded for its wonderful efficacy in consumption and other diseases of an asthenic type.

Many pulmonary invalids object to the sea voyage on account of the prevalent, but erroneous idea, that sea-sickness will bring on an attack of hæmoptysis. The writer has had under his observation hundreds of consumptives, who have made the trip from New York to Charleston, but in no case has he ever known a pulmonary hæmorrhage to be induced by sea-sickness. It appears that the nausea preceding the act of vomiting so depresses the force of the circulation as to counteract the straining and retching. Then, too, pulmonary invalids without enjoying absolute immunity, are supposed to be less subject to sea-sickness. The time occupied in making the trip to Charleston is usually from sixty to seventy hours; to Savannah, a few hours longer.

Routes by Sea and Land combined.—Those who wish to make a short sea voyage, but who do not care to round Cape Hatteras, may take the elegant steamers of the Old Dominion Line, which ply several times a week between New York and Norfolk. Arriving at the latter place the passenger crosses to Portsmouth where he takes the cars for Wilmington, (Atlantic Coast Line). The Bay Line is one of the most comfortable of the southern routes. Arriving at Baltimore in the afternoon or evening, the traveler goes on board of a fine steamer, which in its appointments is but little inferior to the celebrated Sound and Hudson River boats,

enjoys a good night's rest on Chesapeake Bay, and lands the next morning at Portsmouth. Not the least of the advantages of this route is the excellent restaurant attached to each boat.

WHEN TO GO SOUTH.

The time of departure will depend in a great measure upon the destination of the invalid and the object of the journey. If it is intended that he should pass the winter at Aiken, he should, if he desires to receive the full benefit of the climate, arrive there some time in October or early in November, not so much because these are the pleasantest months in the year, as that by an early start the risks of the journey are materially lessened.

Patients and physicians are only too prone to regard the South as merely a place of refuge during the colder months of winter and spring and lose sight of the fact that but little impression can be made upon a chronic disease by a change of climate for a few weeks or a couple of months. To derive any permanent advantage from such a change requires in most instances a residence of many months, and in cases of consumption it is only by a return for several seasons in succession that a cure can be effected. Should Southern Georgia or Florida be the destination of the patient, the start should either be made later or he should be prepared to pass the months of October and November in Aiken or in some other intermediate station. The physician should always choose the proper resort for the invalid and not leave it to the judgment of the latter, or worse still, send him South with vague directions to try a certain place, and in the event of his growing tired of it, to change to another. The South is a vast section embracing many varieties of climate, each of which is specially adapted to certain diseases, and to give the invalid the range of all the Southern climate is about as rational as to introduce him into a

drug-store and allow him the choice of its contents. The progress of chronic diseases is naturally slow, and the patient failing to derive as much benefit from the change as his rather sanguine expectations had led him to expect, soon becomes impatient and clamors to go elsewhere; and it is here that the health resort physician requires the assistance and support of the family practitioner, and the latter should carefully refrain from sanctioning any change until after consultation with the temporary attendant, he has convinced himself of its propriety.

WHEN TO RETURN.

Here also much will depend upon the nature of each individual case and the latitude of the resort in which the patient has passed the winter. In the case of pulmonary invalids, who constitute by far the greater majority of those who go South, the opinion is almost universal that it is unsafe for them to return to New York before June 1st. while those from Boston should remain even later. Invalids from Philadelphia, Washington and Baltimore may be allowed to return a few weeks earlier. Patients from Florida and Southern Georgia should make their way North by slow stages, leaving the more Southern resorts as the heat of the spring begins to be oppressive, and stopping at Aiken and other eligible intermediate stations, avoiding as far as possible any prolonged residence in the larger cities. I know of no better guide than the advice of the late Dr. Moreland to follow the strawberries. Unfortunately the number of intermediate stations is quite limited, Aiken and Kitral Springs being the only two of which the writer has any knowledge. The latter place is however removed from the direct line of travel. High Point, a little village south of Greensboro is well located, but is wanting in proper accommodation for invalids. It is rumored that a comfortable hotel will soon be built there, in which event High Point would make an

admirable transition station for invalids on their way North. I quote in this connection a few lines from Dr. Lente's valuable pamphlet, *Constituents of Climate*.

"The warning has been repeated again and again by all writers on climate, 'Don't go home too early.' But still the fatal mistake continues to be made, and the sacrifices and benefits of a whole winter are often thrown away by a premature return in the spring. Quite a long spell of warm weather which characterizes our treacherous Northern climate, when the grass becomes green and the early flowers put forth their petals, and the birds begin to sing, beguiles the invalid or his friends who long to see him among them again, into the belief that an early summer is at hand, and he hastens away from his safe retreat, to be greeted on his arrival with a cold and chilling blast, not seldom with sleet and snow, and to experience weeks of weather more dangerous than that of mid-winter. This was the writer's experience of May last: Better remain at home all winter than return too early in spring."

Old and experienced invalids come earlier and stay later.

This impatience on the part of invalids to get home is not confined to our Southern resorts, the same complaints being made at Mentone and other attractive stations on the Riviera. Not infrequently the weather in April becomes even at Aiken quite oppressive, and the unwary invalid, believing that this is only a foretaste of what he has to expect, becomes alarmed and starts for home. In the south the summer approaches not abruptly but intermittingly. A few warm days are succeeded by a storm which cools the atmosphere. Then it gradually grows warm again, these cycles repeating themselves until the summer heat is firmly established. I have often had invalids remain in Aiken with advantage until June 1st.

ESTABLISHMENT.

Selection of Rooms.—Open Fire-places.—No patient should be sent South unless consigned to the care of one of the resident physicians at the place of destination, and in the selection of apartments his advice is of inestimable value. He is conversant with the topography and climatic peculiarities of the place; he knows which houses are the most comfortable, whether the food is of good quality and properly prepared, and last, but not least, he of all persons has exceptional opportunities of discovering the existence of contagious diseases, a matter of great importance if there are children in the party.

The patient's apartments should, if practicable, be located on the first floor, but not immediately above the ground, the most desirable room, except in rare instances, will be the one having windows looking to the south and east. A room so located gets the sun early in the morning and retains it during the greater part of the day. Failing to secure rooms with this exposure, the next best are those looking to the south and west. Southern houses are usually lightly built, and consequently difficult to heat, and on that account a room of medium size is preferable in winter to one of larger size. This, of course, does not apply to the larger hotels, the halls of which are usually heated with steam. The room occupied by the invalid should always be provided with an open fire-place, and care should be taken to ascertain that it does not smoke. It not only serves as a heater, but at the same time a perfect ventilator. Dr. Donaldson* pertinently remarks that "while we ventilate we must warm. By open fires we do both, and healthfully. The aspirating action of the winds produces upward currents of air through the chimneys, and air is drawn in to supply the partial

* Frank Donaldson, M.D. House air the cause and promoter of disease. Reprint from Report of the Maryland State Board of Health, p. 26. Baltimore.

vacuum. * * * *Open fire-places should be in all rooms, especially where there are sick people, even when otherwise heated.*" In making my daily rounds through the hotels and boarding-houses of Aiken, where most of the rooms are provided with open fire-places, I never observe during the colder months that sickening smell so common in furnace or stove-heated rooms when occupied by invalids. No matter how early the visit is made, the air is always pure. In the spring of the year, when the increasing heat of the season does away with the necessity for fires, the case is quite different, and unless the windows are partially opened the occupant is liable to suffer from the deleterious effects of rebreathing air not only deficient in oxygen, but in many instances also impregnated with the filthy exhalations of disintegrating lung tissue. To some all this may appear a matter of small moment, but to the writer, who for ten years has witnessed the good effects of those open fire-places, it is one of paramount importance. They constitute one of the chief advantages of a winter residence in the South, second only to that of being able to pass the greater portion of the day in the open air.

Persons accustomed to the close, overheated rooms of the North, frequently complain of the thin walls and loosely-fitting windows of the Southern houses, but the latter are, in a sanitary point of view, with all their imperfections, the more preferable of the two. The residents seldom experience any discomfort from the cold, and visitors soon habituate themselves to it. The writer above quoted remarks in this connection that "the weather-strips, as they are called, used to prevent air from entering around the sashes, ought be prohibited by law." If an invalid is as thin-blooded as to be chilled in a room properly heated with an open fire-place, he is already too sick to derive benefit from change of climate, and if sent anywhere it should be to Nassau or to some place in the tropics.

MODE OF LIFE.

Amusements.—Exercise.—The invalid day, or *journée médicale*, as it is called by our Gallic *confrères*, comprises that portion of the twenty-four hours that a patient at a health resort is expected to pass out of doors. It of course varies with the latitude of the resort, the amount of moisture present in the air, the season of the year and the character of the prevailing weather. In places as far north as Aiken, it comprises from October to December, the hours between 9 A. M. and 4 P. M.; in mid-winter from 11 A. M. to 3 P. M.; while, as the spring advances, the period may gradually be prolonged with the increasing length of the days until, in the month of May, it may with safety be extended over the time that the sun remains above the horizon. Some of the best results achieved in climato-therapy, according to the writer's experience, were at Gleichenberg, in Styria, where the invalid rose with the sun and retired very soon after dark. He ate and drank in the open air, and even the theatre was without a cover, the amusements were all of an out-door character, while dancing and the assembly of patients in halls were invariably discountenanced by the medical staff. This, however, was at a summer resort, and although the same general principle should hold good, the difference in season and climate would with us necessitate some modification in the pastimes and occupation of the invalid at a southern winter resort, much depending upon the measure of his strength, the state of his blood and the activity of its circulation. One in the first stages of pulmonary phthisis would, of course, be less sensitive to the action of cold than another in whose case emaciation is far advanced, and where great impoverishment of the blood has taken place.

The early hours of the invalid day should be devoted to walking, and as the sun's heat increases, he may sit in the

open air passing the time with reading, fancy work or conversation. Later in the day he should ride or drive out, selecting in winter those roads which lead through pine forests, which, in addition to being warmer and more sheltered from the wind, are supposed by many to exercise some specific curative influence upon bronchial catarrhs, not to mention the theory recently advanced that the exhalations of these trees are capable of generating large amounts of ozone. The rolling chair so much in vogue at European watering places, but as yet unfortunately little used in this country, affords gentle and agreeable exercise to those who are too feeble to take long drives, or who have a disinclination to that species of conveyance. These and the sedan chair should be introduced at all our resorts.

When weary of walking and driving, the patient may find a pleasant and congenial pastime in the games of croquet, lawn tennis, archery, or any other amusement that keeps him in the open air. Dancing, theatricals, and lectures in badly ventilated halls, are to be discouraged, and even attendance at church must be indulged in with great caution, many of these buildings being either so overheated as to make the transition to the outer air dangerously abrupt, or else they are so cold that the invalid becomes thoroughly chilled before the termination of the service.

That horseback riding in moderation is in many cases both desirable and beneficial is generally acknowledged, but it is an equally well-established fact that it is frequently overdone and that in some cases it is liable to lead to disastrous consequences. Scarcely a season passes without my being called to attend one or more cases of pulmonary hæmorrhage brought on by too violent exercise of this character. This, as well as bowling, should not be indulged in without the sanction of an intelligent physician.

The indisputable fact that many young men affected

with phthisis recovered during the campaigns of the late war, and the good results often obtained by a journey across the plains frequently induces physicians to advise their patients wintering in the South to undertake extensive expeditions for the purpose of fishing and hunting. Experience at the South is, however, not altogether in favor of this mode of life, and while willing to admit the good effects arising from continuous residence in the open air, and that it serves to direct the attention of the invalid from his ailment, it appears to me that these advantages, great as they are, may sometimes be more than counterbalanced by the injurious effects of improper and badly prepared food, impure water, over-fatigue, and the ever present risk of poisoning the system with malaria. Cases of obstinate intermittent fever and of bowel affections are such frequent consequences of these expeditions that it behooves us to exercise great caution in recommending them.

THE NECESSITY FOR MEDICAL SUPERVISION AT HEALTH RESORTS.

The remote situation of most of our southern resorts, located as many of them are in a sparsely populated and impoverished country, naturally suggests the absence of skilled medical advice, and the family physician not unfrequently concludes that it would be better for his patient to dispense altogether with medical attendance rather than risk the chances of his falling into the hands of an ignorant and incompetent practitioner. Whatever of justice may in former years have attached to this conclusion, has long since been dissipated. On the principle of the demand regulating the supply, the annual influx of visitors has induced men of acknowledged ability in their profession to pass the winter at these resorts, and there are now but few of them that are not provided with competent medical men, who year by year become more and more accustomed to the treatment of the peculiar class of in-

valids they are called upon to attend. I say peculiar, because the practice of the health resort physician differs in many respects from that of the family attendant, who, through long and intimate acquaintance, is thoroughly cognizant of the mental as well as physical idiosyncracies of his patients. With the physician at a health resort, the case is entirely different: he is constantly called to people who are perfect strangers to him, and to gain their confidence requires an amount of tact that can only be acquired by long experience. Each resort has its own peculiar *clientèle*, and the constant recurrence of the same class of cases makes the physician more or less of a specialist, thus possibly increasing his fitness for the position he occupies. He is necessarily better acquainted with the peculiarities of the climate in which he lives than the home physician, and therefore more competent to advise the patient as to his mode of life, what precautions to observe to guard against endemic diseases, when to remove to another resort, and when to return home.

I am often told by an invalid that his physician has advised him to throw away all medicines and to rely entirely upon the air for his cure, a piece of advice, which aside from its palpable absurdity, is often fraught with the most serious consequences to the patient. A diarrhœa is neglected, profuse coliquative sweats remain unchecked, or the patient may be allowed to waste away with hectic, any and all of which might perhaps have been remedied by timely and judicious treatment. The physician who gives his patient such advice forgets that climate, notwithstanding its manifold good effects, is after all but one agent in the treatment of disease, and is like one who, having charge of a case of typhoid fever, confines his efforts to the reduction of temperature to the neglect of food, stimulants and other useful procedures. Let such remember the oft-quoted

remark of the late and much lamented Niemeyer, that "to attain good results in consumption, it is necessary that the patient should be placed under the supervision of a strict and conscientious physician." No one, be he ever so skillful, can treat a case miles away without assuming grave responsibilities; whatever plan of treatment may at the outset have appeared to be indicated, must, necessarily, in the course of time, be modified, either by the progress of the disease or by events which no human foresight could anticipate. Before sending a patient from home, the physician should, where practicable, communicate with the medical man at the place of destination, and enquire whether in the opinion of the latter the climate is indicated in that individual case, and thus perhaps avoid the serious mistake of sending the invalid to the wrong resort. The patient should always be provided with a more or less complete history of the case, giving the treatment hitherto pursued, together with such suggestions to its future conduct as the physician may deem advisable. We have already suggested the propriety of consulting with the resident physician as to the choice of the patient's place of abode, and obtaining from him such other information as may be conducive to his comfort and well-being.

I have dwelt somewhat at length upon these topics, but not longer, I trust, than their great importance demands. No one, unless he has resided for some time at a health resort, can form any adequate idea of the serious mistakes that are constantly made by invalids, and it was chiefly with a view of preventing their recurrence that this paper has been prepared.

