

fragments that may have lodged behind the tube will be washed away. In Figure XIV, also taken from Dr. Bigelow's book, we see casts of ten different bladders, in all of which there is no evidence of any prostate formation that would tend to interfere with the typical working of an evacuator. When peculiar malformations of the prostate or bladder, such as are occasionally met with do not admit of proceeding in the regular way, it would seem to me that the patient is exposed to less risk by some form of lithotomy. It also seems to me to be very important to have all of these operations *preceded by several days of antiseptic irrigation of the bladder.*

The advisable modifications in the other bladder instruments have already been suggested, by comparison chiefly, in this and a previous paper. I have no doubt that those of us who are interested in the matter will from time to time find various applications which further consideration of its possibilities may suggest.

These instruments are all made by Messrs. Codman and Shurtleff, whom I have to thank for their unflinching kindness, especially in the loan of instruments and apparatus for comparative tests.

SOUTHERN CALIFORNIA AS A HEALTH-RESORT.¹

BY SAMUEL L. DUTTON, M.D., ROXBURY, MASS.

GENTLEMEN: I have been invited to contribute, as each should be willing to do, to the general interests of the Society, and have selected "Southern California as a Health-Resort" as a subject for consideration.

In the main, the results of personal observation will be presented, with the hope that such an interchange of views will result as shall prove mutually helpful. Such brief statistics will be introduced as may seem necessary for an understanding of the observations and opinions expressed! but further than this the writer would refer any desirous of such information to the many able publications upon the subject now extant. Many other points also desirable to introduce must of necessity be omitted, as the limits of this article will not allow of their introduction.

Presuming, then, that the tourist in going to Southern California takes the southern route, which, for the winter, is the most desirable, he will, after leaving Kansas City, travel almost directly west through the entire length of Kansas, and well into Colorado. From here he deflects to the south, soon reaching its highest altitudes, crosses the Rocky Mountains, and descends into what is known as the "Great Basin," which extends from the base of the "Rockies" to the Sierra Nevada range, a distance of about one thousand miles.

Between the Sierra Nevada and the Pacific Ocean is what is termed the Coast Range, running parallel with the Rocky Mountains, and also somewhat parallel to the sea-coast. Between these two ranges is the great Northern California Valley, drained on the north by the Sacramento River, and on south by the San Joaquin. At the foot of the San Joaquin Valley is a spur of mountains, known as the Tehachipi, running east and west, and connecting as by a band the Coast Range with the Sierra Nevada, and dividing

thereby the State north and south. At this point is Tehachipi Pass, through which communication is had between the northern and southern portions of the State. On emerging from Tehachipi Pass the tourist enters what is distinctively known as Southern California, a country possessed of a climate entirely different from that found upon the other or northern side of this ridge, the mountains acting as a barrier to the sweep of the winds from the great valley above. Turning now to the coast, we find that it runs from northwest to southeast, commencing at Cape Mendicino, and ending at Point Conception on the south, where it deflects, running almost due east and west. Along this coast runs the great Japan Current, the Gulf Stream of the Pacific Ocean, which furnishes an additional reason for an exceedingly equable climate. Bearing in mind the fact that the Great Basin in the lower part, termed the Colorado and also Mojave Desert, is separated from this section by the Sierra Nevada Range of mountains, and is, in summer, of torrid heat, it will readily be seen that the long valley of Southern California must be tempered in great measure by the air-currents passing to and fro from west to east, and east to west, thereby mutually balancing and counterbalancing one another, and thence constantly and gently fanning this territory.

Taking Los Angeles now as the illustrative point, this being the particular place to which the majority of invalids seem to gravitate, we find by comparison with Boston, and, in fact, with all sections east of the Rocky Mountains, that it has a special reason for claiming exemption from those extremes so taxing to the sick, or the man who from any cause is of weakened vitality. From the United States Signal Service Report it is shown that the average temperature at Los Angeles during January for six years has been 52° Fahr., and that for August for the same years it has been 69.7°. During these same years, Boston showed a mean temperature of 32° for January, and 69.9° for August. In other words, the warmest months in Los Angeles are slightly cooler than the same months with us, while her coldest are very much warmer. Placing it in still another form, it appears that while the greatest range in Los Angeles was 29°, in Boston it was 69°. In elevation, Los Angeles is about three hundred feet above the sea, from which it is removed twelve or fourteen miles. Eight miles farther inland, and nearer the foot-hills, is Pasadena, with an elevation of about one thousand feet.

Higher elevations still are rapidly reached as the foot-hills are approached, and but a comparatively short distance brings one to a veritable New England winter, the peaks of the Sierra Nevadas being white with snow, while seemingly hardly removed from the valley where flowers in untold quantities and variety are in full bloom and countless orange-trees are golden with fruit.

With such a climate and such surroundings certainly much can be hoped for the invalid. Still, all do not recover who go there, and in many cases for reasons that should have been avoided, and one meets many invalids who are loud in their denunciations, and who express deep regret that they ever came to the country.

On my way home, I stopped for several days at Salt Lake City, and at the hotel met no less than four persons, all strangers to one another, and equally pro-

¹ Read before the Norfolk District Medical Society.

nounced in their belief that the journey had been a mistaken one for them.

There are various reasons why a journey of this kind may be disappointing to patients and friends alike: First, many on leaving home are physically too exhausted and should never have attempted it, although I am of the opinion that, with due precautions, pretty sick men can safely undertake the trip. Again, locations are selected that do not meet the needs of the case, when a change of perhaps a few miles might have produced a different result. Too often the patient is improperly dressed, and I think I may safely say that, as a rule, he is careless and often reckless in his habits.

Carelessness has much to do with the disappointment so often experienced by the invalid, and not infrequently costs him his life. On reaching this land of sunshine and flowers, he seems possessed of the idea that Paradise is regained, and is quite apt to throw off restraint, as if in no further danger from colds, coughs, or sicknesses, and forgetful of the fact, (if, indeed, he ever knew it), that *additional* precautions should be taken, as he has yet to undergo acclimatization, until which time he remains a "tender-foot."

On our journey outward, after approaching the warm belt, I remember the train stopped one morning, owing to some obstruction upon the track, and, as is usually the case under such circumstances, many of the passengers alighted and walked about, among them two gentlemen just out of their berths, in slippers and without overcoats. Each of these had been to me the evening before, one suffering with a diarrhoea, and the other quite alarmed about a bronchial difficulty, for which he was on his way South. While stopping for a day at Las Vegas Hot Springs, some of the younger of the party were intent upon taking a bath [I think a mud-bath], although it was only for the novelty of it. At San Diego, the temptation was to indulge in bathing in the Pacific, and this in January, the patient having but just left New England.

Suddenly transported to a country where oranges are as common as apples are here, this fruit was indulged in to surfeiting, with the result of producing intestinal troubles and bilious derangements. Bronchial affections already existing were aggravated, and new ills engendered, troubles that the exercise of caution might well have avoided.

Another of our party, also an invalid, determined to settle down quietly at Pasadena. This he accordingly did, commencing his life of peace and rest by purchasing a broncho, and getting in order his fishing and hunting outfit, all of which he proceeded to make vigorous use of; he had come for his health, and was determined to get his money's worth. As a consequence, he soon began to lose ground, and within a short time was worse off than when he started on his trip.

These are a few of the hazards, coming under my own observation, to which the invalid subjects himself, and one of the most important aids a physician can render is to warn him on leaving home to exercise prudence and discretion, or disappointment will certainly follow.

What classes of patients, then, shall be sent to Southern California? Where shall they be sent, and what may be reasonably expected to be the result? In answer to the first I would reply: Those who are so enfeebled as to suffer from the severities of a

Northern winter; the overworked and those needing rest; the prematurely old; the rheumatic; the sufferer from incipient phthisis; the victim of bronchial troubles; the dyspeptic; and, in fact, all generally enfeebled people. Many among these are greatly benefited by a stay of a few months, and, excepting those suffering from a respiratory disease, may generally safely return on the approach of summer, *but not earlier*.

My own observations in meeting many disappointed ones suffering from pulmonary troubles, additionally impressed upon my mind the truthfulness of what the specialist affirms; namely, that "these should make it no holiday excursion, remaining but a short time, and returning to the North at their pleasure, but, selecting some suitable place for their residence, *make this their permanent home*, keeping up the constant fight for life."

In general, there is but little difference between the different places from Los Angeles to San Diego. They are all much alike, except as to altitude, and almost any of them safe for the invalid. If, however, the patient is one already greatly enfeebled, let him select some particular locality in which to make his home and there remain permanently, unless convinced that for some special reason it does not meet the wants of his case. Many wander aimlessly about from place to place, subjected to the hardships incident to travel and hotel life, thereby exhausting vitality more rapidly than it can be accumulated, and in the end meet with disappointment, not improving as they supposed they would, and entirely unmindful of the fact that their own indiscretion has been the cause.

Los Angeles is the Mecca of the California pilgrims, and benefits many who remain. Those who select this as their stopping place should be counselled to make their home back on the hills, which is the new section, the original or old Spanish part being at the foot. There is a lower portion of the city still, which is built upon what was at one time the bed of the Los Angeles River, since turned farther to the south. Although stoutly denied by the Los Anglean, my own belief is that malaria exists in this bottom.

Parts also of East Los Angeles are desirable places for residence, as well as Boyle Height, across the river. Sufferers, however, from respiratory disease should not, I think, remain here permanently, but go farther to the foot-hills, the altitude of Los Angeles, as already noticed, being but three hundred feet above the sea.

Neither do I believe this to be the best place for the person suffering from nervous exhaustion, for a whirl of excitement, impossible to appreciate unless witnessed, exists here, as well as at San Diego, and is anything but restful to this class of people. Los Angeles claims, and I presume justly, more than three hundred days of fair weather during the year. This, however, is not peculiar to this city alone, but pertains as well to other places, and is certainly a factor in the treatment of disease not to be overlooked.

Pasadena, eight miles from Los Angeles, and toward the foot-hills, has an elevation of about one thousand feet. It is a charming place of about six thousand inhabitants, but is, in reality, one immense hospital. The cadaverous face is to be met everywhere, while the significant cough is heard on every street-corner, and, consequently, it is not the most cheerful of places for the victim who is himself engaged in this life and death struggle for existence.

There are other and smaller places with equally good climatic surroundings, and for these reasons, in my opinion, superior locations for the average invalid. Among them are to be mentioned Pomona, Orange, Ontario, Sierra Madre, Monrovia, and many others. San Diego, at the extreme end of the State, claims great attraction for the invalid, and shows even more days of sunshine than Los Angeles and Pasadena, although directly upon the coast, yet I learned of remarkable recoveries there.

This, however, like Los Angeles, is in a whirlwind of speculation and unrest, and therefore, but little calculated to benefit the nervously exhausted. Neither, in my opinion, should it be selected as a place of residence by any classes of invalids, for if rest and quiet are necessary in recovery from disease, it is the height of folly to send the sick man to a place where the very atmosphere is laden with the craze of excitement as with malaria. To intelligently determine the benefit the patient may expect to reap from going to this great sanitarium, and thereby answer the concluding part of our query, mortality statistics should come to our aid, but in these California is sadly deficient. On every hand one hears of marvellous recoveries, but at the same time there are many disappointed ones, who hoped for more than they realized. Individual cases are of interest, but as "a single swallow does not make a summer," so the recital of a few experiences does not establish a rule or bring us to legitimate conclusions.

In reply to a note that I addressed to our own Board of Health, the answer was that the statistics from the Pacific Coast were very unsatisfactory and meagre. The Secretary of the State Board of California commenced his last report with these words: "In presenting this report, your Secretary has to regret its many imperfections in matters appertaining to the vital statistics of the State." To appreciate the correctness of this statement, attention is asked to the report of this official for December last, in which San Francisco makes a return of its entire death-loss for that month of 38% as *unclassified*; Los Angeles 54%, Pasadena 50%, Oakland 33%, while San Diego makes no report at all, leaving us entirely in doubt as to her mortality or causes of death.

Herewith are introduced a few statistics showing the relative frequency of consumption and pneumonia in these places, as compared with Boston, and it is safe to assume that in this unclassified percentage are included others properly belonging to the respiratory diseases. In the last biennial State report the mortality in Southern California is expressed in letters, instead of figures "A" indicating absent, "R" rare, "VR" very rare, etc. Why this should be done, instead of adopting the customary course of making numerical statements, is a matter for individual conjecture. The following comparisons are for the month of December last:

BOSTON. Population, 400,000. Deaths, 872; Consumption, 123; Bronchitis, 53; Pneumonia, 89; total, 265 from respiratory diseases. Unclassified, 0.

SAN FRANCISCO. Population, 300,000. Deaths, 582; Consumption, 100; Bronchitis, 18; Pneumonia, 63; total, 181 from respiratory diseases. Unclassified, 38 per cent.

LOS ANGELES. Population, 60,000. Deaths, 60; Consumption, 10; Bronchitis, 1; Pneumonia, 4; total, 15 from respiratory diseases. Unclassified, 54 per cent.

PASADENA. Population, 6,000. Deaths, 26; Consumption, 12; Bronchitis, 0; Pneumonia, 1; total, 13 from respiratory diseases; 50 per cent. unclassified.

OAKLAND. Population, 50,000. Deaths, 53; Consumption, 4; Pneumonia, 7; Bronchitis, 0; total, 11 from respiratory diseases. Unclassified, 43 per cent.

SAN JOSE. Population, 15,000. Deaths, 30; Consumption, 7; Pneumonia, 3; total, 10 from respiratory diseases. Unclassified, 35 per cent.

SANTA CLARA. Population, 2,500. Deaths, 4; Consumption, 1; Pneumonia, 1; total, 2 from respiratory diseases. Unclassified, 25 per cent.

SANTA CRUZ. Population, 7,000. Deaths, 8; Consumption, 0; Pneumonia, 0. Unclassified, 50 per cent.

MONTEREY. Population, 3,000. Deaths, 4; Consumption, 1; Pneumonia, 0; total, 1 from respiratory diseases. Unclassified, 25 per cent.

The above figures are from the monthly report of the State Board, and the only one at hand, the biennial report, as already stated, furnishing no statistics upon which calculations for the Southern section can be based. As it is one of the winter months it is fair to presume that an average number of Northern invalids is included, and consequently it is safe to assume that it is a fair comparison between Boston and these places for the average of winter.

It is not claimed that great importance should be attached to statistics of such meagre character, and I trust they will not be misleading. I think, however, that they are significant, and worthy of consideration. The places to which attention has been called were selected for comparison only, as they are among those visited by me, and the ones generally resorted to by invalids.

This large percentage of consumption is attributed, and doubtless in the main justly, to the great numbers of invalids from the Northern and Western States who, suffering from this dread disease, have gone to this country for their health, but, instead, have died among strangers. How far the same cause is responsible for the large mortality from pneumonia is an open question. Undoubtedly it is largely thus; but when we consider that, so far as San Francisco is concerned, it is not a city ordinarily thronged with tourists at this season of the year, it would appear that, contrary to popular belief, our own severe climate is not alone responsible for the mortality from this disease; neither do we suffer by comparison so much as is often asserted.

Although almost complete exemption from phthisis among the natives is claimed by some enthusiastic observers, yet attention is asked to the following extract from the last California State Report, which is from the pen of the President of the Board.

He says: "The rapid increase of the white race has steadily placed the Spanish at a sad disadvantage." "Here, as elsewhere, the rich become richer, the poor poorer, and with the inevitable attendant evil of an impoverished condition, the near future will probably witness the extinction of these earlier occupants of this sunny southwestern shore, and phthisis will have not a little to do with the ending. But the pendulum with a uniform propellant force behind it must swing in a uniform arc. Indoor residence, light houses, whether of adobe or wood, abandonment of walking and horseback exercise, must eventually do for the rich American what similar conduct is doing for the poor Spaniard."

Thus imperfectly have been presented a few of the observations and conclusions resulting from a visit to Southern California.

Another section, though not geographically included within the same limits, claims mention. I refer to

the beautiful valley of Santa Clara. This, in my estimation, is the most charming part of California that it was my privilege to visit, and to this place, I think, many patients might be sent to greater advantage than to the southern portion. If he intends making California his permanent home, and desires to engage in agriculture, this region presents superior attractions. Land is not only better in quality, but cheaper in price. But little irrigation is required, a consideration, it seems to me, that eventually will be of great importance as affecting health. Added to these are social surroundings and educational advantages that are far in advance of the lower section. Here are the beautiful towns and cities of San Jose, Santa Clara, Santa Cruz, and Monterey. At this last-named place is the famous Del Monte Hotel, the surroundings of which are charming beyond description. As a health-resort, Monterey claims advantages over any other portion of the State. Also in this valley are located the Lick Observatory, the State Normal School, and the Leland Stanford, Jr., University, with its magnificent endowment of \$20,000,000. Altogether California is a beautiful country, and possesses a climate that is beneficial to great numbers of invalids. All, however, do not recover who go there, and many would live longer by remaining at home. The length of the journey and distance from home, separation from friends, and lack of many comforts to be found nowhere outside of one's own home, lead, in many instances, to disheartening and homesickness. The expense has been great, and perhaps assumed when it could ill be afforded, with the fond hope that recovery would result. Disappointment and depression, so disastrous to the invalid, follow, and the already depleted vitality is more rapidly exhausted still. If, however, with due consideration of such qualifying circumstances a just discrimination is made in selecting patients to send to California, much good may reasonably be expected to result from the change, *provided a proper selection of location is also made, and the invalid leads a careful, uniform and temperate life* in his new home. A factor, however, that should be carefully considered as affecting his permanent recovery is very frankly and plainly set forth in the last report of the Board of Health of California, which is in the following language, and to which, in conclusion, attention is invited: "Certain chronic diseases are attributable to this climate. Now Californians [and by Californians, San Franciscans are usually meant] live a notoriously fast life. Persons coming to San Francisco from the interior or the East are at first chilled by the cool, fog-bearing winds, but this chilliness soon gives way to a feeling of exaltation and well-being difficult for those who have not experienced it to understand. No intolerable noonday heat compels a siesta. Food is bolted and digestion retarded. Their gait resembles a run, rather than a walk. Early and late their minds unceasingly act, and when their nervous force is exhausted, too often alcohol is used to stimulate their flagging energy. At fifty they are old. Such a life is conducive to nervous derangement, as well as derangements of the heart."

According to my own observation, this indictment is also true of Southern California. I was not a witness to the use of alcohol, but in other particulars I can bear testimony to the truthfulness of the charge as being far more applicable to the southern section than to San Francisco.

AN OUTBREAK OF TYPHOID FEVER IN A CHILDREN'S HOME.¹

BY W. C. HOLYOKE, M.D.

In the fall of 1883 an outbreak of typhoid fever occurred at the Home of the Boston Children's Friend Society. It came suddenly, and ceased almost as quickly, after having affected more than half the inmates. No case has been there at any other time during my ten years' service at the institution. Notwithstanding the time that has elapsed since the sickness occurred, I have thought the matter still of sufficient interest to report.

The Home, which is favorably situated on Rutland Street, consists of a main building and a two-story wing. The main building is nearly square, and has basement, three stories and attic. On the first, or street floor, besides waiting rooms, etc., are the kitchen and the large dining room for the children. The school room is on the second floor, and the sleeping rooms for the children on the third and part of fourth, or attic, floor.

At the time of which I speak the children, who were all girls except a few boys under seven years of age, were divided into three classes. (1) School children between six and sixteen years of age, who lived in the main building. (2) The larger nursery children between four and six years of age, who occupied the lower floor of the wing during the day, but ate in the large dining room with the school children, and slept on the third floor of the main building. (3) The smaller nursery children, under four years of age, who lived in the upper story of the wing, where they ate and slept, having very little communication with the other children.

The whole number of persons in the home was 82, as follows: 50 school children, 14 in the larger nursery, 10 in the smaller nursery, and 8 adults in attendance, which was the full capacity.

In the summer of 1883 a house was procured in Milton, where most of the children spent a few weeks in turn. They all returned to the home before September 3d except the smaller nursery children, who came back about September 20th. They were then all well except two feeble children who had recently entered; and no especial sickness was noticed until October 1, when one girl complained of illness and went to bed. On October 2d a fire was started in a furnace which had been painted during the summer. The odor was very disagreeable, and produced sick headache in some of the adults. Many of the children were taken suddenly ill, and when I was called next morning I found thirty of them in bed, all complaining of about the same symptoms, as follows: headache, nausea and vomiting, and distress or pain at the epigastrium. In a few cases there was slight elevation of temperature. On the next day, October 4th, all except seven were up and about, and some of them continued well. Some of those who remained in bed gradually became feverish, and in a day or two several others who were feeling poorly went to bed. During the next ten days new cases developed every day, so that on October 16th there were thirty-seven sick in bed. From October 19th to October 31st five more came down, and a month later, or about December 1st the last case occurred, making a total of forty-three.

At first there was much doubt in regard to the na-

¹ Read before the Boston Society for Medical Observation, June 6, 1887.