Chaillé (S. E.)

THE

AMERICAN MOUNTAIN SANITARIUM

FOR

CONSUMPTION,

AT

ASHEVILLE, NORTH CAROLINA,

BY

STANFORD E. CHAILLÉ, A.M., M.D.

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Although familiar with the caprices of fashion in medical as in other matters, and with the fact that this baneful influence has been often and sadly illustrated in the history of the diverse resorts commended for consumptives, I, none the less, have for years advocated mountain resorts as justifying the best hope for arresting incipient consumption, and did present reasons for the faith that was in me in the May No., 1876, of the *N. O. Med. and Surg. Journal*, in an article entitled "The Climatotherapy of, and the American Mountain Sanitarium for Consumption." Continued interest in this subject has stimulated me to gather additional knowledge, not only from the testimony of others, but also by personal observation; and I propose to now present some of the evidence which has, during the past two years, attracted my attention, and served to strengthen my conviction of the beneficial influence in consumption of mountain resorts, and especially of the Mountain Sanitarium at Asheville, in western North Carolina.

Whilst the literature of the subject has, since my last article was prepared, greatly increased, and while some of the authors are not advocates for mountain resorts,—yet, I have seen no

testimony impugning the two capital facts: first, that nearly all of the localities which enjoy an immunity from consumption are in the mountains; and second, that mountain resorts thus located do yield strikingly favorable results in arresting the disease, prior to the destruction of the lungs by softening and excavations. True, some of these writers do deny that the unquestioned good results are due to altitude, contending that these are attributable to causes other than elevation, to causes which some localities at the level of the sea possess in common with certain mountain resorts. It must be admitted that these objections have a reasonable foundation, and should not be ignored so long as the profession has reason to credit those witnesses who testify that such lowlands as Florida prove eminently beneficial to some consumptives, and that such places as the Kirghis Steppes of Asia enjoy complete immunity from consumption, although actually below, as is alleged, the level of the sea.

In my previous article I referred to the Kirghis Steppes, in connection with Iceland and the Faröe Islands of Denmark* (320 miles S. E. of Iceland), to illustrate that there were places not mountainous alleged to enjoy complete immunity from consumption. I regret that I cannot at present gain access to any reports published in regard to these distant and unknown Kirghis Steppes, nor to any information further than detached allusions to the effect, that they are below the level of the sea, and that the climate is characterized by its *dryness* and its *sudden changes*, the transitions from heat to cold being not only very frequent, but also very abrupt. My regret is due to the fact, that subsequent research has informed me that "Iceland is (see Leconte's Elements of Geology) an elevated plateau about 2000 ft. high, with a narrow marginal habitable region sloping gently to the sea;" and that the Faröe Islands are also mountainous, rising abruptly from the sea, attaining a maximum altitude of about 2200 ft., and inhabited chiefly by shepherds, therefore by residents on the heights. Thus, of the localities previously cited in proof that other than mountain localities were alleged to be exempt from phthisis, it now appears that two of the three are mountainous, and therefore probably illustrate rather than furnish exceptions to the general rule, that in our search for

* Ziemssen's Cyclop. adds to this list the "Island of Marstrand, and the interior of Egypt." Marstrand is between Sweden and Denmark, and believed to be mountainous.

localities free from consumption, and therefore proper resorts for those threatened with this disease, we must go to the mountains.

However, it is not my purpose in this article to discuss whether altitude is, or is not the all important factor indispensable to every resort for consumptives; but rather to present evidence confirmatory of the essential fact that many mountainous regions are exempt from, and do prove highly serviceable to those attacked by, consumption. It must suffice the reader to be here reminded that the benefits secured in mountain localities have been ascribed—to the greater rarity of the air, causing quicker and profounder respiration, a more active central as well as capillary circulation, and increased excretion with improved appetite and nutrition;—to the greater purity of the air marked by its greater transparency, freedom from dust, and richness in ozone which purifies it chemically;—to the greater dryness and increased electricity of the air;—to the larger number of sunshiny days, and the intenser heat of the direct rays of the sun, which, conjoined with the charming diversity of mountain scenery, prompt the invalid to frequent excursions, habitual exercise, and life in the open air. Those desiring farther details on these points are referred to my previous article, and to Dr. Denison's contribution to the "Trans. of the Internat. Medical Congress, Philadelphia, 1876," entitled "The Influence of High Altitudes on the Progress of Phthisis," in which the whole subject is treated more fully and ably than in any other publication in our language.

The confirmatory evidence which I have selected to prove the favorable influence of some mountain regions upon consumption will now be presented.

Dr. Schreiber, Lecturer on Climatology in the Vienna Faculty, teaches* that observation has proved "that consumption in all latitudes diminishes with altitude, until it finally disappears altogether," and that "renewed researches have confirmed the good results accruing to consumptives from a residence in the mountains." He, however, deems it fully proved that the good results are not due to altitude, and forcibly urges as one proof thereof, that the altitude of immunity from consumption *lessens* from the equator to the poles, as is generally admitted, while the diminished pressure of the air (i. e., the chief peculiarity of

* See February No., 1878, Richmond and Louisville Medical Journal.

altitude) is *the same* for equal elevations, whether at the equator or at the poles.

Ziemssen's Cyclopœdia, one of the most recent and highest medical authorities, states: "It may be regarded as a fact that an *elevated position* protects against phthisis. A height of *at least* 1800 or 2000 ft. seems to be requisite for this purpose. Phthisis is rare on the Hartz, Styrian (in Pinzgau), and Swiss mountains, also upon the Corderillas, and the plateaus of Abyssinia, Persia, Mexico, Costa Rica, and Peru."

A careful investigation undertaken by the Swiss Society of Natural Scientists, and continued during five years, has resulted in a report to the effect that in Switzerland decrease of phthisis does beyond doubt follow increase of elevation; and that although it may occur in the most elevated places, it is very rare.

The Sanitarium for Consumption at Gœrbersdorf, Prussia (1715 ft. high)—the first of its kind—was opened in 1854 with only twelve patients during the first year, but such was its success, and such is its reputation, that, since 1873, the annual number of patients has been nearly six hundred. The sanitarium at Davos, Switzerland (5200 ft. high), had during its first year (1865) only eight patients, and in ten years increased this number to four hundred. Commending this very emphatic testimony to consideration, let us pass from Europe to North America, reminding the reader that the evidence in favor of the Peruvian Andes, as well as of the Corderillas of South America, is abundant and most decisive, and was, as I believe, the first to attract attention to our subject.

All observers report that consumption is very rare on the great Mexican table-land, termed the Anahuac. Jourdanet, a distinguished French physician, and the author of the most elaborate work yet published on the influence of mountain altitude, testifies that during nearly five years' experience on the Anahuac, with 30,000 visits to patients, he observed only six cases of consumption, that this disease is very rare in Mexico above 6500 ft., and that consumptives from other countries were often completely cured.

Dr. Denison, who presents (loc. cit.) abundant and convincing evidence in favor of Colorado, cites in addition the testimony of many others in proof that there is an approximative immunity from consumption in all that elevated section of the United States in which are located the Rocky and the Sierra Nevada Mountains.

Dr. Lewis Rogers, of Louisville, reports, and, since he is not an advocate of mountain resorts especially, reports most suggestively, as follows: "Southern California, as we know, has acquired very great repute in the last few years, and has been spoken of as destined to become the great sanitarium for consumption, and many other forms of pulmonary disease. It is to this portion of the State that thousands of people are now going for the restoration of their health, either as temporary sojourners, or as permanent residents. All of the towns mentioned [viz., San Diego, Santa Barbara, San Bernadino, Los Angeles, and San José] are thronged with people of this kind, particularly in the winter season. To my surprise, *I did not find a single resident physician** at all enthusiastic in his praises of Southern California. They all expressed the rational view of the subject which I have expressed. I asked them if they were in the habit of sending their patients to Southern California, and they replied that they did so occasionally and for a brief period of the winter, but that *they preferred for most of their cases the high and cool resorts of the Sierra Nevada Mountains.*"*

The highlands of Minnesota, having an elevation of from 1200 to 2000 ft., have long enjoyed a fair reputation, which Dr. F. Staples, in Vol. 27 of the Trans. Am. Med. Ass'n, asserts, sustaining his position by strong statistical evidence, is not undeserved.

A section of Texas stands in the same category, and Dr. J. B. Robertson, in the Trans. Texas State Med. Ass'n, 1877, reports as follows: "That portion of west and northwest Texas lying west of the 98th meridian of longitude, and north of the 29th degree of latitude, has an elevation above the sea (beginning at San Antonio, near the southern line indicated) of five hundred feet, and gradually rising, as the line is traced north; to fifteen hundred feet." "The beneficial effects of the climate in the area treated of is not simply a matter of opinion on the part of the writer on purely theoretical grounds. During a practice of over thirty years in central Texas, he has seen many patients sent there with clearly marked indications of consumption, and at a time in the history of the country when such patients had to rely almost entirely upon the climate for the benefit they received. In all cases the change gave marked relief with, he believes, a prolongation of life for years with some, and a perfect cure with

* The italics are mine.

others." Dr. R. states, however, that this section is not yet properly provided with the improvements and facilities needful for the accommodation and treatment of consumptives. In addition, Dr. Denison alludes to the advantages to consumptives of Fredericksburg, Boerne, Waldo, and Ft. Clarke (elevation from 1500 to 2000 ft.), in the valley of the Rio Grande, Texas.

Passing now to mountain regions adjacent to those of western North Carolina, Dr. E. M. Wright, of Chattanooga, reports (Trans. Med. Soc'ty State of Tenn., 1876) that the natives of Walden's Ridge (a portion of the Cumberland table-lands) enjoy almost complete immunity from consumption. This ridge is from six to seven miles wide on the top, contains about 600 sq. miles, and varies in height from 2000 to 2500 ft.; the people are poor, the houses are huts, and the accommodation is bad. Farther, Dr. E. A. Hildreth, President (1877) of the Med. Soc'ty of W. Va. addressing this society, testified strongly in favor of the influence of elevation in pulmonary diseases, stating that: "My own experience is limited to Portland, Oakland [2380 feet], and Deer Park [about 2300 ft.], W. Va., to which I have sent cases of phthisis in different stages of development, all of whom were decidedly benefited. I mean the cough abated or disappeared, the night-sweats or diarrhœa ceased, the appetite improved, there was a gain in flesh and strength, and many were doubtless kept alive for years. Those afflicted with hay-asthma, or autumnal catarrh are, on visiting this region, exempt. If they should be suffering with the disease, the paroxysm will usually cease within twenty-four hours after their arrival."

The section of country to which I now invite attention is thus described in the "Statistical Atlas of the Supt. U. S. Census, 1870:" "In the high regions comprised between the Blue Ridge and the great chain of the Iron, Smoky, and Unaka Mountains, separating North Carolina from Tennessee, we have *the culminating portion* of the whole chain of the Appalachians. Here, for an extent of more than 150 miles, the *mean elevation of the valley* from which the mountains rise is more than 2000 ft., scores of summits reaching 6000 ft., while the loftiest peaks rise to a height of 6700 ft." Asheville, having an elevation of 2250 ft., is located in the central part of this region, wherein I have passed from three to five months annually during the four years 1873–5–6–7. My direct evidence as a practising physician is limited to the neighborhood of the Warm Springs, on the French Broad River,

and some 900 ft. lower than Asheville: though often consulted by the resident population, I have never seen but one case of consumption—this in a mulattress not a native of this section. My hearsay evidence is more extensive, yet I have never heard of but two other deaths by consumption in this neighborhood; these were of a young brother and sister, in whom the disease was said to be hereditary, and whose family had not been long resident in this region. I have made repeated mountain excursions in all directions, and from twenty to sixty miles distant from Asheville; everywhere I was assured of the comparative immunity from consumption of all this section, and in most places my informants denied that *the native residents* ever died of the disease.

Because of the long and well-established reputation of this region, and of the superior requisites for the accommodation of invalids at Asheville, Dr. Gleitsmann, a resident of Baltimore, in search of a suitable location for the treatment of consumption in the mountains of the eastern U. States, was induced to establish here, June 1st, 1875, his Mountain Sanitarium. The foundation, at his own private expense, of the first Mountain Sanitarium in the U. States, in imitation of the numerous similar institutions which have sprung up in Europe since 1854, and are now in successful operation, suffices to at least prove that Dr. Gleitsmann—who is a highly educated and competent physician, fully posted in the theory and practice of consumption, and thoroughly convinced of the superior advantages of mountain resorts in its treatment,—possesses that admirable trait of character which the French term "the courage of his convictions." The results of this initiatory venture during the two years, June, 1875, to June, 1877, are set forth in his "Biennial Report" recently published; and, inasmuch as I had good opportunity, having passed two weeks in this Sanitarium in the fall of 1875, and again two weeks in the fall of 1877, to estimate the probable credibility of this Report, I deem it a duty, because of my credence therein, to call attention to some of the facts presented.

During the first year fifty-one guests were received, and their stay aggregated 3548 days; these numbers were increased during the second year to eighty-two guests and 5717 days; facts, which prove that this institution is growing not only in favor, but also more rapidly than occurred in the European mountain sanitaria. Of the total 133 guests 54 were patients, and only 43 were con-

sumptives. While there is no disposition on the part of Dr. G. to over-estimate the importance of results observed in so small a number as 43 cases, it will still be admitted that if these cases have been carefully studied and conscientiously recorded, as I believe they were, they ought to furnish valuable instruction. The average time passed by these 43 consumptives in the Sanitarium was only about ninety days each, and the results were that 3 died, 9 grew worse, 8 did not improve, 7 were perceptibly improved, and 16 so decidedly as in some of them to justify the belief that they were cured. Thus out of 43 patients presenting all of the various types and stages of consumption, the disease was apparently or certainly arrested in 23! This result, sufficiently surprising without further explanation, becomes even more remarkable, when the cases are analyzed as to the stage of disease. For, out of the total 43 consumptives there were only 26 whom I, or other advocates of mountain resorts, would have certainly advised to go to the Sanitarium, and of these, 20 were improved or cured. Even this result is not, so far as my own position is concerned, a sufficiently favorable statement of the facts, for I have as yet, never gone farther than urge mountain resorts for incipient consumption. Now, it appears that 14 of the above 26 consumptives, while enjoying a fair condition of general health with constitutions comparatively unimpaired, did have extensive infiltrations or even slight destructions of lung tissue, while only 12 of the 26 were unquestionable cases of incipent phthisis. These last twelve cases, having only "catarrh of the apex and infiltrations of the smallest extent," resulted in one case "improved" and eleven cases "very decidedly improved or cured;" that is, in *every case* of incipient phthisis the progress of the disease was apparently arrested, and would probably so remain under a continuance of the conditions which led to the arrest.

The strongest objection which the experienced practitioner is likely to make to the results above reported are, that "they are too good to be true;" therefore I propose to now present the evidence of other witnesses than Dr. Gleitsmann—witnesses whose disinterestedness, so far as he and his sanitarium are concerned, cannot be justly called in question: first, some indirect evidence from one source, and then direct evidence from four sources corroborative of Dr. G.'s reported results.

The indirect evidence consists of testimony to like results

obtained in a distant mountain region of this country. Dr. Denison records, in the article published since Dr. G.'s report and already referred to, his experience with 66 consumptives in Colorado. Of the total 66 cases in all stages of the disease, 40 were "slightly improved," or "much improved or cured;" but, of the 66 cases only 25 were in the first stage, and of these 17 were "much improved or cured," 7 "were slightly improved," and 1 died, owing (as Dr. D. believes) to bad treatment in the hands of an incompetent practitioner. These favorable results coincide with those of Dr. G.—and this concurrence, giving strength to each, tends to inspire credence in both reports. Since the two reporters classify differently their cases, of which each had a comparatively small number, it would not prove instructive or satisfactory to institute any strict comparison between the results reported by each; however, in this connection, the following facts are of interest. On the one hand, Dr. Denison's cases had the advantage of a much more elevated mountain region, and also of a much longer residence in this region; for his cases averaged about one year each in Colorado, while Dr. Gleitsmann's cases averaged a little less than 90 days in his sanitarium. On the other hand, Dr. Gleitsmann's cases had the decided advantage of residence in a sanitarium specially devised and conducted for the benefit of consumptives. His patients have constant access to, and are kept day and night under the surveillance of a skillful physician, who has not only his own reputation but also his financial investment in a sanitarium dependent on his watchfulness, as well as on his skill. Thus, I concur with those who advocate that it is of extreme importance in this as in other obstinate chronic diseases, that most patients should live under the constant supervision of a competent physician. All physicians admit the very great importance in the treatment of consumption of proper exercise, clothing, ventilation, and diet; and all know how incredibly ignorant the non-professional generally are in regard to these essentials, as in all else which concerns hygiene and medicine; hence the great advantage of skilled supervision, exercised constantly over all the details necessary to enforce a proper mode of life.

I will now present testimony, from three sources besides myself, which tends to corroborate the correctness of Dr. Gleitsmann's "Biennial Report." This evidence merits special consideration because of the circumstances which elicited it. In-

specting at Asheville Dr. G.'s register of patients, I found the name of each followed by the name of the physician who had advised the patient's removal to the Sanitarium; and I made a private memorandum of those physicians who had sent the largest number of patients, and who were also best known to the profession. Only three names were thus noted, and the testimony of all three is presented. Thus, the evidence has not been culled over in order to adapt it to some pet theory or to an interested purpose. Science demands, and to the best of my ability I habitually present, as is now done, "the whole truth."

Prof. A. L. Loomis, of N. York city, whose local reputation as a practitioner in diseases of the chest is unsurpassed, and whose fame as a writer on this subject is well known throughout the U. States, sent to Dr. G.'s Sanitarium three patients during the first, and nine during the second year; facts sufficiently indicative of his favorable opinion. He writes that he did not keep a record of his cases with sufficient care to enable him to commit himself farther than by the statement that "the majority have improved."

Dr. J. B. Gaston, an able and well known physician of Montgomery, Ala., sent to the Sanitarium five patients during the summer of 1877. He testifies as follows: "All were suffering with pulmonary disease, which was in its incipiency, and *all* on their return home in the fall were, and still are, *in better condition* than when they left. One was very much improved, and in three others the improvement was decided. All, I am satisfied, would have improved still more had they remained longer at Asheville, and had thus avoided the check to improvement, which was sensibly felt by one at least, as the result of the debilitating influence of the weather here in the early part of October. The condition of all of these patients would, in my opinion based on experience in similar cases, have grown worse had they remained at home during the time they were at the Sanitarium."

Dr. E. P. Gaines, one of the oldest, ablest, and most experienced of the physicians at Mobile, Ala., has sent to the Sanitarium four patients, and has written to me so instructively that I quote him at length, as follows:

"My attention was first called to Asheville, as a resort for consumptives, in an article written by yourself in the May No., 1876, of the *N. O. Med. and Surg. Jour.* I immediately began to advise patients to go there. The first one to go was a young lady who

had been under my care for a long time, and who was steadily drifting into consumption. I gave your article to her parents to read. They sent her on; she remained six months in Dr. G.'s Sanitarium, and the benefit she obtained there has lasted up to the present time. She has some bronchitis now, but her appetite, digestion, and general health are good, and she is fat and rosy; all the physical signs have improved.

"The second case was a young man whose father died of consumption. His health had been failing for a year; he had had fever occasionally, had night-sweats, and had steadily grown thinner and weaker. Finally he began to cough, and an examination clearly proved by the physical signs, that what I had predicted twelve months before had come to pass—a deposit of tubercles in the apex of the lungs. I had but little hope that anything would do him any good, but recommended him to go to Asheville and put himself under the care of Dr. G. He did so, and spent several months there in the summer of 1876. On his return he came to see me, and all of his symptoms, constitutional, rational, and physical, had so improved that I could hardly realize that I had before me the same man. Knowing what a dreadful thing inheritance of this disease is, and having a poor opinion of the atmosphere of our southern seaport towns, I urged him to close up his business in Mobile, and go back to live in N. Carolina, for I believed that he *could live there.* He thought more of his business than of his health, went back to the close confinement of his store, and by the end of the winter had lost nearly all he had gained. This past summer he travelled again, but, though in a mountainous country, he tells me that he did not receive the same benefit he had secured at Asheville.

"The third case was a young gentleman who sent for me to see him for a hemorrhage from the lungs; he was anxious to get back to his home in Montgomery, and left that night. On his arrival, he wrote asking me what he should do to ward off consumption. I recommended him to go to the Sanitarium, where he has passed two summers. He is now well; a fine, hearty-looking young man. I expect he will spend all of his summer holidays there, he likes the place so much.

"All the four patients sent by me did well except one, who returned home worse. This fourth patient was a young man who, about June 1st, 1877, came into my office to consult me in regard to a slight hemorrhage from the lungs. He had been attending his work, and been feeling quite well up to the time of his hemor-

rhage. However, he had had a cough, and had been taking cod-liver oil by the advice of a physician. There were no physical signs of any moment, but I knew that he had recently lost a sister from consumption, and formed a very grave opinion of his case. I prescribed, and told him to quit work, go home, and maintain a recumbent posture, etc. In a few days I was summoned to visit him. A fever had set in which lasted nearly four weeks, and which had all the well-marked symptoms of an acute bronchitis. He also had several hemorrhages during this time. When he recovered from his fever, he was much emaciated and very weak. His fever had gone, but the bronchial symptoms remained, and they were most perceptible in the upper portion of the lungs. My diagnosis throughout was that miliary tubercles were scattered through the lungs, and were the cause of all that had occurred; and yet the mountain air had had an effect so wonderful in the cases mentioned, that I felt justified in sending him to the Sanitarium. He improved so much after he got there, that on one occasion he so over-exerted himself in walking, that it brought on a hemorrhage, succeeded by many others, so that Dr. G., fearing they might prove fatal, sent for his parents. He is now (Nov. 15th, 1877) at home, confined to his bed, and I have been told that he had a hemorrhage to-day. You will thus see that this is a case of acute tuberculosis; and it is nothing against either Dr. G.'s Sanitarium, or the climate of Asheville, to find that they cannot do impossibilities.

"Thus, my experience so far is small, since I have sent but four patients who remained there during the summer months only. However, the improvement in three of the cases was so well marked, that I shall continue to advise my consumptive patients to go there. All of my patients went to the Sanitarium, and their improvement was due to Dr. Gleitsmann's skill as well as to the purity of the air at Asheville. I believe that you are right in recommending the place as a resort for consumptives, and that your opinion is worth more than that of the rest of us, since you have been there on two separate occasions, and know how well the Sanitarium is managed."

I will close the corroborative testimony by reporting the case of one of my own patients sent recently to the Sanitarium, first reminding the reader that in addition to this case, I had ample opportunity during my two visits to see a number of consumptive inmates, and to become satisfied by my own observation, as well as through the testimony of Dr. G. and of the patients

themselves, that the beneficial results claimed have not been exaggerated. While at the Warm Springs, N. C., 37 miles west of Asheville, I, on July 2d, 1877, addressed Dr. G. the following letter: "This will be presented by Captain ****, who by my advice goes to Asheville to place his wife under your charge. The apex and upper fourth of her right lung are seriously affected; prolonged expiration verging into tubular breathing, associated with crepitation and undue resonance, are well marked. However serious these signs, there are several hopeful symptoms which you will readily appreciate. Should she improve, as I believe she may at your Sanitarium, she will probably make a long stay. It is needless to urge you to do your utmost in her behalf." I deemed this case hopeful *provided* she went to the Sanitarium, and because of my confidence therein; without this and guided by past experience, my prognosis would have confidently been death within six months. In less than three months I met this patient in the Sanitarium in a condition so vastly improved, that I could with difficulty realize a change so different from my past experience, and so superior to the hope I had ventured to entertain. Admitted on July 3d, she had promised me to remain a year if needful, but she had improved so incredibly, and was so anxious to return to her husband that on October 1st she—whose condition at the Warm Springs had been such as to cause much anxiety about her transportation to Asheville—left the Sanitarium to travel alone to her home in a distant Northern State. I deemed this early return imprudent, and fear that the apparent certainty of perfect recovery at the Sanitarium will not be realized at her home. Having now presented some testimony from others besides Dr. Gleitsmann as to twenty-two cases sent to his Sanitarium, I close the evidence upon the credibility of the results reported as secured there.

My recent second visit to the Sanitarium justifies me in emphatically repeating the praise in my former article of its admirable management. Its excellent table, loaded with choicely cooked and appetizing dishes, its ventilation, cleanliness, good order, comfort, and moderate charges of from $40 to $50 per month, cannot be too highly lauded, even by one who like myself has patronized the most famous hotels and restaurants in Europe, as well as in America. I have known many invalids to visit Asheville, and there remain in far less comfortable but just as expensive quarters, because prejudiced against all institutions for the accommodation of the sick; imagining that, at the table

and incessantly everywhere within the Sanitarium, their spirits would be depressed, and their sensibilities offended by the sights, sounds, and smells which are naturally associated with the sick. Testimony founded on the delicacy of the sensibilities of one who, like myself, has been hardened by years passed within hospital walls, might be accepted with incredulous scepticism. Therefore, without dwelling on my own conviction that the realities are very different from the anticipations of the inexperienced, and that no such offenses are found in the Sanitarium, I will state that on each of my two visits I have been accompanied by three ladies, not only refined, but also as inexperienced and prejudiced as any women of intelligence are likely to be. I carefully watched the effect on them, and testify that they were most agreeably surprised, assuring me that they found but one thing objectionable—the proclivity of the invalids to dwell upon their individual ailments. This made slight impression on me, as I encounter great difficulty in finding *healthy people outside of sanitaria* who will not persist in wearying me with petty personalities: those of my readers more fortunate might complain of the sick within sanitaria.

The facts, already stated, should be recalled, that of the total 133 guests during two years, more than half were perfectly healthy; of the 54 invalids, few were sufficiently ill either to be confined to their beds or to be unpleasantly suggestive of sickness and death, and these few were not to be seen unless sought for. I have never visited a summer resort for the healthy, where the company at table or in the parlor was more cheerful and agreeable. On each visit, I have found a larger number of persons of refinement, culture, and intelligence, than one meets habitually at hotels; for the reason, perhaps, that the class apt to be socially offensive has not the means, or, if so, not the intelligence to seek a sanitarium. As I am anxious to prove a trustworthy guide to those who may be induced to visit the Sanitarium, I must report the chief objection made against it by its consumptive inmates. This was the *ennui* of living in a place where they were cut off from family, friends, and their ordinary occupations. Some patients had, as of course it is better that every consumptive should have, their dearest relative with them; and these patients were as content as the sick are likely to be in any place. Invalids should not forget that even the healthy find the search for happiness delusive, for contentment arduous, and should prepare themselves, as best they may, for resignation to

the conditions necessary for their restoration to health. Submission as cheerful, occupation as entertaining, as possible are important conditions.

Time, also, is a most important condition in the treatment of every disease, in none more important than in phthisis; and its victims should not be encouraged to expect its arrest, much less restoration to health, within some definitely fixed period. Three months is the shortest time within which decided improvement should be hoped for; if double or quadruple this time yields lasting good results the patient should still deem himself fortunate; and if it should prove necessary that some, in order to preserve health, should pass, as is correctly intimated by Dr. Gaines, all the rest of their lives in the mountains—then, even this misfortune is far less grievous than the habitual progress and termination of this fatal disease. Invalids sent to the mountains cannot be too urgently warned against too short a stay, against undue confidence in a brief alleviation, and against the natural impatience to return home; faults, which have often caused a rapid loss of all that has been gained. This loss for a second time is more difficult to regain than was the first.

The reader is also reminded that experience seems to have proved, contrary to what was expected naturally and therefore was taught, that hemorrhagic cases in the first stage are, as a rule, decidedly benefited in the mountains, and that the winter season is as favorable to all cases as is the summer. Dr. Schreiber (loc. cit.) represents many high authorities in stating that, "during the past ten years hundreds of invalids have wintered in the elevated valleys of the mountains with just as favorable results as in the so-called southern resorts;" and that "the practice of sending invalids to winter in the mountain regions has proved a success." At Davos, in the mountains of Switzerland, the patients are urged to remain until the snow begins to melt.

In concluding this article, I will, in order to avoid being misunderstood, allude to two topics. First, I desire it understood, that while I incline to believe that the climatic conditions which are the results of altitude are important factors in the hygienic treatment of consumption, I have not ventured to recommend any and all mountains, but only such mountain resorts as experience seems to have proved beneficial, and as supply proper accommodation for invalids. Second, I desire it understood, that in advising mountain resorts for consumptives I have had in mind solely those in the first stage of the disease; or those

who, although long afflicted, have advanced but slowly on the downward road, and still maintain sufficient vigor to spend a large portion of time in the open air. I have not taken the grave responsibility of advising where those in the advanced stages of the disease should go; for, I fear that the best advice which can be given to consumptives already confined to their beds, with lungs disorganized by softening and cavities, is—to remain in, or to forthwith go to the place where they can live with most comfort, and face death with greatest resignation. However, others, with greater experience as to some resorts, seem to be more hopeful. For instance, on pp. 422–3, "Trans. Internat. Med. Congress," Dr. H. A. Johnson, of Chicago, states: "I believe that in the earlier stages of the disease, patients are benefited by going to the mountains, but, on the contrary, when softening has set in, when cavities exist, I believe that it is hazardous for them to do so. A warm, mild climate is better then. I had about fifty patients last winter in Florida, and they came back better; even those in whose lungs cavities existed were better than they would have been had they stayed in Illinois." He therefore "will continue to advise patients in the *first stages* of phthisis *to go to the mountains*, and in the latter stages to go to Florida or Georgia."

Finally, a few words of instruction to the traveller. One railroad from the West, and two from the East, are advancing towards but have not yet reached Asheville. Proceeding by rail to Morristown, Tenn., which is between Knoxville and Bristol, and furnishes miserable accommodation, the traveller will find a branch road to Wolf Creek, 40 miles distant. From thence to Asheville is 46 miles by stage, through the superb scenery of the French Broad River, but over a mountain road so difficult that 3½ miles an hour is deemed good staging. The Warm Springs Hotel, 9 miles from Wolf Creek, is an excellent place to rest.

On the east of Asheville is the "Piedmont Air-Line Railway," with two depots—Spartansburg, S. C., and Charlotte, N. C.—from whence are branch railroads in progress to Asheville. The Spartansburg road will reach, it is said, this spring within 30 miles of Asheville; and the terminus of the Charlotte road, now about 20 miles from, will probably be this year (possibly in July) within 7 miles of Asheville. The Spartansburg route will probably be the best one for travellers from the South; while those from the North should take the railroad leading from Charlotte, N. C.