

There is perhaps nothing that has a more prejudicial effect upon the aged than cold ; their greatly diminished power of generating heat and of preserving it, renders it necessary for their greater activity that they should live in a more equable climate, in localities that are sheltered from the north and east winds. Dr. Farr, in the *Third Annual Report of the Registrar-General of England*, states " that the rate of mortality rises in the aged, as the mean temperature falls. When the mean temperature of day and night falls a degree or two below 32° F., the rate of mortality immediately rises, and the effects of the low temperature go on accumulating and continue to be felt for thirty or forty days after the extremes of cold have been passed. I have noticed that the extremes of heat seem to be as hurtful to the aged as extremes of cold, and should be avoided."

Another essential to healthy old age is personal cleanliness. The skin which becomes unfitted for carrying off effete matters from the system, should have its activities stimulated by frequent warm alkaline baths followed by friction to the surface.

With these thoughts before us in seeking climates and environments suited to the development and prolongation of old age, we naturally reach the following conclusions :

*First.* That healthy old age thrives best and is most vigorous when it can be passed in moderately warm climates. To accomplish this a change of residence once or twice a year becomes a necessity. For some reason which I am sure is not based on experience or observation, it has come to be a common belief that old people should spend their last days in one locality, that they are so wedded to their homes and surroundings that any change affects them unfavorably ; so prevalent is this opinion, even among medical men, that the usual professional advice is, that it is better that the aged should be made comfortable in their own homes however anti-hygienic they may be, than that they should change their residences as the seasons change. This, I am confident, is a very great mistake. I have found that old people not only bear changes well, but if such changes are judiciously made, they are not only invigorated by them, but that change of air and scene stimulates them to greater mental vigor and physical power. It is an established fact that change gives fresh impulse to mature life, and my experience teaches me that the same holds good with the aged.

*Second.* The localities best suited to the development of healthy old age are those which invite to an out-of-door life with surroundings and associations such as shall stimulate to mental and physical activity free from excitement, for it is to be remembered that the aged live more within themselves and are consequently annoyed and fatigued by excitement.

*Third.* The localities suited to healthful development of age must furnish an abundance and variety of well-cooked food, the comforts and, if possible, the luxuries of life must be within easy reach, for if there is any one period of life more than another in which comforts and luxuries are essential to its healthfulness, it is that of old age. For what ought men in their activities to strive for more than comfortable sunset ? As I have already stated, the food of the aged must be simple and nutritious, and, above all, well cooked. If you send a toothless old man to a second-rate hotel, even in the garden of Eden, his muscles will grow more flabby, his step more tottering ; his mind will fail to be stimulated by the glories of nature which surround him, and he will languish and die for the good table and comfortable bed which he has left in his own home.

It is never safe for an aged person with chronic bronchial catarrh to pass quickly from a very dry to a very moist atmosphere. My clinical experience has given me many examples of the injurious effects of such changes in this class of cases, as well as the ill effects of high altitudes on the vascular system of the aged. The localities which I have found best suited to old persons suffering with chronic bronchial catarrh and pulmonary emphysema, from December to April, is Nassau, the Bermudas, and Monterey. In July and August they do well at Shelter Island, and at Newport or Cape May ; all of this class of cases that I have sent to the mountains have done badly, except a few that were complicated by hereditary asthma of long standing.

In connection with the climatic treatment of the pulmonary diseases of the aged, I wish to say a word in regard to change of climate as a prophylaxis against their development. Physicians, as well as patients, are too apt to think only of the diseases that already exist, and lose sight of those which may threaten. While we are usually consulted for the relief of present difficulties, and not as to how