

THE OMAHA SUNDAY BEE MAGAZINE PAGE

MOVING PICTURES AS AN AID TO FASHIONS

By LA RACONTEUSE



Paris, Jan. 20.
AND where does the smartly dressed little Parisienne go to see the latest fashions nowadays? In times gone by it was the Bois de Boulogne on Sunday afternoons, the races at Longchamps and in the studios of the great fashion creators. But all this has been changed. Now when she wishes to learn the latest little twist in fashion she betakes herself to a picture palace and sees it in the moving pictures.

Not only do the motion picture companies require their actresses to be garbed in the latest mode, but many of them are producing special films devoted to nothing but fashions. Sandwiched in between the smiles and tears of the picture plays she now sees the latest gowns almost as soon as they are turned out from the workshops of the designers.

The popularity of the fashion display in films has not only added to the revenue of the picture palace proprietors, but has served to advertise the creators of fashion, for in all the special fashion films the name of the designer of the garments is always prominently displayed. Just what arrangement has been made between the large fashion establishments and the film companies I do not know, but both should find the showing of fashionable garments on the films a profitable arrangement. The picture houses where such films are on the regular programme have become tremendously popular, and any afternoon one may see a steady stream of well dressed women entering them.

The Gaumont Palace, the largest motion picture playhouse in the world, threatens to become as much the centre of fashion as is the Bois de Boulogne and the race course at Longchamps. I am also told that the idea has been extended to London and America. In the latter country one company is devoting a series of films illustrating the adventures of a country girl in New York, during which are shown the interior of several of the Fifth Avenue fashion houses, with living models displaying the gowns, while the girl herself is shown in some stunning gowns after she has arrived in the city to live with a wealthy relative.

THE VAN DYCK COLLAR IN TULLE

The Van Dyck collar in black or white tulle is another innovation of the moment. It gives a becoming finish to the bodices we select for small dinners and evening concerts. These collars, as far as their shape is concerned, are scrupulously copied from those worn by our ancestors in the days of Charles I. A favorite model in white tulle has a shawl effect completed round the shoulders with a square piece. Each portion is made with a plain width joined to a knitting beneath a piping of white satin. The satin piping can be replaced by a tiny garland of multi-colored rocco roses or a narrow insertion of Valenciennes. These collars are worn as much by girls as by young married women, and look charming over sapphire-blue, cerise, green or black velvet. The col Van Dyck in black tulle and

satin is chiefly seen over white charmeuse with sleeves in shell pink mousseline de soie.

THE HATPIN SCARE

Long hatpins have made so many victims in the course of the last few weeks at theatrical matinees, in the metropolitan railway and tramcars, that the Prefect of Police has issued strict orders forbidding women to wear these dangerous weapons otherwise than with "protectors," known over here as *protege-pointes*. The Paris authorities have been considerably helped in this campaign by the motion picture shows, which not only reproduced the before-mentioned regulations in large type, but also an amusing scene between husband and wife, wherein the murderous hatpin plays the principal role. While laughing at these comical sketches the audience cannot help being impressed with the serious side of the question, and there is reason to hope that in course of time every Parisienne and foreign visitor in Gay Capital will add the indispensable point protector to her hatpin. At a recent literary conference a woman was refused admittance until she had deposited her four long pins (unprotected) in the cloakroom.

EVENING FROCKS

Since the smartest evening gowns are now sleeveless the mere suggestion of a sleeve looks rather prudish, and even gloves are becoming an unknown article. This is sad news to the woman who has not beautiful arms, but it has increased the sale of various brands of "beak foods" and "tissue builders."

The low cut gown has at last reached the limit of lowness; it can be cut no lower. The fashionable evening garment is now open to the girdle in the back, as illustrated by the quaint model at the left of the page.

This charming gown is of apricot taffeta chiffon, with the bodice of yellow and gold brocade, veiled by net and trimmed with an embroidery of silk and beads.

The embroidery motif is carried out in the belt, from which falls two gathered flounces. The upper flounce is veiled with the net, and another flounce of net falls from the second flounce to veil the skirt. The veiling of the skirt is fashioned on the cutaway lines.

The skirt is simple, the touch of smartness being obtained by drawing it up in the centre of the front.

An original note is given the costume by a de Medici collar of net, gathered over a band of sable. At the right of the page is shown an evening dress of "ambre" supple velvet, embroidered in huge dark "pompe" roses and silver lace. The bodice is draped with a high belt, which ends in two embroidered bands, one passing over the shoulder and the second falling lower over the arm. The gathered yoke of white net is edged with a ruffling, and is cut slightly V-shaped.

The skirt, fully gathered, is drawn up at the front, and is lifted at the back by a double fold of the velvet, making a panel. It is opened over an underskirt of silver lace, which ends in a square train.



Why a Change of Climate Often Accomplishes More Than Medicine

By Dr. WILLIAM GORDON,
 Of the Royal Devon and Exeter Hospital.

MODERN authorities have commonly dealt with climate simply in terms of average local weather. But in its medical aspects, at all events, climatology covers more than can be so expressed. When we talk of a climate being good or bad in a medical sense, it is not only weather which we have in mind.

Doubtless something may be said for the view that the effects of climate are ultimately results of meteorological conditions, at least where the inhabitants do not go barefoot on the soil, and if we exclude hydrology. But many of these meteorological conditions cannot at present be determined; of the existence of some of them we are probably unaware; so that we are obliged for practical purposes, to include in our definition, as in our investigations, topographical factors whose meteorological consequences still remain to be unravelled. In making this compromise it is curious to observe that we are but following the lead of the "Father of Medicine," who summed up his subjects as "airs, waters, and places."

I would therefore define "climate" and "climatology" in their medical aspects thus: "The climate of a place, in a medical sense, is the sum of the influences upon human health and sickness of its geographical, and especially of its meteorological conditions;" and "Medical climatology is the science of climates medically considered and of their variations in space and time." So defined, it is clear that climatology constitutes a great part of the environment of medicine, and that to neglect it is to ignore much of the natural history of disease.

At the outset one must distinguish the factors which enter into climatology, so far as they have hitherto revealed themselves. Sixteen may perhaps be enumerated, half of them meteorological, half topographical. These are set forth in this way:

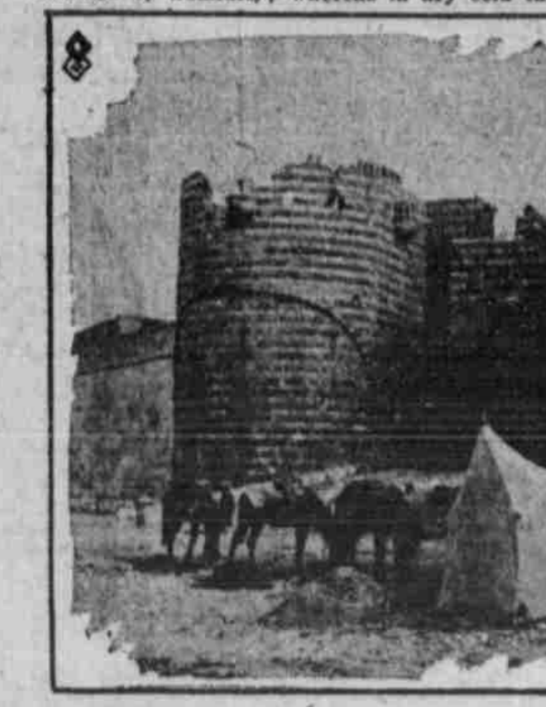
Climatological Factors.	
METEOROLOGICAL.	TOPOGRAPHICAL.
Temperature.	Latitude.
Wind.	Geographical position—by which is meant relation to land and sea, lakes, mountains, etc.
Rainfall.	Altitude.
Sunlight.	Soil.
Electricity.	Vegetation.
Atmospheric pressure.	Water supply.
Atmospheric humidity.	Wind shelter and exposure.
Atmospheric purity.	Aspect.

But for satisfactory knowledge of their action we require not only to be acquainted with their relations to human disease, but also to know their influence on human beings in health, as well as on the parasites which produce human disease, and on such non-human hosts as harbor them.

Considering first their influences upon healthy human beings, the most powerful of all climatic factors seems to be temperature. Ranke has made the pregnant observation that there seems to be an optimum temperature for human beings, which, he says, necessitates the least amount of metabolism compatible with healthy, active life. He has placed this optimum between 59 degrees and 68 degrees F., within, in fact, about the limits of temperature which experience has shown us to be best for a pneumonia patient. In hot climates, where least metabolism is required, less food is consumed

and there is a disinclination to exertion. The abdominal organs are hyperemic, the skin acts more and the kidneys less than in temperate regions, and danger attends conditions which involve considerable heat production, such as fevers, physical exertion, and excess in eating. In cold climates, on the other hand, more food is requisite to obtain a healthy activity, but active exercise is commonly taken, and the skin acts less, the kidneys more.

Atmospheric humidity claims special attention from its important relations to temperature. The humidity reduces the tropical heat, but increases its oppressiveness, and people in hot damp climates become lethargic and relaxed. The effects of cold are also greatly modified by humidity; whereas in dry cold the



Yet Other Ailments Are Found to Derive No Benefit in Alpine Sanitariums, but Do Yield to the Warm Air and Tropical Sun of Old Egypt.



While Some Diseases Yield Successfully to the Cold, Crisp Mountain Altitudes of the Swiss Alps—

removal of heat from the body is determined by the bodily needs; in damp cold there is a leakage of warmth which is difficult to wholly prevent. Clothes do not exactly control it, and wind, if it exists, considerably increases it. Humidity also acts importantly in lessening the intensity of light.

Atmospheric pressure has received a great deal of attention, chiefly because so many of those who have interested themselves in the effects of altitude have assumed that its influence is chiefly due to this factor. If, however, we set aside special effects, such as mountain sickness (the outcome of a diminished intake of oxygen) and an enlargement of the thorax of a compensatory sort, the most interesting indisputable result of diminished atmospheric pressure seems to be compensatory increase of the coloring matter of both plants and animals—in plants of the chlorophyll, in animals of the haemoglobin and red corpuscles.

Winds have received strangely little attention. In damp cold the leakage of heat from the body becomes much greater in wind. Then certain winds are remarkably energizing. Like the Föhn, East wind in Europe is detrimental to many persons, although we have no satisfactory knowledge of why this is so. East winds in these countries seem to have less ozone in them than southwesterly, but what effect this differ-

ence produces we do not know.

Light increases color and well-being, yet its precise action on human beings has received, I think, very little attention. Of electricity in its natural conditions we know practically nothing as a climatic factor. Yet recent experiments, in which it has been artificially used to stimulate plant and animal growth, suggest that electrical conditions may have powerful effects in climate. Of the influences on healthy men of rainfall, soil, vegetation, wind shelter, and wind exposure, we know practically nothing.

Thus, so far as what may be called "physiological climatology" is concerned, we know enough to indicate the importance of knowing more; yet we are still only on the threshold of the subject.

We have learned for certain that the effect of climate on some of the parasites of man and on their non-human hosts is profound. The study of tropical diseases has made this plain. Certain disorders are confined to certain zones of temperature. Thus, whatever may be found to be in the organism of yellow fever, we know that it does not flourish in temperate climates. The mosquito that carries it and the mosquito host of malaria become rare also at certain altitudes where the heat is less.

Other diseases are modified. Thus, phthisis in the tropics, whilst usually uncommon outside



While Some Diseases Yield Successfully to the Cold, Crisp Mountain Altitudes of the Swiss Alps—

the towns, runs a more rapid course than in cooler latitudes. The gravity of type is probably due in part to the temperature, the rarity is perhaps a consequence of the intensity of light. We know there are optimum temperatures for organisms, as Ranke says there are for man. Light, again, has a profound destructive influence upon micro-organisms, especially direct sunlight. Apparently it is the blue, violet and ultra-violet rays to which it owes this most important power. The comparative rarity of phthisis in the tropics just referred to, and in some high altitudes as well, may owe not a little to the disinfectant power of light.

Rain is popularly supposed to wash the atmosphere, and, whilst it is raining, it doubtless does so. But it is sometimes forgotten that heavy rain after drought causes unusually active development of organisms in the soil, and that these, when the air dries again, enter it as dust. Long-lasting drought decreases the number and the vitality of organisms in the soil. Of the action of wind, air pressure, natural electricity, and soil on pathogenic microbes we are, I believe, without information. Here, again, we have much to learn and comparatively little has as yet been established.

Dealing next with the influence of the factors of climate on human disease, we enter on a field where remarkable progress has been made. Medical geography has become an imposing branch of knowledge. A great empiric acquaintance with the effect of places on disease is steadily growing up. Of this I need say no more. Similarly, medical history is becoming constantly more considerable and concise. But when we come to the theoretical side of medical climatology we find ourselves considerably worse off. It is not too much to say that the most striking characteristic of our knowledge in this department is its uncertainty.

The frequency and severity of pneumonia at high altitudes have been as much insisted on as the rarity of phthisis. It seems, in fact, to be well established that in many mountainous regions pneumonia becomes commoner and more deadly as altitude increases. Whether this depends on increased exposure to certain winds is a question awaiting investigation. Some very

small figures, which I am going to submit to you, suggest that this may be the case. The idea that exposure to cold dry winds is an important cause of the disease is not new, and interesting instances of coincident prevalence of such winds and pneumonia have been given.

Bronchitis is often considered to be affected by the same influences as pneumonia. But this apparently is not altogether correct. The distribution of bronchitis, in the United States in 1880, was by no means the same as that of pneumonia; also Sturges stated that at Gibraltar different winds appeared responsible for two diseases—the east, which is damp, seemed to promote the occurrence of bronchitis; the west, which there is dry, the occurrence of pneumonia. It would appear that whereas dry cold tends to cause pneumonia, damp cold rather tends to cause bronchitis. On the other hand, a warm moist atmosphere has undoubted therapeutic value in the drier varieties of bronchitis.

Heart disease has a climatology well worth looking into. Haviland held that it was most prevalent in places not well flushed by wind. But very little has been done on the subject. Only a few years ago authoritative statements were made in reference to a district well known to me which were in direct reverse of the facts. For asthma we have a good deal of empiric knowledge, the chief being its capriciousness. Gout and rheumatism, dyspepsia, anemia, neurasthenia, neuralgia, and convalescence from acute diseases have, apart from balneology, each a certain useful climatology of its own, but discordant statements are made in respect of them.

The importance of considerations such as the foregoing may be made still more obvious by also regarding them from the points of view of diagnosis, prognosis, prevention, and treatment. There exists no doubt that a very marked difference exists, in expectation of life generally, between the great towns and the country districts. If so, surely this must affect the prognosis of almost all chronic diseases, and as most of our efforts at prognosis, inadequate as they sometimes have been, emanate from our crowded centres, there surely is need for extensive inquiry into the prognosis of these complaints in our rural areas, where I am sure the outlook is different.

Moreover, if density of population has this effect, is it not possible that by comparing rural populations with each other we may come to discover climatic factors also which tend to modify longevity? This seems to me an investigation which promises to repay the trouble it would entail.

If it be true that a certain disease is specially rare in a certain place, and if good reason can be shown that this rarity is not merely fortuitous, may we not hold that a patient prone to this disease will, by residing in that place, have a specially good hope of avoiding the disease? Such a consideration applies to tuberculosis, and one chief reason why I have devoted so much time in endeavoring to establish the cause of shelter from rain-bearing wind in lessening the frequency of pulmonary tuberculosis is because I see, in places so sheltered, the most suitable place of residence for those in whom tubercle has become quiescent, or for those who belong to families whose proclivity to tuberculosis is pronounced. I feel sure that there are districts in England which cases of phthisis would be wise to avoid and where sanatoria ought not to be erected.

Similarly, I think that there are districts where old people with strong congenic family history should not settle, and districts where those who have had repeated attacks of pneumonia run some risk in residing. One cannot be dogmatic yet on these two latter points, but would it not be well if one could?