

the voice of the mate could be heard below, mustering the old crew out and a new crew in; for if steamboat crews have a single principle,—and there are those who deny them any,—it is never to ship twice in succession on the same boat. It was too early yet for any but roustabouts, marketers, and church-goers; so early that even the river was still partly mist-covered; only in places could the swift, dark current be seen rolling swiftly along.

“Captain!” A hand plucked at his elbow, as if not confident that the mere calling would secure attention. The captain turned. The mother of the little convent girl stood there, and she held the little convent girl by the hand. “I have brought her to see you,” the woman said. “You were so kind—and she is so quiet, so still, all the time, I thought it would do her a pleasure.”

She spoke with an accent, and with embarrassment; otherwise one would have said that she was bold and assured enough.

“She don’t go nowhere, she don’t do nothing but make her crochet and her prayers, so I thought I would bring her for a little visit of ‘How d’ ye do’ to you.”

There was, perhaps, some inflection in the woman’s voice that might have made known,

or at least awakened, the suspicion of some latent hope or intention, had the captain’s ear been fine enough to detect it. There might have been something in the little convent girl’s face, had his eye been more sensitive,—a trifle paler, maybe, the lips a little tighter drawn, the blue ribbon a shade faded. He may have noticed that, but— And the visit of “How d’ ye do” came to an end.

They walked down the stairway, the woman in front, the little convent girl—her hand released to shake hands with the captain—following, across the bared deck, out to the gangway, to the middle of it. No one was looking, no one saw more than a flutter of white petticoats, a show of white stockings, as the little convent girl went under the water.

The roustabout dived, as the roustabouts always do, after the drowning, even at the risk of their good-for-nothing lives. The mate himself jumped overboard; but she had gone down in a whirlpool. Perhaps, as the pilot had told her whirlpools always did, it may have carried her through to the underground river, to that vast, hidden, dark Mississippi that flows beneath the one we see; for her body was never seen again.

Grace King.

BREATHING MOVEMENTS AS A CURE.

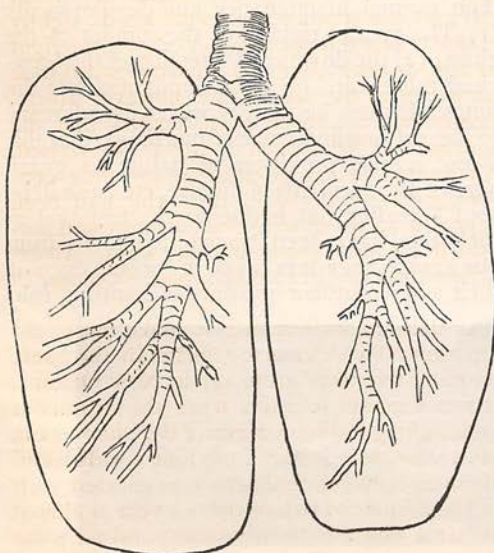


FIG. 1. SHOWING THE DOWNWARD DISTRIBUTION OF THE AIR-TUBES IN THE LUNGS.

BREATHING being such a common, and apparently such a normal, process, it seems strange that it should have any share in the production of disease, and that any one should

advise people how to carry on this function properly. Yet familiar and vital as this operation is, there is sufficient proof to show that imperfect breathing, or lack of knowledge how fully to expand the chest and lungs, is a most fruitful source of disease, and is partly responsible for a large share of the deaths which annually occur from pulmonary consumption.

The lungs are conical in form, and are inclosed in a beehive-shaped cavity called the chest, the sides of which are composed of ribs, muscles, and skin, the floor consisting of a broad, movable, and elastic membrane called the diaphragm, and the sharp-pointed roof is covered principally by muscles and skin. The upper end of each lung, which is situated immediately beneath its respective shoulder, is called its apex, and we shall see that this part bears a most important relation to diseases of the pulmonary organs. From this brief description it will be seen that at the summit of the chest the lungs are inclosed in a bony casement which is more or less rigid, while at the base they are free and unrestricted in their movements. It must not be overlooked, however, that the bony wall of the chest is sufficiently yielding to adapt itself to almost any size of the lungs, no matter whether large or small. This is well shown in

the chests of those who, like singers or gymnasts, expand their lungs through systematic training; or in those whose lungs are augmented by breathing the attenuated atmosphere of elevated regions. The Quichua Indians, who

it is also evident that under ordinary conditions of life near the sea-level, the lavish supply of lung material is a source of great danger to its possessor. If, for instance, the air capacity of the lungs exactly equaled the air demands of

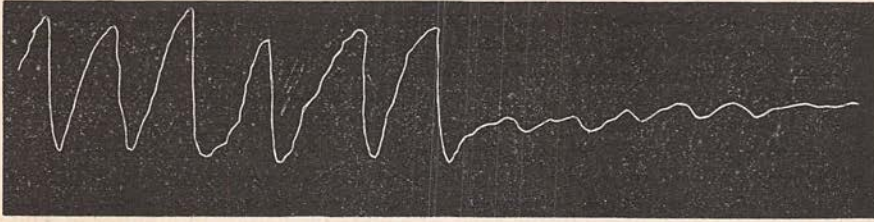


FIG. 2. TRACING FROM THE CHEST OF AN INDIAN FEMALE. LEFT-HAND PORTIONS SHOW ABDOMINAL TRACINGS. RIGHT-HAND PORTIONS SHOW COSTAL TRACINGS.

constantly live on, and respire the rarefied air of, the lofty plains of Peru, acquire chests which are out of all proportion to the remainder of their bodies. It has also been noted that the air-cells of their lungs are both more numerous and capacious than they are in people who live near the sea-level. On the other hand, disuse of parts of the lungs results in flatness of the chest, while disease of these organs is liable to be followed by a more pronounced depression and deformity of the chest-walls.

The arrangement of the air-tubes also plays an important part in the production of diseases in the lungs. From Figure 1 it will be seen that these are divided in such a way as to conduct the air principally in a downward direction toward the base of the lungs, and that therefore the lower part of the chest is filled first with air, and the upper part last or not at all, except during a full inspiration. This partial filling of the lungs is also due to another cause. It has recently been experimentally proved by Professor Mosso of Turin, Italy, that we possess nearly one fourth more breathing-space in our lungs than is actually needed to carry on the processes of life. This, of course, may be regarded as a very wise provision of nature to meet

the body, it is quite obvious that the whole lung surface would be actively engaged in supplying this want, and the lungs would in consequence be thoroughly inflated; but if three fourths of the lung space can perform the work of the whole, then one fourth remains more or less idle, and that part of the lung which remains idle is precisely that section which, as we have seen, is least readily inflated or supplied with air, viz., the upper part, or apex; and this part, in accordance with the well-known physiological law that exercise gives strength, becomes weaker, while the active or lower part becomes stronger.

There are here, then, three causes which conspire to deprive the upper portions of the lungs of that activity which is necessary for their normal maintenance and development: (1) The greater rigidity of the summit of the chest; (2) the downward direction of the bronchial tubes; and (3) the redundant size of the lungs. It must be said, however, in reference to the extraordinary size of our lungs, that this is not a wise provision of nature to guard against the accidents of disease, etc., as will be seen hereafter, but is due to the fact that as such they have been transmitted to us from our savage ancestors, who, in consequence of their active outdoor pursuits of hunting, fish-

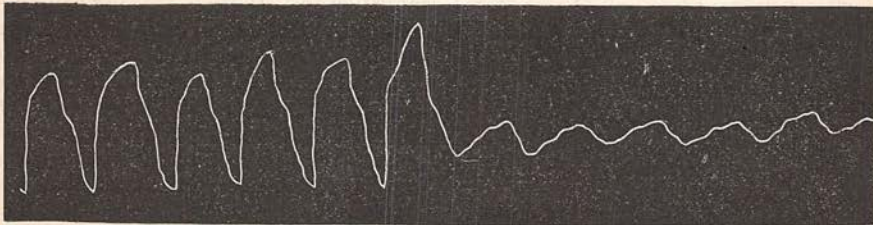


FIG. 3. TRACING FROM THE CHEST OF A CIVILIZED MALE. LEFT-HAND PORTIONS SHOW ABDOMINAL TRACINGS. RIGHT-HAND PORTIONS SHOW COSTAL TRACINGS.

certain exigencies of life, as when, for example, in pneumonia, bronchitis, etc., a portion of lung surface is impaired, or when, in ascending high elevations, larger air-space is required to breathe the rarefied atmosphere; but, on the other hand,

ing, etc., required a larger lung surface to satisfy the greater oxygen demands of their bodies than we do who follow the sedentary and quieter callings of a higher civilization. In this connection it is of great interest to observe that our

North American Indians, so long as they are permitted to roam at will over large territories of land, are comparatively free from pulmonary consumption, but so soon as they are confined closely on reservations, become indolent and lazy (by having their necessary wants provided), and fall an easy prey to this disease.

Notwithstanding the greater flexibility of the lower part of the lungs, it is a well-known fact that the breathing movements of the civilized female differ markedly from those of the male, inasmuch as they are more prominent in the upper than in the lower part of the chest. In other words, the civilized female breathes chiefly with the upper and the male with the lower part of the lungs. The former is called the costal, and the latter the diaphragmatic or abdominal, type of breathing.

These two types were first observed by the eminent Dutch physician Boerhaave as long ago as 1744, not only among adults, but even

inspiration being marked by a downward tracing, and expiration by an upward tracing.

In this manner I examined the movements of eighty-one chests, and in each case took an abdominal and a costal tracing. While all these girls were Indians, most of them had white blood in their veins, and their ages ranged from ten to twenty years. Thus there were thirty-three full-blooded Indians, five one fourth, thirty-five one half, and two were three fourths white. Seventy-five showed a decided abdominal type of breathing, three a costal type, and three in which both were about even. Those who showed a costal type, or a divergence from the abdominal type, came from the more civilized tribes, like the Mohawks and Chippewas, and were either one half or three fourths white, while in no single instance did a full-blooded Indian girl possess this type of breathing.

In Figure 2 will be found a tracing which



FIG. 4. TRACING FROM THE CHEST OF A CIVILIZED FEMALE. LEFT-HAND PORTIONS SHOW ABDOMINAL TRACINGS. RIGHT-HAND PORTIONS SHOW COSTAL TRACINGS.

in children before they were a year old. By Walshe, Gibson, and others the costal type is believed to be due principally to the wearing of tight clothing; while others, among whom was Hutchinson, denied this, and held that it existed in virtue of influences incidental to the female sex alone, which interfere with the freedom of the diaphragmatic, or abdominal, movements.

It will be seen that both of these theories maintain that the costal type in the female is developed in consequence of a restriction of the abdominal breathing movements, but the data on which they are based leave us in doubt concerning the true cause of this type of breathing. It occurred to me, therefore, that an observation on the respiratory movements of females of a wild race, who had never been subjected to the constriction produced by civilized dress, would materially assist in solving this disputed problem; and through the kindness of the directresses of the Lincoln Institution, a school for the education and training of Indian girls in this city (Philadelphia), I was permitted to investigate the chest movements of the inmates of that institution. This was done by means of a pneumograph, an instrument which writes the movements of the chest on the paper covering of a revolving cylinder,

is characteristic of the abdominal type as compared with the costal type of breathing among these Indian girls. The abdominal tracing, which is shown in the first half of the diagram, was in each case taken first, and the costal tracing, which is shown in the latter half, was taken afterward.

When this tracing is compared with that which is obtained from the chest of the civilized male (Figure 3), no practical difference is observed between them. I think, then, it obviously follows that, so far as the Indian is concerned, the abdominal is the original type of respiration in both male and female, and that the costal type of the civilized female, a tracing of which is shown in Figure 4, is developed through the constricting influence of dress around the abdomen. In other words, the respiratory movements of the female chest have been markedly modified by this influence, and by no other, during the transition period from savage to civilized life. They have, in part, been completely reversed, the abdominal type of the Indian becoming the costal type of the civilized female. This is well shown in the greater prominence of the costal movements in those girls who were either one half or three fourths white, and hence were dominated to a greater or less extent by the influence of civilized

blood. While these tracings were being taken, an incident occurred which demonstrated that abdominal constriction can readily modify the movements of the chest during respiration. At my first visit to the school I obtained an exceptionally well-developed costal breathing from a full-blooded Indian girl. I concluded to repeat this observation at my next visit, and then found that, contrary to my instructions concerning loose clothing, etc., this girl had on my first visit worn three tight belts around her abdomen. After these were removed, she gave the abdominal type of breathing which is characteristic of nearly all the Indian girls. I have also succeeded in producing a modification in the chest movements of the civilized male similar to that which was observed in this Indian girl, by placing a broad band around the abdomen sufficiently tight to interfere with the motion of the diaphragm. It is also true, on the other hand, that the costal type of breathing is much less pronounced, or may be absent, or may even revert to the abdominal type, in those civilized women who never wore corsets, or practised tight lacing of any kind. This I verified repeatedly with the pneumograph in the few individuals of this class which I found during the time my investigation was carried on.

Now when we connect the facts which have just been shown to be true—viz., that the original type of breathing in both the male and female sex is abdominal, and that the costal type of breathing in the civilized woman has been developed through the indirect influence of abdominal constriction producing greater motion in the upper part of the lungs—with the well-known law that exercise gives strength to an organ, it becomes a matter of much interest to find out whether the civilized woman is as liable to those diseases which are disposed to attack the apex of the lung, if there are any such, as is the male. This may be determined by the inquiry whether the male or female sex is more liable to pulmonary consumption; for it is the universal experience of the medical profession that in by far the largest number of cases the beginnings of consumption take place at the apex of either lung. How, therefore, does the female mortality stand in relation to this disease? Do more men than women die of this disease, or the reverse?

It is commonly believed that more females than males fall victims to pulmonary consumption; but from a large mass of statistics pertaining to all the principal cities of Europe and America, as well as to more than six thousand cases of consumption culled from hospital and private practice in these countries, I found that with a very few exceptions the male

is far more liable to this disease than the female sex.¹

These results are certainly contrary to those which are derived by reasoning from the apparent relation which exists here between cause and effect. For by leaving out of consideration the fact that the upper part of the female chest moves more freely during respiration than that of the male sex, there is very little to be found in her condition to account for her greater immunity. She has almost everything else against her in this respect. She is the weaker of the two sexes, leads a sedentary and quiet life, is engaged in indoor occupations, is subjected to the harmful influence of impure air, and is thus constantly exposed to causes which are believed to give rise to the disease, as is well attested by the male becoming notoriously liable to it when he is brought in contact with the same surroundings. Even when they are employed side by side in the same occupation, the male appears to be more prone to it than the female. Thus we learn from the report of the Rhode Island Board of Health for 1884 that the number of deaths which occurred among the two sexes from consumption in various occupations during a period of twenty-five years, when proportioned to the number employed in each occupation, was as follows: Male nurses, one in forty-two; female nurses, one in one hundred; male teachers, one in nine; female teachers, one in twenty-nine; male cigar-makers, one in thirteen; female cigar-makers, one in fifty-one; male operatives, one in forty-four; female operatives, one in seventy-six; tailors, one in eleven; tailoresses, one in thirty-one. Moreover, it must not be overlooked that the female has a smaller lung capacity than the male, which is an additional proof that it is not a large breathing-surface which secures protection against pulmonary consumption.

The facts which have been brought out in considering this subject make two things very clear to the reader: First, that the female, by clothing herself in accordance with the requirements of a certain fashion, interferes with the movements of the lower part of her lungs, and thereby cultivates greater expansion in the costal region of her chest, and overcomes the natural inactivity which originally existed here, and which still exists in the chest of the male. Second, that the female is less liable to pulmonary consumption than the male sex. Now if we have greater practical interest in one than in another question, it is as to the relation which obtains between these two circumstances. Does the expansion of the apex which is brought about through the influence of dress incident-

¹ "Female Dress as a Determining Factor in Pulmonary Consumption." By Thomas J. Mays, M. D. "Medical News" (Philadelphia), January 7, 1888.

tally protect the former against the ravages of consumption, or is there a casual connection between the two? Whichever may be true, their association is so intimate and so constant that, if they do not stand together as cause and effect, they point out to us that expansion of the apex of the lung is one of the important means of averting pulmonary consumption. This comes with special emphasis when it is known that, as a rule, all who suffer from consumption also suffer from defective apex expansion.

So much, then, about those conditions in the lungs which are instrumental in bringing on or in avoiding consumption. When we come to look for conditions outside of the body which operate in one or the other direction, we find that the breathing of impure air is generally regarded as one of the most formidable causes of the disease. Numerous plans and methods have been devised and proposed for improving the ventilation of our dwellings, hospitals, and workshops; volumes upon volumes have been written on the harmful effects of breathing bad air; and fresh country and mountain air has come to be regarded as a certain guarantee against this disease. These, like many other popular notions, contain a germ of truth, but actually are delusive, inasmuch as they exaggerate the effects of a small evil, and afford a false sense of security against the real danger. I desire it to be thoroughly understood, however, that I do not in the least underrate the value of fresh, wholesome air; but while it may be true that, on the whole, country people enjoy greater freedom from consumption than city people, though this is by no means proved, I am convinced that the purity of the atmosphere plays only a very small part in bringing about the result. If I am allowed to make a homely hypothetical proposition, I will state that if two healthy persons who breathe the same quantity of air, and who are equally well off so far as heredity, food, clothing, warmth, comfort, etc., are concerned, were both enjoined to maintain a sitting position with stooped shoulders and sluggish breathing for a certain length of time, one inside of a house and the other outside in the open air, there is no reason for believing that the one inside would fall a victim to consumption any earlier than the one on the outside.

If it were true that this disease is the result of breathing a vitiated atmosphere, how can we account for the fact that the inhabitants of Iceland, Lapland, and of other cold countries, who live in dwellings which are notoriously wanting in ventilation, are practically free from this disease? Of the Icelanders, Mr. Warnford Lock, who is very familiar with these people, and who speaks their language, says¹ that their life is

"one long exposure to the elements, and during the night they live in dwellings devoid of ventilation, and which, if not buried beneath the earth, are built of turf, and often become grass-grown, a very bad feature being the excessive stuffiness of the common living- and sleeping-rooms, when, owing to the absence of fires, the greatest possible crowding and plugging are necessary in order to maintain a tolerable degree of warmth." Yet Dr. Cullimore says² "that consumption in Iceland is never native, but is always, when it does occur, imported from abroad, and but seldom extends to the second generation." And how, on the other hand, can we, on the score of impure air, account for the wide-spread prevalence of consumption among those people who inhabit the tropical regions of the globe, and who enjoy an uninterrupted reveling in pure, fresh air, both by day and by night, in winter and in summer?

One fact which lends color to the belief that pure air is such an essential element in checking the ravages of consumption is found in the diminished liability to consumption of those who live in elevated or mountainous regions. Why, it may be asked, are mountain climates, as a rule, so free from consumption? Is it because the atmosphere is pure and free from poisonous germs? This is hardly probable, for if the purity of the atmosphere played such a prominent part, why are the Icelanders, who, as we have just seen, nightly reek in a most filthy air, or the dwellers along the Nile, who, according to Mr. B. Phillips, live "in huts where the pure air has neither ingress nor egress, except through a small hole near the ground," so free from this disease? Is it due to the general absence of humidity? I think not, since Bogota, the capital of the United States of Colombia, located on the Andes, near the equator, and at an elevation of over 9000 feet, is said to be entirely exempt from this disease, though dampness prevails to a large degree.

There is much reason for believing that this immunity in high altitudes is chiefly, if not wholly, due to a rarefied condition of the atmosphere. Dr. Dennison of Colorado estimates that at an elevation of 6000 feet the surface of the body is relieved of nearly 7000 pounds pressure. When such an enormous weight is lifted from the body its interior must also be markedly affected. This is shown by the respiration being quickened from ten to fifteen breaths per minute, by the pulse being accelerated from fifteen to twenty beats per minute, by evaporation from the skin and lungs being

¹ "The Home of the Eddas." S. Low. 1879.

² "Consumption as a Contagious Disease." Bailière, Tindal & Cox. London, 1880.

increased, and by the chest capacity becoming greatly augmented.

Another reason why the number of respirations increase when a mountain ascent is made becomes clear when we consider that at the sea-level a cubic foot of dry air contains about 130 grains of oxygen, while at an elevation of 6000 feet it contains only about 106 grains,—nearly one fourth less than the lungs are accustomed to breathe near the sea-level,—and therefore in order to supply the wanted amount of oxygen to the body the respirations become deeper and more frequent. From all accounts it is probable, however, that the breathing is hurried only during the early period of such exposure, and that as the lungs expand, and the air penetrates into lung-tissue little used before, the respirations sink closer to their former frequency.

On account of the superfluous lung surface with which we have seen that man is blest, it is quite evident that he does not sustain a great deal of injury from such a deprivation of oxygen; for by throwing his whole lung capacity into activity he is enabled to extract the requisite amount of oxygen from an attenuated atmosphere of this kind. And herein lies at least a part of the secret why so many consumptives, and others with weak lungs, derive such great benefit from a mountain climate. As has already been stated, the lung-apex is habitually inactive in those who have a tendency to consumption; hence, when the body is immersed in a highly rarefied atmosphere, every available space in the chest is brought into action to furnish the necessary amount of oxygen, the apex is forced out of its lethargic state, and its air-cells are inflated, and if the products of the disease are not dispersed, the lungs are kept more permeable, and the malady is at least forced into abeyance.

This view is also confirmed by those who have had large experience in the climatic treatment of consumption. Thus, Ruedi reports "that of 600 consumptives under his care at Davos, expansion of the chest took place in 584." Dr. Lindsay in his interesting book¹ states that "Davos does not cure consumption by its sunshine, or the purity and dryness of its air (although these conditions undoubtedly coöperate in the beneficial effect), but mainly by the rarefaction of its air, which stimulates respiratory activity, promotes healthy expansion and soundness of tissue in the lungs, and hence aids them to resist the spread of morbid deposits."

From all that has been offered in the foregoing pages I think it is evident that proper development and expansion of the lungs by

means of well-regulated breathing must be regarded as of the greatest value in the prevention and in the treatment of the inactive stages of pulmonary consumption. Much has been said and written on the subject of artificially inflating the chest, and of bringing into activity that upper part of the lungs which naturally tends to become idle. As a rule it may be said, however, that the more simple the method, the more effective and practical will be the results which flow from it. Among the many exercises which are recommended for this purpose, the following movements are very valuable. The arms, being used as levers, are swung backward as far as possible on a level with the shoulders during each inspiration, and brought together in front on the same level during each expiration. Or the hands are brought together above the head while inspiring, and gradually brought down alongside the body while expiring. A deep breath must be taken with each inspiration, and held until the arms are gradually moved forward, or downward, or longer, in order to make both methods fully operative.

Another very serviceable chest exercise is to take a deep inspiration, and, during expiration, in a loud voice count or sing as long as possible. A male person with a good chest capacity can count up to sixty or eighty, while in a female, even with good lungs, this power is somewhat reduced. Practice of this sort will slowly develop the lungs, and the increased ability to count longer is a measure of the improvement going on within the chest. Or, again, the taking of six or eight full and deep breaths in succession every hour during the day, either while sitting at work, or while walking out in the open air, will have a very beneficial effect.

The breathing of compressed and rarefied air is attracting wide attention at the present time in connection with the prevention and the treatment of pulmonary consumption, and is another mode wherewith the chest capacity can be decidedly improved. When air is breathed in this manner, there is felt during each inspiration a gentle distention of the whole chest, while during expiration a feeling of emptiness is experienced. Waldenburg, to whom we owe this system of chest ventilation, states that in this way from fifty to two hundred and fifty cubic inches more air can be inhaled than during ordinary breathing.

Consumption is not a disease which originates in a day, but it is the outgrowth of morbid habits and agencies which may even antedate the birth of the individual. Defective breathing is one of these habits, and its pernicious prevalence is more wide-spread than is generally supposed. From close attention to this subject for many years, I believe

¹ "Climatic Treatment of Pulmonary Consumption," p. 62. 1888.

that our clerks, telegraph-operators, tailors, shoemakers, jewelers, etc., and the many flat-chested and round-shouldered people in other walks of life, never, under ordinary circumstances, fully inflate the upper part of their lungs. One of the pressing indications, therefore, in the prevention of pulmonary consumption lies in the correction of this chest deformity, and I feel that the good which may be accomplished in this direction by fol-

lowing the simple means suggested in the foregoing pages cannot be overestimated. It must be understood, however, that these exercises are to be applied with energy and constancy. They must be continued until their accumulated effects become a part of the very nature of the breathing movement itself, after which a habit of deep breathing becomes established which goes on independently of any extra effort of will-power.

Thomas J. Mays.

FARMER ELI'S VACATION.

IT don't seem as if we'd really got round to it, does it, father?" asked Mrs. Pike.

The west was paling, and the August insects stirred the air with their crooning chirp. Eli and his wife sat together on the washing-bench outside the back door, waiting for the milk to cool before it should be strained. She was a large, comfortable woman, with an unlined face and smooth, fine auburn hair; he was spare and somewhat bent, with curly iron-gray locks, growing thin, and crow's-feet about his deep-set gray eyes. He had been smoking the pipe of twilight contentment, but now he took it out and laid it on the bench beside him, uncrossing his legs and straightening himself with the air of a man to whom it falls, after long pondering, to take some decisive step.

"No; it don't seem as if 't was goin' to happen," he owned. "It looked pretty dark to me all last week. It's a good deal of an undertakin', come to think it all over. I dunno 's I care about goin'."

"Why, father! After you've thought about it so many years, and Sereno's got the tents strapped up, and all! You must be crazy!"

"Well," said the farmer, gently, as he rose and went to carry the milk-pails into the pantry, calling coaxingly, as he did so, "Kitty! kitty! You had your milk. Don't you joggle now!" For one eager tabby rose on her hind legs in purring haste, and hit her nose against the foaming saucer.

Mrs. Pike came ponderously to her feet, and followed with the heavy, swaying motion of one grown fleshy and rheumatic. She was not in the least concerned about Eli's change of mood. He was a gentle soul, and she had always been able to guide him in paths of her own choosing. Moreover, the present undertaking was one involving his own good fortune, and she meant to tolerate no foolish scruples

which might interfere with its result. For Eli, though he had lived all his life within thirty miles of the ocean, had never seen it, and ever since his boyhood he had cherished one darling plan: some day he would go to the shore and camp out there for a week. This, in his starved imagination, was like a dream of the Acropolis to an artist stricken blind, or as mountain outlines to the dweller in a lonely plain. But the years had flitted past, and the dream never seemed nearer completion. There were always planting, haying, and harvesting to be considered, and though he was fairly prosperous, excursions were foreign to his simple habit of life. But at last his wife had stepped into the van, and organized an expedition, with all the valor of a Sir Francis Drake.

"Now, don't you say one word, father," she had said. "We're goin' down to the beach, Sereno and Hattie and you and me, and we're goin' to camp out. It'll do us all good."

For days before the date of the excursion Eli had been solemn and tremulous, as with joy; but now, on the eve of the great event, he shrank back from it with an undefined notion that it was like death, and that he was not prepared. Next morning, however, when they all rose and took their early breakfast, preparatory to starting at five, he showed no sign of indecision, and even went about his outdoor tasks with an alacrity calculated, as his wife approvingly remarked, to "for'ard the v'y'ge." He had at last begun to see his way clear, and he looked well satisfied when his daughter Hattie and Sereno, her husband, drove into the yard in a wagon cheerfully suggestive of a wandering life. The tents and a small hair trunk were stored in the back, and the horse's pail swung below.

"Well, father," called Hattie, her rosy face like a flower under the large shade-hat she had trimmed for the occasion, "guess we're goin' to have a good day."

He nodded from the window where he was patiently holding his head high and under-