

from the sanatorium its staff must be proportionally increased.

In my opinion probationers should be admitted to such institutions for periods of one year's training, and it is a matter for the consideration of this Council whether some scheme cannot be devised whereby the time so spent might count as part of a nurse's training, or be recognised as a preliminary course for it, provided there were at least fifty beds, a resident medical officer, and a fully certificated Matron in charge of the Sanatorium. It might be practical to affiliate these institutions for nursing purposes with county or small local general hospitals, or they might, for training purposes only, be grouped with other local hospitals for special diseases, the nurses being passed from one institution to another in a regular order.

Certainly much practical and valuable knowledge can be learned in sanatoria. The need and methods of ventilation, for instance, are thoroughly taught in a practical manner, which is obviously impossible in those institutions, largely on the increase, where the Plenum, or other artificial system, is in vogue, and inasmuch as phthisis is accountable for about 70,000 deaths per annum in the United Kingdom, it stands to reason that it will be very largely met with by private nurses. Phthisical patients are now excluded from almost all general hospitals and convalescent homes, and indeed "open air" treatment is a speciality, and cannot be carried out satisfactorily in a hospital ward.

Present day treatment of phthisis chiefly consists of close observance of the rules of hygiene, super-alimentation, rest and exercise in the open air, in addition to what may be termed prophylactic measures, such as the disposal and disinfection of sputa.

As regards general hygiene, we must bear in mind that although sunlight and ventilation can, and actually do, destroy the tubercle bacillus in dwellings and other places where the rays of the sun can be brought in direct contact with it, there is as yet no evidence that such is the case when the microbe has its habitat in the lungs or tissues of a living person. The aim of "open air" or, as it is now more generally termed, "hygienic" treatment, is rather to build up the constitution of the patient, and so to give him every possible advantage in his long struggle with the disease.

With this object in view his environment must be as far as possible perfect. He must live entirely in the open air, and not congregate with his fellows. He must avoid entering badly-ventilated shops, dwelling-houses, or places of worship. The air which he breathes must be as

pure as possible, and not have previously passed through the lungs of another person.

In the day time he must live entirely out of doors, and at night his bedroom windows, which should face south or south-west, must be opened to their widest capacity, no matter what the weather may be. The windows should be of the French pattern, which, opening like doors, offer no obstruction to the entrance of air, as do sash windows. The best form of window which I have yet seen is that made on the principle of a French window with glass doors, which are divided not only vertically, but also horizontally, by a transome so that the air space can be regulated if necessary.

For artificial lighting electricity only is permissible, for it alone does not alter the character of the air in the room illuminated by it.

If possible a patient should never be in a room while the bed is being made or any dust disturbed.

Dust is always dangerous, and it is exceedingly difficult to ensure its absence from a building open to the winds of heaven.

Sweeping with damp brooms and much damp sawdust, dusting with wet cloths, and washing daily floors and flat surfaces, will not keep the enemy away for long together, and the crusade is unending. In pine countries, during the spring and early summer months, the pollen from the pine flowers is exceedingly troublesome; it blows in through the windows and collects like fine sand on any plain surface.

The furniture in a sanatorium, or the bedroom of a private patient suffering from phthisis, should be so constructed that it can be easily swept under and round. Wardrobes and chests of drawers should be raised on short legs, and the former should have solid tops slanting slightly from behind, instead of the usual dust-collecting cornices and hollow tops dear to the heart of the cabinet maker. All cushions and upholstered furniture should be provided with washing covers, and there should be neither carpets, curtains, nor hangings to prevent free circulation of air or to afford lodging places for dust.

Inasmuch as the skin acts in some small degree as a compensating organ for the diseased lungs, care must be taken to keep it in a healthy condition. With this object in view many physicians prescribe daily shower or needle baths. Ladies, however, who indulge in elaborate coiffures will often strongly object to these baths, but their difficulties and prejudices can be easily overcome if the nurse be only smart enough to suggest the use of a bathing cap. I may mention that I have seen in a well-appointed private sanatorium a shower bath fitted in the corner of each bedroom.

Very exaggerated notions are prevalent as to the stuffing or forced feeding in sanatoria. We

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