

from home and family, to which his disease has condemned him. A sanatorium, however, presents a far more attractive prospect to the sufferer, composed, as it is, of a colony of cottages, luxuriously appointed, every group of four to eight patients having their private parlour and bath. The bedrooms are retired and bright, the reception rooms homelike; every cottage has electric lights, a modern hot-water heating plant and broad verandas facing the south. A complete telephone system connects all cottages with the administration building. A capacious casino provides a place for lounging and amusement, and a large, carefully selected library, pianos, billiard room, &c., furnish recreation. In the administration building are found all the appliances for the most modern and scientific treatment of cases, including a completely equipped water treatment room, together with inhalation and general treatment rooms, a laboratory, throat and electrical rooms; spacious reception rooms are provided, open to the north and south, to ensure good ventilation. Each room has an open fireplace. In the electrical room any form of electrical treatment desired may be given by means of large static machines with specially-constructed electrodes and galvanic batteries of various types. And yet, while conveniently at hand, all treatment rooms are so located as to escape the notice of those not seeking them. A properly-planned administration has, in addition to its large sunny lounging-room and cheery dining-room, rooms arranged singly or *en suite* for the accommodation of patients and their guests. The entrance lobby is so arranged as to present to new arrivals the appearance of a hotel rather than of a sanatorium; and first impressions are often lasting. Finally, and yet not of last importance, is the infirmary always to be found in well-appointed sanatoria. This is the true hospital, where patients temporarily confined to bed can have constant care of nurses on duty. In this building an operating room, with all the latest improvements, should be located. The necessity for such a room in tuberculosis institutions has been amply demonstrated by the number of operations performed and the excellent results obtained. No better location can be found for the convalescence of a tuberculous subject, after a trying operation, than a high, dry, mountainous region.

At any time during the day or night physicians and nurses are available, but excepting on regular examination days, or in an emergency, patients need not speak to anyone professionally; they simply know that such help is available. And yet so thorough is the unobtrusive oversight maintained that, if a patient is likely to harm himself by well-meant but injudicious action, a word in time saves subsequent trouble and sickness. The rules and restrictions are few. Regular hours for meals and

retiring, out-of-door life during the daytime, no smoking indoors, absolute care regarding disposal of sputa, hæmorrhagic and fever cases not to walk beyond certain limits. Aside from these rules patients may come and go at pleasure. Some walk miles at a time over the hills and think little of a trip of seven miles. They can fish, hunt, play croquet and golf during the summer, while during the winter months tobogganing and sleighing take the place of other sports. During evening hours debating societies and social functions in the different cottages are frequent, and many a happy hour is whiled away with mandolin, guitar, or piano. Is there any "all-pervading and ever-present depressing effect of hospitals" in this picture?

Look at the other side. A patient locates in a farmhouse where he obtains but one thing—good, plain food and not too much of that. The rooms are arranged, not for light, ventilation, warmth, or comfort, but with the single idea of crowding in as many boarders as possible. The patient may spend his evenings in the common family room, heated from 75 to 85° Fahr. by a large stove and not ventilated. Then, after the social and intellectual feast to be expected, he goes to his cheerless room, passing on the way through cold, dreary halls. His room is likewise cold, or else heated by that abomination of civilisation, a stove. Does he require to visit a closet before retiring or during the night (such emergencies do occur with consumptives), he may wander downstairs and out through the snow. However, this may toughen him. Does he require a nurse? There is none. A physician? Instead of telephoning from his cottage to the main building, as at a sanatorium, and receiving immediate attention of both physician and nurse, he must arouse one of the family, wandering again through cold hallways to do so, and wait from one to four hours until the doctor arrives. If the patient is in a large boarding-house or hotel his surroundings are better, but not inspiring. Life in a sanatorium is less depressing. There is more real happiness and less consideration of self among the patients; there is infinitely less conversation relative to disease. The reasons are self-evident. In the sanatorium the patients are grouped in small cottages, and, having the entire surrounding country over which to roam, are scattered during the day. In boarding places they are herded on a common veranda or in a parlour, and when they walk out are constantly meeting with others more ill, perhaps, than themselves.

Having thus outlined the sanatorium itself, let us consider the class of patients that should be admitted for treatment. In charitable institutions at the present time, owing to the restricted means at hand, there should be received none other than those in the very early stages of the disease, *i.e.*, the curable ones. The reasons are: (1) Because

[previous page](#)

[next page](#)