

incurables require more individual care and attention than it would be possible to render for the rates charged; and (2) because while one incurable is wearing out a prolonged, weary existence toward an inevitable end his bed might be occupied by at least two curable patients, thus accomplishing more good.

In self-supporting and money-making sanatoria, while the majority of guests should be limited to the curable class, it is eminently proper, on humanitarian, professional, and financial grounds, to care for incurable and arrestable cases, as well as a third, namely, those who may become improved only.

Routine examination of patients, carefully carried out in all its details, should be the first essential in a sanatorium. This includes full family and personal histories, wherein they relate to disease; physical examination of lungs and heart, and examination of these organs by the Röntgen rays; bacteriological examination of sputa and blood, urinalysis, and careful laryngoscopic examination of pharynx and larynx. Temperature and pulse observations should be made morning and evening for one week, and subsequently, if there be found a thermal movement. All the facts elicited by these various methods should be recorded and we should then be able to classify our patients and prescribe the proper course of treatment. Thus, it would appear that a patient in a sanatorium makes the start in search of health under more favourable auspices and on a more scientific basis than would be possible outside.

The treatment of all cases should be based upon climatic, hygienic, and dietetic influences. The hygienic arrangements of all well-appointed sanatoria should be as perfect as science can make them. Patients should have individual rooms, and, if possible, facing the south. If facing on verandas the windows should open to the ground, and the doors opening into the corridor should be provided with transoms in order that there may be free circulation of air at all times, especially at night. The furniture in the rooms should be, as far as possible, of iron and as plainly constructed as possible. There should be no ledges above the doors or windows to catch the dust, and carpets should never be used. The heating of the rooms should be, preferably, by hot water, as the temperature during the mild months would be more equable than that furnished by steam. When rooms are sufficiently large an open fireplace is desirable. All assembly rooms, as well as treatment rooms, should be exceedingly well ventilated. In the former a large open fireplace should be found, and a double register—one near the base board of the room and one near the ceiling, connected with the flue of the chimney—would prove valuable. All woodwork and walls should have a glazed finish in order that they may be frequently washed. It is needless to say that the sewage system of a sanatorium should be perfect.

Diet is an all-important factor in the treatment of tuberculosis; indeed, were we restricted to three curative agents, they would be the three named above. Physic must be merely an accessory. The culinary department of a sanatorium should be under the supervision of a capable steward. In advanced cases at all times, and in a very few incipient cases when they first come under observation, specially arranged diets are necessary. In 90 per cent. of incipient cases, however, nothing is better than a good "home" table and three substantial meals a day. Plenty of fats, vegetables, milk, and eggs should be provided. Patients should not only be allowed, but required, to consume daily from one to two quarts of milk and from six to eight raw eggs. In addition, they should eat as much meat as an ordinary healthy person should consume, regardless of the foregoing articles mentioned. Pastry and sweets should be used only as dressings. In cases of either acute or chronic gastritis, patients should be required to resume the regular diet after the proper treatment has removed these conditions.

(To be continued.)

War Medal for Nursing Sisters.

The following instructions have been promulgated to the Army, with the approval of the Secretary for War:—

"His Majesty the King has been graciously pleased to approve that a second war medal, bearing his effigy, shall be granted in recognition of the services rendered by the troops in the later phases of the campaign in South Africa, and to reward those soldiers who, by their long service in the field, have brought the war to a successful termination. This medal will be known as the 'King's South Africa Medal.' The ribbon will be orange, white, and green, in three stripes of equal width, and so worn that the green stripe of the ribbon shall be on the right. Provided the claims are approved by the Commander-in-Chief, the medal, in silver, will be issued to all officers, warrant officers, non-commissioned officers, and men of the British, Indian, and Colonial Forces; to civilian medical practitioners and others employed with military hospitals in South Africa; and to all nursing sisters, as defined in Army Order 195 of 1901; provided that (a) they were actually serving in South Africa on or after January 1st, 1902, and (b) that on that date they had completed 18 months' war service, or subsequently completed such service before June 1st, 1902."

The order further states that two clasps will be granted—(a) a clasp, "South Africa 1901," to all who served in South Africa between January 1st, 1901, and December 31st, 1901, both dates inclusive; (b) a clasp, "South Africa, 1902," to all who served in South Africa between January 1st, 1902, and May 31st, 1902, both dates inclusive.

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