

there are springing up in this and other lands sanatoria for the open-air treatment of consumption, which have revolutionised not only the method of treatment, but also the prognosis of the disease. Of these, well-known examples are the King's Sanatorium, of which His Majesty recently laid the foundation-stone at Midhurst, and the Schatzalp Sanatorium at Davos (our illustration being of the latter institution), where in picked situations, under conditions upon which much thought and care have been expended, patients suffering from diseases of the chest can be treated under the most comfortable and even luxurious conditions.

But the expense of maintenance of institutions organised on such lines necessarily limits their multiplication and renders the cost of residence in such as exist—moderate enough as it is, when what is supplied is taken into account—prohibitive to many. For instance, we are told that the cost per bed at the King's Sanatorium will probably average £1,000. It is obviously impossible that the problem of grappling with the scourge of consumption should be carried out on these lines.

Such sanatoria will, without doubt, benefit the few. What we need beyond this is a scheme for popularising the outdoor treatment of phthisis which will benefit the many; for, all over the land there rises to Heaven the cry of the consumptive, pleading, not for palatial residences, or for luxurious living, but for the first and chief necessity of life to the phthisical—pure air.

That this is practicable may be gathered from a letter addressed to the *Times* by Dr. Charles Reinhardt, an acknowledged authority on the subject of open-air sanatoria, who says:—

“Accommodation for patients to be treated on the open-air principles can be provided at a cost of £100 per bed, which is about one-tenth of the cost to be incurred at Midhurst. Substantial and costly buildings are not only unnecessary, but they are positively an impediment in the way of the treatment.

“The most successful, as well as the most economical, plan on which to build a sanatorium is to provide each patient with a small hut or chalet, with windows opening on every side. By this method alone can a patient be enabled to breathe at all times the purest air. The largest room in the best building is inferior to a chalet for the purpose of the open-air treatment, patients showing more speedy and satisfactory results in the latter than in the former. The hut or chalet can be built and completely equipped with furniture for £50, and a similar sum will provide for each patient's share of the administrative block with its equipment; and, provided care is exercised in the selection of the site, the freehold of the ground may be included as well. Huts built at this cost are sufficiently durable, and are in every way satisfactory, and both patients and physicians who have had experience of both systems are in favour of that of the chalet sanatorium.

“On the other hand, physicians who have never themselves either slept in a chalet or treated patients therein raise theoretical difficulties, such, for instance,

as to the cost of service and discomforts and difficulties of administration; but these disappear when practical experience is brought to bear upon the matter. Poor patients require little service, as they can wait upon themselves. Middle-class patients can be provided for on the chalet plan at an increase of 15 per cent. for the cost of service, but the initial expense and the more successful results amply compensate for these trifling difficulties.”

If the cost is one-tenth of that of the ordinary sanatorium, and the results more satisfactory, the system is obviously worth a trial on an extensive scale.

A point to which another expert, Dr. Glover Lyon, calls attention is noteworthy, namely, that tramps, though usually ill fed, are remarkably free from phthisis. This fact certainly affords proof of the well-established theory that fresh air—and this more especially when associated with abundant food—diminishes susceptibility to phthisis, while the opposite condition increases it.

The hope, therefore, of the future lies, apparently, not in multiplying expensive sanatoria, but in the provision of huts for the open-air treatment of phthisis. It is presumable that cases treated by this method are received, as they should be if the best results are to be obtained, in the incipient stages; otherwise the requisite nursing care would be very difficult to organise.

The proposal has been made that the Metropolitan Asylums Board, “by reason of practical experience in regard to the provision of hospitals,” is exceptionally well qualified to deal with the organisation of sanatoria for consumptives. The able way in which the Board has dealt with the infectious diseases of the Metropolis certainly supports this view.

M. B.

Hovis Food for Infants.

BY A MEDICAL CONTRIBUTOR.

Amongst the multitude of new foods which are constantly being placed upon the market, it is safe to say that the majority are indifferent, many are quite useless, and only a very few are of real utility. Amongst the latter, however, increasing experience proves that a comparatively new preparation must be numbered. Hovis bread is well established in public favour and confidence, and the manufacturers have been encouraged by its remarkable success to prepare two new Foods for infants and invalids. These, and especially the former, we have for some months past been carefully investigating, and testing in actual practice; with the result that we deem it our duty to bring these foods before the notice of our readers. We propose on this occasion to deal only with that known as Food No. 1, which is intended solely for infants under eight months of age. Incidentally, it is worthy of notice that a considerable number of widely-advertised foods for infants are altogether lacking in the composition which they should physiologically possess. The

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