

Superintendent or Matron who is a graduate nurse.

Assistant nurse, also a graduate.

Volunteer workers.

In addition is needed a cook, two helpers for kitchen and laundry, and a caretaker (usually a patient). All except consulting staff, the assistant physician and the caretaker receive salaries. The physician in charge should devote his entire time to this work, therefore should have remuneration.

#### DAILY RÉGIME.

Patients may arrive as early as seven o'clock in the morning in summer, and never throughout the year later than nine o'clock.

Each patient is provided with paper bag and paper napkins for sputum, to be replaced as often as necessary through the day and provision is made so that a supply is taken home for night use.

Temperature and pulse are recorded on arrival, and again in the afternoon. At 9.30 a.m. a lunch of bread, butter, and milk is given, with eggs by physician's order. At 12.30 a hearty dinner, consisting of meat, fowl, or fish, potatoes, one other vegetable, bread and butter, milk, and a wholesome dessert, preferably made of milk and eggs. At 4 p.m. another lunch similar to that given in the morning is served. In winter hot milk, broth, and cocoa are given at luncheon.

After taking of temperature and pulse, the patients leave between five and six o'clock, reaching home for the night meal. Patients who were able were allowed and encouraged to do some work, but no patient worked over one half-hour, as the effort in going to and from their homes, was considered enough exercise. The time may be spent in reclining chairs or hammocks at rest, or in moderate amusement, reading, sewing, and games.

All patients were expected to wash hands and care for teeth and mouth before each meal. Examinations were made of chests once each month, and patients were weighed each week. As the aim of the camp was educational, addresses were given on Tuberculosis, Hygiene, Care of the Teeth, etc.

The assistant nurse visits in the homes, secures proper sleeping arrangements, supervises the food, and teaches the family necessary precautions in order to avoid infection. In this side of the work we become closely allied with organised charities, settlements, churches, labour unions, various clubs, and sources from which we might expect aid for our patients.

Relieving all mental strain is one of the most important points of our work, and one that will amply repay, by marked results, any efforts

made. The Matron can spend her time in no more advantageous way than by daily individual work among the patients, proving to them her willingness to be their friend and helper.

#### RESULTS.

The Day Camp cares for patients not accepted at the State Sanatorium, and not ill enough to go to an advanced hospital. There are a large number of just such ambulatory cases, who without instruction prove a constant menace to their neighbours and family. No patient was refused who was able to reach the camp. All were allowed to prove for themselves the extent of their weakness, and then they were more willing to accept the alternative—the advanced hospital. The examination of members of the family and friends of the patients resulted in removing sources of infection, undreamed of existing.

The removal of despondency and anxiety caused by the separation of families for an indefinite period, proved of great value and became an important factor in helping towards recovery.

In the report of the Mattapan Camp for eight months I find the following figures which should gratify and encourage alike both patients and tuberculosis workers. During eight months, 252 patients were admitted; of these

209 roomed and slept alone.

16 were sent to the State Sanatorium, having been refused shortly before coming to camp.

30 were discharged arrested.

153 improved, or examined less than one month.

40 advanced.

29 died.

132 found to have the disease.

Forty, or one-third of the patients of 1905, the first year of the camp, after four months' treatment, have been to a great extent self-supporting, for two years, being able to work all or part of each day.

There are many camps now in existence. Ten of these for adults and two for children are in Massachusetts.

Germany has sixty-seven in operation at the present time.

Such a camp as described cannot be compared with a well-regulated Sanatorium, where a patient has supervision the entire 24 hours, but is of value as a supplement to dispensary work and care given by private physicians.

These camps are of value—

In detecting disease in other members of family.

As a source of education to patients and the public.

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