

the purpose of an open-air sanatorium, than we were besieged with applications from the many poor souls who seemed to see in it their only salvation. The result was that despite our better judgment many were admitted to whom no benefit could come. Our hands were forced also, and we were committed to undertake the care of patients before the shelters were ready. With the greatest cheerfulness, and under many disadvantages, the Matron and staff did what could be done. The patients were housed in tents pending the erection of the wooden shelters.

“Te Waikato” is situated on the Maungakawa range of hills about six and three quarter miles from the Town of Cambridge. The grounds have an extent of over 1,000 acres, the greater part of which is hill and valley covered by beautiful native bush. The range has an altitude of about 1,150 ft. The house which the late owner lived in has been converted into the administrative block, comprising kitchen, staff bedrooms, dining-rooms, Matron’s and nurses’ bedrooms, consulting-room, laboratory, and office for the Medical Officer. The hospital proper—that is the place where the patients sleep and rest—is quite separate and distinct from the main building.

“The amateur writer on open-air treatment is like the amateur traveller—he is characterized by a passion for unnecessary hardship,” says one writer on sanatoria, and in this there is much truth.

Time is a necessary factor in the putting-up even of a shelter, and although each is occupied as it is completed, still those waiting for admission not unnaturally get impatient and suggest that tents should be used. At the beginning, as has been stated, tents were perforce employed, and a word or two with respect to them may not be out of place. Sheltered among pines on the flat they can be used all the year round, but at an altitude such as that of Te Waikato they are only useable during the summer months. Although raised well above the ground and floored with good tongued and grooved boards, it was found difficult to keep the bedding dry in wet weather or the tent still when the wind blew. The flapping of the canvas disturbs the patient, though it is marvellous how soon and to what a person can get accustomed. These remarks are offered as an answer to the oft-repeated suggestion that room could be made for more patients pending the completion of the shelters if tents were utilised.

The shelters are divided into three classes—(1) capable of holding one bed, (2) capable of holding two beds, (3) and those large enough to accommodate four. As can be seen from the illustrations the shelters are not only artistic, but they fulfil in every way the standard set up by English and Continental writers on sanatoria.

At the time when you officially declared the institution open there were gathered there visitors from many parts of the world. One gentleman well acquainted with most of the magnificent sanatoria in America stated that he had seen none to excel Te Waikato in regard to site, beauty of surroundings, natural advantages, and up-to-date equipment. This I feel to be true. In contrast with such gigantic boardinghouses as that recently erected at Hohenhonif, our Sanatorium, of course, cannot compete, nor is it desirable to enter the lists with such places as that. Costing something like £100,000, it savours more of the nature of a huge and luxurious hotel. I am firmly convinced that no sanatorium should be larger than, say, sixty or seventy beds. It is inadvisable to congregate together a greater number of patients. The essence of this modern line of treatment is to combine daily careful and personal supervision of each patient by the medical officer and nurses; with a greater number than sixty or seventy this can only be effected with difficulty and at great expense.

Many invalids unfortunately can never hope to obtain the benefits of such an institution; while on the other hand, there are some who do not care to enter a sanatorium. Much may be done for these people in their own homes, but the best must always fall short of what might be. This is what one of the latest American authorities says with reference to this particular point:—

Sanatoria for tuberculosis have many advantages for the treatment of cases over any sort of home management.

Tuberculosis is a type of the long-continuing diseases. Depending on the tissue attacked and on the resisting power of the patient, the disease lasts from a few days to many years, and in hopeful cases the great desideratum is for means to combat it in a persistent campaign, for several years if need be, without a break in the perfect continuity of its strenuous tension. There must be no relaxation of watchfulness to prevent surprises; no lessening of the resisting forces by unsanitary conditions of life that would lower the vitality of the factors of defence. There must be no sleeping on watch in this camp, nor dissipating of powers by unwholesome pleasures, nor engaging in industries not necessary to the perfection of the bodily forces as a power of defence. And there must be no loopholes in the lines of resistance, for the enemy is one that never sleeps nor rests wherever it can find physical conditions adapted to its work; it requires no intelligence, but works with the precision and fate of an automaton.

For such a campaign against this disease the prospects of ultimate success are greatest when it is conducted in a climate best adapted for it, under residential conditions most fit, and under the care and observation of experts in this sort of a campaign who are not likely to relax their watchfulness or lose their wisdom about it from one year’s end to another.

These conditions are in the average case best attained in sanatoria for tuberculosis. This truth is so plain as to be really self-evident. It is a truth that needs no argument that these best conditions