

The treatment I have adopted here is that which has been so successful in the past ten years at the Brompton Consumption Hospital and the Brompton Sanatorium—namely, that of graduated rest and exercise together with regular hours, regular meals, and healthy ventilated sleeping-quarters. I do not regard tuberculin as a specific, and use it only if indicated in certain selected cases which have been under observation for some time, and then only as an aid to the ordinary sanatorium treatment and not in place of it. The patients on graduated rest and exercise are much happier, and especially if put on useful work and they steadily see the improvement in themselves. The institution would be more satisfactory with a larger number of patients, for they are generally more content if there is a number on the same grade of exercise. The patients then appreciate the improvement in others, which greatly encourages them. With a larger number of patients the staff would not require to be increased, and the cost per head would be decreased accordingly.

I have given the patients regular lectures, after which they write excellent essays. I find that if they understand something of the nature of their illness they are more content to remain in the Sanatorium, especially as they generally feel quite well and often otherwise do not know why they are detained. Often the patient thinks he can treat himself, not appreciating the careful watch that is kept on him. Many (greatly to their harm) will thus leave before the disease is arrested.

Patients are kept in bed so long as there are signs and symptoms of activity. If rest in bed alone does not reduce the activity, then *absolute rest* is tried—that is, the patient is treated much as a case of typhoid fever, in that he is kept in the recumbent posture and fed and washed and attended to absolutely, but is at the same time given a very liberal diet. I do not isolate the patient, as I find they do better if left in the ward with a few others and hear conversation around them. Gradually the patient is allowed to sit up, and later to get up, for an increasing number of hours daily, but not allowed to walk. Later he is put on gradually increasing walks at fixed times with definite times of rest between, the rest to be taken lying on his bed; then the patient is put on higher and higher grades of work, starting from light weeding and working up to the hardest navy work, if possible, with rest-times. Daily records are kept of pulse, respiration, and quantity of sputum, &c., and the weight is regularly taken. The food is plain and wholesome, and chiefly meat, milk, eggs, butter, and vegetables, and is not given too frequently, and there is no attempt at overfeeding. A healthy appetite is encouraged. The intelligent patient who understands more or less what is being done looks forward to his weekly or fortnightly increase in grade of work. The patient's resistance to the disease is thus steadily raised. I was greatly surprised to find that the majority of patients had no hope of ever being fit for work, and many were surprised at their gradual and steady improvement and in their ability to work harder and harder. A patient is particularly instructed as to suspicious symptoms of a relapse, and is strongly recommended to seek immediate advice. A short return to the Sanatorium may then be invaluable. Quite a number of sanatorium cases have returned to work, but I regret very much that many of the best patients do not stay long enough. They feel so well and fit, and do not appreciate what another month or two of work under supervision means.

As there are so many advanced cases sent here it would be much more convenient to treat these in centralized wards rather than in scattered shelters, and it is an advantage to keep them more or less apart from sanatorium cases proper. I have used the main building for this purpose, but the accommodation is not sufficient for all, the rest being treated in the shelters.

I have been struck with the large number of patients who have laryngeal affection. In the treatment of this I find absolute silence is of the greatest value.

I have considered it important to allow no communication of any kind between the sexes, as I think it is detrimental to the patient's progress, and in such an institution as this intercourse is quickly abused. I have also considered it important that no distinction whatever should be made between paying and non-paying patients. All must receive the best treatment that can be given.

The majority of patients have come from a few districts, showing an excellent co-operation and appreciation of the medical practitioners of those places.

It is very desirable that properly trained sanatorium nurses only should be used, and not a staff consisting of nurses who come for a few months and who do not stay long enough to learn the special work. A more or less permanent nursing staff is of prime importance. One of the uses of a sanatorium should be the training of nurses in this work, and these institutions should also serve the purpose of training medical students in their final year.

The farm has greatly improved during the past year; much new land has been opened and worked, but much more should be opened up in the immediate future. The fowls have also done well, showing a good result for the year. The garden has provided a good supply and variety of vegetables. An orchard is greatly needed.

Finally, it will always be a great benefit to the institution that Dr. Roberts, who has been so long associated with the sanatorium, will remain as honorary physician. His assistance has been very great.

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