towards recovery. Pure air in greatest abundance can best be secured by tent life. It is a pleasure to witness the rapid improvement when this mode of life is inaugurated. The sleep becomes more restful and refreshing, the appetite is improved and the vigor and vitality greatly increased.

Tent life does not mean or should not mean roughing it, as many suppose. The same watchful care should be exercised, as good food given, as comfortable a bed, as much rest, as would be obtained in the most luxurious home or the best equipped closed sanitarium. The unfortunate results arising from mistaken notions in this regard has been most forcibly emphasized by a case recently coming under my observation. A young man with rapidly developing tuberculosis, rapid emaciation, daily fever, with little appetite and little strength, was advised by his physician to come west. He was told to get a tent and a horse and rough it. He was advised to cook his own food and to take care of himself and of his horse whether he liked it or not. He graphically described his experience, and were not the results so serious they would have been amusing. He said: "I had never been on a horse but once in my life. I lifted a heavy saddle on and off several times a day, hauled away at the cinch band, fought to get the bit in, chopped bales of hay and straw, carried pails of water, etc. In consequence I had the most horribly strained right lung and shoulder on earth. The temperature went up to 104 and the pulse 118."

A tubercular patient with little appetite, with little strength, with progressive emaciation and fever, is in no condition whatever to rough it or to take care of himself. Indeed, it should now be recognized as a cardinal principle that a tubercular patient in such condition should be given rest and quiet instead of exercise, and if the temperature is high the rest should be absolute. Not infrequently people are sent from the east to a high altitude and are advised to take little or no medicine, but to depend on fresh air and exercise. The advice should be for fresh air and no exercise until the patient becomes acclimated or until the fever has subsided, if present.

The idea of tent life has so long been identified with roughing it, with hardship and inconvenience and so many physicians still cling to the thought that the strenuous life of the camper is a part of the treatment that it is often difficult to impress any other idea. The hardships and the inconvenience of tent life where one is obliged to do all the work and to care for himself is often distasteful and irksome to a perfectly well and strong individual, but to the invalid with little strength, with no appetite and with fever, such a life is positively most injurious. While advising tent life as the means of obtaining the greatest amount of pure fresh air, yet we would advise with it and as a part of the treatment, food, rest and comfort. To insure the best results those who take up tent life should do so under careful medical supervision in order that the amount of exercise, as well as the food and medication, may be regulated according to the needs and the condition of the patient.

Instead of large closed sanitarium I have long been convinced that the outdoor treatment of tuberculosis as represented by tent life, so arranged as to give every comfort, and every facility that might be obtained in the best equipped closed sanitarium would be the means of saving a far larger proportion of our tubercular patients. The best results will be obtained in that climate that will permit of sleeping in a tent the year round. We should preferably select a climate with sufficient altitude,

with dryness, uniformity of temperature, and of sufficient mildness to permit of a practically outdoor life night and day during the whole year. Many such localities can be found in New Mexico and among the foothills of Arizona. The climate of Colorado is too rigorous for an outdoor life during the winter season, but many patients sleep in tents here from the early summer until October, and some even as late as December, with the greatest benefit. The winters of Colorado are too severe for the majority of tubercular cases and the summers of New Mexico and Arizona are too hot and uncomfortable for the best welfare of these cases unless they flee from the arid plains to the mountains during this season. I am convinced that the best results are obtained by shifting these patients about, allowing them to take up their residence and outdoor life in Colorado during the summer season and permitting them to spend the winters in the same manner in Arizona or New Mexico.

A CORK NASAL SPLINT.

HAROLD WILSON, M.D.

DETROIT.

The ordinary Asch or Mayer hard rubber splint used after operations on the nasal septum is by no means a comfortable thing to wear. Its anterior lower edge projects conspicuously,

A. The splint. B. Diagrammatic section of nose, showing splint in place. Observe the angle (140 degrees), which the anterior face of splint makes with the nasal floor.

while its upper edge, by its constant pressure, generally makes the tip of the nose very tender and painful. Some metallic splints I have seen are cleverly contrived, but the patient is unpleasantly conscious of their weight, and I am not sure but they have a tendency to fall out of the nose. Cork seems to offer, by its lightness and elasticity, some decided advantages, and I have made and used some splints of this material which have proved very satisfactory. The surgeon may make them for himself, with the aid of a sharp knife, a file and some sandpaper. A hole is bored through a piece of cork of proper size by means of a perforator, and the splint is shaped to suit the needs of the individual case. After the splint is shaped, it is dropped into hot melted paraffin, which both sterilizes it and fills up the numerous inequalities in its surface, so that it does not absorb the nasal secretions and its cleansing is easy. It will be noticed by the figure that the splint, when in place, is completely within the nasal cavity. Owing to this, as well as to its color, it may be worn without being conspicuous. Moreover, its lightness makes it very comfortable for the patient, and the tip of the nose does not become sore from pressure.

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COMPASSION and timidity are mistaken kindness at the first dressing of the ordinary fracture of the lower end of the radius.—Roberts.