For the benefit of our readers who may be interested in learning what tent life will do for the tubercular patient, we have subjoined a brief statement pertaining to the Ottawa Tent Colony, recently established in Illinois.

The profession of Illinois, without regard to school of practice, has united in a crusade to stamp out tuberculosis in that state. The primary object of this movement is for the prevention of the disease, but in order to accomplish this, it is recognized that those now suffering from the disease must be provided for, not alone with a view to curing them but to protect the general public from the contagion that inevitably follows in the wake of the uncontrolled tubercular patient.

To this end the medical men of the state have encouraged the establishment of a sanatorium at Ottawa, under the direction of Dr. W. J. Pettit, of that city, who is chairman of the Committee on Tuberculosis for the Illinois State Medical Society.

The success thus far attained in the Ottawa Tent Colony has demonstrated beyond all doubt that tuberculosis can be cured in Illinois quite as easily and successfully as anywhere else. The Tent Colony was opened on July 1, with two patients. The number now under treatment is thirty. Nearly all patients admitted, who were not in an advanced stage of the disease, have been materially benefited, and several have already been discharged as convalescent.

The treatment consists in out of door life, a carefully selected diet, regulations of exercise, and mediation for the improvement of nutrition. Each patient is expected to take no less than three quarts of milk and six raw eggs a day, in addition to the regular meals.

The results of tent life may be thus briefly summarized: The appetite increases; nutrition improves; cough decreases; night sweats cease; sleep improves, and the pulse rate is reduced. A marked improvement has been observed in all stages of the disease, but in early cases, the results are the most satisfactory. The patients are for the most part cheerful and contented with their surroundings. As a rule they accept uncomplainingly the primitive life which the treatment imposes. The greatest difficulty experienced is to hold some of them long enough to make improvement permanent.

The Colony will be continued throughout the Winter. Patients whose condition makes it desirable to live in tents will be recommended to do so. Those who should not or will not, will be comfortably housed. A tent is intended simply as a sleeping apartment. Tent life as carried out for the treatment of tuberculosis soon becomes thoroughly enjoyable. Before beginning such a life, patients almost invariably entertain exaggerated ideas of its dangers and inconveniences. A short trial soon dispels this fear, and they are with difficulty induced to return to an indoor life. It should be understood, however, that during the winter, patients are given their choice, and those who object to living in a tent are comfortably housed in such a manner as will comply with the essential principles of the present day treatment. Experience teaches that the results are even better in winter than in summer.

The tuberculosis patient when well fed and warmly clad feels the exhilarating effects of cold weather quite as much as the normal individual, but will not avail himself of these valuable aids in the restoration of health unless under careful supervision.

The Ottawa Tent Colony is a much needed and laudable undertaking, and deserves the encouragement and support of the entire medical profession, without regard to school of practice.