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SCANDINAVIAN
WINTER HEALTH
RESORTS

BY

T. N. KELYNACK M.D.

LONDON

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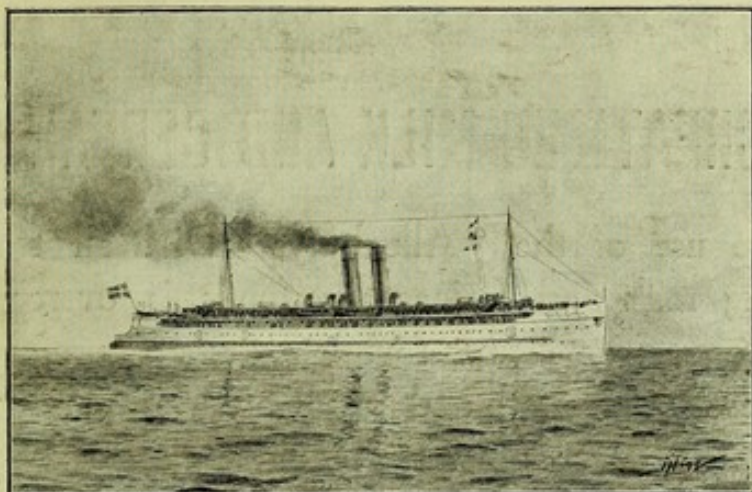


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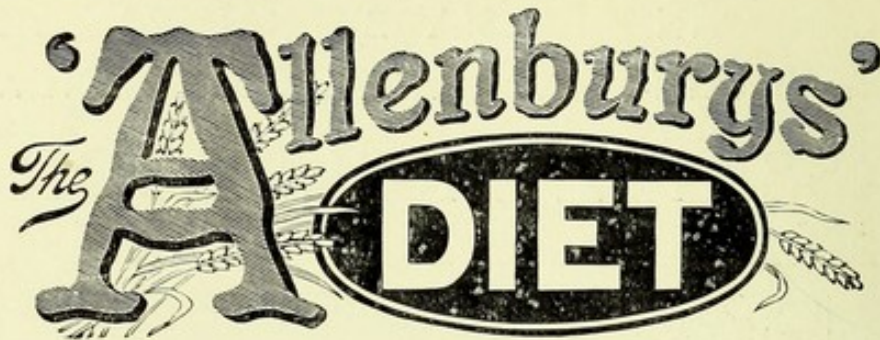
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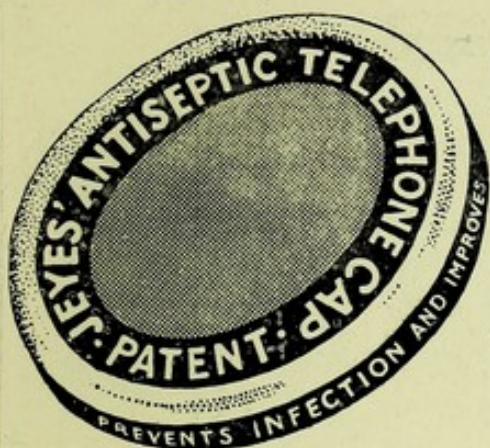
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SCANDINAVIAN
WINTER HEALTH
RESORTS

BY

T. N. KELYNACK, M.D.

Member of the Royal College of Physicians of London ; Fellow of the Royal Society of Medicine ; Hon. Physician to the Infants' Hospital, Westminster ; Medical Adviser to the National Children's Home and Orphanage ; Hon. Physician to Mount Vernon Hospital for Consumption and Diseases of the Chest ; Member, Hon. Medical Consulting Staff, National Association for the Feeble-Minded ; and Editor of 'The British Journal of Tuberculosis.'

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PREFACE

The substance of this handbook originally appeared as a series of articles in the *Lancet*, and is reproduced in the present form by the courtesy and kindness of its Editor.

It is believed that the information here given will be of use not only to physicians and patients, but to health and holiday seekers, and to the ever increasing number of those who realize the hygienic and prophylactic value of a winter holiday, and the delights of a participation in Winter Sports.

I am indebted to many friends both in Norway and Sweden, as well as in this country, for much helpful service in the preparation of this volume, and to one and all I desire to express my warmest thanks.

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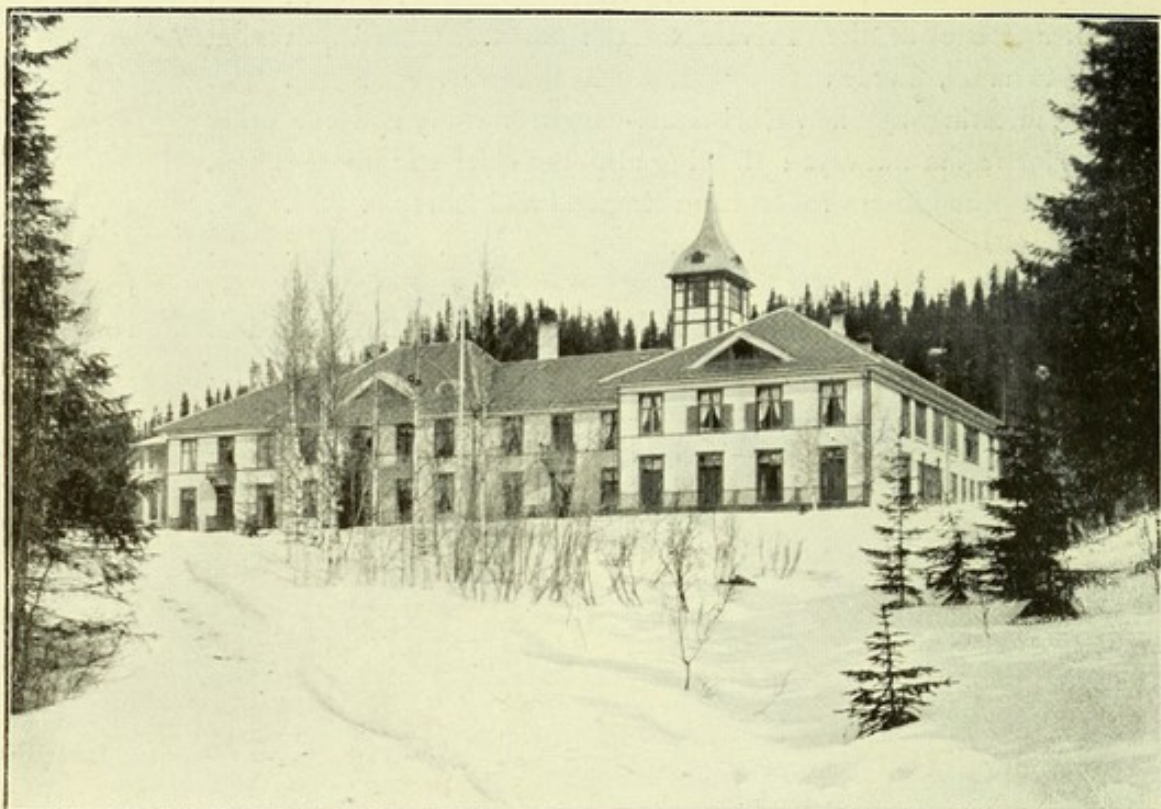
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SCANDINAVIAN WINTER HEALTH RESORTS

SCANDINAVIA in winter is to most English physicians a *terra incognita*. Much of the favour long extended to the Riviera, Egypt, and Alpine resorts for winter residence has been the direct outcome of the recommendations of members of the medical profession. Now that many of the pleasant resting places and health stations, which formerly devoted their first and chief attention to the requirements of the invalid and health-seeker, are being invaded by wealthy tourists, sportsmen, and others, it may be not inopportune to consider whether new and desirable climatic centres are not available. I have therefore thoroughly investigated by personal inquiry and direct observation the attractions and conveniences, suited to the tastes and requirements of English patients, which are now being offered by Norway and Sweden for winter residence.

These countries are well known and highly prized by many who have visited them in summer, but it must be clearly stated at once that opinions, formed from conditions then existing, can afford no trustworthy guide as to the methods of life and conditions of climate prevailing during the months of winter. In these pages it is proposed to limit consideration, as far as is possible, to Scandinavia in winter.

It is only comparatively recently that the people of Norway and Sweden have awakened to the possibilities of their countries as winter lands for the seekers of health and sport. The opening up of Switzerland as a popular winter resort has perhaps been the most definite influence in arousing the business instincts of Scandinavians. It

must also be admitted that the people of these lands themselves are, generally speaking, only just beginning to recognise their winter privileges and opportunities. Thus winter sports are now being organised and followed with an enthusiasm which comes with the force of a new discovery. The children of to-day are entering into the open-air winter pursuits in a manner hardly dreamt of by their parents. In the same way the establishment of winter health stations is comparatively a new enterprise. It is therefore not to be expected that the needs and desires of foreign visitors can have received as yet full consideration. But having once realised the value of the inheritance, there is every reason to believe that Scandinavia will not only considerably extend its health stations for its own peoples but will attract winter visitors from England and other parts of Europe.

WINTER ROUTES TO SCANDINAVIA

Although Norway and Sweden are not so far distant as is popularly supposed, it must be admitted at once that the methods of access are not always as easy as could be desired. In this respect Scandinavia is, and must remain, so far as English visitors are concerned, at a considerable disadvantage as compared with Switzerland. The North-Sea intervenes, and this sea is a peculiarly uncertain one, for while the smoothest passage of the year may be in mid-winter its waters are readily troubled. Still, all things considered, I am of opinion that for the majority the best route, at least to Norway, is by Messrs. Thos. Wilson, Sons and Co.'s steamers from Hull to Christiania.

The Great Northern and North-Eastern Railways run a through coach from King's Cross Station to Hull on Saturdays at 2.20 P.M. During the winter months the steamer leaves the Hull Riverside Quay at 6.45 P.M. every Saturday. In regard to my own tour of investigation, I considered it desirable to test the North Sea passage,

and crossed by the *Oslo* and returned in the *Montebello*, both excellent boats, comfortable, well furnished, with electric light, hot and cold baths, suitably heated, and admirably staffed. For a patient or health seeker who is a good sailor this route is the most direct, the least tedious, and certainly the healthiest, and, moreover, it has the advantage of being the cheapest.¹

Visitors to Sweden may travel to Gothenburg by steam ships of the English Wilson line or the Swedish Thule line. Those wishing to go direct to Stockholm will probably prefer one of the so-called overland routes.² For invalids the changes entailed and the overheating—according to English ideas—of Scandinavian railway carriages are serious drawbacks.

In both Norway and Sweden excellent tourist associations have been formed. The Norwegian Association has a central office in Christiania, and the headquarters of the Swedish organization is in Stockholm. These issue many informing publications and are always ready to afford help to prospective visitors. I desire to take this opportunity of acknowledging my indebtedness to Mr. H. Malling of the "Norwegian Tourist Traffic Association"³ and Mr. V. Langlet of the "Swedish Tourist Association"⁴ for much information and assistance most willingly rendered. But while these central bodies, although somewhat limited by means, are doing much to

¹ Those travelling by this route should communicate with Mr. Spaven, passenger manager of Messrs. Thos. Wilson, Sons and Co., Limited, Hull, and reserve an outside cabin some weeks before departure. A new steamship has now been placed on the Hull to Christiania service replacing one of the above.

² For full particulars concerning the various routes to Norway and Sweden consult Baedeker's Norway, Sweden, and Denmark (London: Dulau and Co., price 8s.) ; Cook's Tourist's Handbook to Norway (London: Thos. Cook and Son, 1907, price 1s. 6d.) ; Bennett's Handbook for Travellers in Norway (Christiania: Thos. Bennett and Sons, price 3 kr.) ; Bradshaw's Through Route to the Chief Cities of the World (London: Henry Blacklock and Co., Limited, price 5s. net) ; Wroughton's Winter Sports Annual (London: Simpkin, Marshall, and Co., price 2s.).

³ Forening for Reiseliveti Norge, 2 Storthingsgaden, Kristiania.

⁴ Svenska Turistföreningen, 2 Norrlandsgatan, Stockholm.

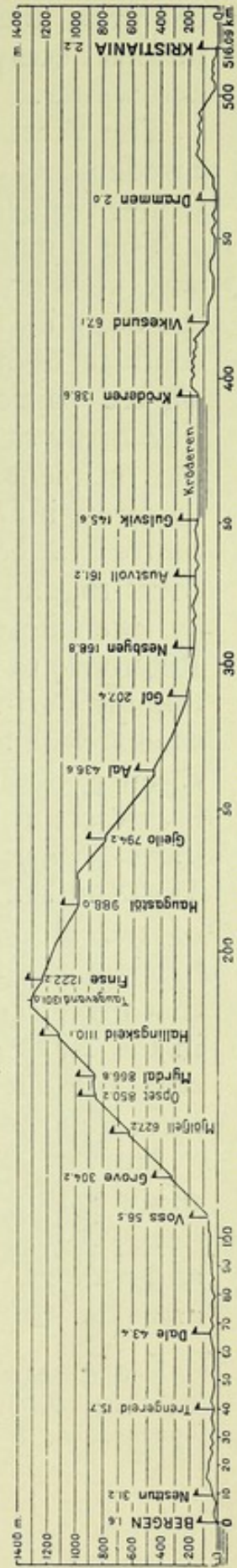
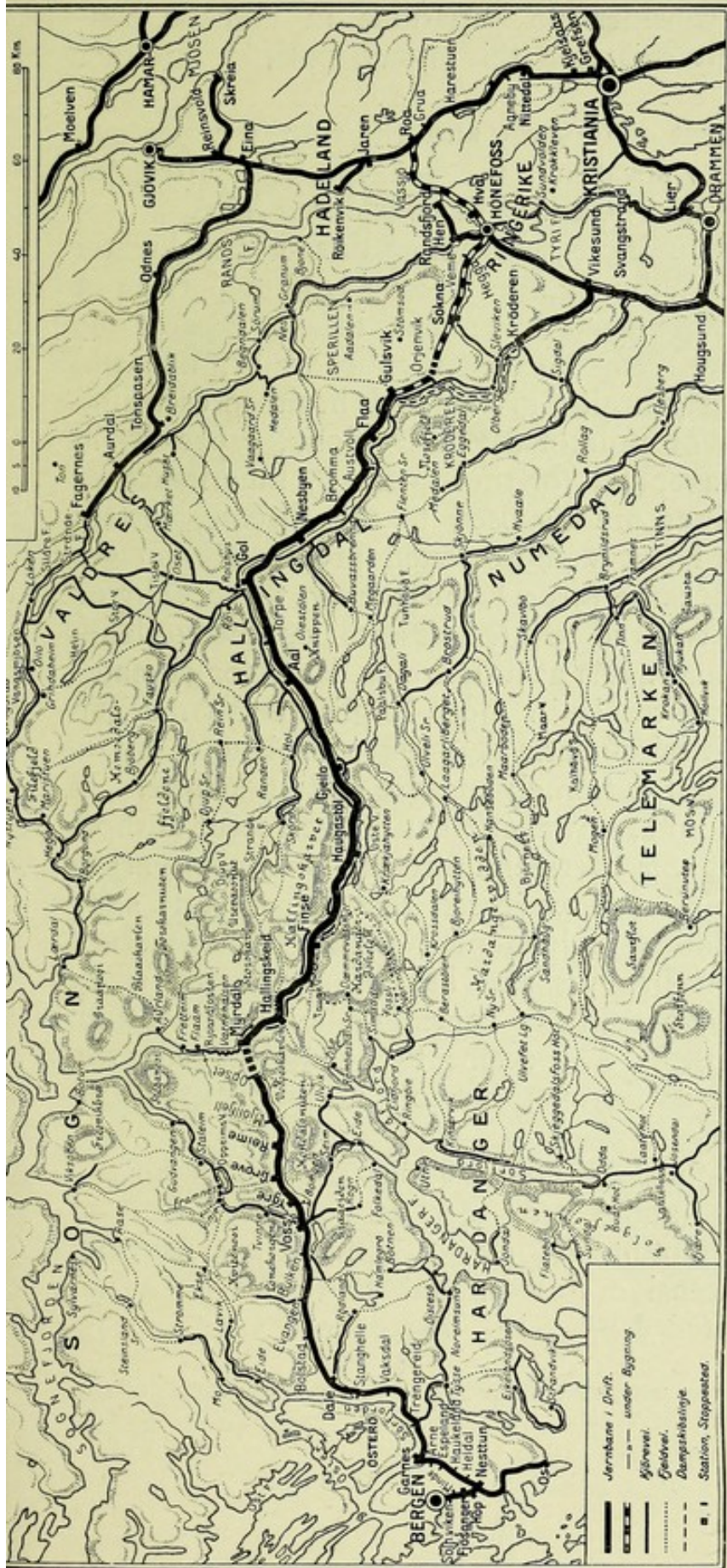
collect, collate, and distribute material relating to health and sports stations in their respective countries,¹ it must be noted that hitherto comparatively few of the individual sanatoriums and health resorts have even issued prospectuses in English. Some, however, prepare German editions. Until directors of these establishments understand the necessity for a presentation of their claims in English, I fear our insular and nonlinguistic countrymen will be slow to perceive what they are missing.

The new line between Bergen and Christiania is having such an influence in the opening up of Scandinavia, and especially Norway, that its importance can hardly be over-estimated. Along the course of this highway are many centres which doubtless will be quickly developed into summer resorts, and not a few should be well adapted for winter stations. I had hoped to have been able fully to explore this line, but at the time of my visit the way was blocked by snow, and although elaborate preparations had been made for such contingency, it would seem that many more snow shelters and tunnels will have to be erected. A quick direct service to Bergen from English and Scottish ports will make some of the finest districts of Norway readily accessible to British visitors. The railway opens up some of the most beautiful parts of the fjords of Western Norway, the charming Hallingdal, and mountain plateaux where ski-ing may be practised till almost the middle of summer.

WINTER CLIMATIC CONDITIONS IN SCANDINAVIA

In selecting a winter health station there is need for discrimination. Norway and Sweden are such extensive

¹ The Norwegian Tourist Traffic Association has issued an English edition of a most useful list of hotels, sanatoriums, and Skyds stations; and the Swedish Tourist Association publishes annually an excellent illustrated directory of sanatoriums, baths, tourist hotels, and other similar institutions ("Hvilo-och Kurorter i Sverge en Ofversikt af Badorter, Luftkurorter, Sanatorier, Turesthotell, Pensionat, Lanthem M. M. utgifven af Svenska Turestföreningen"). A condensed edition should certainly be issued in English.



MAP AND DIAGRAM INDICATING COURSE AND ALTITUDE WITH STATIONS OF THE NEW BERGEN TO CHRISTIANIA RAILWAY.

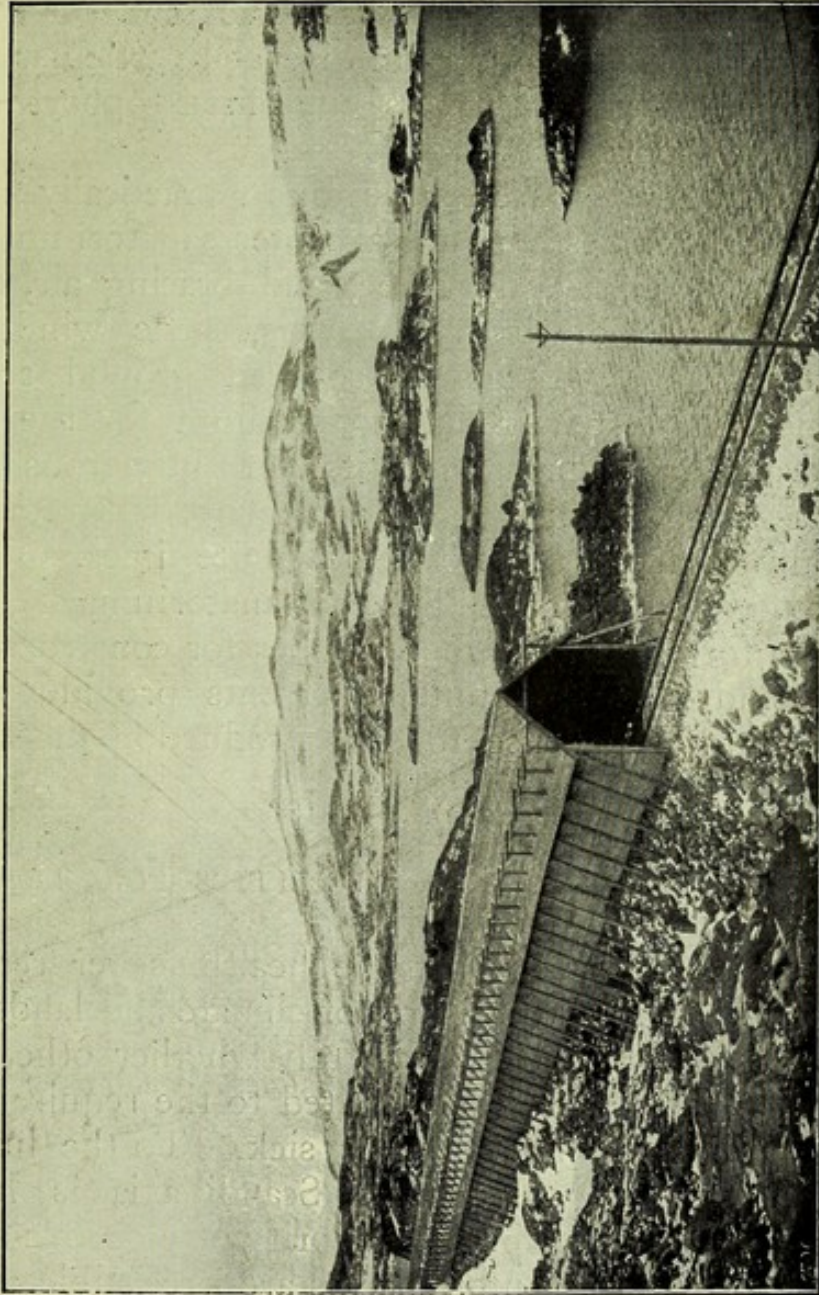
countries that considerable variations in climatic conditions necessarily exist and this is true both for summer and winter.

The West Coast of Norway and the southern parts of Sweden, generally speaking, are not specially suited for winter residence and need not be considered here.

The climatic conditions, prevailing during the greater part of the winter throughout a considerable portion of the Scandinavian peninsula, are almost ideal as regards the conduct of many forms of winter sport which, one and all, are particularly health giving and health preserving. For many cases of pulmonary tuberculosis, especially in the incipient stage, and for those who by inheritance or acquired infirmities are disposed to this disease, certain centres in both Norway and Sweden present advantages equal to, and in some respects surpassing, those enjoyed by the most favoured winter resorts of Switzerland. Reference to Scandinavia as a desirable land for climato-therapy during winter is in most English and American works dealing with climatic stations conspicuous by its absence, or at best extremely meagre and indefinite. It is interesting to note, however, that in the recent authoritative work of Sir Hermann Weber and Dr. Parkes Weber¹ the opinion is expressed that the climatic state of the mountainous regions of Norway "can exert a bracing effect on invalids and healthy persons equal to that produced by climates of considerably higher altitude in the Swiss Alps." This seems to be undoubtedly the case and is indeed for many persons an advantage of no little importance.

Norway is distinctly a mountainous country, having a mean altitude of about 1500 feet. It consists mainly of deep fjord-cut mountains, elevated mountain plateaux and valleys, extensive forests, and comparatively small areas of cultivated land. Its towns are small and its

¹ "Climatotherapy and Balneotherapy," by Sir Hermann Weber, M.D., F.R.C.P., and F. Parkes Weber, M.D., F.R.C.P., 3rd. Edition p. 184. London, 1907 Price : 15s. Net.



SNOW TUNNEL ON THE NEW-BERGEN TO CHRISTIANIA RAILWAY,
4260 FEET ABOVE SEA LEVEL.

homesteads are widely scattered. From North to South its extent is 1100 miles, while its breadth varies from seven to 280 miles.

Sweden is a more extensive country. It is over 1000 miles long and has an area of 172,876 square miles. Whilst comparatively flat in its greater extent it is rich in lakes and rivers and in certain districts, particularly the far-extending Norrland, offers unlimited opportunities for the winter sportsman.

In both countries there can be found practically all the natural conditions desirable for a winter sanatorium, such as pure, rarefied, dry, dust-free, and bracing air, much sunlight, absence of irritating fogs, little wind, and moderate altitude. The snow-covered ground secures an absence of dust, a reflecting medium for the sun's rays, and a surface which lends itself to numerous forms of health-giving exercise. Snow does not fall frequently but usually comes at more or less definite times.

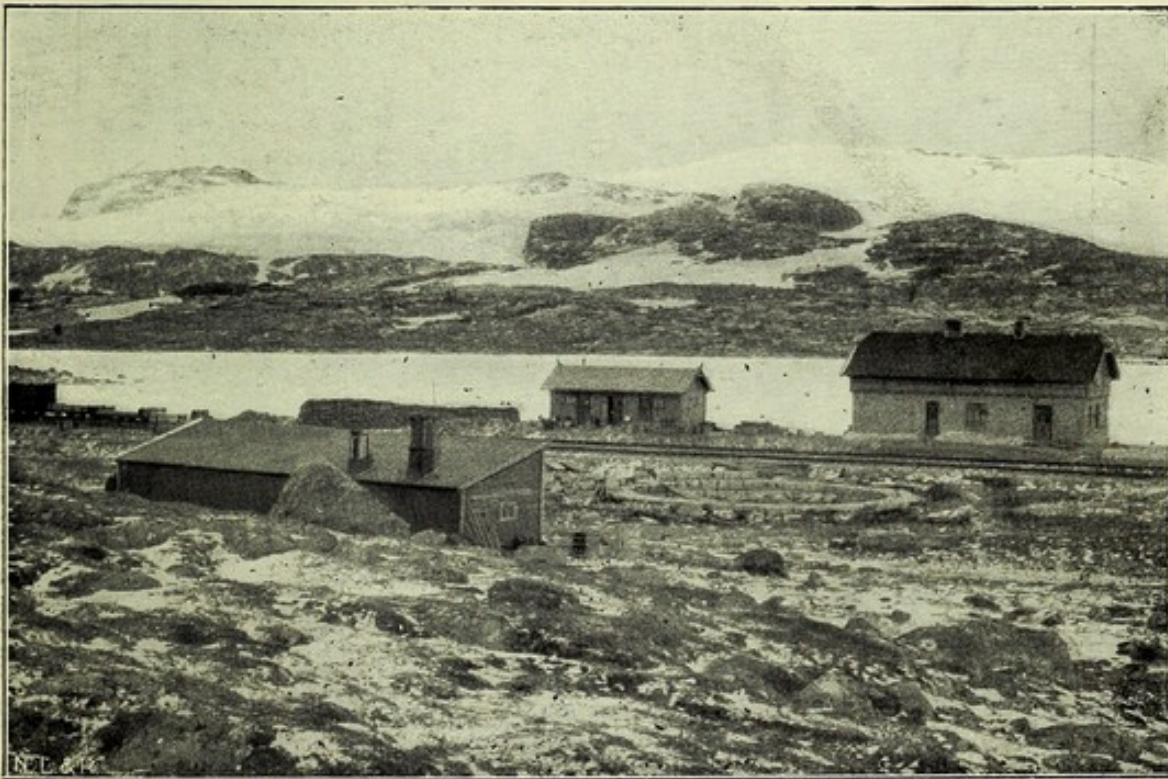
It should also be noted that the sanatoriums are often situated in forest regions where timber for construction is available, and where mountain torrents provide power at a minimum of expense for the production of electric light.

CONDITIONS OF LIFE AND FACILITIES FOR TRAVEL

It must be admitted that the health seeker requires much more than natural features of climate and landscape. It is necessary to consider carefully whether other conditions of life are likely to be suited to the requirements of the English visitor healthy or sick. To the luxury-loving and extravagant invalid Scandinavia is hardly likely to appeal. But for the majority of vigorous sport-loving Britishers its winter charms are irresistible. And for the middle-class patient, especially if he is interested in educational and social work, the sanatoriums of Scandinavia offer opportunities for physical restoration and mental enjoyment at a price within his means. The



TYPICAL SCENE IN THE COURSE OF THE NEW BERGEN TO CHRISTIANIA RAILWAY.



VIEW ON THE NEW BERGEN TO CHRISTIANIA RAILWAY.

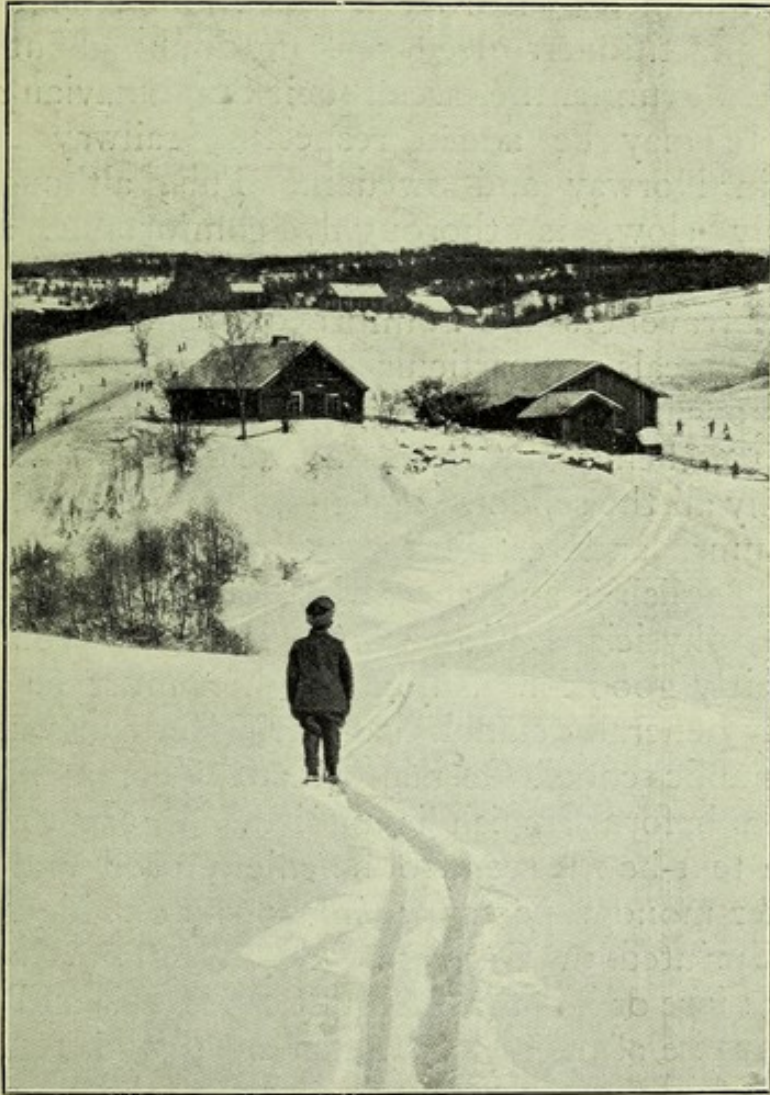
character of food and order of meals, the customs and usages, the domestic arrangements, and general life of the people are all such as are likely to interest and to be acceptable to the average Englishman. The excellence, variety, and richness of much of the food are certainly points of importance for the invalid. Cream enters into the composition of the majority of the dishes and for consumptive and tuberculously disposed cases is undoubtedly generally very advantageous. Unfortunately



A TYPICAL WINTER SCENE IN SCANDINAVIA.

in all districts houses and railway carriages are usually over-heated, and double doors and windows clearly indicate that there is need for a practical exposition of open-air methods. But such matters can generally be adjusted to individual requirements by a little tact and judicious arrangement.

The Norwegian is the Scotchman, and the Swede the Frenchman, of Scandinavia. Christiania reminds one of Edinburgh, and Stockholm is the acknowledged "Paris of the North." Scandinavians are, generally speaking, highly educated, progressive in thought and action, democratic in State affairs, courteous and hospitable,



WINTER IN NORWAY: A SKI TRACK.

and ready to extend a real welcome to English visitors. Relationships between our own King and Queen and the Royal houses of Norway and Sweden afford a very real link binding the Scandinavian people and our own

country ; and there is also a true kinship in sentiment and sympathy. It may also be noted that in great measure their point of view may be said to be our point of view.

The members of the medical profession in both Norway and Sweden, by their long training, careful supervision, and strictly regulated examinations, rank probably among the best qualified of European practitioners, and English medical practitioners need feel no doubt about placing their patients under the care of their Scandinavian *confrères*.

A note may be added respecting railway travel in winter in Norway and Sweden. This, although comparatively slow, is thoroughly comfortable, and the arrangements made whereby trains stop at certain stations to allow travellers the comfort of well-cooked but inexpensive meals are particularly admirable.¹

The non-linguistic Englishman need have no hesitation about not being understood. English is taught in practically all the schools ; and in all the important hotels, sanatoriums, and establishments catering for English visitors English is spoken. Most of the Norwegian and Swedish physicians with whom I was in consultation spoke fairly good English, although it must be admitted that they generally stated that their German was better. In the public schools German is usually commenced some two years before English is studied. In the universities German text-books seem to be chiefly used and medical and other monographs appealing to the outside world are usually printed in German. Co-education of the sexes prevails more or less throughout Scandinavia and certainly appears to be altogether advantageous, as judged both by the home life and in the conduct of the more public avocations.

¹ The chief railways in both Norway and Sweden belong to the State but some few lines are still in the hands of private companies. The traveller should always obtain the current number of the official time tables before arranging a journey.

SCANDINAVIAN SANATORIUMS AND HEALTH STATIONS
FOR WINTER RESIDENCE BY ENGLISH VISITORS

The term "sanatorium" in both Norway and Sweden is used in a much broader sense than that in which we are accustomed to employ it at home. It is used to include what we should designate hydropathic establishments, mountain health resorts, and country hotels. Most of these are not intended for cases of serious illness. Some seek to attract those requiring recuperation for body and recreation of mind, convalescents, the overworked, neurasthenics, and subjects standing in need of a simple rest cure, quiet and gentle exercise in a salubrious and picturesque district. Others have more or less elaborate equipment for simple and medicinal baths and take chronic cases of rheumatism, cardiac derangement, anæmia, and the like. In Sweden excellent arrangements have been made at some places for the employment of mechanical treatment, massage, physical exercises, and medical gymnastics, for skill in which the Swedes have justly won world-wide distinction. Not a few of the mountain sanatoriums and country resorts are little more than sports centres. All these "sanatoriums" exclude consumptives. There are, however, sanatoriums for consumptives and other tuberculous cases, chiefly intended, it is true, for local needs, but to which in some cases English patients may be sent with advantage.

The Scandinavian "sanatoriums" may be conveniently classified thus: 1. Private sanatoriums for consumptives. 2. Public sanatoriums for consumptives. 3. Public marine sanatoriums for tuberculous children. 4. Sanatoriums which are health stations for non-tuberculous visitors: (*a*) with a resident medical director; and (*b*) without a resident physician. 5. Country and mountain sanatoriums (*a*) open all the year round and (*b*) open during certain seasons. 6. Marine sanatoriums, usually open only during the summer. With these last we have at present no concern. In addition to the above there are a number

of sports club houses, tourist hotels, and skyds stations, which young and vigorous persons of both sexes frequent in the winter months and particularly during the Easter holidays.

I am certainly of opinion that for the present, in the selection of a centre suited to the requirements of the majority of English visitors seeking health and rest in winter, two important points should be kept in mind : (1) convenience of access and (2) proximity to an important town. Judged by these considerations the most suitable winter stations in Norway may be looked for in the neighbourhood of Christiania and Trondhjem, and in the south-eastern and eastern country districts in Valdres, Gausdal, and Gudbrandsdal and their neighbourhoods. With the opening up of new lines of railway other desirable centres will be rendered accessible.

In Sweden at the present time English visitors will probably be inclined to make their winter centres near Stockholm at such a resort as Saltsjöbaden, or at Hindås or Hultafors on the Gothenburg-Börs line and readily accessible from Gothenburg. In the near future there promises to be a large addition to first-class winter resorts in Sweden.

In the following pages it is proposed to deal in detail with some of the more important Scandinavian health stations.

NORWAY'S WINTER HEALTH RESORTS

NORWAY is well known to many as a land particularly rich in opportunities for the holiday maker and offering varied facilities for the sportsman. But its claims to be counted among the chief of European countries on account of its health resorts have not been duly recognised either in this or other lands. The fact is Norwegians themselves have only within recent years realised the possibilities of their homeland for the establishment of all-the-year-round health stations. The natural characteristics are

eminently suitable, but hitherto enterprise has been lacking in the opening up of the country and the provision of suitable residential establishments for visitors. The smallness of the native population and the somewhat isolated position of Norway have no doubt been in great measure responsible for the delay in the development of health centres. Now that Switzerland is being overrun with trippers of all nations, it is but rational and reasonable that many should be desirous of seeking places, where all the health advantages of "the playground of Europe" may be obtained, without the increasing discomforts of overcrowded hotels and the disadvantage of fashionable and sports-loving manners of life. To all lovers of the simple hygienic life, and to those requiring excellent climatic conditions for the winning back of health and the recuperation of strength, Norway is likely to appeal more and more as its benefits become better known.¹

A movement is now taking place in Norway which promises to make the country better known to Norwegians themselves and its many advantages realised by other countries.² Hitherto physicians have been slow to realise the nature of the climatic conditions prevailing in this land and the many advantages which they offer for the health seeker.

While the fjords of the west coast are best known to the ordinary tourist they by no means offer the finest climate for the health seeker. This, generally speaking, is to be

¹ Dr. P. A. M. Mellbye of Christiania, with whom I discussed the question of Norwegian health stations, has published a useful reference work on the subject, "Norges Kursteder og deres Kurmidler" (Alb. Cammermeyers Forlag. Kristiania), with helpful map marking the chief "kursteder." It is to be hoped that an English edition of this informing manual may soon be available.

² The Norwegian Tourist Traffic Association (Forening for Reiselivet i Norge), 2, Storthingsgaden, Christiania, under the able and enterprising direction of Mr. H. Malling, to whom I am particularly indebted for much kindness and information, is doing much for the opening up of Norway. The Association publishes a useful "List of Hotels, Sanatoria, and Skyds Stations" and all visitors to Norway would do well to avail themselves of the publications and assistance of this valuable organisation.

obtained on the highlands and in the wide and open valleys in the inland districts, such as Valdres, Gausdal, and Gudbrandsdal. The new line between Bergen and Christiania opens up a country which should in the near future become extensively developed as centres for excellent health stations. The suggested extension of the railway from Otta to Trondhjem over the Dovrefjeld should also lead to the establishment of many desirable new health resorts.

From a health standpoint the mountain climates of Norway are of particular benefit. They can be conveniently divided into (1) the high altitude or alpine climate, or as it has been well termed locally the "Hoifjeld" region commencing at between 2500 and 3000 feet above sea level; and (2) the medium altitude, or subalpine climate, or "Hoilids" region, 1500 to 2500 feet above sea level.¹

For some cases the valley and lowland districts offer special advantages, and in summer the coast climate, in the south especially, is excellent.²

WINTER CLIMATIC CONDITIONS IN NORWAY

As it is proposed to restrict consideration to what are essentially the winter health resorts of Norway, a few words on the climatic conditions prevailing during the winter season will not be out of place. Most erroneous impressions exist in many quarters as to the nature of the weather and the manner of life existing in Norway during this time of the year, when it can offer but little evidence for its claim to be called the "Land of the Midnight Sun." Over a great part of the country snow lies from November, or at all events from well before Christmas, to March

¹ For much valuable information regarding climatic conditions and meteorological data see "Norway as a Winter and Summer Health Resort," by Dr. A. Magelssen. English edition, translated by Mr. John Sørensen of Tofte Sanatorium, Hundtorp.

² Prospective visitors to Norway would do well to consult the interesting and informing Year Books of the Norwegian Club, 112, Strand, W.C.

or on the uplands till Easter and in some parts beyond. Thus for some four or more months winter sports may be enjoyed in all their fulness and variety. Although the early mornings are dark and the nights long, the difference from England is not conspicuous except in the very northerly parts. In most of what may be called the health resort districts the winter characteristics are excellent. These are particularly noticeable in the Norwegian Highlands. Here the air is dry, clear, rarefied and the barometric pressure low. Although keen frost may prevail the cold is but little felt and, when one is well wrapped up in furs, causes no discomforts. In sheltered and snow-covered districts but little wind is experienced. Extensive forests often afford admirable protection. Much more sunlight prevails than we are accustomed to in cloud-covered England, and its luminous and actinic effects seem to exercise considerable beneficial influence on many patients. But little rain falls except in the west and sea-coast districts.

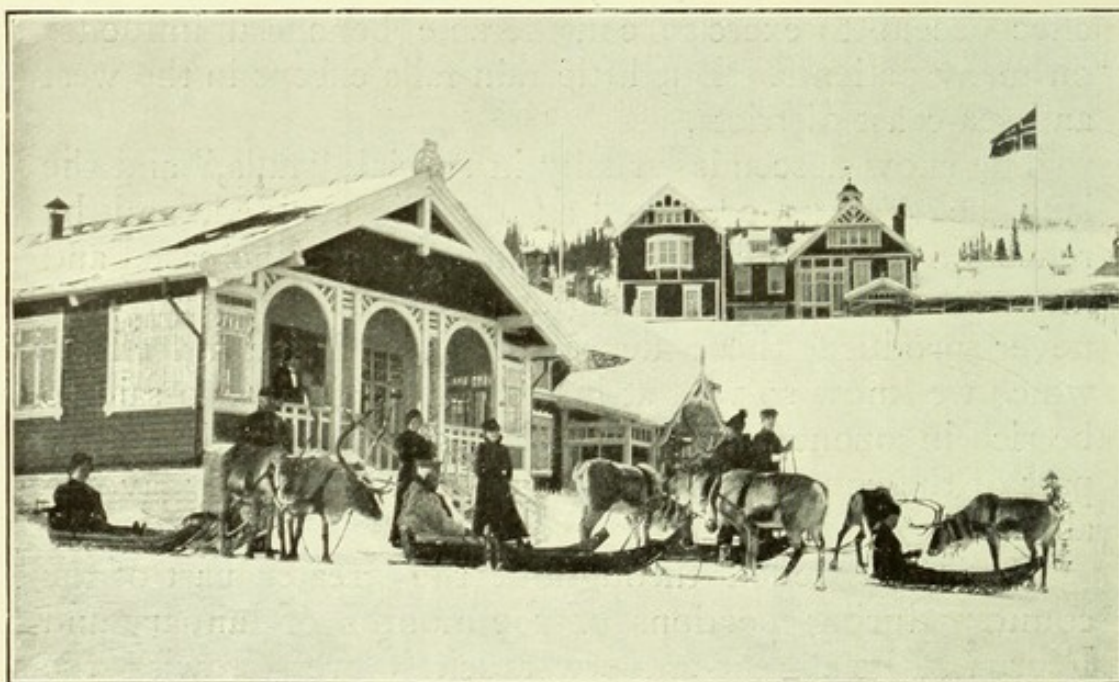
The snow descends usually in special "falls," and the land being thus protected all dust is avoided, and by reflection the effects of the sun-light are increased and intensified. Fogs in the highland districts are rare and never produce those depressing and irritating effects which we know so well at home. The air is also said to be rich in ozone and electrical qualities. In the larger part of the country the soil is dry and hygienically favourable.

Having travelled throughout the greater part of the country during portions of the months of January and February, I have been very much impressed with the natural advantages which Norway offers for the establishment of winter health resorts.

THE BENEFITS OF WINTER SPORT

It is only in recent years that Englishmen have begun to realise the benefits of wisely directed winter sports,

not only as means for refreshing the mind but for renewing the body. During recent years large numbers of town dwellers and brain-workers have snatched a few weeks for a midwinter holiday amidst the snow and ice of Switzerland. The prophylactic virtues of a winter's holiday can now be attested by many. For those desirous of breaking new ground or of enjoying opportunities for winter sports, such as reindeer sleighing, ice-yachting, ski-touring and the like, Norway may be recommended as affording endless opportunities for exploration. Within the limitations of such a work as this it is impossible to describe adequately the fascination and charm exercised by the outdoor life and active pursuits as practised by the Norwegians. All, from the King and Queen and little Prince Olaf to the tiniest country beggar, seem to



REINDEER-DRIVING AT MOUNTAIN HOTEL, NEAR TRONDHJEM.

be most at home when tobogganing or ski-ing. Girls and women are keen enthusiasts for winter sports, and certainly these rational forms of exercise are doing much for the development of the youth of the nation. The co-education of the sexes is thereby encouraged under the

healthiest and happiest conditions. For many pampered, self-centred, delicate English children I can imagine nothing more beneficial than a winter in Norway.

If a personal reference may be permitted as evidence of the prophylactic powers of Norwegian residence it may be noted that the season spent in Scandinavia was the first for many years that I have succeeded in resisting invasion by influenza. Perhaps some annual victims of *la grippe* might consider a voyage across the North Sea, however rough, a welcome means whereby to escape so inveterate an enemy.

Almost all varieties of winter sport may generally be enjoyed in and about Christiania, although in up-country resorts ski-ing and some other forms may usually be had



SKI-TOURING.

in greater fulness and extent. Ski-ing on the high mountains is a form of mental and physical enjoyment known only in its perfection to Scandinavians. Winter touring on skis exercises a fascination for the young and vigorous, and is an admirable means for developing nerve and muscle and character.¹

¹ Captain Carl Roll has written an attractive, informing, and well illustrated booklet in English on "Winter Sport," which may be obtained

HEALTH CENTRES IN NORWAY

NORWAY has a great future before it. It is a land possessed of immense possibilities. Its coast line is of great extent. Its waterfalls are a readily secured means of power. Its rivers, its lakes, its fjords, and its easy



SKI-JUMPING NEAR TRONDHJEM IN THE PRESENCE OF THE KING OF NORWAY.

access to the sea afford unrivalled facilities for transit. Its people are well-educated, industrious, ambitious, patriotic, yet simple, hospitable, and courteous. Its laws, schools, and public institutions afford admirable models for other less progressive countries. Its King and Queen

from the Norwegian Tourist Traffic Association, 2, Storthingsgaden, Christiania. "The Winter Sports Annual," edited by E. Wroughton (London: Simpkin, Marshall, and Co. Price 2s.), contains much useful information respecting routes and fares to Norway and its chief sporting centres. See also "Wintering in Norway" by T. N. Kelynack M.D. in "The Year Book of the Norwegian Club, 1908." London: William Clowes and Sons, Lim.

are in close touch with, and manifest a real sympathy in, the aspirations of the people and are justly respected and rightly popular. But with all these endowments of nature and advantages of character and government, Norway is a comparatively poor and sparsely populated land. Its present population is less than two and a quarter millions. It is necessary to bear all these points in mind when considering, at least from the English standpoint, the possibilities and advantages of Norway as a land for the health seeker and the sportsman. The very simplicity which comes from a lack of elaboration and artificiality has its advantages. Among these must be mentioned as of special importance the very reasonable and, one might almost say, cheap rates prevailing in some of the best establishments well adapted to the needs of English visitors ; and also at sanatoriums for consumptives to which English patients might well be sent. The high prices existing in many British and foreign sanatoriums and health resorts are prohibitive for most middle-class patients, who might be able to meet the very moderate charges of certain of the Norwegian establishments.

In many parts of Norway those responsible for the management of excellent health stations have hardly realised their possibilities for development. Their outlook needs to be less restricted. Steps must be taken to make Norwegian resorts known to English physicians if they would have English patients. In too many instances the prospectuses are printed only in Norwegian and German. This is a very short-sighted policy, hardly to have been expected of the Norwegian who is taught English in all his schools. Once in Norway the language difficulty hardly exists, for in almost every establishment English is spoken. Nearly all the many medical men with whom I was enabled to consult spoke more or less excellent English. If Norway desires England and the rest of Europe to recognise her land as a centre to which health seekers may resort, she will have to follow

the example of Switzerland, Italy, France, and Austria, and other countries, and advertise.

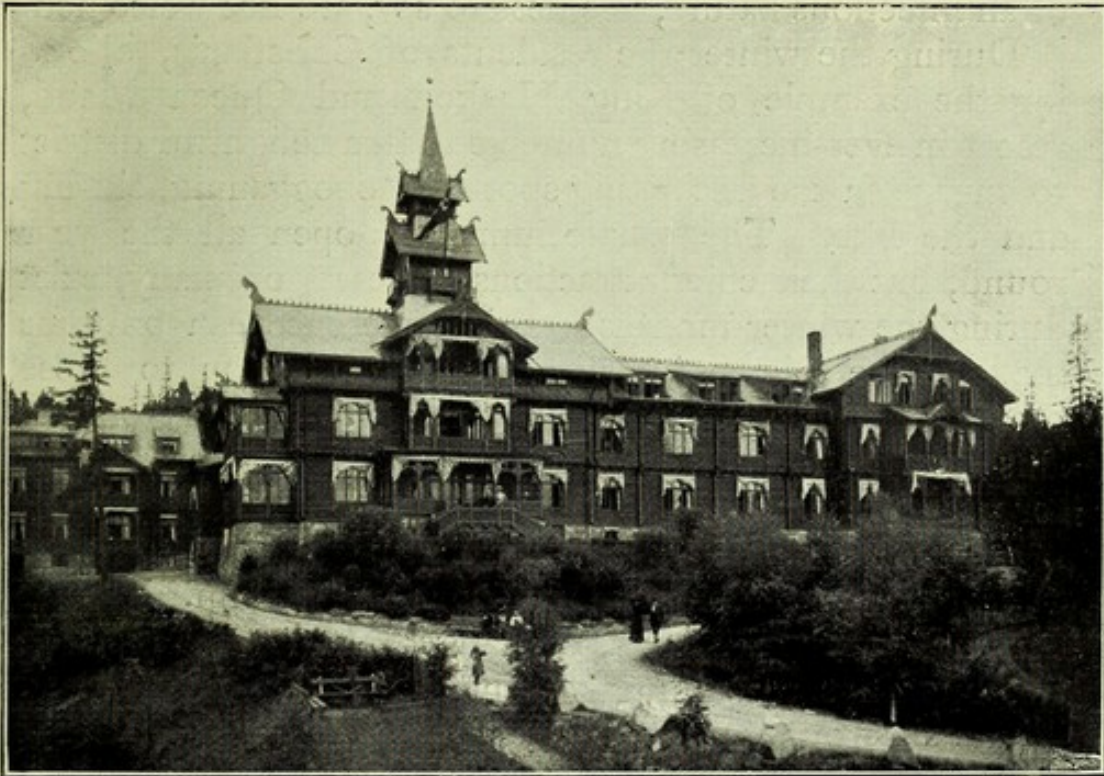
The main lines of railway in Norway now belong to the State. A wise progressive policy on the part of those who govern the means of transit, which at present although comfortable are nevertheless infrequent and slow, will do much to attract visitors and to encourage travelling.

As matters are at present, English visitors during the winter will probably in most cases prefer to be at a resort where winter sports may be enjoyed, which is easy of access and which, moreover, is not far removed from a town centre. For such the health resorts in the immediate neighbourhood of Christiania should be given first place. The claims of Trondhjem should also be considered. Some will doubtless prefer the inland and upland health and sports centres chiefly situated in the eastern districts of Norway. It is well to remember that the telephone affords a means of linking up the seemingly most isolated parts of the country. I propose to describe the chief features of some of the health resorts most likely to appeal to English visitors.

HEALTH STATIONS NEAR CHRISTIANIA

The best known, most accessible, largest, and most elaborately equipped of Norwegian health establishments are to be found on the southern spur of the forest-covered mountain range of Nordmarken, some seven kilometres or an hour's journey by electric car from the centre of Christiania. Here, on the northern side of the city, at an altitude of from 1100 to 1480 feet, several so-called "sanatoriums" are situated on dry, rocky soil, surrounded by thick forests of pine and fir, admirably sheltered from the cold winds coming from the north, open to the south, with abundance of sun, and unrivalled views over Christiania and its beautiful fjord and away to the rolling

mountains of Telemarken and the southern and south-western districts of Norway.¹ The situation is almost ideal. Here within easy reach of all the privileges and conveniences of the country's capital and university centre, and with all the attractions of a city having a monarch's residence, a national theatre, educational and other institutions of the best, and a water and rail service



HOLMENKOLLEN SANATORIUM NEAR CHRISTIANIA.

to all parts of Europe, are placed health and sports stations which may well compare with the best in any part of the world.

The natural resources are many and the most has been made of them. The pure mountain and forest air, the

¹ In the accompanying illustrations of the establishments the buildings are not represented on any uniform scale, but their respective sizes can be gauged fairly accurately by observing the roof lines and the number of windows in the façades. No uniformity of scale was possible if any idea of the enviroing landscape was to be given.

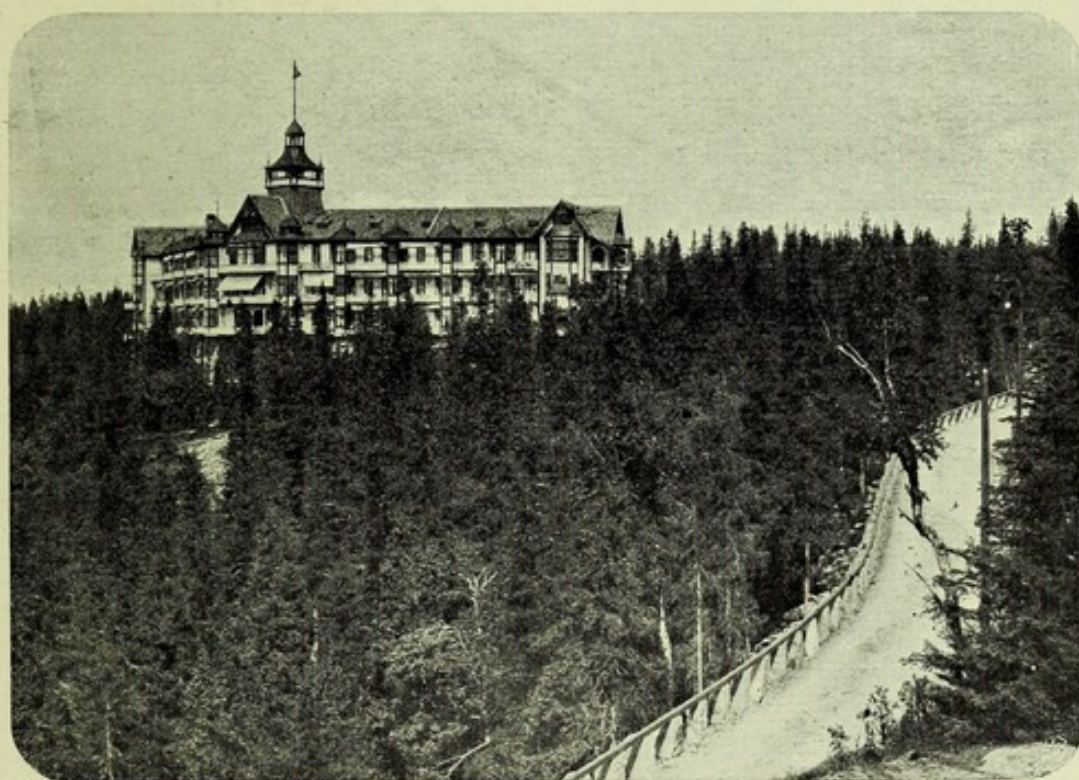
sheltered walks, the subalpine climate, the freedom from fogs, the abundance of sunlight, and the protection from winds, combine to afford health-giving and renewing forces eminently suited to the requirements of the over-worked and mentally fagged patients debilitated by disease, convalescents of all kinds, subjects of insomnia and other nervous ailments and sufferers from asthma and other chronic affections. Tuberculous and all cases in any way of an infectious nature, needless to say, are not welcomed.

During the winter the residents of Christiania, following the example of King Haakon and Queen Maud, resort in ever-increasing numbers to this delightful district to engage in the fascinating sports of tobogganing, ski-ing and the like. The sanatoriums are open all the year round, but their chief attractions, at least for many, exist during the winter months. Brief reference can only be made to the chief establishments. In addition to those mentioned there are some few *pensions* to which Norwegians resort, and many private villas have now been built for permanent residents.

Holmenkollen Sanatorium was established in the year 1894 through the enterprise of Dr. I. C. Holm. It was designed by the architect, B. Lange. It now consists of two buildings containing 70 and 100 beds respectively. The main front which faces due south contains 26 spacious apartments. Along the north side runs a broad well-lighted corridor. At the west end in a large wing are placed the dining and drawing rooms, billiard room, and consulting rooms. The picturesque entrance hall and lounge are artistic and comfortable. Practically all the rooms are heated by a central low-pressure heating apparatus and lighted by electricity. The new annexe, designed by the architect O. Sverre, lies to the northwest of the main block and contains 36 rooms, of which 20 face south. There is an excellent new bath house where all forms of baths may be obtained. Provision is also made for the conduct of electrical treatment and massage under proper medical supervision. Dr. Olaf Bergh is

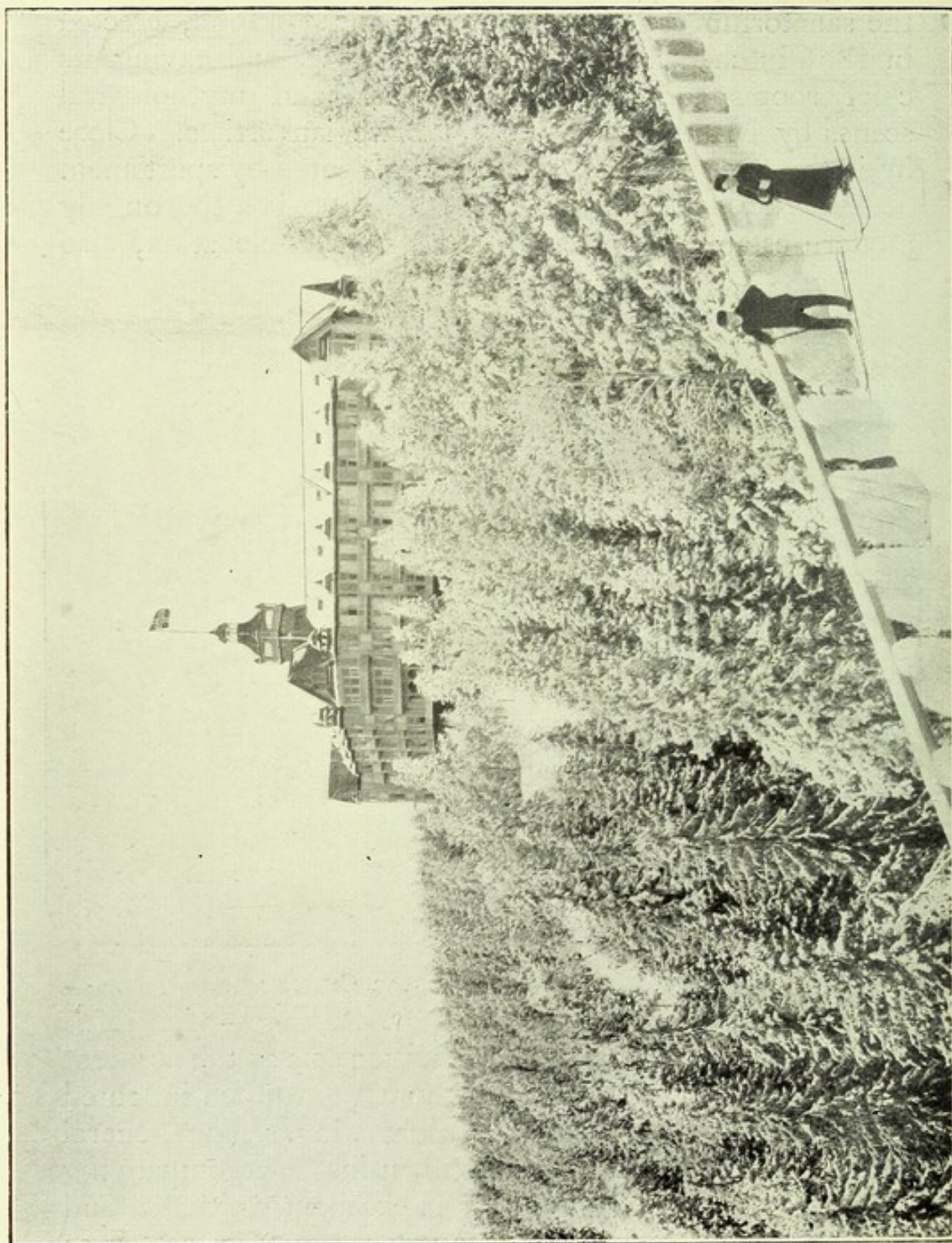
the present resident physician. Inclusive terms vary from £8 to £14 per month of four weeks. Adjacent to the sanatorium is the celebrated Tourist Hotel, erected in 1896 in characteristic old Norse style, and having its chief rooms adorned with historical and mythological scenes by Munthe and other Norwegian artists. Close by is the famous *Sportstue*, much frequented by sportsmen.

Voksenkollen Sanatorium, opened in 1900, is a thoroughly modern establishment erected at a higher elevation, also



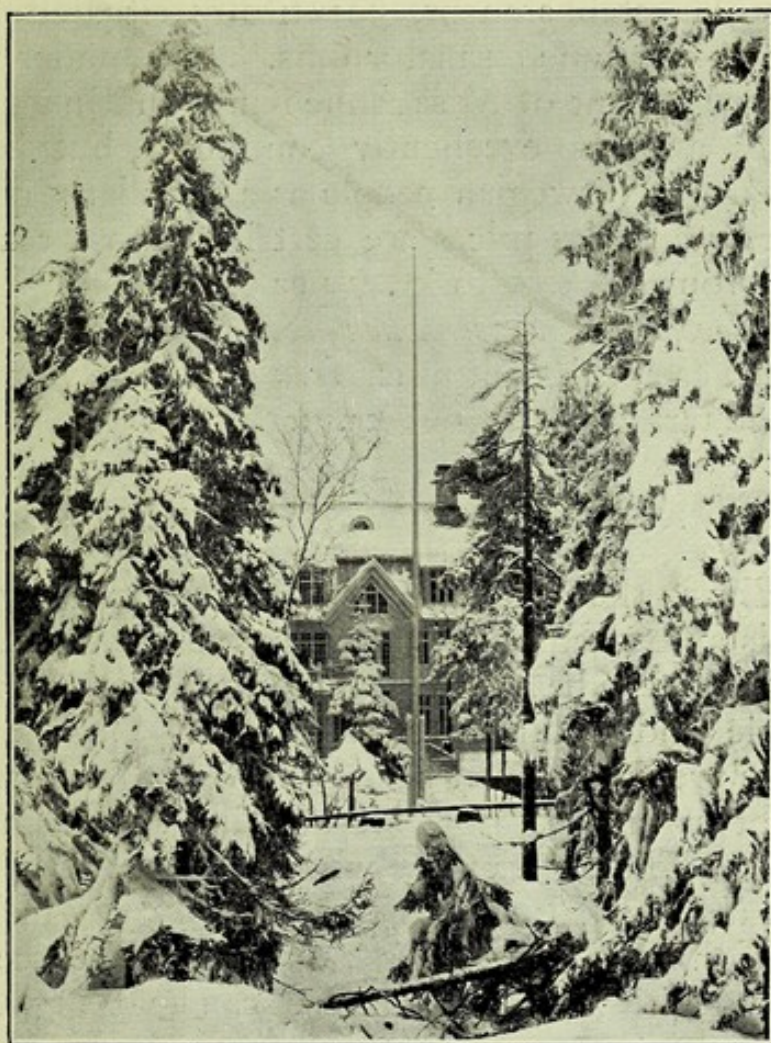
VOKSENKOLLEN SANATORIUM NEAR CHRISTIANIA.

through the efforts of Dr. Holm, who acts as the resident director and physician, and to whom I am much indebted for considerable kindness and information. The general characters of the building are shown in the accompanying illustrations. The sanatorium is excellently situated and is in every way adapted to its purpose, and may well claim the premier position among establishments of this class in Norway. It is a favourite resort of the King and Queen



WINTER SCENE AT VOKSENKOLLEN SANATORIUM, NEAR CHRISTIANIA.

of Norway. There are 100 artistically furnished rooms, fitted with electric light, comfortably heated, well ventilated, and having modern sanitary appliances. The dining and drawing rooms are large and charming apartments, and the central lounge, hall, staircase, and reading and smoking rooms, all richly ornamented in Norwegian



ANNE KURE'S HOTEL, NEAR CHRISTIANIA.

style, are very attractive features. Dr. Holm has equipped his establishment with all modern means for effective treatment. The baths are good and there is an installation for electrical and light treatment. A large and airy gymnasium provides for the exercise of all forms

of physical treatment. The immediate environs of the sanatorium are particularly delightful. The terms vary from kr. 168.00 to kr. 250.00 per month corresponding to kr. 6.00 to kr. 9.00 per diem, prices which are considerably less than would prevail in an establishment of the same kind in England.¹

Anne Kure's Hotel is a less pretentious but thoroughly comfortable establishment, beautifully situated between the above-mentioned sanatoriums. It is under the personal management of Miss Anne Kure, and in all respects not only appears excellently conducted, but is highly spoken of by Norwegian people as a peculiarly quiet and restful retreat. Its prices are certainly most reasonable, ranging from kr. 4.50 to kr. 7 per day.

The *Pensionatet Voksenkollen Hospits* is a simple, well-conducted establishment much frequented by Norwegians, where the tariff is as low as kr. 2.50 per day.

A NORTHERN WINTER RESORT

Trondhjem, the cathedral and coronation city of the North, is an exceedingly interesting centre.² Although Trondhjem can be reached directly by steamers from Newcastle and Hull, most visitors in the winter will doubtless prefer to travel by rail from Christiania, and by the night service comfortable sleeping arrangements are provided. The excellent provision for hot meals at set times at definite halting-places robs a journey in Norway of one of the chief disadvantages of long-distance travel. The only legitimate complaint that can be brought against the railway carriages is that they are almost invariably overheated. The traveller may, however, do much to regulate the temperature to his liking.

¹ A well-illustrated booklet descriptive of Voksenkollen Sanatorium and printed in good English will be sent to any physician applying to Dr. Holm.

² Visitors to Trondhjem would do well to communicate with Mr. Robert Millar, B.A., the secretary of the Trondhjem Travel Society (Turisttrafikforeningen i Trondhjem). A periodical printed in English, "The Tourist News" affords much local information.

Medical men visiting Trondhjem should not fail to visit the leper hospital on the outskirts of the town. It affords one of the most pathetic sights to be seen in Europe. The eldest patient I there had the opportunity of examining was said to be 84 years of age and had been resident since 1862. The youngest inmate was a little girl aged three years. The only other leper hospital now existing in Norway is at Bergen.

The chief heath resort near Trondhjem is at Fjeldsæter, five miles from the city at an altitude of 1200 feet. Here at the Fjeldsæter Tourist Hotel on Graakall Hill comfortable quarters may be obtained in picturesque old Norwegian style. There are excellent facilities for reindeer-driving, ski-ing, and other forms of winter sports, and here occurs the celebrated sports meeting where athletes from all over the country congregate and compete.

NORWEGIAN INLAND WINTER HEALTH STATIONS

Gudbrandsdal and its immediate district and adjacent valleys offer special opportunities for the sportsman and health seeker, and as the railway extends along the valley from Lillehammer as far as Otta the health stations in this neighbourhood are fairly readily accessible.¹ Chief among the all-the-year-round resorts must be placed *Tofte Sanatorium* which through the kindness of Mr. and Mrs John Sørensen, I was enabled to visit. Here, at an altitude of about 1900 feet above sea-level and 1200 feet above the valley on a spur of the mountainside, Mr. Sørensen has established a thoroughly homely and in every way delightful winter retreat, where under almost ideal conditions the brain-fagged and bodily-wearied worker may recuperate and the convalescent regain strength. The establishment consists of two villa-like

¹ Particulars of many of the health stations in this district can be obtained from a well-illustrated manual, "Gudbrandsdalen og Lillehammer Reisehaandlog" (Kristiania : Trykt i Centraltrykkeriet, 1905), an English edition of which should be prepared without delay.

residences so placed as to secure far-extending views and free exposure to sunlight. The houses are of wood, exceedingly warm and snug, and all the rooms are heated with soapstone stoves. The proprietor, who is himself a sufferer from asthma, has established this delightful station primarily for his own health's sake, but possessing wide sympathies and an intimate knowledge of England and other lands he hospitably opens his home to guests from all countries. Mr Sørensen has taken an active part



TOFTE SANATORIUM, GUDBRANDSDAL.

in educational work and has done much for the development of Norway. He has also established a charming summer hoifjelds sanatorium at Lauvaasen, on the mountain plains above Tofte, at an elevation of 3000 feet above the sea.

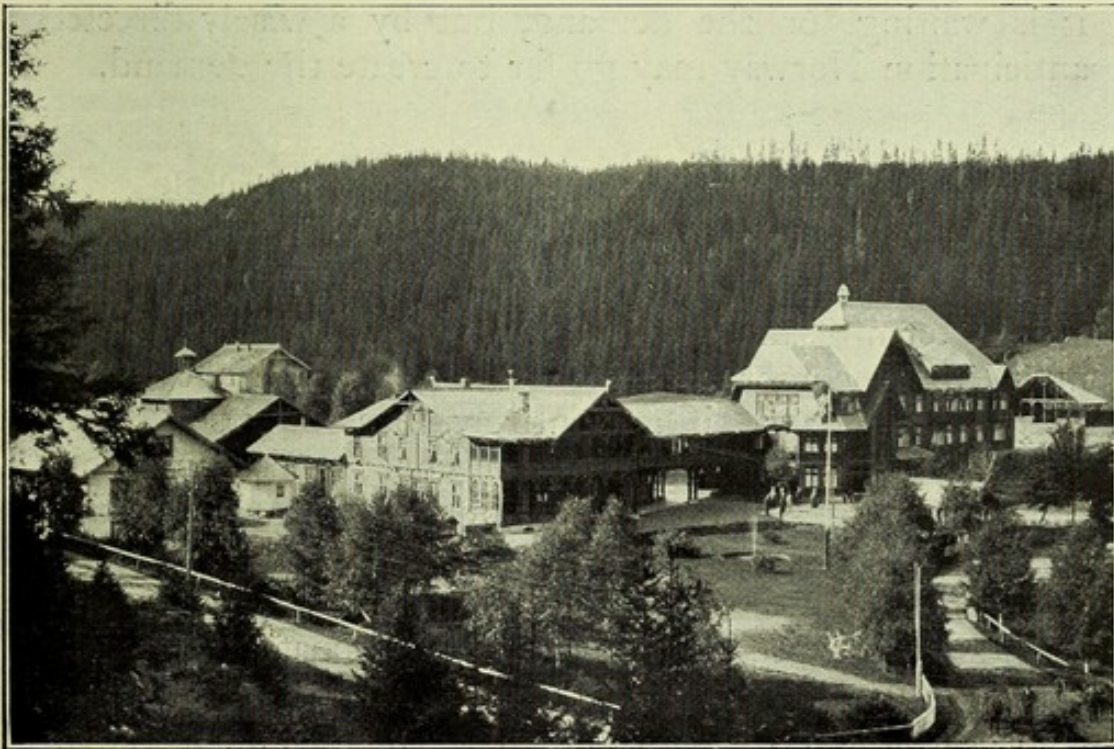
The *Fefor Mountain Hotel*, near Vinstra railway station, is open for the Christmas holidays and from February to April.

The *Feforkampens Hotel* and *Hoifjelds Sanatorium*, situated in Nordre Frou, 12 kilometers distant from Vinstra

railway station at an altitude of 3000 feet, is open throughout the year.

During the summer many other establishments are available and considerable numbers of visitors take small houses and bring their families for the free and open life of the high mountains. Visitors to this district should on no account miss seeing the admirable collection of old Norwegian houses from Gudbrandsdal with their ancient furniture and equipment, now belonging to the town of Lillehammer.

Tonsaasen Sanatorium is pleasantly situated in Valdres at an altitude of 2020 feet. It was originally established



TONSAASEN SANATORIUM, VALDRES.

for consumptives but has now been rebuilt and tuberculous cases are excluded. It is open all the year round and affords facilities for every kind of sport. Convalescents, neurasthenics, and delicate and overworked patients are received, but many resort here for holidays and recuperation and the special outdoor pursuits of winter. The

rooms are large, picturesque, and artistically adorned, electrically lighted and centrally heated with stoves. There is a resident physician. Inclusive prices vary from kr. 140-240 per month, according to the size and position of room,¹ The railway is within easy drive and Tonsaasen is only about half a day's journey from Christiania.

Within the limits of this book it has only been possible to touch on some of the most likely centres which at the present time might well be expected to attract and to meet the requirements of English visitors. It should, however, be clearly understood that Norway possesses almost limitless possibilities in regard to the supply of first-class winter health and sports stations. At present it is waiting for the demand, but by a wisely directed anticipation Norway may go far to create the demand.

NORWEGIAN PRIVATE SANATORIUMS FOR CONSUMPTIVES

THE term "sanatorium" is employed in Norway in a much more comprehensive sense than in this country. Here it has almost, if not entirely, become restricted to institutions devoted to the care of consumptive and other tuberculous patients. Throughout Scandinavia the title "sanatorium" is not only applied to establishments for such cases, but is also used to designate what in this country would probably be termed hydropathic establishments, country hotels, and the like. Thus the fashionable resorts near Christiania, Holmenkollen and Voksenkollen, are labelled "sanatoriums," and the same name is given to many of the mountain hotels in the Norwegian highlands and elsewhere throughout the country. This is a point which it is well should be made clear, for it must be understood that the manager of an "ordinary" Norwegian sanatorium looks askance at any openly tuber-

¹ The Scandinavian *krona* (kr.) containing 100 öre is roughly equivalent to 1s. 1½d., or 27 American cents or 1 franc 39 centimes in French money.

culous case, knowing well that the presence of one consumptive invalid may keep away very many healthy sportsmen or other more remunerative non-tuberculous visitors. This has meant that until recently many Norwegian patients have had to seek treatment abroad, usually in German sanatoriums. During the last few years Norwegians have to some extent realised the folly of this course, and now several excellent institutions specially designed and definitely managed for consumptive patients are available.

NORWAY AS A HEALTH RESORT FOR CONSUMPTIVES

The inhabitants of almost every land when overtaken by disease are wont to consider other countries more desirable than their own for purposes of restoration, and to resort to foreign stations and strange physicians rather than secure rational measures in their own homeland. This until a few years since has been true of the inhabitants both of Norway and England. The former up to recently might well have urged, as an excuse, lack of facilities. And the latter may still point legitimately to the trying climatic conditions which exist during a long winter and often no less trying spring.

Norway certainly offers many advantages for the treatment of consumptive and other tuberculous cases. The climate of many districts both during summer and winter offers almost ideal conditions for the effective conduct of "open-air" treatment. English patients could hardly be sent to better winter quarters. Experience gained during many years has fully established the value of an Alpine winter climate for many consumptives. In Norway practically all the climatic benefits of Switzerland may be obtained without some of their drawbacks. The moderate altitude of the Norwegian highlands as compared with the high elevation of many Swiss resorts is undoubtedly for many cases a very decided advantage. Norway can offer,

perhaps, a greater number of natural elements making for arrest of tuberculous disease than almost any other country. The long winter affords an excellent period for a course of systematic hygienic treatment. Snow lies on the ground from about November to March or April, thus insuring an absence of irritating dust. The continuous keen frost exercises a stimulating effect on all metabolic processes. The clear, rarefied, dry, ozonised air, free from all chemical, microbial, and mechanical impurities, provides the most perfect of remedial applications. The absence of thick and irritating fogs, so trying to many consumptives in the town districts of England, is a loss which must be reckoned as a very conspicuous benefit. The abundance of sunlight usually enjoyed throughout a considerable portion of the day is another count of importance. Winds seem to be far less frequent and trying there than here, and the best sanatoriums being surrounded by, or near to, forests of pine, birch, and fir are afforded protection at practically all seasons. The opportunities for walking and other forms of suitable exercise and desirable outdoor recreations are unrivalled.

The absence from fashionable resorts with the unavoidable excitement and unsettling which come from the intrusions of gaieties, sports, social functions, and the like, into the regulated life of the consumptive offers advantages the real benefit of which the physician alone can fully estimate.

The dietary and order of meals customary at most Norwegian sanatoriums are certainly in accordance with the best medical principles, and should prove quite congenial to English patients. At all meals there is considerable variety and the food is usually excellent. In the preparation of nearly all dishes much cream seems to be used and fat enters into the dietary in many pleasant forms. Hyper-alimentation in the old-fashioned and discredited procedure of "stuffing" is, of course, discarded.

A very practical advantage must be definitely noted.

The best type of sanatorium treatment may be enjoyed in Norway at a charge similar to, if not less than, that which a patient has to pay at the least commendable of private institutions in Great Britain.

There is no doubt that the difficulties and the initial expense of access to Norway, and the far removal from home and friends, are serious drawbacks which for young subjects and old people are perhaps generally to be considered insuperable. But for early disease occurring in fairly vigorous adults, especially those belonging to the professional and educated classes, a winter wisely spent in Norway affords probably the very finest means of securing the maximum of benefit with the minimum of discomfort and expense.

GENERAL CHARACTERISTICS OF NORWEGIAN PRIVATE SANATORIALS FOR CONSUMPTIVES

After a careful inspection of nearly all the private Norwegian sanatoriums for tuberculous patients, a few general "impressions" may be of service in aiding physicians at home to form an opinion as to their suitability for British cases.

It must be remembered that the population of Norway is comparatively small, being under 2,500,000, and that few of the people can be considered wealthy. While the dire poverty conspicuous in this land is practically unknown, the equally prominent wasteful extravagance and useless luxury prevailing here are never seen. The simplicity and absence of needless redundances which are evidenced in nearly all Norwegian establishments are, as might be expected, manifest in its sanatoriums. The Norseman is far too sensible to expend his main capital in the erection of palatial buildings and to trust to ephemeral and voluntary agencies for their upkeep. In all the establishments which I visited there were abundant evidences that science and common sense had been

allowed directing influence rather than sentiment and a self-advertising extravagance. In the equipment and ordering of these sanatoriums the requirements of the Norwegians themselves have been chiefly, if not solely, considered. Until recently the possibility of attracting English patients had hardly been considered. A pleasing simplicity is apparent everywhere. Even the casual visitor is at once struck by the sense of comfort and homely spirit which prevails, and there is a lack of officialism and that depressing institutional atmosphere which is only too common in this country.

Medical practitioners are particularly well equipped in Norway for the practice of their profession, and all those whom I met engaged in sanatorium work struck me as being exceptionally suited for their special duties. While thorough medical supervision is insured, useless and irritating military methods of discipline are avoided. The Norwegian is constitutionally a gentleman, quiet, considerate, courteous, and yet sympathetic. English, and especially Scotch, patients feel quite at home when acting under such direction. In the best sanatoriums the dietary and order of meals should be acceptable to English patients. The food, while fairly plain, is invariably good, well selected, excellently cooked, and varied. Oatmeal porridge is a favourite dish at breakfast. The nurses and attendants, so far as could be judged, take an active interest in their work and manifest a distinct *esprit*.

In most of the sanatoriums there is considerable variety in the size, shape, and position of the patients' rooms, and in several establishments each room is differently furnished in most attractive Norwegian style and colouring. The beds appear invariably to be strong and comfortable, and scrupulous cleanliness is evidenced everywhere. The sanitary conditions are generally good. In some cases earth closets are in use but they appear to be quite satisfactory. In some instances, as is almost invariably the case in hotels and private houses, there appears to be

a tendency to overheat the rooms. The natural and other features of Norway, with its unlimited supply of wood, abundance of water, readily tapped sources of power for electrical plant and the like, good roads, and excellent railway, postal, and telephone systems, enable the sanatoriums even in remote districts to be conducted with efficiency and comfort at very economical rates.

MESNALIEN SANATORIUM

This is undoubtedly the premier private sanatorium for consumptives in Norway. It compares very favourably with similar institutions in our own and other lands. Having fully inspected the whole establishment and spent several days in observation of the routine life of the place, I am very strongly of opinion that it is excellently suited to the requirements of many English patients. It was opened in 1900 under the direction of a responsible board of leading physicians and influential laymen, and with the approval of all branches of the profession in Norway. It is now conducted by Dr. Holmboe who has had special experience in the management of consumptive cases. The medical director and his wife live in their own house on the estate, but spend much of their time in the sanatorium. At the time of my visit Dr. Sömme was the resident physician and both he and his wife extended to me unbounded hospitality. The present medical director speaks excellent English and an English-trained nurse is also in residence. English consumptives should speedily feel thoroughly at home here and under the efficient supervision, which is very happily maintained, should do excellently.

The site of this sanatorium, the general characters of which are shown in the accompanying illustrations, has been most wisely selected. Practically all the requisites of the consumptive patient are here provided for. The place is a first-class all-the-year-round health station. It is

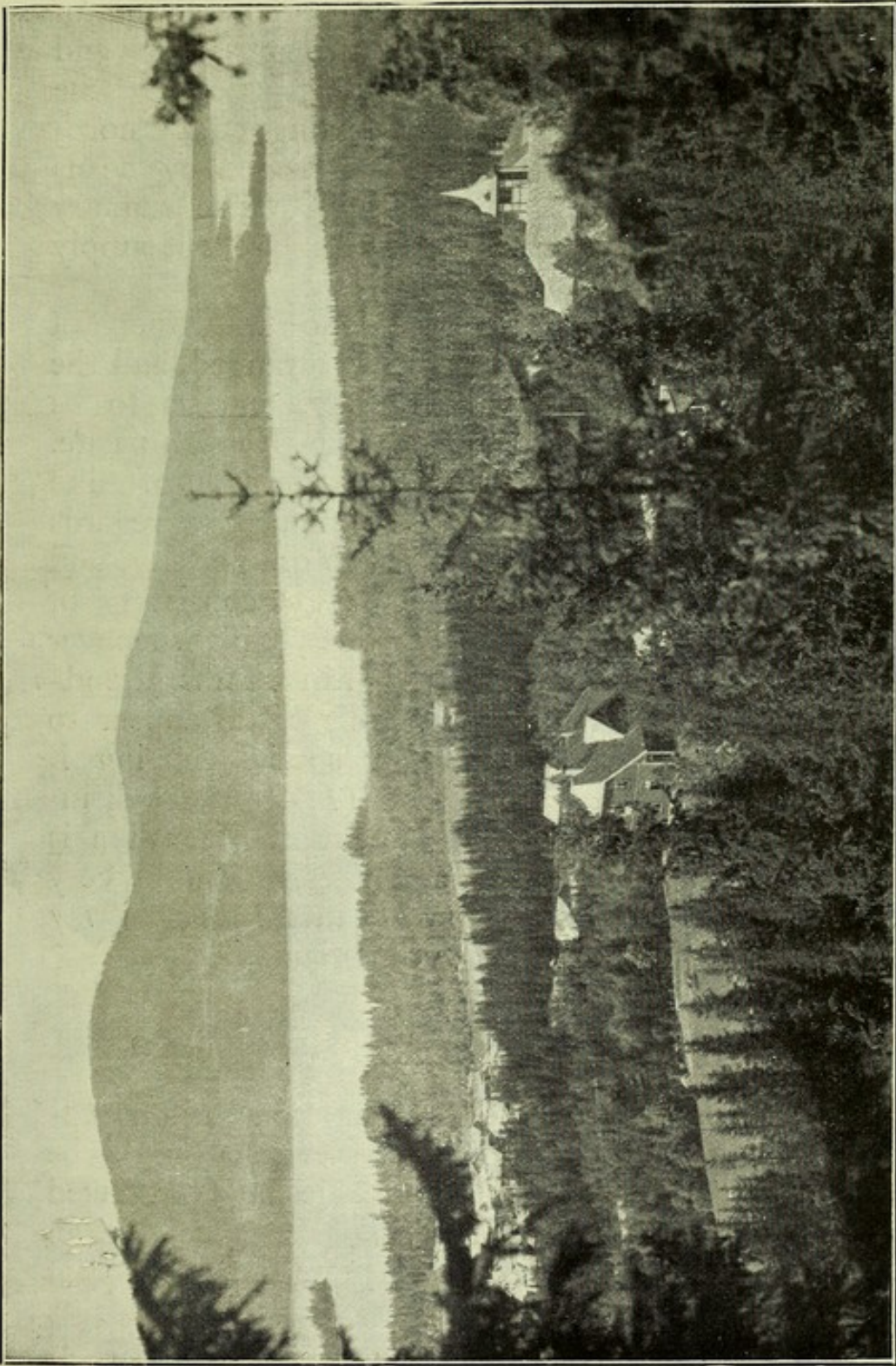
placed at an elevation of some 1800 feet above sea level on the south slope of the mountain range lying between Gudbrandsdal and Osterdal. It is surrounded by forests of pine and fir and birch, but lies open on the south with peculiarly attractive views of lakes and forests and undulating hills. The winter climatic conditions seem to be almost ideal for the consumptive: a snow-protected, dustless soil, continuous frost, dry, still, invigorating air, protection from winds, and much sunlight. Fogs are



MESNALIEN SANATORIUM FOR CONSUMPTIVES, NEAR LILLEHAMMER, NORWAY.

exceptional and are not irritating. The adjacent country is charming and offers endless opportunities for walks, drives, and simple winter exercises.

The construction of the sanatorium has been thoroughly well carried out. The building consists of two storeys. The rooms are all large with much window space and have non-absorbent walls and floors, and are artistic-



MESNALIEN PRIVATE SANATORIUM FOR CONSUMPTIVES, NEAR LILLEHAMMER, NORWAY. THE TOWER OF THE SANATORIUM IS SHOWN ON THE RIGHT AMIDST PINES AND BIRCHES, THE RESIDENT PHYSICIAN'S HOUSE IS IN THE FOREGROUND, THE HAMLET OF MESNALIEN TOWARDS THE LEFT, AND IN THE DISTANCE LAKES AND PINE-CLAD HILLS ARE SEEN.

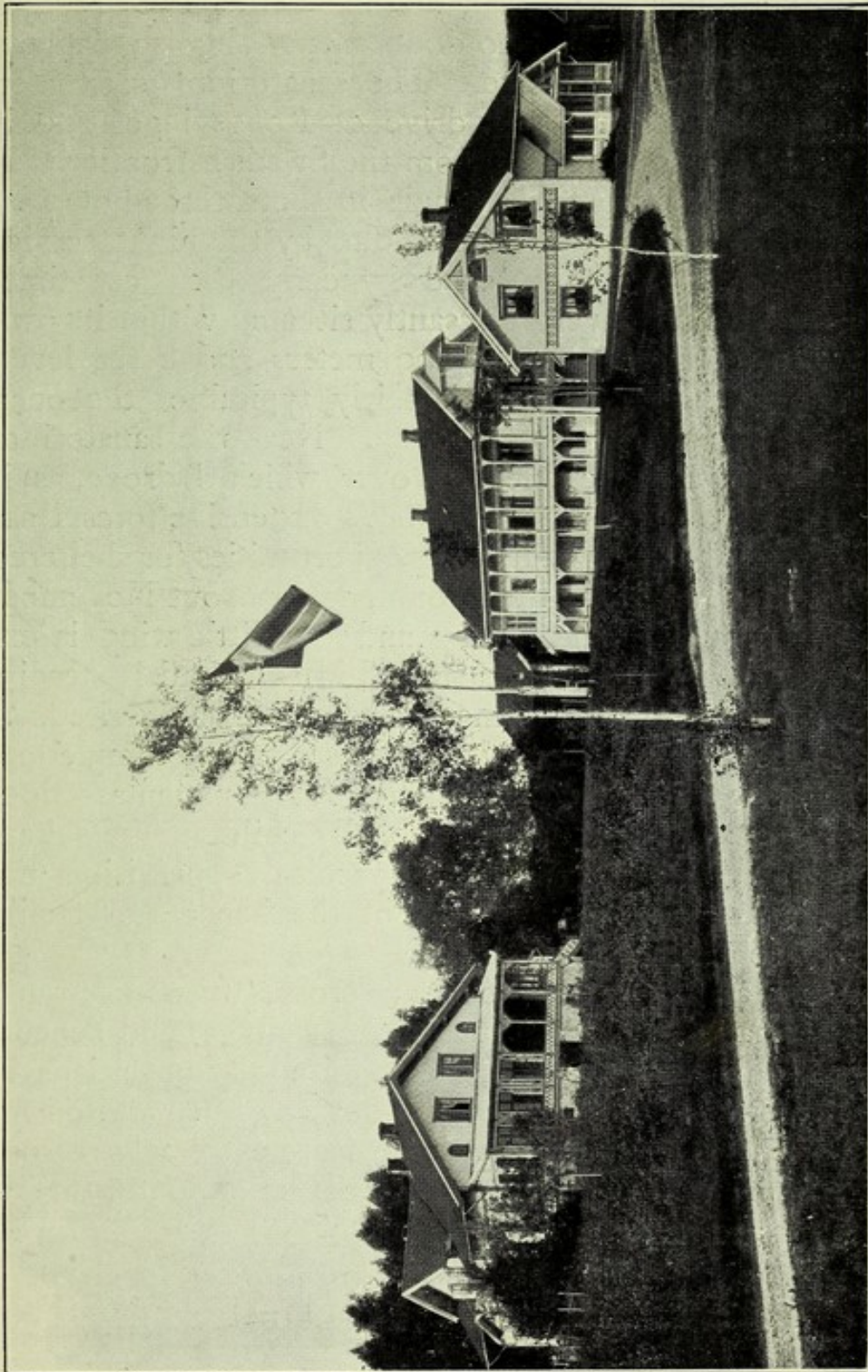
ally furnished in Norwegian style. There is accommodation for 40 patients. The public dining-room, salons, and billiard-rooms are wisely situated at the east end of the building. At the west end are two substantial and extensive open verandahs. Immediately adjoining the sanatorium is a long roomy shelter having both a north and a south aspect. The sanatorium is heated by means of radiators and is electrically lighted. The sanitary conditions are satisfactory and there is an excellent supply of pure water.

Treatment is conducted in accordance with the best modern principles. The meals are well arranged, and the food, in quantity, quality, and variety, appears to be excellent and likely to be attractive to an English palate. As compared with most British sanatoriums of like standing, Mesnalien offers distinct advantages as regards expense. The tariff varies from 7*s.* to 9*s.* per day, and includes medical attendance, full board, consisting of three chief meals and two lighter ones, milk whenever desired, separate bedroom, heating, lighting, baths, attendance, and ordinary nursing. The only extras appear to be washing, alcoholic liquors, and special nursing if necessitated, and a charge of kr. 10 (11*s.*) for the disinfection of the patient's room on leaving. Mesnalien is two hours' drive from Lillehammer, which can be very comfortably reached by a particularly interesting railway journey of about five hours from Christiania.¹

GJÖSEGAARDEN SANATORIUM

After Mesnalien, among the private sanatoriums restricted to tuberculous cases, Gjösegaarden should be given a prominent place. It is most efficiently conducted by Dr. Fr. Jonassen who lives with his wife and children in a house on the estate. For some years the sanatorium has been a favourite with both Swedes and Danes as

¹ A full description of Mesnalien Sanatorium appeared in the *British Journal of Tuberculosis* for April, 1908.



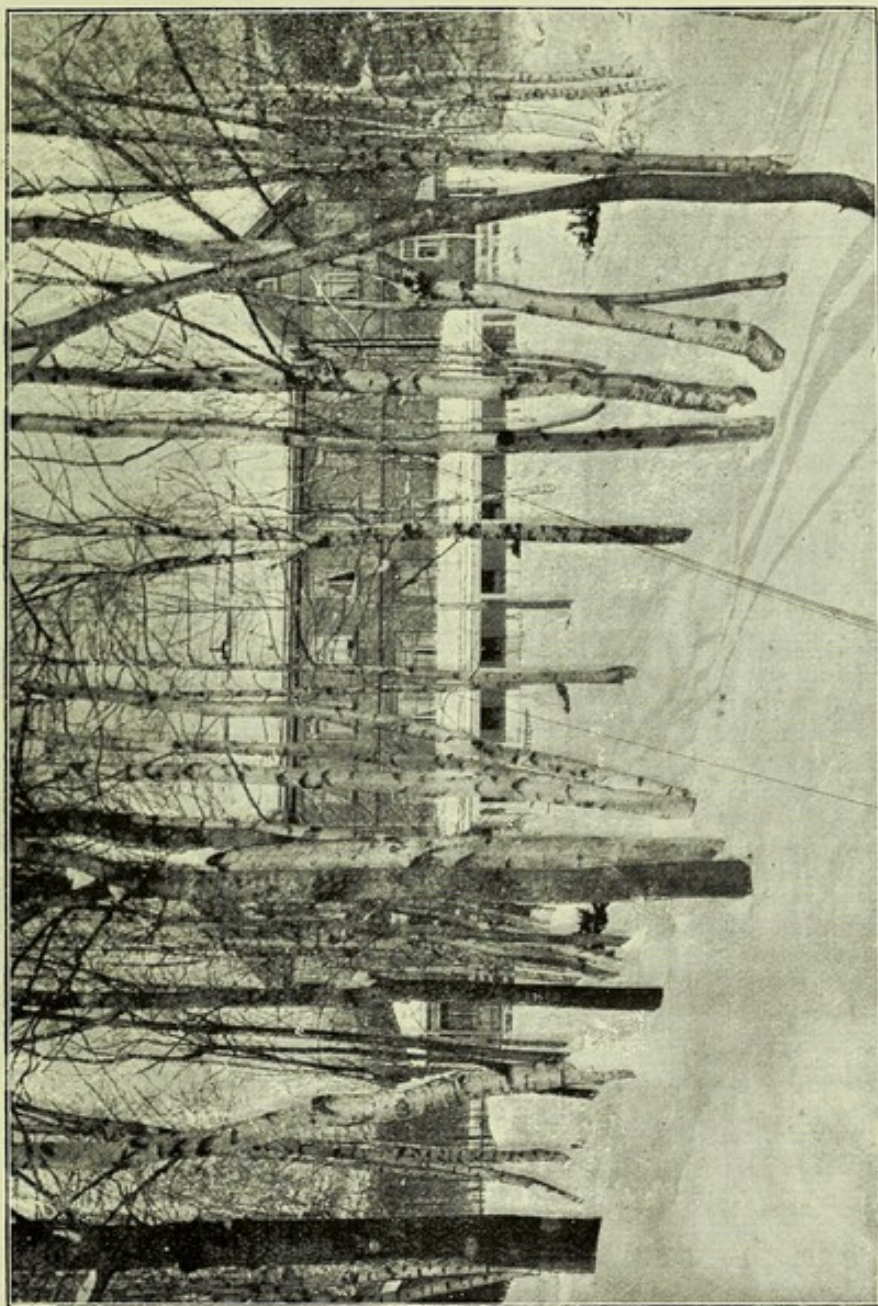
GJØSEGAARDEN PRIVATE SANATORIUM FOR CONSUMPTIVES, NEAR KONGSVINGER, NORWAY.

well as Norwegians, and everywhere it is well spoken of. Both the resident physician and his wife speak very fair English, and there are no doubt many English patients who would do well here. The sanatorium is situated within half-an-hour's easy drive of Kongsvinger and is only a few miles removed from the Swedish frontier. It can be reached from Christiania in about three hours by a fast train. By leaving Stockholm by the night service Kongsvinger can be reached by early breakfast time. The sanatorium is very pleasantly situated within its own grounds at an altitude of 200 metres above sea level. The surrounding country is fairly typical of the open inland of this district of Norway. Near the sanatorium is a lake of considerable size over which I drove, as it is frozen throughout the winter. Extensive forests are near at hand offering abundant opportunities for sheltered walks. Snow lies on the ground from about November to April, but the air is dry and but little wind is experienced. The place was started in 1894 and is steadily growing, additional buildings being added as required. At the time of my visit a new house was nearing completion. At present there is accommodation for 32 patients. Both sexes are admitted and occasionally children are taken. Apparently while under strict medical supervision the patients are afforded as many of the benefits of family life as are desirable.

As far as I could ascertain no prospectus of the sanatorium has ever been issued, its advantages and benefits seeming to have been well recognised by physicians in both Norway and Sweden without any such customary reminder. The inclusive charges are extremely reasonable, ranging from kr. 150 to kr. 180 a month, that is roughly about £8 to £10.

KORNHAUG SANATORIUM

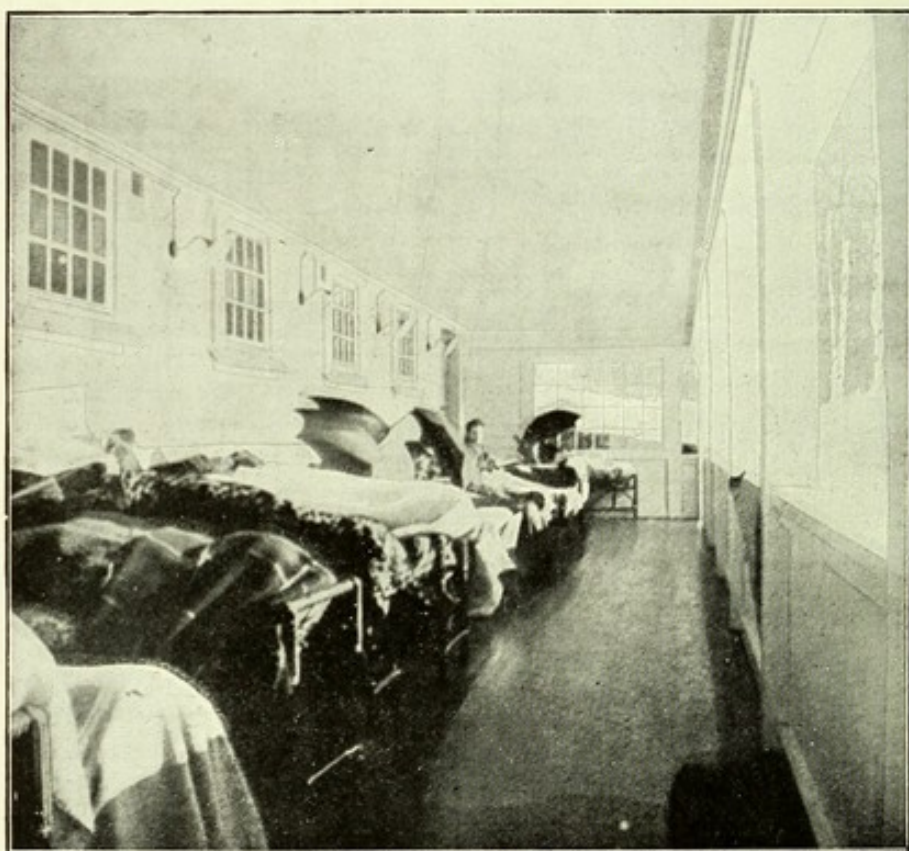
This consists of two buildings, a particularly attractive wooden country house, built in old-fashioned Norwegian



KORNHAUG PRIVATE SANATORIUM FOR CONSUMPTIVES, GAUSDAL, NORWAY.

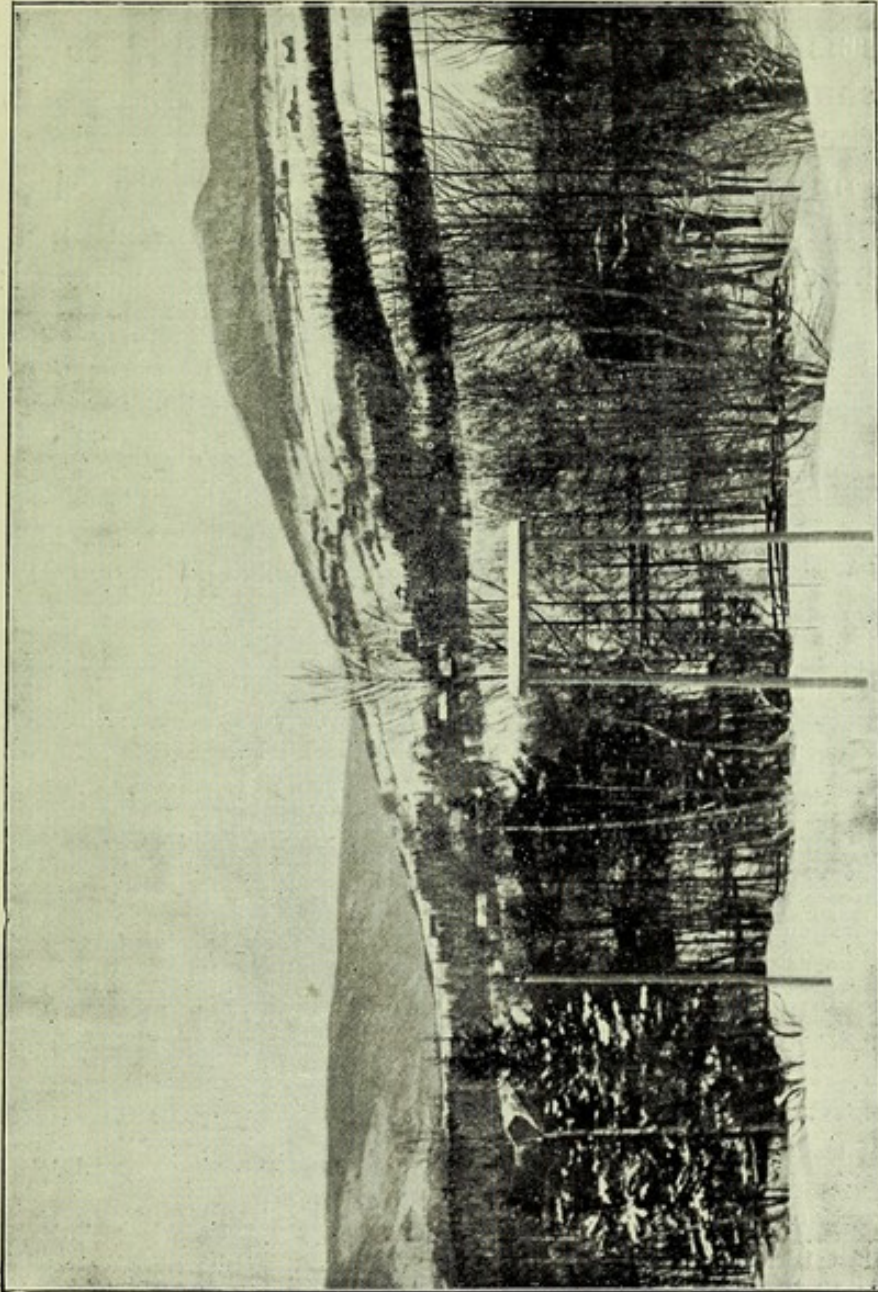
style, and a new and thoroughly modern building for 29 patients. Altogether something like 38 patients can be accommodated. At the time of my visit Dr. W. Holmboe was the physician and resided with his wife at the sanatorium but recently he has been appointed Medical Director of Mesnalien Sanatorium, on the resignation of Dr. Sömme.

The chief features of the new building are shown in the accompanying illustration. Each patient has a separate



OPEN-AIR SHELTER FOR PATIENTS AT THE KORNHAUG PRIVATE SANATORIUM FOR CONSUMPTIVES, GAUSDAL, NORWAY.

room, and there is a large *liegehalle* in what may be called the basement. There is a watercloset system and heating is by low pressure steam. The establishment is primarily intended for fairly well-to-do Scandinavians. The inclusive tariff is from kr. 135 to kr. 165, that is to say, from about £7 to £9 a month. The sanatorium is pleas-

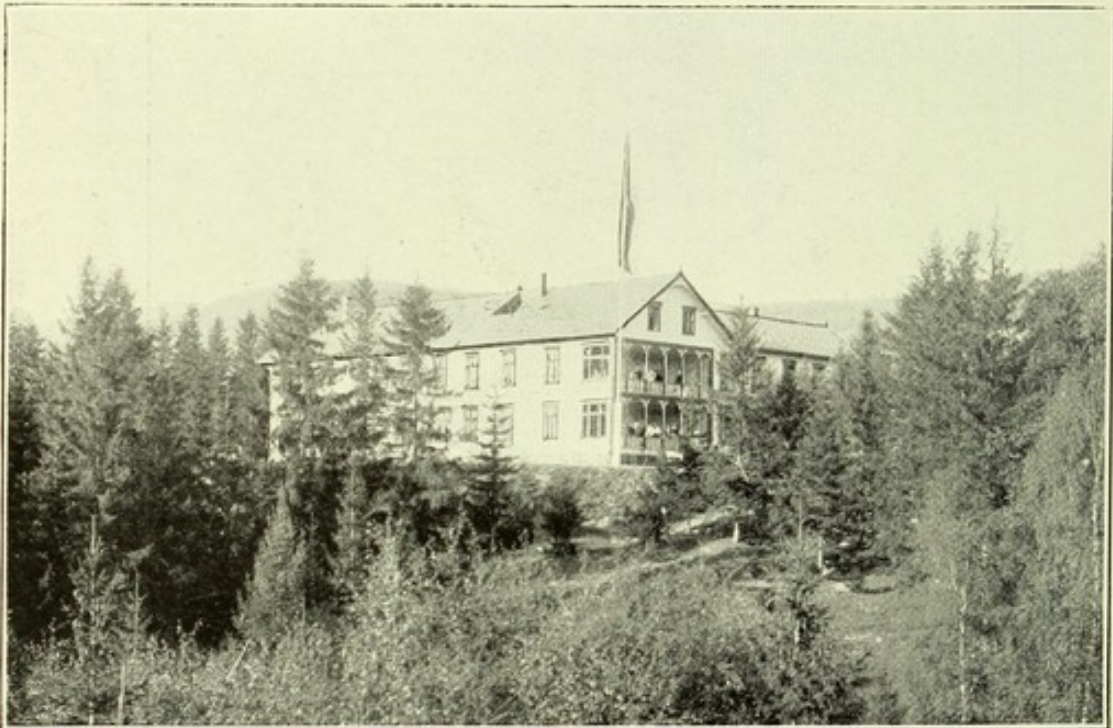


WINTER SCENE IN GAUSDAL, NORWAY.

antly placed in its own grounds in Gausdal, an easy drive from Lillehammer which is the nearest town.

GRANHEIM SANATORIUM

This is a new, well-designed, and simply equipped establishment primarily intended for Norwegians of what might be commonly called the respectable working and lower middle class. It is most pleasantly situated amid pines in the mountain valley of Gausdal not far from the country home of Björnstjerne Björnson. It is



GRANHEIM PRIVATE SANATORIUM FOR CONSUMPTIVES, GAUSDAL, NORWAY.

within easy driving distance of Lillehammer. The medical director is Dr. L. Wiegaard who with his wife and children lives at the sanatorium. A trained nurse is kept. The whole place is light, clean, simple, and attractive, although the patients' rooms are somewhat small. There is a water-closet system and the sewage is dealt with in a septic tank. There are excellent shelters

and the outlook is fine. The prices are exceedingly reasonable, ranging from kr. 130 to kr. 135 per month, or a little below and above £7.

OTHER PRIVATE SANATORIUMS FOR NORWEGIANS

At present the number of private sanatoriums in Norway are comparatively few. This is due first to the fact that up to recently Norwegians have been accustomed to seek treatment in Germany or elsewhere, heedless of the specially advantageous climatic conditions which they



DR. MJÖSEN'S PRIVATE SANATORIUM FOR CONSUMPTIVES
AT GREFSEN, CHRISTIANIA, NORWAY.

were forsaking; and, secondly, the possibility of providing for other than Scandinavian peoples has even yet hardly been realised. Thus the sanatorium movement in Norway must be viewed as in little more than its beginnings. Rightly developed it should have a rich future before it.

In the immediate neighbourhood of Christiania, on the outskirts of the suburb of Grefsen, which can be reached by electric cars, Dr. Mjösen has established a small but

well-equipped sanatorium. Adjoining it is another establishment, the Grefsen Sanatorium, originally, so I was given to understand, a hydropathic establishment, but which has been adapted and extended particularly by the employment of a considerable number of scattered shelters.

Another establishment for Norwegian consumptives, the Trygstad Sanatorium, has been opened by Dr. I. I. Lorentzen, near the little township of Honefos, where cases are taken at from kr. 135 to kr. 165 during the winter months, the prices being a little lower in the summer.

PRIVATE RESIDENCES FOR TUBERCULOUS AND TUBERCULOUSLY DISPOSED CASES

While the number of sanatoriums suited for English patients is at present limited in Norway, it is well to remember that the climatic conditions, especially during the winter, are so favourable for the treatment of many early and predisposed cases, that for those to whom expense is not a serious consideration the advisability of taking a house on the hills immediately outside Christiania, or making a home for the winter in the Norwegian highlands, is certainly worthy of consideration. Especially in the case of children and rapidly growing youths, where marked predisposition from inheritance or acquired conditions exists, I can imagine no wiser course than arranging for a winter in the bracing and invigorating climate of this northern land.

For young male adults without home ties, who have a tuberculous inheritance or who are the subjects of an arrested tuberculous affection, a long mid-winter holiday at one of the Norwegian health stations, to which reference has been made in previous pages, offers one of the best means for prophylaxis and the maintenance of quiescence.

THE ANTI-TUBERCULOSIS MOVEMENT IN NORWAY AND
PUBLIC SANATORIALS FOR TUBERCULOUS CASES

No study of Norwegian health stations can be counted satisfactory and complete which neglects to consider the influence and character of the anti-tuberculosis movement. Norway, in spite of its climatic and other advantages, has suffered much from both leprosy and tuberculosis. The former is now rapidly becoming extinct but the latter has until the last decade been steadily increasing.¹ The fact is, Norwegians have been slow to develop that "health conscience" and "hygienic mind" which are essential to the establishment and maintenance of rational and effective prophylactic measures against tuberculosis. Even still, as I had abundant opportunities of noting, on several occasions there is a lack of observance of many of those procedures and precautions, which experiment and experience have demonstrated to be essential for the successful conduct of an anti-tuberculosis campaign. Promiscuous spitting is prevalent everywhere. Spittoons are provided in nearly all public places but apparently are never or rarely supplied with disinfectants. Railway carriages generally possess open receptacles for sputum. Spittoons are prominent features in institutions of almost every kind. I was astonished to find a spittoon by the bedside of each patient in the leper hospital near Trondhjem. Scandinavians seem to have an innate propensity for indiscriminate expectoration. This is due no doubt in a measure to the catarrhal conditions induced by overheating of dwellings, excessive smoking, and in some instances chewing of tobacco. The old-fashioned homesteads are almost invariably dark, and the arrangements for sleeping are still generally devoid of adequate hygienic requisites. Even in modern houses and public establishments of all kinds the temperature during winter is kept so high as to cause considerable discomfort to an ordinary Englishman.

¹ J. Sømme : Tuberculosis in Norway and its Sanatoria for Consumption, *British Journal of Tuberculosis*, October, 1907.

Open-air methods are seemingly not so popular in the Norwegian home as in our own country. Until comparatively recently little has been done to prevent the spread of tuberculous infection, and even now the geographical conditions prevailing in Norway make adequate supervision and the conduct of sanitary reforms matters of considerable difficulty.

ANTI-TUBERCULOSIS MEASURES.

I had the privilege of discussing the anti-tuberculosis movement with Dr. M. Holmboe, the Norwegian State Medical Director at Christiania, Dr. Andvord, Dr. Somme, and other well-known leaders, and of seeing something of the practical efforts which are now being vigorously carried on with the aim of stamping out this scourge of the people. Norwegian medical practitioners have for long recognised that just as leprosy has been almost exterminated by early recognition and segregation of cases, so tuberculosis will have to be dealt with by the wise application of legislative measures and a personal care of the afflicted patients.

Norway's advanced position in regard to its "tuberculosis laws" is due mainly to the energy and wisdom of its chief medical officers, Dr. M. Holmboe of Christiania and Dr. Klaus Hanssen of Bergen. Norway can justly claim to be the first country in the world to adopt legislative enactments for the compulsory notification of "open" tuberculous cases. Since the beginning of 1901 infectious tuberculous cases have been reported to the district medical officer. If the medical attendant's instructions are not complied with, the sanitary authority is empowered to remove the patient to the hospital and necessary disinfection is carried out at the public expense. The salutary effects of legislative measures and educational efforts are now becoming manifest. During the three years 1902 to 1904 the mortality from pulmonary tuberculosis was 2.4 per 1000 inhabitants. In the last ten

years the mortality has fallen more than 15 per cent., the most marked decrease being in the urban districts. In Bergen, where the influence of Dr. Klaus Hanssen is far-reaching, it is said that the mortality has decreased 50 per cent. in the course of the last 11 years. The death-rate varies greatly in the different districts or amts as they are called. In Kristian amt during the years 1901-05 the mortality varied from 1.6 to 2.0 per 1000, while in Finmarken it was as high as 4.5 per 1000.

In interpreting the foregoing statistics it is necessary to bear in mind the influence of social and national movements. During recent years large numbers of the population have taken to town life and factory work. Agricultural pursuits are on the wane. There are now greater facilities for communication between districts, and outlying hamlets are less isolated than formerly. A constant stream of emigration of the vigorous and young is going on to America, the sick and feeble being left behind. Many of those who have become victims of tuberculous disease in the United States and elsewhere are returned to their native land. As Dr. Holmboe has well pointed out, it is necessary not to over-estimate or to exaggerate the value of the tuberculosis laws, for all too little time has elapsed to allow of a just estimation.¹

A special committee of the association of Norwegian Physicians has been formed, with Dr. Holmboe as chairman, to study the anti-tuberculosis measures in Norway and to direct the various forms of effort and enterprise available for the public good. This committee also seeks to link the campaign in Norway with the international movement which is now exercising world-wide influence.

The Norwegian Women's Sanitary Association, which was originally formed to provide for the injured in time

¹ M. Holmboe: "Lungetuberkulosens Cevægelse i Norge, navnlig i de senere aar," *Tidsskrift for den Norske Lægeforening*, No. 24, Dec. 15th, 1907. Kristiania. Accompanying this article are valuable charts and maps indicating the relative frequency of tuberculosis in the different districts of Norway.

of war and recently has done much to relieve the hard lot of the fisher-folk, has now taken up anti-tuberculosis work, and such practical assistance promises to be invaluable. The judicious service of this organisation has in chief measure led to the establishment of "pleiehjems," on the introduction of which Norway may be congratulated. A "pleiehjem" is a nursing-home for advanced consumptive cases. These have been established in various districts of Norway and seem to meet admirably, and at comparatively small cost, the needs of a sparsely populated and far-extending country with limited means of communication.¹ "Pleiehjems" have now been established by eight or ten communes and by some five amts. In Christiania and Bergen special wards are provided for consumptives in the State hospitals. The nursing-homes for consumptives have proved a great boon to the country. They are usually small and homely with, as a rule, only from six to ten beds. A trained nurse acts as superintendent and the medical man of the district serves as medical attendant. The initial cost averages about £50 a bed and the expense of maintenance is comparatively small. These homes were primarily intended for the nursing of "open" and advanced cases of pulmonary tuberculosis likely to be dangerous sources of infection. About 300 beds are now available in these institutions. The "pleiehjem" is certainly a Norwegian institution which might well be adopted by other countries, and for certain parts of the British Isles and its colonies should be very suitable. If, instead of burying funds in stone and marble and other needless extravagances, some such country homes could be established in this land for cases which the ordinary sanatorium cannot or will not take, a great step would have been taken towards the arrest of tuberculosis among our people.

Norwegian physicians and statesmen, through their experience with leprosy—a disease in many ways akin to

¹ M. Holmboe: "Om Pleiehjem for Tuberkulöse," Kristiania, Alb. Cammermeyers Forlag, 1901.

tuberculosis—are peculiarly well fitted to approach the practical conduct of the anti-tuberculosis movement without undue pessimism and devoid of extravagant and irrational hopes. Their reasonable legislative measures, rational philanthropic endeavours, and practical methods in dealing with tuberculosis all merit high praise and are worthy of serious study.

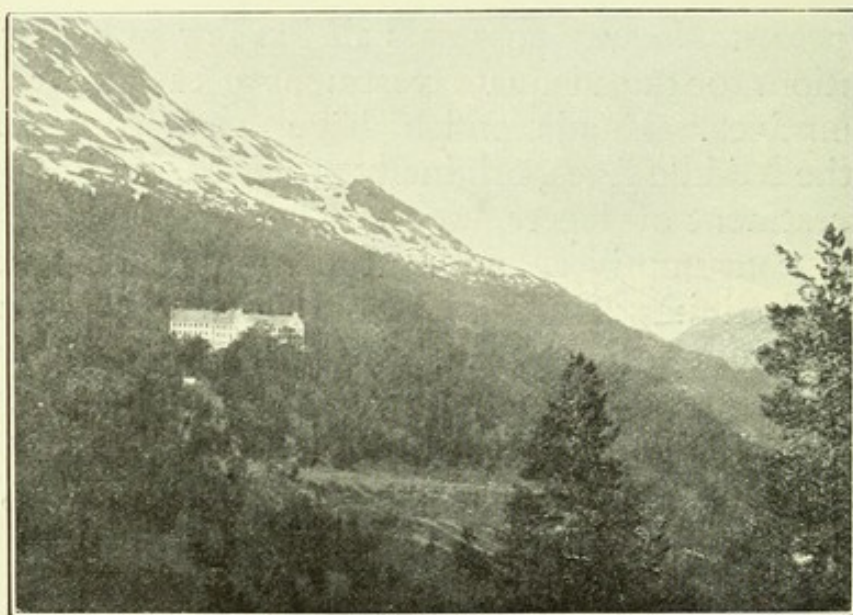
PUBLIC NORWEGIAN SANATORIUMS FOR
CONSUMPTIVES

At present Norway possesses all too few public or State institutions for the adequate treatment of early necessitous consumptives. Funds which have been accumulating since the Middle Ages, originally provided for the support and treatment of lepers, are now being devoted to the care of consumptives, and as the number of lepers is steadily declining, it seems likely that before long a still larger amount will be available for the establishment of sanatoriums or at all events for the control of tuberculous patients. The old leper institution at Reknæs has been converted into an establishment for consumptives, and funds originally intended for lepers have helped to build the new sanatorium at Lyster.

Lyster Sanatorium.

This representative institution is thoroughly modern, having been opened as recently as November, 1902. It is situated in the western part of Norway, on the southern slope of the mountain range bordering the Sogne Fjord. In winter it is very difficult of access, and one cannot help thinking that it would have been wiser to select a less isolated district. It has been built out of the funds of the ancient St. Jørgen's Leper Hospital of Bergen, and owes its origin to the thought and enterprise of Dr. Klaus Hanssen, the senior physician of the Bergen Hospital.

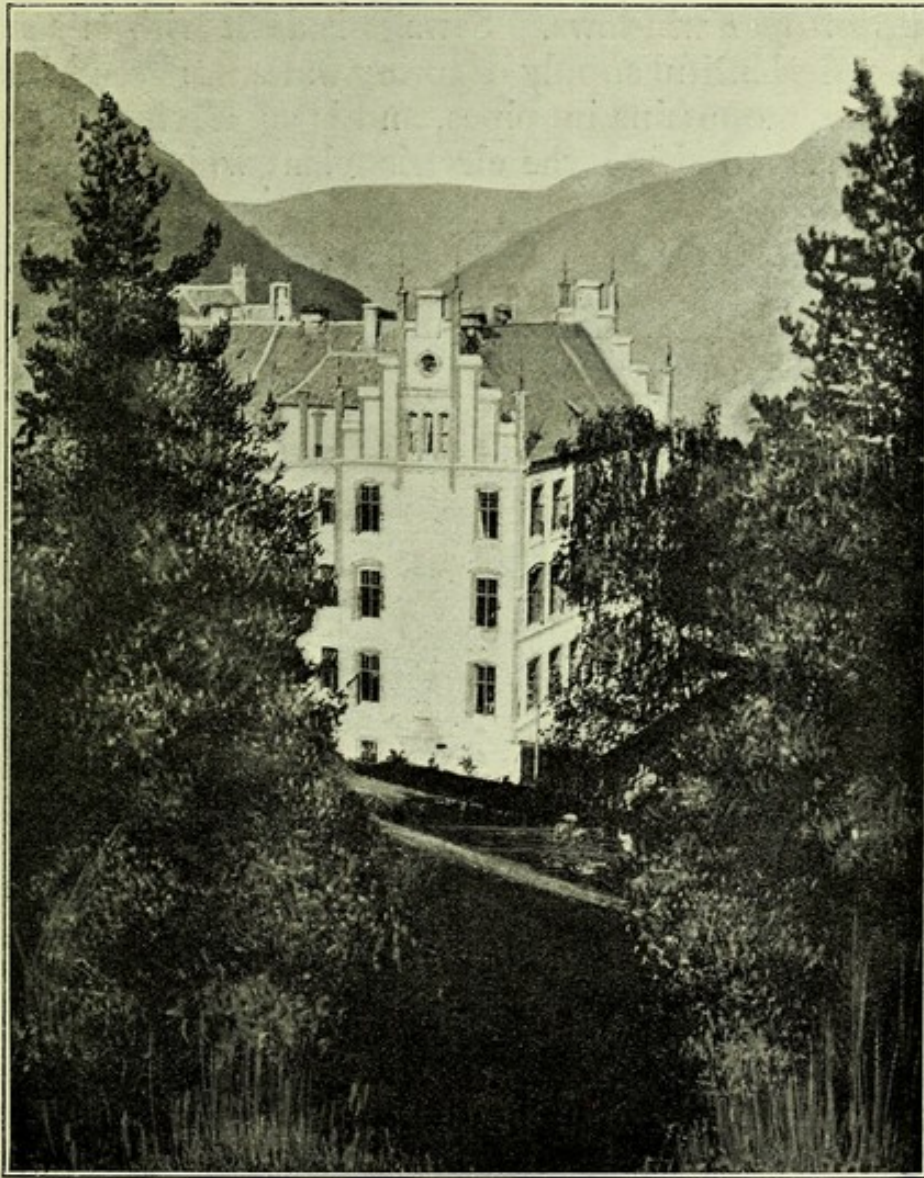
The sanatorium is excellently placed at an altitude of 470 metres above sea level in a peculiarly charming and mountainous district. The climate is sub-Alpine in character. During winter the whole country is snow-clad and frost-bound. At considerable expense a mountain road and wire tramway have been constructed from the lower level to the sanatorium. The institution consists of a main building, four summer houses, an isolation house, stables, and necessary offices and outhouses. Accommodation has been provided for 126 beds, and in



LYSTER STATE SANATORIUM FOR NORWEGIAN CONSUMPTIVES.

addition there is room for 12 patients in the summer pavilions. There are 18 bedrooms, originally designed for four patients in each, and allowing about 36 cubic metres per bed. Frequently five cases are placed in each room, the space allowance then being from 29 to 30 cubic metres per patient. There are also three bedrooms for four patients each. Twelve rooms are provided for single cases, but some of these are sufficiently roomy to take two patients. All the bedrooms face south. Separate dining and day rooms are provided for men and women.

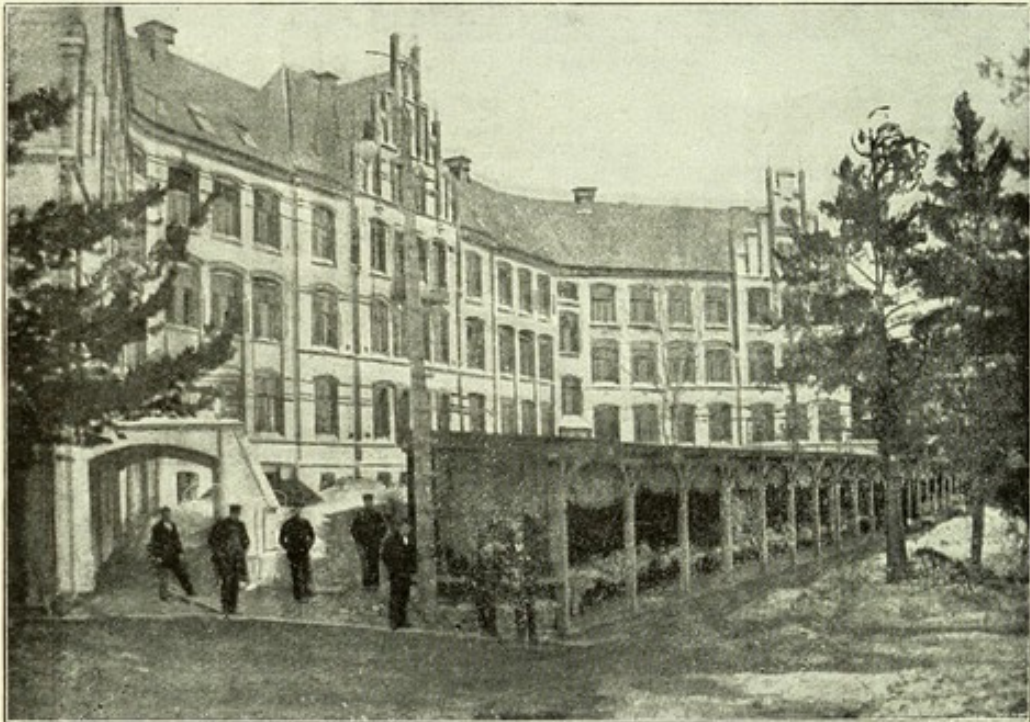
Good sanitary accommodation is provided for each sex on every storey and in the basement. In the main building are quarters for the medical director, rooms and offices for the resident staff, medical and administrative, and a



LYSTER SANATORIUM SHOWING ITS ELEVATED POSITION ON THE MOUNTAIN SIDE ABOVE THE SOGNE FJORD.

laboratory. Heating is arranged for by means of a low pressure steam system. Hot and cold water are available throughout. Ample water-supply is provided for lavatories, baths, water-closets, and fire mains. There are

modern appliances for steam cooking, electric lighting and ventilation, and an electrically heated disinfecter for the sterilisation of sputum. The electrically driven system of ventilation has not been required, as free natural ventilation can be secured both during summer and winter by means of open windows. Sewage is dealt with in a septic tank. A plentiful supply of spring water has been brought from the mountains in pipes, and is so abundant that it also serves to drive the electric plant which works the



LYSTER SANATORIUM FOR NORWEGIAN CONSUMPTIVES :
SOUTH ASPECT WITH OPEN-AIR SHELTER.

tram and provides the lighting. A liegehalle is placed on the south side of the building. The grounds are extensive and adjoin the natural forest region.

The isolated and elevated situation of the sanatorium has added much to the initial cost and of course increases the expense of maintenance. The total cost has averaged something like kr. 5960, or about £322 per bed, an expenditure which, compared with some similar institutions outside Norway, must be considered very reasonable.

The total working expenses for each patient are said to be kr. 2.95, or about 3s. per day, of which the State contributes kr. 1.75, or about 2s., and the patient or his friends contribute kr. 1.20 per day. Those, however, who are able, pay kr. 2.95 per day, but of such I understand there are only a few, and they are granted no additional privileges or special consideration. The sanatorium receives no philanthropic support and has no legacies. Possibly in the future additional leper funds may be rendered available for its assistance. I was favoured with copies of the annual reports since 1903, exceedingly well arranged and reflecting great credit on the medical director and his staff. A report embodying the results of the first five years has been published. It speaks volumes that of the 1030 patients who have been under treatment all have been followed up except four. At Bergen there exist an after-care committee and a polyclinic on anti-tuberculosis dispensary lines which supervise all cases coming from that town and district. It is well to note that systematised work has for long been very successfully employed as a therapeutic agent on lines very similar to those in use at Frimley and elsewhere in this country. Many patients are employed in the construction of paths of various gradients. During the past five years the male patients have made wide paths for a distance of something like 4.3 kilometres. In the winter snow work and wood-chopping engage much time and attention. The women during the summer assist in the care of the paths and the grounds and engage in gardening. During the winter a number of patients are allowed to walk on skis for one and a half hours after breakfast.

Dr. Emil Grundt, the medical director, to whom I am greatly indebted for valuable information, states, in regard to the important subject of work for the consumptive, that during the last five years about 30 per cent. of his patients have been able to engage in work and without any ill-effects having been noted. The cases are, of course, carefully selected. The temperature taken in the rectum

is considered the safest guide. If the temperature after work is raised to 38.2° C. or 38.3° , no notice is taken of it provided that after ten minutes it has fallen to 37.8° . The work of this premier public sanatorium of Norway is so excellent that all Norwegians may well be proud of it and should accord to it all the support which it needs as well as deserves.

Reknæs Sanatorium.

This institution, situated near Molde on the northern shores of the Molde Fjord, is a converted leper hospital. It consists of a wooden structure of two storeys, with a central portion and two wings, inclosing a courtyard. The wards are small, accommodating from two to four patients in each. Consumptives of both sexes are received and usually a few beds are reserved for children. The difficulty of access to this sanatorium during winter months prevented my visiting it as I had intended.

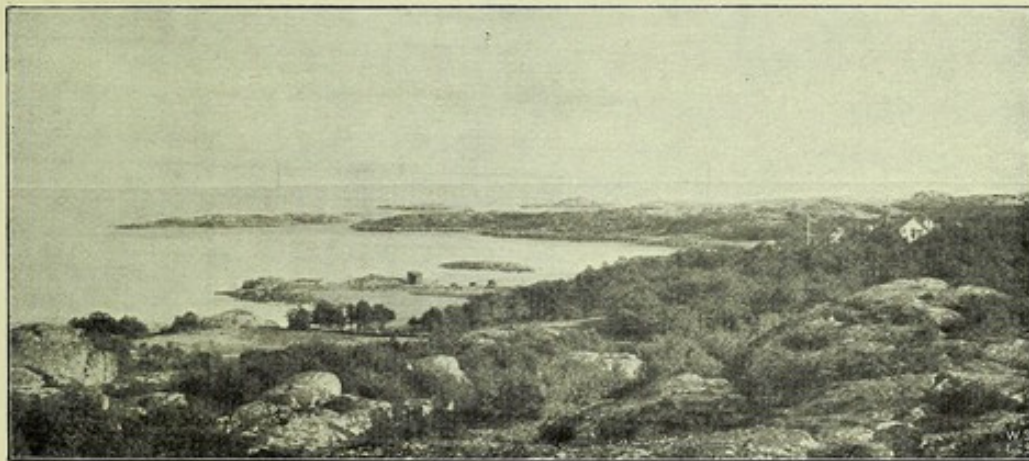
THE CARE OF TUBERCULOUS CHILDREN.

Norway has shown true wisdom in providing for its tuberculous children, and there can be but little doubt that by an extension of means for dealing adequately with tuberculously disposed young subjects lies the best hope for the future. The educational system in Norway is so excellent that there should be but little difficulty in recognising cases in early stages of the disease. By promptly dealing with such, and also by the development of greater domestic hygiene and the separation of children from intimate contact with "open" tuberculous adults, Norway will accomplish much for its "coming race."

The Fredriksværn Hospital for Tuberculous Children.

This is the first seaside sanatorium for tuberculous children established in Norway. It was founded as far

back as 1892 by a board, the president of which was the late Queen Sophia, with funds provided by the Royal family, numerous private donors, and the "Samlag" of Christiania. It affords treatment for cases between 4 and 15 years of age. Sufferers from pulmonary tuberculosis are not admitted. The hospital is situated two kilometres distance from Fredriksværn, a picturesque and charmingly situated seaside resort near the mouth of the beautiful Christiania Fjord. Larvik, about three miles distant, which can be reached by either road or boat, is its nearest railway town. The climatic conditions are those of a mild marine station. Experience shows that it possesses no



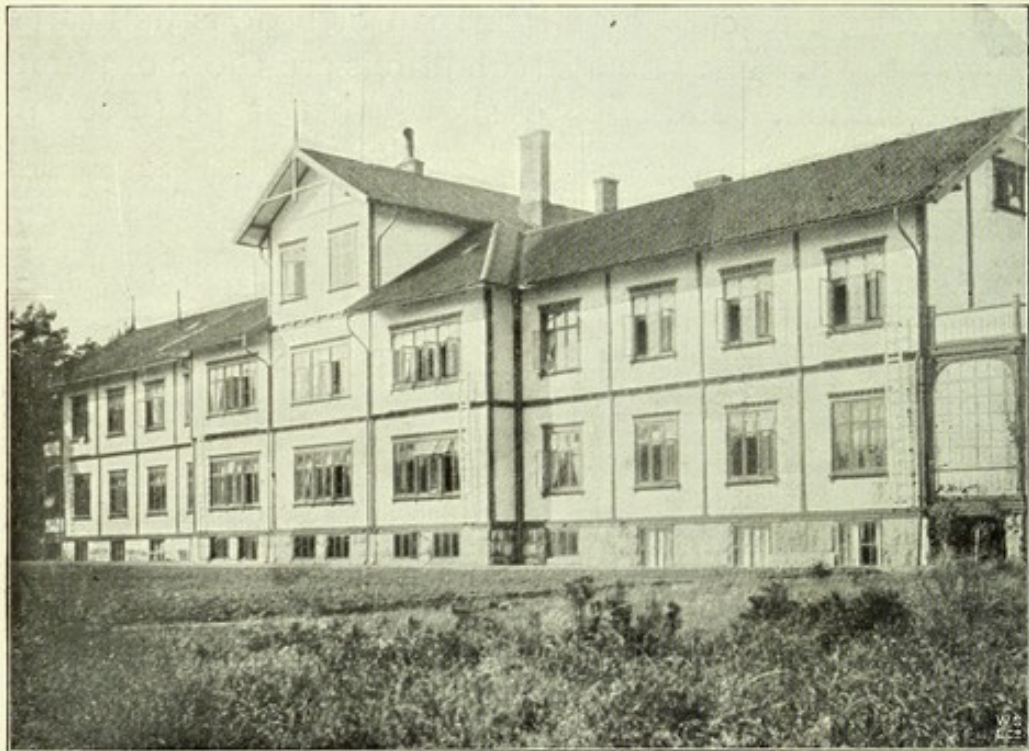
VIEW FROM THE GROUNDS ADJOINING THE FREDRIKSVÆRN HOSPITAL
FOR TUBERCULOUS CHILDREN.

special advantages over a more elevated inland station. Still, the position is convenient of access and its close proximity to the shore offers many attractions for the children. The hospital consists of a wooden main building of two storeys with accommodation for 100 cases, an isolation block, and necessary out-buildings. It also possesses electric and disinfection equipments. The wards are large, well lighted, and airy, and there are commodious day rooms. There is a satisfactory operating theatre with convenient laboratory.

The complete cost of the institution amounted to about kr. 200.000, or kr. 2000 per bed—that is, a little more

than £ 108 a bed. The working expenses amount to something like kr. 1.50 for each patient per day. The parents or friends of the little sufferers only have to contribute kr. 1.00 a day, the deficiency being made up by an annual State grant of kr. 15,000 a year.

Up to the present a little more than 1200 cases have been dealt with since the establishment of the hospital. Of these, 27 per cent. have been the subjects of superficial



THE FREDRIKSVÆRN HOSPITAL FOR TUBERCULOUS CHILDREN :
SOUTH ASPECT OVERLOOKING THE CHRISTIANIA FJORD.

scrofulo-tuberculous lesions, 2 per cent. lupus, 3 per cent. visceral tuberculosis, and 50 per cent. tuberculosis of the bones, joints, and spine.

Dr. Sinding-Larsen, the medical superintendent to whom the institution is indebted for much of its success, took me over the whole establishment and favoured me with full particulars.¹ Treatment is mainly hygienic and dietetic

¹ For full details of this interesting establishment and its excellent work reference should be made to the following, prepared by Dr. Chr. M. F. Sinding-

and where necessary resort is made to the resources of orthopædic surgery. Fortunately there is no time limit. If possible, patients are kept until they are cured. The average duration of residence is 300 days. Cases of Pott's disease and hip trouble are often retained for upwards of two years. The results appear to have been most encouraging. No less than 83 per cent. are returned as "considerably improved" and "improved." Only 17 per cent. were "not improved" or died. Of the fatal cases 50 per cent. were due to meningitis and miliary tuberculosis. The Fredriksværn Hospital is an institution concerning which Norway may be congratulated.

The Children's Marine Hospital at Hagevik.

A second seaside institution for tuberculous children is situated at Hagevik, which is reached from Bergen. Unfortunately, at the time of my winter visit to Norway the difficulty in reaching this part of the country was so great that a visit to it had to be omitted from my programme. Dr. H. G. Gade, the medical superintendent, has, however, kindly favoured me with copies of his reports,² which show that this institution is accomplishing an admirable service for the tuberculous children of Bergen and the western districts of Norway. This institution is now being enlarged and will shortly have accommodation for 100 cases.

Norway has much to show to the many in this and other lands who seem to think that little effective work for the tuberculous can be accomplished without an elaborate and expensive organisation, and pretentious, and

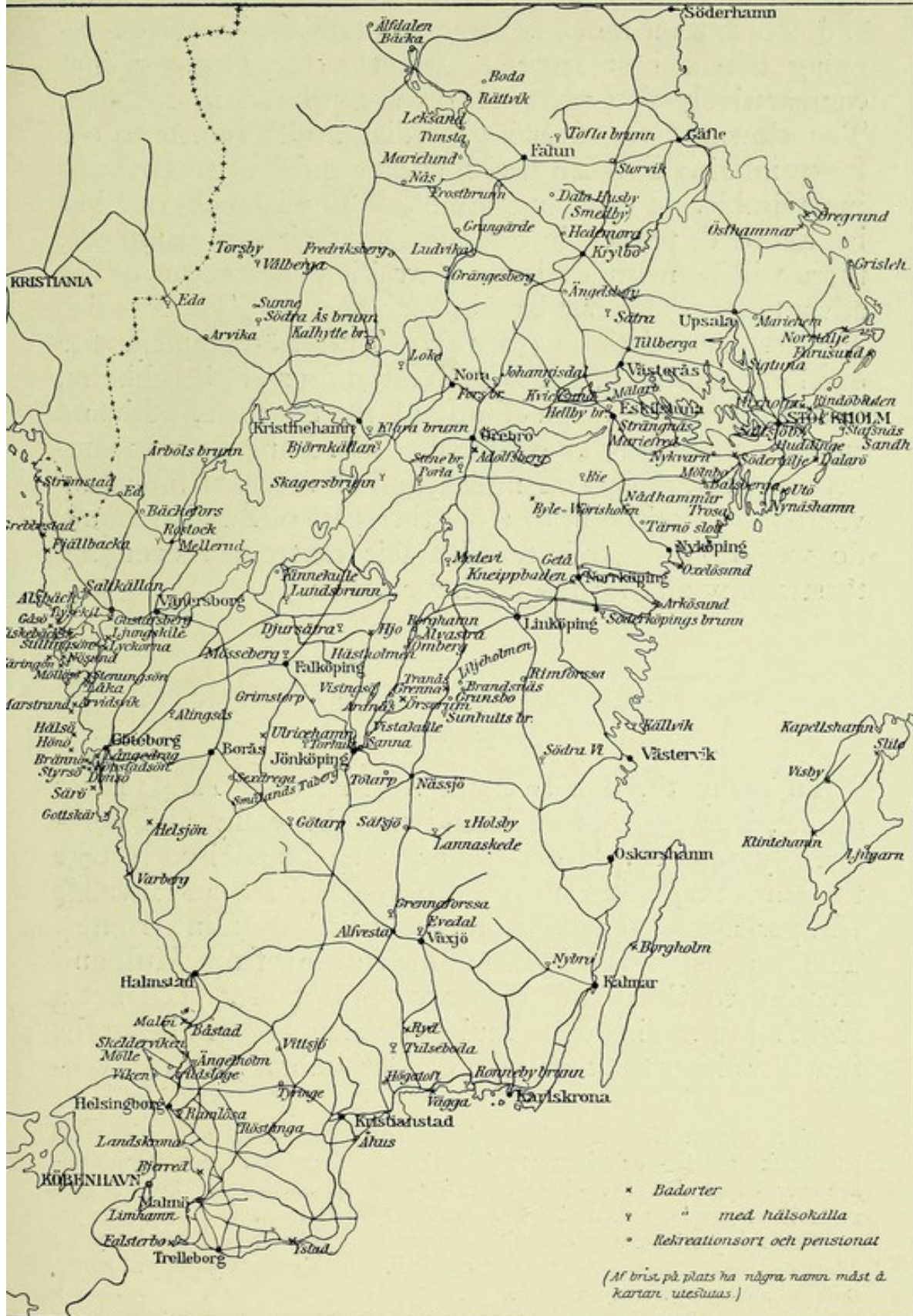
Larsen : "Kysthospitalet ved Fredricksværn for Scrofulöse Börn," Kristiania, Steen'ske Bogtrykkeri, 1901;" and "Beitrag zum Studium der Behandlung der Hüftgelenktuberkulose im Kindesalter." Sonderabdruck aus *Nordiskt Medicinskt Arkiv*, 1905 and 1906, Stockholm, Kungl. Boktryckeriet.

² Aarsberetning for Kysthospitalet i Hagevik for 1906, Bergen, A. S. John Greigs Bogtrykkeri, 1907.

thus necessarily costly, establishments. Norway, in spite of financial, sociological, and geographical limitations, is accomplishing much towards the stamping out of its most deadly scourge. Other countries should mark and consider the means and measures which are proving so satisfactory in this land of the north.

SWEDISH HEALTH STATIONS

SWEDEN to most Englishmen is probably one of the most unknown and least explored of European countries. Such ignorance and neglect are inexcusable and entail a sacrifice of opportunities and also of privileges which can ill be spared. This land offers almost ideal conditions for the health-seeker and holiday-maker. Nature has been bountiful in providing Sweden with a rich variety of inland and sea-coast districts, far-extending highlands and extensive lakelands, wide-stretching forests and numerous rivers, facilities and endowments dependent on natural resources equalled by few countries and surpassed by none. Added to these benefits are climatic conditions which, at least during a great part of the year, are peculiarly beneficial for bodily development and the maintenance of a high standard of health. Sweden is enabled to provide exceptional diversity in the characteristics of its health resorts. It can justly claim to possess the means for providing all-the-year-round health and recreative centres of the first quality. And yet it must be admitted that up to recently the Swedes themselves have been slow to realise their blessings, and hesitant to avail themselves of the natural benefits which, rightly understood and judiciously used, might well make their land one of the most popular and frequented of European countries. Now, however, mainly through the enterprise and energy of the Swedish Tourist Association, directed by its able secretary, Mr. Vilhelm Langlet, to whom I am indebted for much information and no little kindness, the various



MAP OF THE SOUTHERN PORTION OF SWEDEN INDICATING SOME OF THE CHIEF HEALTH STATIONS AND PRINCIPAL RAILWAY LINES.

63.A

health stations are being organised, and by coördination and coöperation much is being accomplished in the developing of the best resorts. It is the case, however, that comparatively few prospectuses are printed in English. The slowness to advertise Swedish health resorts to the far-wandering English health seeker and sportsman seems inexplicable. I have no doubt, if Englishmen can but be afforded proper information in their own language, there will be many desirous of availing themselves of the advantages of this east land of Scandinavia. The Swedish Tourist Association (Svenska Turestföreningen) has excellent central offices at 2, Norrlandsgatan, Stockholm, where particulars of practically all the Swedish health and sports centres may be obtained. Mr. Langlet and members of his staff speak English, and all actual or intending visitors to Stockholm or any other part of Sweden would do well to communicate with this centre of thoroughly trustworthy and up to-date information.¹

MEANS OF ACCESS TO SWEDEN

To many Sweden seems a land far off. As a matter of fact, it is very accessible and may be easily and comfortably reached. Good sailors may be advised to take the sea route, while sufferers from *mal de mer* and invalids will perhaps prefer one of the so-called overland routes. The vessels of the Wilson line starting from Hull and crossing to Christiania are very comfortable.² Thence a night's journey in a well equipped "sleeper" will bring the traveller either to Stockholm or Gothenburg, the two cen-

¹ The Svenska Turestföreningen issues every year a valuable illustrated handbook "Hvilo- och Kurorter i Sverige en öfversikt af Badorter, Luftkurorter, Sanatorier, Turesthotell, Pensionat, Lanthem, M.M." Steps should be taken to provide an English edition of this useful manual.

² For full particulars of the sailings from Hull consult booklets issued by Messrs Thomas Wilson, Sons, and Co., Hull. If this route is selected berths should be booked well in advance.

tres which at the present form the best starting points for English visitors. If preferred, the direct service from Hull to Gothenburg by the Wilson line may be selected. The Thule line, a Swedish service, maintains a regular service between London and Gothenburg and Granton and Gothenburg.¹ Some advise a passage from Hull by the Finland Royal Mail line to Copenhagen, and thence by the ferry boat or steamer to Malmo, and so to Gothenburg, Stockholm or any other part of Sweden. Travellers by the short sea passage or so-called overland route may journey viâ Harwich and the Hook of Holland, Queenboro' and Flushing, Dover and Ostend, Dover and Calais, Folkestone and Boulogne, or even by Hamburg or Berlin and Sassnitz, Trelleborg, and Malmo. Many speak well of the service viâ Harwich or Grimsby to Esbjerg, thence by rail to Copenhagen and so to Sweden. In addition to the indispensable Baedeker,² visitors to Sweden should always provide themselves with the current number of the Swedish Bradshaw—"Sveriges Kommunikationer"³—and also the admirable guide to Sweden prepared by the Swedish Touring Club⁴ and the very informing handbook issued by the Swedish Tourist Traffic Society.⁵

Although Swedish enterprise and effort are now opening up many centres for winter sports, and in the near future a great development of new stations may be expected, for the present and until Englishmen find themselves "at

¹ For particulars consult the agents : Messrs. Phillips and Graves, 26, St. Dunstan's-hill, London, E. C., or Messrs. Chr. Salvesen and Co. of Granton, Leith, and Glasgow : or the head offices of the Thule Steamship Co., Limited, Gothenburg.

² Norway, Sweden, and Denmark. London ; Dulau and Co., 37, Soho-square.

³ This can be obtained at all railway stations and most stationers in Sweden, price 15 ore.

⁴ "Sweden." Edited by the Swedish Touring Club. Pp. 238. With 17 maps and seven plans. Second revised edition. London : Thomas Cook and Sons, Ludgate-circus, E. C. 1906. Price 4s.

⁵ "Sweden : A Short Handbook on Sweden's History, Industries, Social Systems, Sport, Art, Scenery, &c." Edited by the Swedish Tourist Traffic Society (Turisttrafikförbundet), Stockholm. Pp. 178. Stockholm : Centraltryckeriet. 1906.

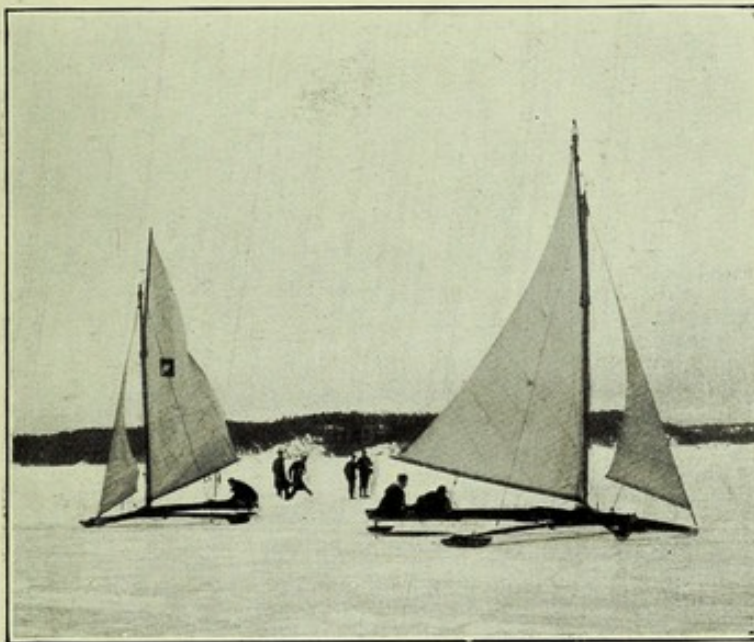
home" in Sweden, I am of opinion that as a general rule they will be well advised to keep in close touch with either Stockholm or Gothenburg. There are many reasons for believing that this is the wisest course. In the present articles I shall therefore limit consideration to the districts in immediate touch with these two great centres. Experience gathered at either will speedily indicate ways and means to an exploration of less accessible districts, and then it is to be expected and hoped that only those suited to undertake such incursions into new parts will attempt the experiment.¹

STOCKHOLM AND DISTRICT

Stockholm has been styled, not inappropriately, "the Venice of the North." It is in truth "the Paris of Scandinavia." A city of many charms, it is particularly delightful in its winter dress. Many parents take their children to Paris and Brussels for educational advantages; they would do well to remember that Stockholm has much to offer. The Royal Central Gymnastic Institute alone draws students from all parts of the world. Under the direction of Colonel V. G. Balck, a worthy successor of the great Ling, and with the assistance of Professor L. M. Törngren and Professor R. M. L. Murray, aided by Dr. A. A. Levin, Dr. S. A. Wallgren, and Lieutenant C. H. R. Hjorth, this State school for physical culture has won a unique position among the educational institutions of the world. Through the kindness of Professor Törngren I had ample opportunity of inspecting the nature and benefits of the work here being carried on, and to all desirous of seriously undertaking a scientific study of physical exercises, whether for the maintenance of health or the treatment of disease, I would commend a winter in this far-famed school.

¹ Helpful suggestions will be found in "The Winter Sports Annual". Edited by E. Wroughton. London: Simpkin, Marshall, and Co.

This is not the place to dilate on the many attractions of Stockholm ; these can be ascertained by reference to " Baedeker " and the other excellent handbooks to Sweden now available, but to the medical practitioner, and especially to the student of medico-sociological problems, Sweden's capital has many things to reveal. For the health seeker and holiday maker desirous of seeing or taking part in the winter sports, which have made Sweden distinguished throughout the world, Stockholm is one of the best centres. English visitors for a limited period



SWEDISH WINTER SPORTS. — ICE YACHTING AT
—SALTSJÖBADEN, NEAR STOCKHOLM.

will find all they can desire at the charmingly and centrally situated Grand Hotel. The winter season proper begins early in December and usually lasts up to the end of February. Skating may be enjoyed within the limits of the city. Over many of the frozen inlets of the Baltic near Stockholm ice-yachting is a fashionable and popular sport. Skate-sailing is a novel and also an exciting recreation. Great enthusiasm is aroused by the sports meetings at which ski-jumping and other contests are held. Every

fourth year the "Northern Games" take place in Stockholm.

Great credit is due to Colonel Balck for the systematisation and organisation of Swedish sport.¹ The hold that winter sports now have on the youth of Sweden will be abundantly demonstrated by a visit to Stockholm's Idrottsparken. Both men and women are enthusiasts for open-air sports. The advantages of co-education, at



SWEDISH WINTER SPORTS. — SKI-JUMPING AT
SALTSJÖBADEN, NEAR STOCKHOLM.

least for Scandinavians, is fully evidenced in the conduct of winter sports and winter touring. Ski-ing is now a most important element in military education. Societies

¹ Colonel Balck's chapter on "Sporting Life in Sweden" in "Sweden: A Short Handbook on Sweden's History, Industries, Social Systems, Sport, Art, Scenery, &c.," merits careful study as it affords a trustworthy and comprehensive account of present day sport in Sweden.

of various kinds exist for the promotion of every type of sport, and, as is well known, Swedes now rank with the foremost of European experts in almost all forms of physical culture and sport dependent on scientific precision and artistic skill.



SWEDISH WINTER SPORTS. — THE RIFLE RANGE AT
SALTSJÖBADEN, NEAR STOCKHOLM.

SALTSJÖBADEN

Of the several fashionable resorts in the neighbourhood of Stockholm, and forming the Swedish Riviera, Saltsjöbaden deserves the foremost place. It is situated on

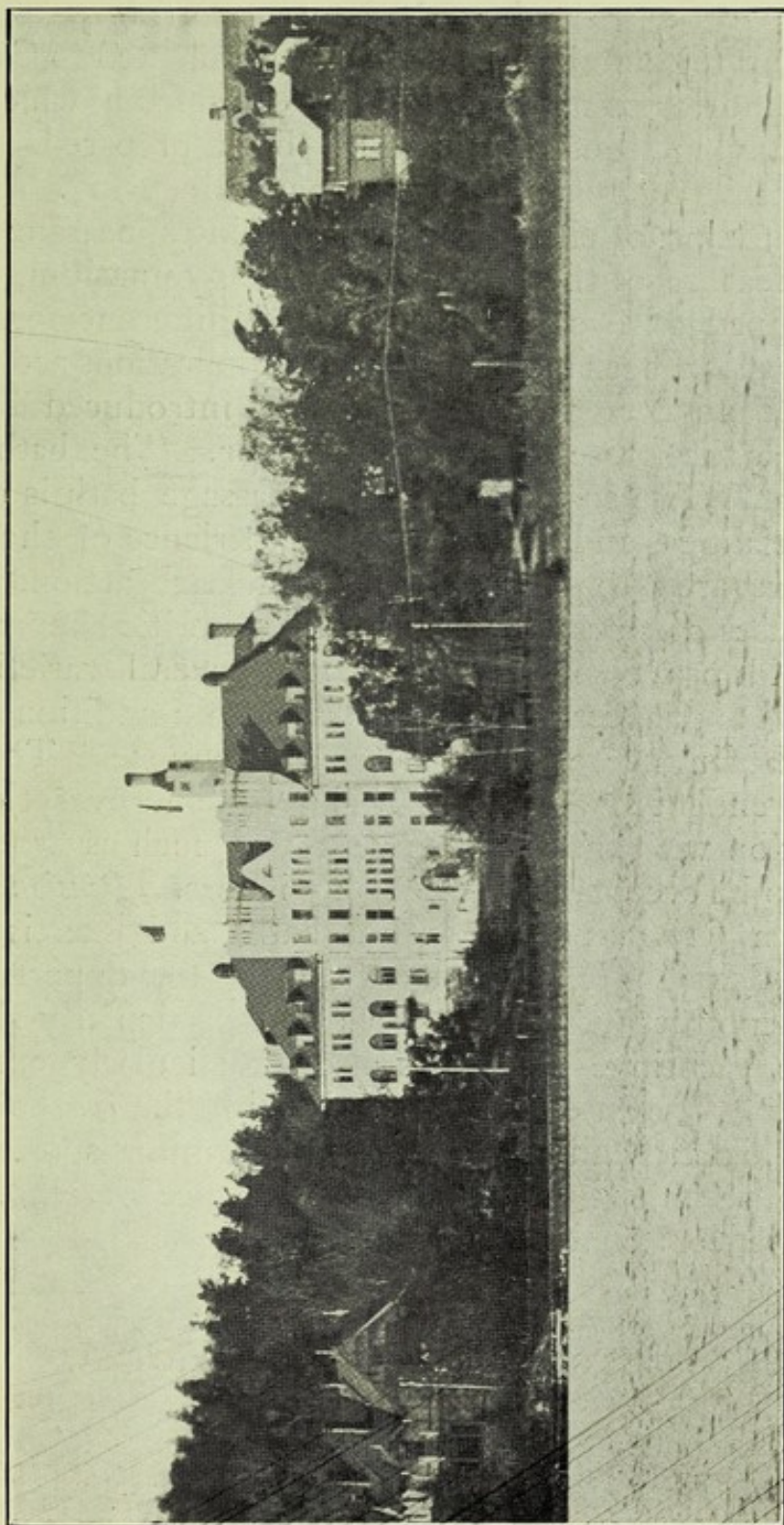
the beautiful Baggensfjärd, at a distance of nine miles from Stockholm. There is a good service of trains and the journey takes about half an hour. Saltsjöbaden is a charming summer resort and can then be reached by steamboat service. The place is still small. There are about 250 villas and the winter population is said to be about 1500. English visitors should make their home either at the Grand Hotel or at the Hydropathic Sanatorium.



SKI-ING PRACTISED AS A PART OF MILITARY TRAINING IN SWEDEN.

The Grand Hotel is an imposing building with 100 visitors' rooms. It is first class in its equipment, and so far as I could ascertain in a necessarily limited inspection well managed. The *pension* terms during the winter are from kr. 45 (about £2 10s.) a week. Near to the hotel is an excellent sports pavilion, situated on a hill, and containing a large hall for tennis and gymnastics.

The medical visitor will be specially interested in the

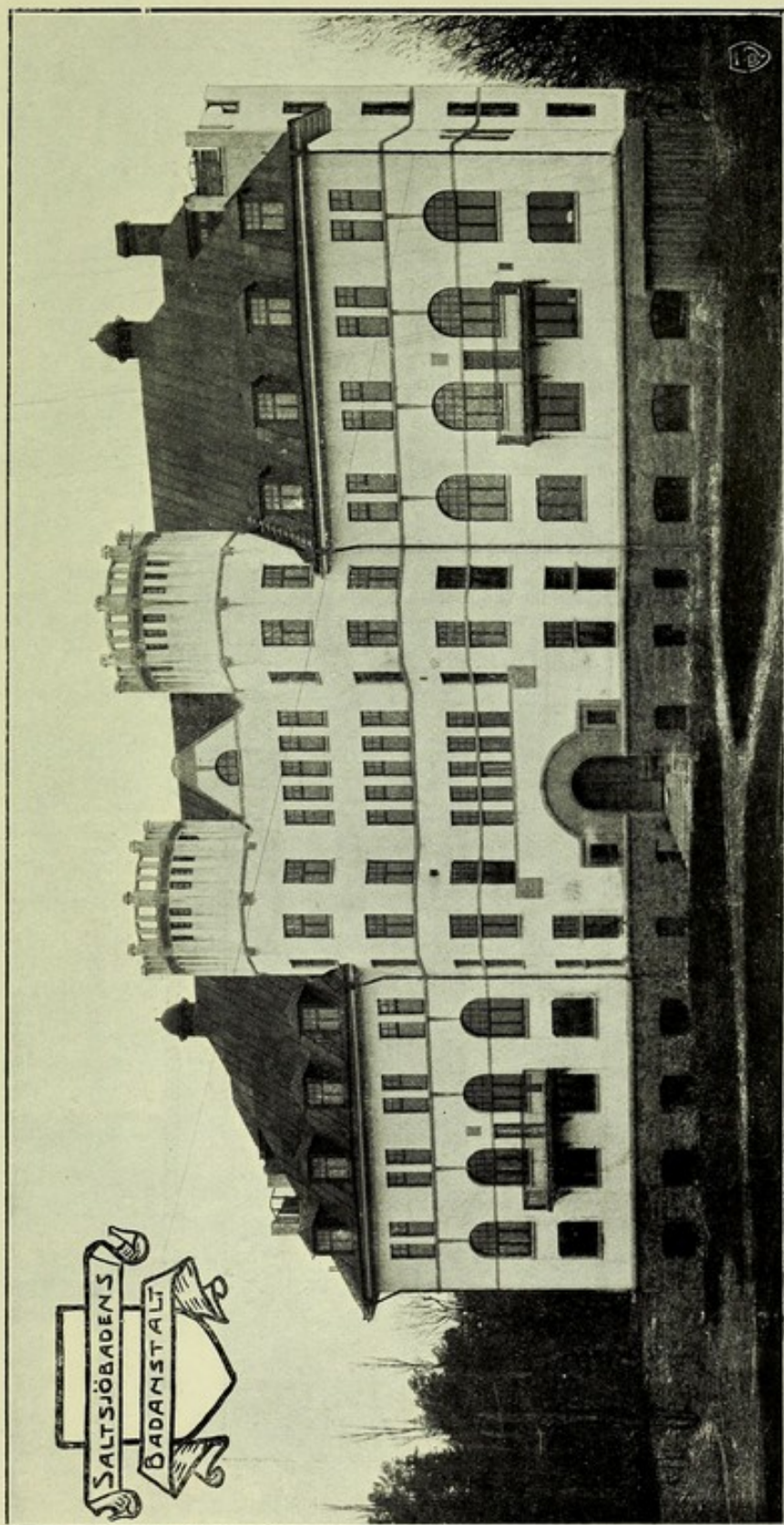


SALTSJÖBADEN HYDROPATHIC SANATORIUM AND ANNEXE ON THE RIGHT, OVERLOOKING THE BAGGERSEJÄRD.

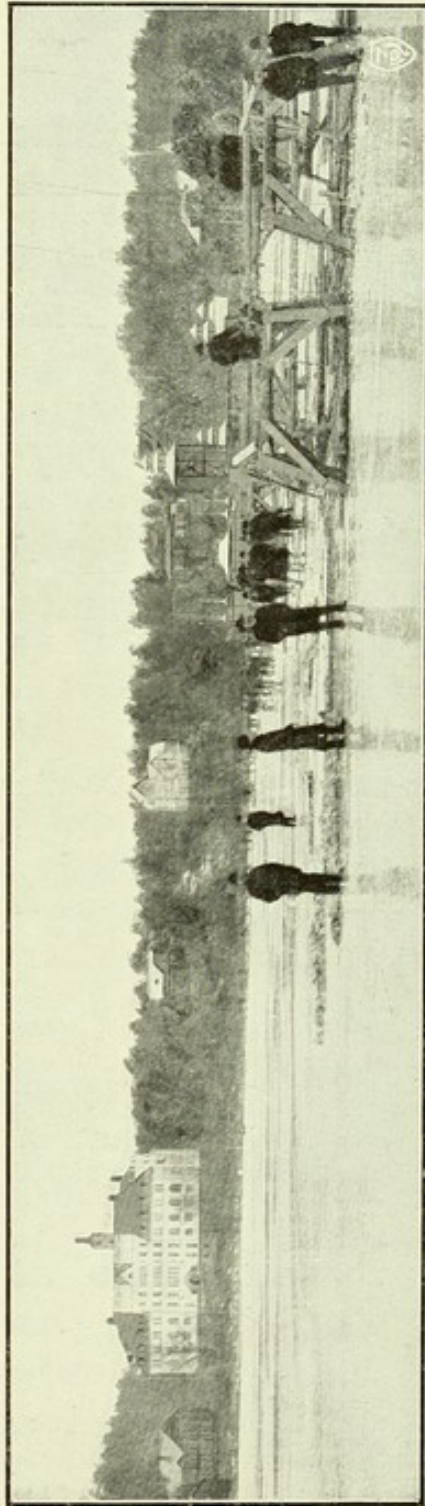
Saltsjöbaden Hydropathic Sanatorium. Through the kindness of Dr. Zander I had an opportunity of fully inspecting this admirable place. I am indebted to Captain A. Astrand for some of the photographs from which the accompanying illustrations have been prepared. The hydropathic establishment was opened in 1903. It is a stone building of eight storeys of striking appearance. A special feature of the Badanstalt is the gymnasium, which is equipped with something like 40 different forms of apparatus for mechano-therapeutical applications according to the Zander method, as originally introduced by the father of the present medical director. The baths are excellent. The so-called Swedish massage bath is one of the specialities, and after personal experience of the same I am prepared to testify to its beneficial action. For many cases of chronic muscular and arthritic rheumatism it should prove of much service. Several varieties of electrical appliances are also available. In addition to the main building there is a very charming annexe. The lady superintendent spoke excellent English, and everything in connection with the establishment was such as would be likely to be acceptable to British visitors. *Pension* terms are from £2 8s. per week, but baths and exercises are extra. Saltsjöbaden offers exceptionally fine opportunities for the conduct of winter sports and particularly skating and ice yachting. There is also a particularly excellent ski-jump. On an elevation overlooking the frozen bay is a very artistic and in every way charming sportsman's club-house which I visited, and from whence a far-extending view of exceptional beauty is obtained.

GOTHENBURG AND DISTRICT

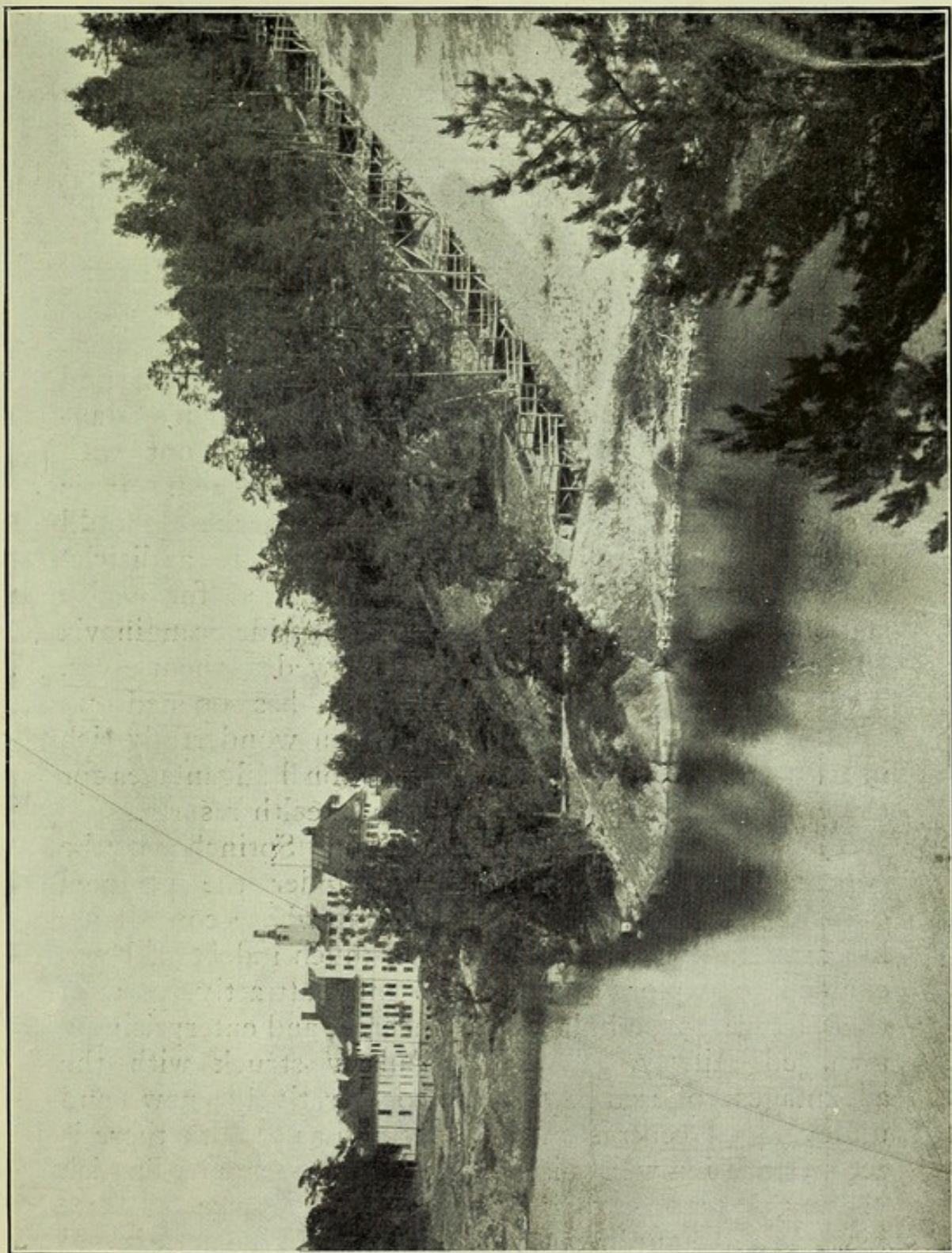
AFTER Stockholm, Gothenburg is the best centre from which English visitors should explore Sweden. It is easily reached. There are good hotels. Many objects of interest are worthy of a visit, particularly the beautiful



THE SALTSJÖBADEN HYDROPATHIC SANATORIUM.



THE FROZEN BAGGERSEJARD WITH THE SALTSJÖBADEN HYDROPATHIC SANATORIUM ON THE LEFT.



BACK OF THE SALTSJÖBADEN HYDROPATHIC SANATORIUM, NEAR STOCKHOLM, SHOWING ON THE RIGHT A PORTION OF THE HILL SLOPE, WITH STANDS FOR SPECTATORS, USED IN WINTER FOR THE SKI-JUMPING SPORTS.

Castle Park or Slottskogsparken, the Museum and excellent collection of paintings and sculpture, the Trädgårdsföreningen, or gardens of the Horticultural Society, and its extensive general hospital. There is a large and influential colony of English residents in Gothenburg. As a starting point for many interesting excursions by rail or steamer this city presents many advantages. It is also a centre which has been conspicuous in the development of educational and industrial enterprises, and has adopted a progressive attitude towards movements aiming at physical and social betterment. The student of medico-sociological problems will find much food for thought in Gothenburg, Sweden's Manchester and Liverpool combined. But it is not with these matters that I am at present concerned. It is desirable that English health and holiday seekers should understand that Gothenburg is the gateway to a district of Sweden which is particularly well suited for health stations, but hitherto almost unknown outside Scandinavia and until recently undeveloped by Swedes themselves. The Göteborg-Boras-Alfvesta railway has opened up Westergötland, a province of Sweden wonderfully rich in natural charms and offering exceptional advantages for the establishment of sanatoriums and health resorts.

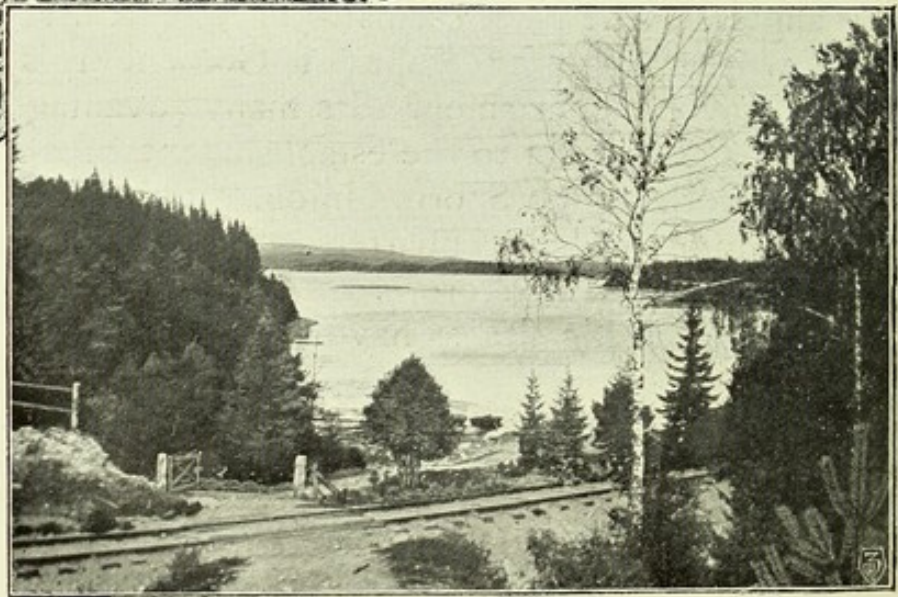
Through the courtesy of Captain Sprinchorn, the general manager of the line, and under the personal guidance of Mr. Charles Ostrand, to whose considerate kindness and wide knowledge I am much indebted, I was enabled to explore some of the most attractive parts of this picturesque, admirably engineered, and enterprisingly managed railway. I was particularly struck with the advantages offered by two comparatively new and undeveloped centres on this line, and as at both there is accommodation well suited to the requirements of English visitors, I propose to describe the chief features of these hitherto almost unknown resorts. It should be understood that, for the unconventional explorer of Nature's retreats and for the holiday-maker who would discover new paths

and seek out fresh centres far removed from the haunts of the vulgar tripper and the route of the ordinary tourist, the Göteborg-Boras-Alfvesta Jährnvägar offers unrivalled opportunities. The line was opened for traffic in 1902 and now provides a way into the heart of Southern Sweden, with its highlands of Smaland, intersected by numerous lakes, and forms a route to Carlskrona, Kalmar, and the south-east of Sweden. The line in several sections of its course rises to a considerable altitude and the surrounding country is peculiarly attractive.¹

HINDAS

Twenty-two miles from Gothenburg, and distant only three-quarters of an hour's railway journey, the new health station of Hindas is situated. Although at present quite in its infancy this centre promises to be one of considerable importance in the near future. The very railway station is unusual and at once appeals to the artistic visitor. It is built in the old Swedish style with loggia, and its large hall gaily painted and provided with an open fireplace and quaint chandeliers and brackets for electric lamps give it a peculiarly attractive appearance. Hindas lies in the midst of forests and lakes. The latter are well stocked with fish and afford ample sport for the angler. The place seems to have been first discovered a few years ago by some of Gothenburg's enthusiastic ski-touring sportsmen. Its many advantages as a winter sports centre led to the establishment of a club house by the Gothenburg Sports Union. This is one of the most charming of club quarters. It is a substantial wooden structure of two storeys. Throughout a naturalness and simple artistic fitness have been maintained, while at the

¹ An illustrated handbook to the line has been published: "En Färd Med Göteborg-Boras och Boras-Alfvesta Jährnvägar" Göteborg: Wettergren and Kerber. Price 75 öre. I understand that an English edition is in preparation.



WINTER SPORTS AND VIEWS IN THE DISTRICT OF HINDAS, INCLUDING
LAKE NEDSJON.

same time requirements for comfort and convenience have not been lost sight of. In one corner of the roomy hall is placed an old-fashioned open brick fire-place where pine logs are burned, scenting the interior with their fragrance. The large club-room is typically Swedish with polished floor and wooden furniture coloured green and red.¹ A library is well supplied with sporting literature. On the ground floor are also kitchen, pantry, and toilet rooms. The bedrooms are situated on the first floor and provision is made for 16 women and 24 men. It must be remembered that in Scandinavia the co-education

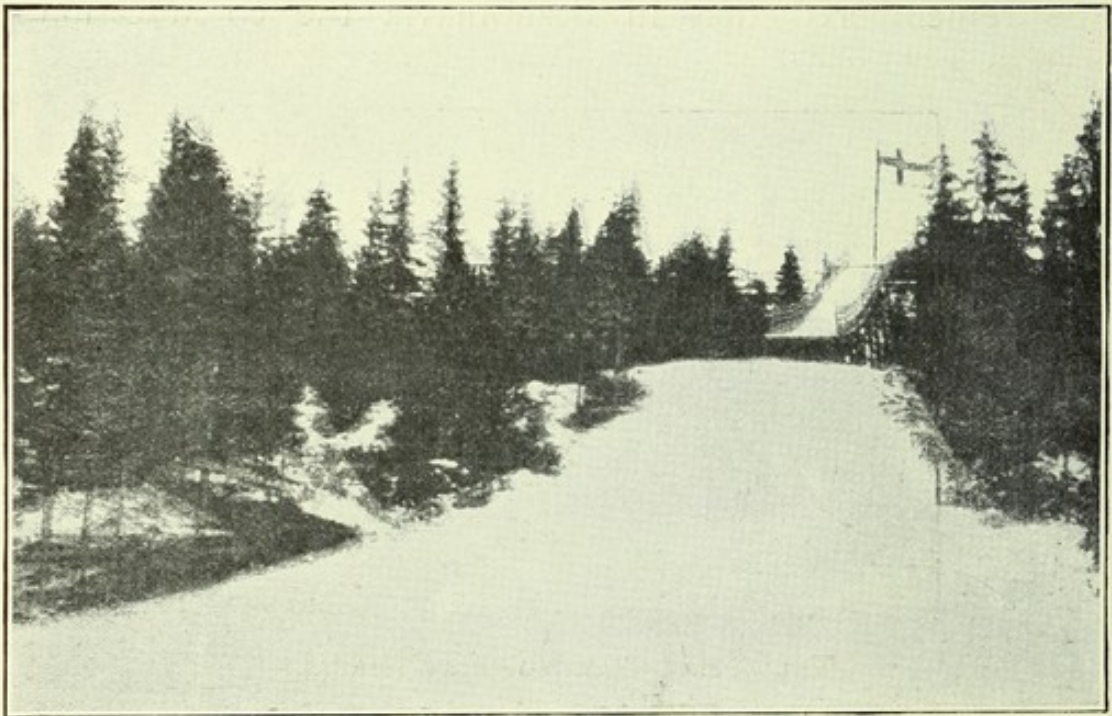


THE SPORTS CLUB-HOUSE AT HINDAS.

begun in school days is advantageously continued through youth into adult life, and its benefits are conspicuous in the associations which are natural and necessary for the proper conduct of winter sports. From the balconies delightful views are obtained of Lake Nedsjon, which lies just beneath the club-house. The whole building is warmed by a central heating apparatus and lighted by gasolene. Members of the Union can reside here for a merely nominal fee and have the use of boats, canoes,

¹ Good illustrations appear in the Club Year-books : "Göteborgs Idrotts Förbunds Arsskrift" Göteborg : Bröderna Töpels Boktryckeri.

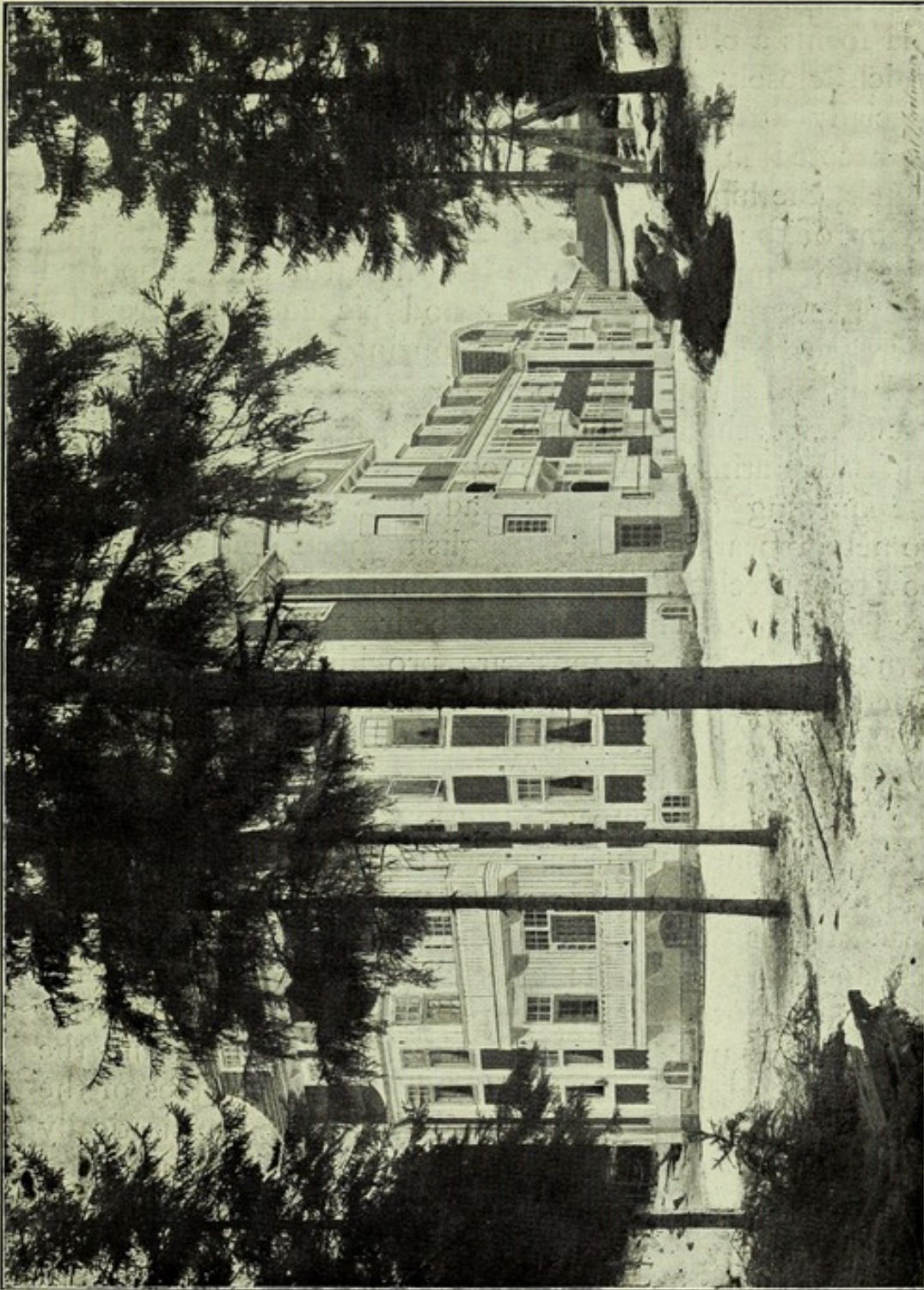
ice-yachts, skating-sails, skis, and skates on very small payment. The annual subscription is only 16s. and I was given to understand that foreign visitors might be admitted to the privileges of membership for short periods. Adjacent is an elaborate and well-constructed ski-jump. Having climbed to the very top I can testify to the glorious outlook there obtained of lakeland and forest and far distant rolling hills. Near by is an excellent toboggan-slide. The lake offers attractions for the skater.



THE SKI-JUMP AT HINDAS.

Here I experienced the exhilaration and fascination of ice-yachting, and if for no other reason than enjoying this delightful form of winter sport a visit to Hindas is strongly to be recommended.

The Hindas Tourist Hotel is one of the most artistic, comfortable, and ably conducted establishments of its kind in Sweden. Having spent some time here and thoroughly inspected all parts of the building and grounds I am in a position to give an opinion. In

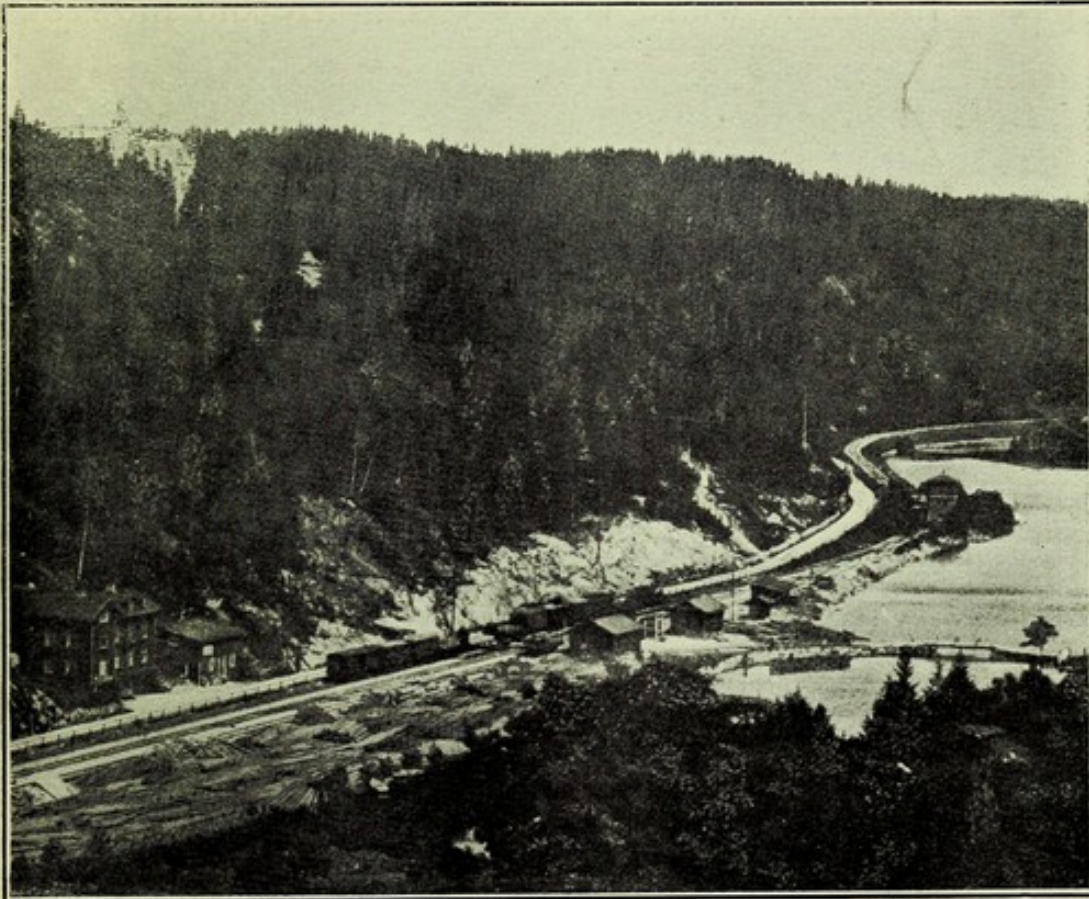


THE NEW TOURIST HOTEL AT HINDAS.

architectural features the building is characteristic of the best modern Swedish style. It is constructed of wood. Its exterior in red and white makes an effective impression and forms a pleasing contrast to the setting of dark pines which closely surround it. The central hall forms a specially attractive lounge and meeting-place. It is wainscoted in dark green and provided with light green panels, the high ceiling being supported on heavy wooden beams of the same colour. A double staircase leads to a balcony, running the whole length of the hall, supported by pillars of green-stained wood picked out here and there with bright red. The colouring adopted in Sweden, and indeed throughout Scandinavia, seems to exercise a peculiar psychological influence which is at once soothing and stimulating. A large open fireplace, provided for the burning of pine logs, adds an old-fashioned and homely appearance which English sportsmen will know how to appreciate. The dining-room and other apartments are excellent. There are 63 bedrooms. Each has its own little lobby, and most are provided with a balcony. The sanitary arrangements leave nothing to be desired. A water-closet system is provided throughout. There are also first-class baths. The most surprising thing about the place is the comparatively low charges, as they seem to an Englishman, for inclusive board and lodging can be had from 6s. a day. No doubt at every season of the year Hindas can offer attractions to the visitor seeking rest and health, but its chief charms to those who have seen it in winter would seem to be most evident, at least to the sportsman, when the lake is ice-gripped and the snow-covered forests and hills call for the devotees of the ski. If apology is needed for dwelling enthusiastically and at length on the delights of Hindas, I can only offer the excuse that I would share my experiences with other Britishers.

HULTAFORS

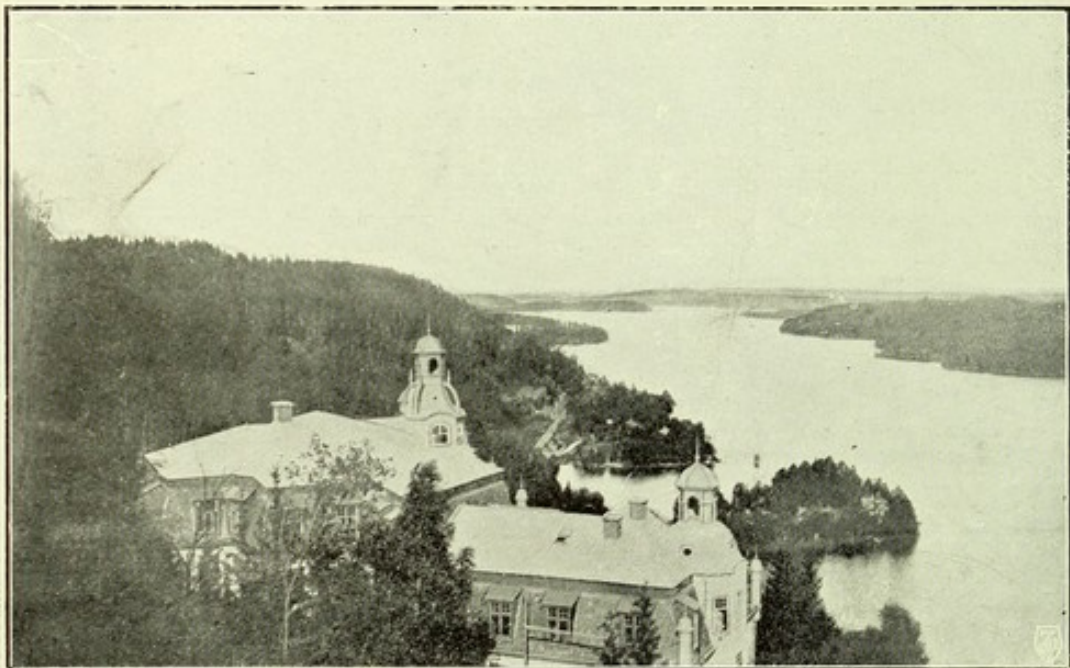
A few miles beyond Hindas the country assumes a somewhat wilder aspect. At Hultafors, on the mountain slopes overlooking the Viared lake, a new hydropathic establishment and climatic cure station has recently been opened. Dr. Klas Björkman, the visiting physician, very



HULTAFORS SHOWING THE LINE OF THE GÖTEBORG-BORAS-ALVESTRA RAILWAY WITH THE EDGE OF LAKE VIARED ON THE RIGHT AND THE NEW HYDROPATHIC ESTABLISHMENT AMIDST THE TREES ON THE HILLSIDE TO THE LEFT.

kindly showed me over the whole building. Hultafors is at present little more than a station and a sanatorium, as will be seen from the accompanying illustration. As Gothenburg is only 36 miles distant and the service of trains very good the place should develop rapidly. The hydropathic establishment is admirably placed on the

hillside, surrounded by forests of pine, birch, mountain-ash, oak, alder, and hazel, and allowing of extensive views over the lake below and distant mountains and forest lands. The altitude is said to be about 850 feet above sea level. The building is thoroughly up-to-date both in its planning and its equipment. It is angled and faces south and thus forms a veritable sun-trap and provides shelter from all the most trying winds. In the lowest storey there are placed the baths which are very complete and allow of



THE NEW HYDROPATHIC ESTABLISHMENT AT HULTAFORS, OVERLOOKING LAKE VIARED. THE ROOF OF THE BUILDING IS SHOWN AND INDICATES ITS ANGLED CONSTRUCTION WHEREBY PROTECTION FROM COLD WINDS IS OBTAINED AND FULL EXPOSURE TO SUNLIGHT PROVIDED.

the administration of almost every kind of hydrotherapeutic measure and the chief forms of electrical treatment. The lounge-hall, dining, and other public rooms have been well designed. The bedrooms, of which there are 60, and the private apartments are excellent, nearly all looking southwards over lake and forest, and in many instances being provided with balconies. Heating is maintained by a central hot-water system. Electric light

is provided throughout. The sanitary arrangements are good, a complete water-closet system having been installed.

Hultafors is an ideal resort for the weary worker seeking rest for mind and body. Here the convalescent may recuperate, the over-wrought obtain relief from the stress and strain of hustling life, and the neurotic, the delicate, and the invalid obtain hygienic oversight, nursing and medical supervision, under the best possible climatic conditions and with ease and comfort almost amounting to luxury. At the time of my visit a well-trained nurse, experienced in Swedish massage and medical gymnastics, was in residence. Tuberculous cases are not admitted. Special attention is devoted to patients requiring regulation of diet.

Although primarily intended for cases needing more or less medical direction and care, visitors desiring renewal of health and mental vigour by a participation in the milder forms of winter sport will be welcomed. The inclusive tariff ranges from kr. 5.50 (*5s. 6d.*) a day, with a charge of 1 kr. a day for a complete hydropathic course. Medicated, electric light, and massage baths are charged at from 25 to 75 öre a bath. These terms appear to be remarkably reasonable. There are many English patients and health and holiday seekers, for whom the simple hygienic life is essential, who are debarred by the prohibitive prices of many of our fashionable homeland establishments. For such, as well as for those who would practise something of Swedish winter sports for themselves, Hindas and Hultafors are thoroughly to be recommended.

THE ANTI-TUBERCULOSIS MOVEMENT IN SWEDEN.

SWEDEN occupies a foremost place among those progressive nations which are seriously and scientifically organising and conducting a successful combat with that most disastrous of maladies, tuberculosis. Much thought, time,

and money are being wisely devoted to measures seeking to secure the prevention and arrest of this scourge of humanity. No student of the medico-sociological features of the tuberculosis problem can afford to be ignorant of the methods and means which Sweden is employing to compass the elimination of tuberculosis from its people. Judged from the standpoint of size of population there is probably no other European nation which is accomplishing more. Certainly everyone engaged in the practical service of conducting anti-tuberculosis work in this land or among other civilised races should take the earliest opportunity of studying Swedish procedures and provisions. They are in all cases highly suggestive, and in many instances may be adopted as trustworthy models, and safely imitated.

Sweden, like other northern nations, has suffered incalculable loss from the ravages of tuberculosis. Lack of proper sanitary knowledge and supervision, unhygienic customs and habits of life, imperfect housing, scanty dietary and other economic and social factors have in the past done much to prepare a soil suited for the tuberculous seed, and have perpetuated and multiplied what must be viewed as in great measure a preventable ill.

Even still prejudices and practices prevent progress. The climatic conditions prevailing during a considerable portion of the year are often made an excuse for the exclusion of fresh air from both public and private establishments and the excessive heating of dwellings. Public buildings, private houses, and railway carriages all appeared to me to be almost invariably overheated and oppressive. Most of the hotels and better homes are furnished with double windows. Stoves exist in almost every apartment. In many instances they are elaborate artistic productions. The newer establishments are now generally heated by radiators. In discussing this matter relative to overheating and lack of ventilation, I was invariably met with a laughing reference to the shivering comforts afforded by an English open fire-grate, and a humorous query as to our reasons for adopting a form of heating which necessitates

a toasting of one side of the body with a more or less freezing of the other. This overheating of private dwellings and public buildings, combined with excesses in smoking, chewing, and in not a few cases drinking, seems to lead to the production of a catarrhal condition of the throat and respiratory passages, accompanied by plentiful secretion. Hence expectoration prevails as a deeply rooted and apparently almost general habit. As evidence of the truth of this it is only necessary to point to the spittoons which in railway carriages and public places are rarely conspicuous by their absence. The dark, dusty, and in other ways non-hygienic conditions of many of the wooden houses of the peasants are also important aids in the development and perpetuation of tuberculosis.

Faced with long-standing and seemingly almost insuperable difficulties, it is remarkable what progress Sweden has made in a comparatively brief period in organising and energising practical measures to oppose the "Captain of the Men of Death." Many influences and forces have happily combined in the establishment and maintenance of an efficient and effective anti-tuberculosis campaign. Brief reference should at least be made to the more important of these educational and administrative forces.

THE EVOLUTION OF THE ANTI-TUBERCULOSIS MOVEMENT IN SWEDEN

In 1896 the Swedish Medical Society initiated the modern campaign against tuberculosis in Sweden. Considerable discussion then took place and led to the systematization of practical effort and to the active presentation of hygienic instruction and the education of a national health conscience.¹ Royal support quickly followed. The late King Oscar II, with far-reaching wisdom, devoted the

¹ An excellent summary of recent anti-tuberculosis effort in Sweden is given by Dr. Bertil Buhre in "The Crusade against Tuberculosis in Sweden" in the *British Journal of Tuberculosis*, April, 1908.

national collection of a sum equivalent to £110,000, gathered from all sorts and conditions of his loyal subjects, in commemoration of the twenty-fifth anniversary of his accession to the throne, to the erection of public sanatoriums for consumptives. With such a notable example of generosity and discriminating sympathy before the nation, Parliament and people supported the king with enthusiasm. The Riksdag voted substantial grants and the public imagination and practical interest were aroused.



THE PUBLIC SANATORIUM FOR CONSUMPTIVES AT HALAHULT, SWEDEN.

In 1904 the Swedish National Anti-Tuberculosis Association was formed and under the patronage of the present king, Gustav V., and the presidency of Baron Gustav Tamm, formerly Chancellor of the Exchequer and Governor-General of Stockholm, has now developed into an exceedingly influential and active organisation with something like 23,000 members. It will be well to consider several of the anti-tuberculosis forces now at work in Sweden more in detail.

PUBLIC SANATORIUMS FOR CONSUMPTIVES.

As already indicated, through the munificence of the late King of Sweden and the loyal service of his Parliament, three sanatoriums for cases of pulmonary tuberculosis came into being at the beginning of the present decade.¹ They are all under the direction of a competent board of management. Each is a thoroughly modern



WINTER SCENE AT THE PUBLIC SANATORIUM FOR CONSUMPTIVES, OSTERASEN, SWEDEN.

and up-to-date establishment, well equipped and efficiently directed. Halahult was opened in 1900 and Osterasen and Hessleby followed in 1901. Each accommodates 112 patients and in the first and the last this number can be increased in summer to 124. The advantages of having

¹ For full particulars of the work of the King Oscar II. Public Sanatoriums, see the annual reports: "Meddelanden om Konung Oscar II. 's Jubileumsfond."

three distinct institutions in different parts of an extensive country like Sweden are so evident as to require no explanation. In their construction economy with efficiency has been in great measure attained, and maintenance charges appear to be very reasonable.

The large sanatorium of Halahult near Ervalla is under the charge of Dr. C. E. Waller. The cost per bed is said

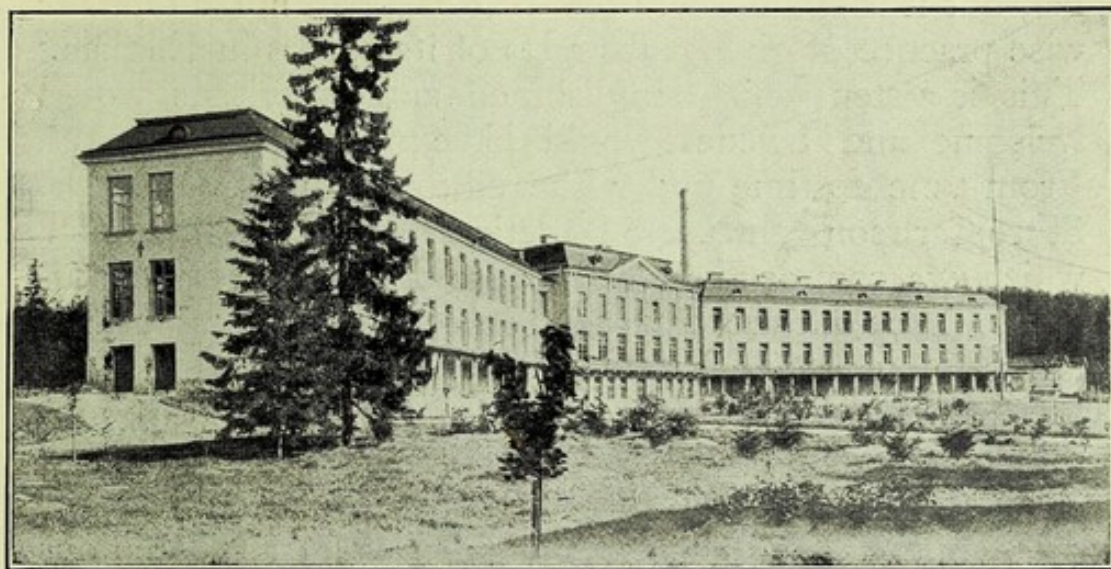


VIEW FROM THE OPEN-AIR GALLERY OF THE PUBLIC SANATORIUM FOR CONSUMPTIVES AT OSTERASEN, SWEDEN.

to have been kr. 6100 (about £330) and the cost per day kr. 2.59 (about 2s. 8d.). The sanatorium of Osterasen is under the direction of Dr. N. E. Wadstein. It cost kr. 7200 per bed (about £390), and its maintenance is estimated as kr. 3.13 (about 3s. 5d.) per day. The sanatorium of Hessleby near Mariannelund is superintended by Dr. J.H. Tillman and cost kr. 5600 (about £303)

per bed, and maintenance charges are returned as kr. 2.35 (about 2s. 6d.) per patient.

All these public or State sanatoriums are accomplishing an excellent work not only for the patients treated but for the country as a whole, maintaining interest in practical measures for the prevention and arrest of consumption and exercising a widespread educational influence.¹



THE PUBLIC SANATORIUM FOR CONSUMPTIVES AT HESSELBY, SWEDEN.

THE SWEDISH NATIONAL ANTI-TUBECULOSIS ASSOCIATION

This body, although only founded as recently as 1904, has accomplished a remarkable work. Through the courtesy and kindness of its able and enthusiastic secretary, Dr. Bertil Buhre, to whom I am indebted for much information and help most generously given, I was enabled to obtain an insight into the working of this well-organised and efficiently conducted and truly national institution.

¹ Those desirous of obtaining full particulars of these public sanatoriums may be referred to a special report, "La Lutte contre la Tuberculose en Suède," prepared for the International Congress on Tuberculosis, held in Paris, 1905.

The association has central offices in Stockholm with a well-trained staff of lady workers and active representatives throughout the country.¹ As an educational, initiatory, and authoritative organisation its methods might well be studied by anti-tuberculosis bodies in this and other countries. I was greatly impressed with the admirable work which the Swedish National Anti-Tuberculosis Association is accomplishing. It issues an excellent journal, but it is to be regretted that it does not adopt the wise practice of giving abstracts of its papers in English.² This is a step which Englishmen and Americans would welcome and Swedes would have no cause to regret. From time to time under the editorial direction of Dr. Sture Carlsson valuable "Bulletins" are issued in French which we commend to the notice of all progressive students of the anti-tuberculosis problem.³ The association issues numerous educational pamphlets, tracts, and booklets, arranges for the delivery of popular lectures throughout the country, establishes anti-tuberculosis exhibitions, encourages the establishment of nursing homes for consumptives and hygienic residences for tuberculous workers, advises as to the establishment of sanatoriums, and in many other ways exercises a scientifically directed influence on the many and multifarious forms of activity, all of which have as their aim and object the prevention and arrest of tuberculosis.

One of the most praiseworthy features of the work of

¹ The central offices of "Svenska Nationalföreningen mot Tuberkulos" are situated at 3, Norrlandsgatan, Stockholm.

² "Svenska Nationalföreningens mot Tuberkulos Kvartalsskrift," edited by Dr. Sture Carlsson; published by "Svenska Nationalföreningen mot Tuberkulos," 3, Norrlandsgatan, Stockholm; annual subscription kr. 2.

³ "Bulletin de la Ligue Nationale Suédoise contre la Tuberculose," edited by Dr. Sture Carlsson. Special numbers prepared for the Fifth and Sixth International Conferences on Tuberculosis held at the Hague, 1906, and Vienna, 1907. Stockholm: Central-tryckeriet. A valuable special volume was prepared for the Washington International Congress of 1908: "The Struggle against Tuberculosis in Sweden" Edited by Sture Carlsson M.D. Stockholm: Issued by the Swedish Government. 1908. See also: "Festkrift vid Tuberkulos-Konferensen" Stockholm: Published by the Sweden Government. 1909.

the Swedish National Association is the encouragement given to research work and the serious study of tuberculosis. No less than six scholarships have already been awarded to young medical practitioners, enabling them to devote two months to a practical study of sanatorium methods by residence at one of the public sanatoriums. If some such inducement could be offered to recently qualified practitioners in this country to become acquainted with the routine of open-air treatment, great benefit both to the profession and to the public would accrue.

It is impossible to describe the many forms of activity manifested by the Swedish National Anti-Tuberculosis Association, but brief reference must be made to at least two or three of the most practical and successful of the enterprises, which this body by itself or in co-operation with others is conducting.

It may be well here to state that the financial resources of the association mainly arise from the sale of the very artistic and pleasing "anti-tuberculosis stamps," which are sold at post-offices and elsewhere at 2 öre (one farthing) apiece. These are placed on letters side by side with the regular postage stamps. The income accruing to the association from this source during 1905-07 amounted to a sum equivalent to £12,540. It is not without interest to speculate on the reply which the Postmaster-General would make to a request that the postal service of Great Britain and Ireland should follow the example of Sweden as regards "anti-tuberculosis stamps." ¹

ANTI-TUBERCULOSIS MUSEUM.

In Stockholm I visited the instructive exhibition organised by the National Anti-Tuberculosis Association

¹ Those desirous of learning more of the educational and financial advantages of "anti-tuberculosis stamps" should consult Mr. T. Gelhaar's "Rapport sur la création et la vente du timbre de bienfaisance de la Ligue Nationale Suédoise contra la Tuberculose pendant les années 1904-1907," in the "Bulletin de la Ligue Nationale Suédoise contre la Tuberculose," Stockholm, 1907.

in conjunction with the Association for the Protection of Workmen, the Central Union for Social Work, and the Central Union for Instruction in Temperance, and was much impressed with the sound common-sense and yet strict scientific precision exemplified in the formation of this popular hygienic museum in the heart of Sweden's metropolis. Here, by means of diagrams, models, pathological specimens, and health-preserving appliances, trustworthy instruction is provided for the people. On certain days lecture-demonstrations are given by medical men. The beneficial influence can hardly be exaggerated. Since the end of April, 1906, when the museum was first opened, something like 33,000 people have visited it. The value of the Anti-Tuberculosis Exhibition or museum has also been amply attested by the experience of America and Ireland, and it is about time that like educational measures should be extended throughout England and Wales and Scotland.

THE CARE AND CONTROL OF THE CONSUMPTIVE WORKER

Under the direction of Dr. Buhre I was enabled to inspect what is one of the most suggestive and encouraging of the medico-sociological experiments now being so successfully carried out according to Swedish methods. In the autumn of 1904 a tenement house was taken at Stockholm where a number of working men's families are housed and homed. The father or mother or both are tuberculous. All hygienic arrangements are strictly supervised. A trained nurse lives on the premises. The tuberculous subject has a separate sleeping room. Baths are provided free. Special care is devoted to the safeguarding of the children, and a substantial meal of porridge or some such food is served out to each daily. The charge made for residence is fixed low, so that the consumptive tenant with necessarily impaired earning

power may be able to meet it. I visited many of the families and found cleanliness, comfort, and apparent happiness prevailing in each home. In most cases the consumptive husband was away at work. This combination of supervision and practical assistance, real service and true sympathy, is a form of "present-care" and "after-care" which is to be commended to the consideration of medical officers of health and all others working for the alleviation of the hard lot of the consumptive worker and the protection of his oftentimes necessitous family. I am informed that in the Stockholm experiment no child living under the conditions described has been known to develop tuberculosis.

ANTI-TUBERCULOSIS DISPENSARIES

In Stockholm and in some other of the larger Swedish towns anti-tuberculosis dispensaries have been established. Through the kindness of Dr. Arnold Josefson I was able to see the work of the dispensary at Stockholm. It has been well organised and is efficiently conducted. The medical officer is adequately paid. A trained nurse, having proper remuneration, lives on the premises and visits the patients. The latter attend in the evening. There are also voluntary lady helpers who assist in the clerical work. The whole routine is scientific and serviceable. I have never seen an out-patient department in this country where the work appeared to be carried out so effectively. Although all necessary steps are taken to secure a complete diagnosis, assistance does not stop there. Skilled nursing and hygienic instruction follows the patient to his home. He is provided with the means whereby an attempt can be made to live the hygienic life. Where necessary, tickets are given, in return for which milk, meat, and other necessities may be obtained. The services of the sanitary authority are available for disinfection and

the like when required. Altogether to the outside inspector the system and conduct seemed almost perfect.

STATE AID FOR THE TUBERCULOUS.

Sweden is a democratic country, but the Swede is a far-seeing, educated, and highly humane administrator. It seems quite in the nature of things that the State should play an active part in the conduct of the anti-tuberculosis campaign. Through the instrumentality of the National Association a Parliamentary committee was appointed towards the end of 1905 to undertake an inquiry into the best measures which could be taken by the State to arrest the spread of tuberculosis. The report merits careful study.¹ It was estimated that something like 30,000 consumptives existed in Sweden. In 1905 of the rural population 7206 died (1.77 per 1000) and of the urban population 2861 (2.41 per 1000) making a total death roll of 10,067 (1.91 per 1000 of the entire population). It was suggested that in order to meet this deplorable condition of affairs further hospitals or sanatoriums should be established in various parts of Sweden to provide for an additional 4600 patients, the State assisting by the formation of a capital fund equivalent to £275,000. From this loans free of interest for two years could be made to local bodies to the amount of half the total cost of the proposed buildings. It was also suggested that the State should be responsible for half the cost of maintenance of the patients. It seems probable that some such legislative powers may soon be obtained.

It may be noted that in 1905 the National Association appointed a committee of physicians, architects, and other experts to draw up plans, descriptions, and estimates for the establishment of suitable institutions for tuberculous patients. Its report published in 1905 is a valuable one,

¹ "Betänkande och förslag af den utaf Kungl. Maj : T den 20 Oktober, 1905, tillsatta Kommitte för Verkställande af Utredning angående åtgärder för Människotuberkulosens Bekämpande," Stockholm, 1907.

giving particulars of about 20 different kinds of establishments for consumptives, varying in size from 12 to 50 beds. This volume deserves to be known by architects and all interested in the construction of sanatoriums in this country.¹

THE PROTECTION OF CHILDREN FROM TUBERCULOSIS

The inhabitants of Sweden, like all progressive peoples, are rapidly learning that no solution of the tuberculosis problem is possible as long as children remain unprotected, and when those tuberculously predisposed or affected are allowed to linger uncared for. Of recent years much attention has been concentrated on the care and control of young subjects. In Sweden, as among practically all civilised nations, the curse of tuberculosis falls heavily on childhood.

In Stockholm I visited the new building connected with the St. Göran's Hospital, where 50 beds have been provided for children with pulmonary tuberculosis. In connection with the St. Göran's Hospital it should be noted that there is an admirably equipped Finsen light department for the treatment of lupus.

Tuberculous cases are admitted to several of the children's hospitals. In the Crown Princess Louisa's Hospital for Children in Stockholm many tuberculous little ones receive treatment. For such patients special establishments are coming into being. On the west coast of Sweden there are two permanent marine sanatoriums for children. One is at Skelderviken, the Crown Princess Victoria's Sanatorium, and another is situated at Styrsö near Gothenburg. The former was opened in 1903 and is now undergoing enlargement, and will when completed afford accommodation for 150 cases. The latter is quite new and provides for 70 children. Tuber-

¹ "Tuberkulossjukhus, deras Planläggning och Uppförande," Stockholm, 1906.

culous diseases of bones and glands bring most of the inmates to these sanatoriums.¹

Mountain and forest sanatoriums for children are coming into being, and seem likely to be even more advantageous than seaside stations. In connection with the holiday colony movement several small sanatoriums have been erected. "Care of the Children" committees are doing excellent work in various parts of Sweden. The apparently healthy children of tuberculous parents are in some cases boarded out, the foster-parents' home and their charges being subjected to periodical medical inspection. Two establishments have been provided where children may be retained until a suitable home is found for them. The boards of health in the chief centres exercise effective control over the milk supply. In Stockholm the vendors of "children's milk" must have complied with certain stringent regulations.

Several interesting experiments are being tried in the country districts of Sweden aiming at the better protection of both children and adults from invasion by tubercle. One of the most interesting is that at Neder-Luleå in the Norrbotten Län and is being undertaken by the Grängesberg-Oxelösund Mining Company.²

SWEDISH PRIVATE SANATORIUMS FOR CONSUMPTIVES

I have dealt chiefly with those public aspects of the anti-tuberculosis movement in Sweden likely to be of interest and assistance to workers in this and other lands. A brief reference, however, must be made to the deve-

¹ See "Tuberculosis among Children in Sweden" By O. D. Barr M. D. in "Tuberculosis in Infancy and Childhood" Edited by T. N. Kelynack M. D. London: Baillière, Tindall and Cox. 1908. Price 12/6 Net.

² For particulars see Dr. Buhre's article in the *British Journal of Tuberculosis*, April, 1908, p. 98. Also "Communication concernant l'essai Hygiéno-Social de la Lutte contre la Tuberculose dans la Commune de Neder-Luleå, prov. de Norrbotten tenté par la Ligue Nationale Suédoise contre la Tuberculose," by Dr. Emmerich Danielson, in the "Bulletin de la Ligue Nationale Suédoise contre la Tuberculose," Stockholm, 1906.

lopment of private institutions for consumptives. Until recently most well-to-do tuberculous Swedes sought for assistance in the private sanatoriums of Norway and especially Germany. The climatic conditions of many parts of Sweden are, however, so admirably suited to the requirements of tuberculous subjects that, very wisely, local sanatoriums for private patients are being established.



WINTER SCENE AT THE PRIVATE SANATORIUM FOR CONSUMPTIVES AT
ROMANÄS, SWEDEN.

The two best of these are situated at Romanäs and Säfsjö. Both of these are situated in Smaland. Romanäs, as indicated by the accompanying illustration, is a thoroughly modern and altogether first-class establishment with accommodation for 60 patients. It is intended for the wealthy and well-to-do who until recently had been compelled to leave their own country to obtain adequate

sanatorium treatment. Should this establishment desire to attract English patients it should at least provide an English version of its attractive prospectus.

There are numerous other private, semi-private, and public institutions dealing with tuberculous cases in Sweden, but no special advantage is to be attained by dwelling on them in detail.¹

Sweden, although rich in natural resources, is a comparatively poor country. Its territory is far-reaching, means of communication are limited, and the population is scanty, and yet, in spite of all, this little nation, possessing a population not much greater than that of London, has accomplished much, and in a brief period, towards the solution of many of the most perplexing points connected with the great tuberculosis problem. The object of this description is not so much to praise as to urge other students of the subject, and particularly those in the British Empire, to consider the how and the why and the wherefore of Swedish methods as applied to anti-tuberculosis measures.

GENERAL AND CONCLUDING CONSIDERATIONS

IN my previous articles I have endeavoured to collect and to present in a necessarily condensed form trustworthy information regarding Scandinavia likely to be helpful to English health seekers and their medical advisers. It now only remains for me to gather up certain fragments of fact and suggestion, which may be of service to those who propose to follow my recommendations and to prepare for a winter visit to Scandinavia.

¹ For further particulars see an informing article by Dr. S. Døvertie on "La Lutte contre la Tuberculose en Suède" in the "Bulletin de la Ligue Nationale Suédoise contre la Tuberculose," Stockholm, 1907; also "La Lutte contre la Tuberculose en Suède," Upsala, 1905; and other publications of the Swedish National Anti-Tuberculosis Association, 3, Norrlandsgatan, Stockholm.

CONCERNING TRAVEL

As Scandinavia becomes better known to English visitors means of transit and speed of travel must inevitably be improved. I believe, however, that the popularisation of Norway and Sweden, as resorts for winter sport and residence, would be accelerated by a little more enterprise on the part of railway and steamboat authorities. It rests in great measure with them not only to supply the means for transit, but to develop the desire and demand for travel in Scandinavia. With the completion of the new line between Christiania and Bergen an impetus should be given to all the steamship services between this land and Norway's western seaport Bergen.

I strongly recommend that visitors to either Norway or Sweden should if possible include a visit to Denmark's capital. Copenhagen is a city of many charms and offers much of interest to the medical traveller. Although it does not come within the scope of this volume to deal with the health resorts of Denmark, I have thought it desirable to add a paragraph of hints and suggestions, likely to be helpful to those who are wise enough to include a visit to Copenhagen in their programme.

In addition to the serviceable guide-books referred to in my previous articles, special mention should be made of the manual prepared by the Rev. Thomas B. Willson, M.A., a well-known authority on Norwegian history and customs.¹ It contains much valuable information regarding routes and gives particulars of the route *viâ* Harwich, Esbjerg, and Copenhagen, and along the west coast of Sweden to Christiania. It also gives helpful English and Norwegian phrases and vocabulary. I can specially commend this pocket volume to all visitors to Norway. The same author has recently published a

¹ The Handy Guide to Norway, by Thomas B. Willson, M.A. Fifth edition, pp. 275, with maps. London : Edward Stanford. 1906.

delightful little work on Norway and Norwegians, which should be read by every prospective visitor.¹ It contains much information, attractively expressed, concerning the Constitution and Government of Norway, its methods and measures for national defence, the religious life of its people, their literature and music and provisions for education, with notes on customs, laws, industries, and forms of local government. The chapter on "Norway as a Playground" contains much information suited to the requirements of English visitors.

All English lovers of Norway would do well to join the Norwegian Club.² In its "Year Books" a very full bibliography is given of "Literature relating to Scandinavia."³

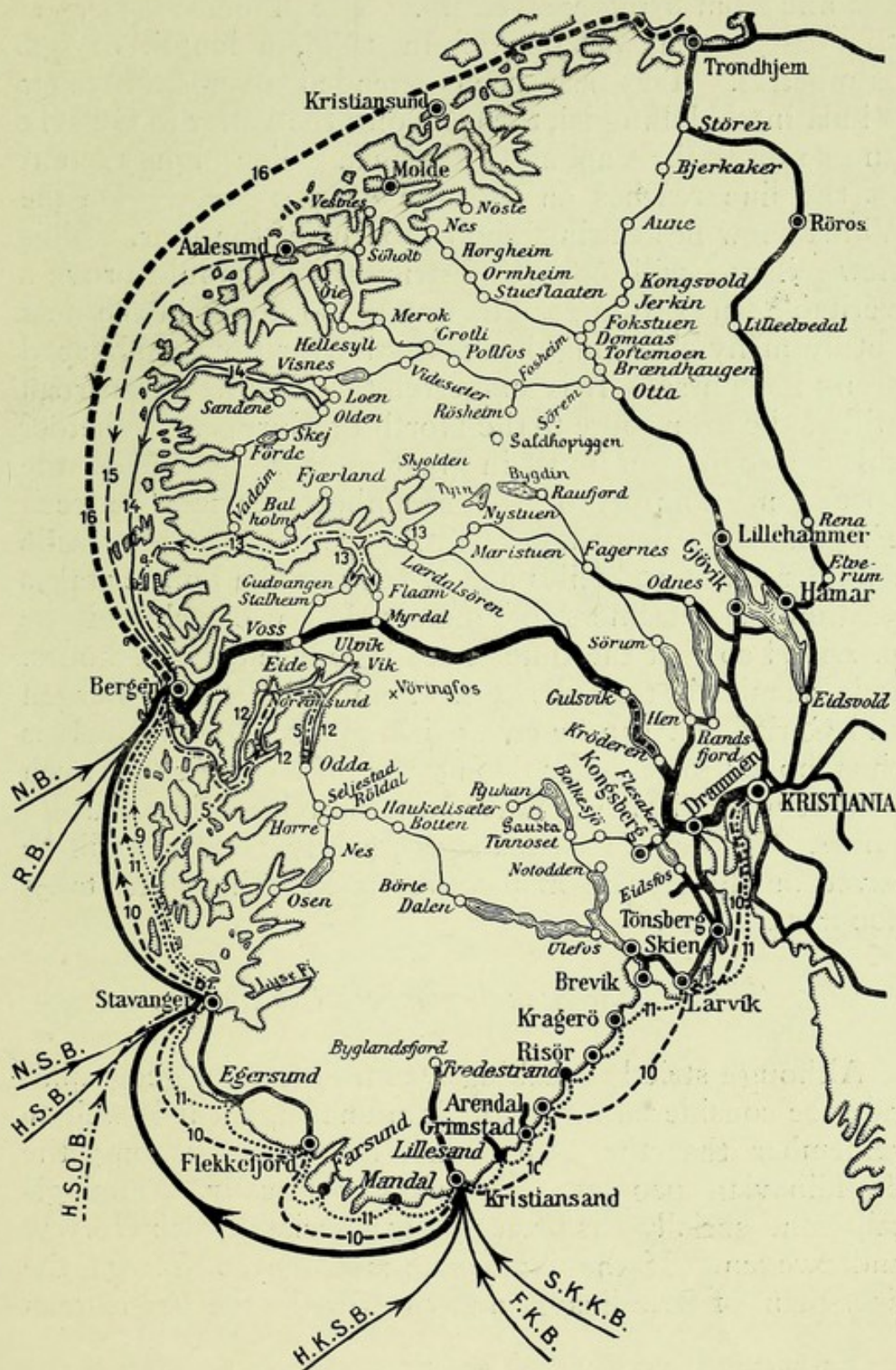
The Christiania-Bergen Railway.

The completion of the new railway between the Norwegian metropolis and the capital of its western seaboard is an event of great importance. It will exercise far-extending influence on the development of the country, as well as afford to English health seekers, tourists, and sportsmen the most direct entry to Norway itself and the best means of gaining speedy access to the whole of Scandinavia. Brief reference must therefore be made to this remarkable example of engineering and State enterprise. The district between Christiania and Bergen is in the main a wild and barren mountainous region. The construction of the new line has been difficult and expensive, and during the winter considerable labour and constant supervision will be required to keep it open. At the time of my visit it was impossible to travel over it, the snow sheds having proved insufficient to protect

¹ "Norway at Home," by Thomas B. Willson, M.A. Pp. 228, with illustrations. London: George Newnes, Limited. 1908. Price 5s. net.

² The headquarters of the Norwegian Club are at 112, Strand, London, W.C.

³ "The Year Book of the Norwegian Club." Edited by T. Olaf Willson. London: William Clowes and Sons, Limited.



Map indicating the new Christiania-Bergen railway and the other Norwegian railways. The chief steamboat routes are also shown by dotted, broken, and continuous lines. The principal sea routes from England and Europe are indicated by arrowed lines and lettering: N.B., Newcastle to Bergen; R.B., Rotterdam to Bergen; N.S.B., Newcastle, Stavanger, Bergen; H.S.B., Hull, Stavanger, Bergen; H.S.O.B., Hamburg, Stavanger, and Bergen; H.K.S.B., Hamburg, Christiania, Stavanger, Bergen; F.K.B., Fredrikshaven, Christiania, Bergen; S.K.K.B., Sassnitz, Christiania, Christiansand, Bergen.

the line from being snowed up. The line from Bergen to Vossevangen was opened in 1883, a length of 107 kilometres. This has been extended over Hardanger Vidda into Hallingdal, thence along the valley to Gulsvik and so on to the Capital, Christiania. The highest point of the line reaches an altitude of 4103 feet. On the Vidda snow lies during eight months of the year. This new railroad will open a district which should prove a veritable sanatorium for Norway. No doubt in the near future many charming health stations will be established along its course. It is suggested that this new iron road will be the main route to the North of Europe. Whether this be so or not must in great measure depend on the speed and comfort of the steamboat services between England and Bergen. The distance between Newcastle and Bergen is 400 miles and at present the journey takes 32 hours. Steamers of increased power should be provided so that the time at sea is reduced to 24 hours. It is calculated that the 494 kilometres between Bergen and Christiania can be covered in about 10 hours. It is thus hoped that before long the mail service between Christiania and London may be accomplished in about 45 hours. If this can be managed, nearly 10 hours will be saved on the present mail route viâ Flushing which takes about 54 hours.¹

The Route to Scandinavia viâ Copenhagen.

Although strictly speaking Denmark cannot geographically be considered a part of Scandinavia, yet it is well to remember that the Dane must be ranked among the Scandinavian peoples. Denmark politically, ethnologically, and socially has been closely associated with Norway and Sweden. If the Norseman is to be considered the Scotsman of Scandinavia and the Swede the Frenchman

¹ An interesting and illustrated account of the new Christiania-Bergen Railway is contributed by the Rev. T. B. Willson to the "Year Book of the Norwegian Club." London: William Clowes and Sons, Limited. 1908.

of Scandinavia, then the Dane may justly be accounted as the Englishman of the Scandinavian peoples. Christiania reminded me much of Edinburgh ; Stockholm is the Paris of the north ; but Copenhagen in many ways is a little London.

To all visiting Scandinavia either for study or sport, health or recreation, a break of the journey at Copenhagen is to be recommended. The Finsen Light Institute is alone worth a visit to Copenhagen. Through the kindness of Dr. Forchhammer, Dr. Regn, Dr. Hasselbalch, and my friend Dr. V. Maar, I was enabled to inspect all departments of this wonderful monument of the genius and organising ability of the great Finsen. Dr. E. M. Hoff, the chief medical officer of health of Copenhagen, afforded me much information and I am greatly indebted to his courtesy and kindness. In sanitary matters and educational methods Denmark is in the van of progressive nations.¹

There is a Danish Tourist Association,² the headquarters of which I visited in Copenhagen. This body publishes a good handbook but I was unable to obtain any edition in English. I would suggest to the council of this association that its duty to itself as well as to others is to provide an adequate edition for English and American visitors.

Special reference should be made to the very excellent work which is being carried out by the Danish National Anti-Tuberculosis Association. The reports of this body are valuable contributions to the literature of the anti-tuberculosis campaign.³

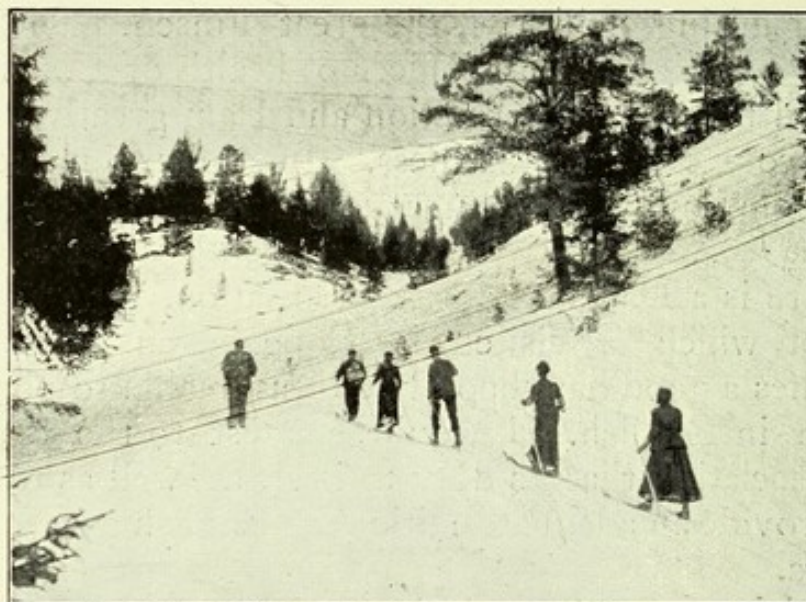
¹ Although now needing considerable amplification the informing volume, "Denmark, its Medical Organisation, Hygiene, and Demography," published with subvention of the Danish Government and presented to the Seventh International Congress of Hygiene and Demography, London, 1891, Copenhagen : Jul. Gjellerup, Sölvgade 87, should be studied by all medical visitors to Denmark.

² "Den danske Turistforening."

³ "Nationalforeningen til Tuberkulosens Bekæmpelse."

SCANDINAVIA AS A PLAYGROUND AND SPORTSLAND

The Swiss, no doubt by the claim of priority, may be accorded the right to designate their land "the playground of Europe," and in many respects Switzerland is and will long be unique as a resort for the health seeker and holiday maker. But Scandinavia may at least be considered "the playground of the North," and it is undoubtedly *par excellence* "the sportsland of Europe." There are no other European countries where sports, making for the develop-



SKI-TOURING.

ment and maintenance of the highest physique and mental alertness, are more seriously studied and rationally conducted. The beneficial results, as might be expected, are clearly marked in the lives of the Scandinavian people.

As I have endeavoured to show in previous pages, the winter sports are peculiarly fascinating and particularly health-giving. Snow and ice, climatic states, conformation of the country, and, it may be added, racial characteristics all seem to combine in affording conditions, which make almost every form of winter sport not only possible but to

be desired and enthusiastically followed. Skis are undoubtedly the national and natural implements for sport. Ski-touring provides one of the most enjoyable forms of exercise for the vigorous of both sexes. The numerous gatherings, at which contests for ski-jumping are held are attended by enthusiasts from far and near and



SKI-JUMPING.

may be compared in popularity with important football matches in this country.

Lovers of horses will be glad to know that in several forms of winter sport their favourite is a very valuable adjunct and companion. Ski-driving is a particularly exhilarating and exciting form of exercise. Trotting matches on the ice are occasionally held. During half the year sleighing is a necessary form of locomotion for the greater part of Scandinavia.¹

¹ I am indebted to Mr. H. Malling, of the "Forening for Reiselivet i Norge,"² Storthingsgaden, Christiania, for the loan of the blocks from which the accompanying illustrations of winter sports have been reproduced.

The Englishman is a keen climber and in mountaineering occupies the position of pioneer not only in the conquest of Alpine peaks but in the exploration of Norwegian mountains. Mr. W. Cecil Slingsby's "Norway, the Northern Playground," is a record of climbing and mountain exploration from 1872 to 1903. The Jotunheim region of Norway can offer attractions for the most adventurous of climbers. The ice-fields of this land are numerous and the largest in Europe and can provide unlimited scope for exploration. Professor Forbes in his work on "The



ON THE WAY TO THE SKI CONTEST AT HINDAS, NEAR
GOTHENBURG, SWEDEN.

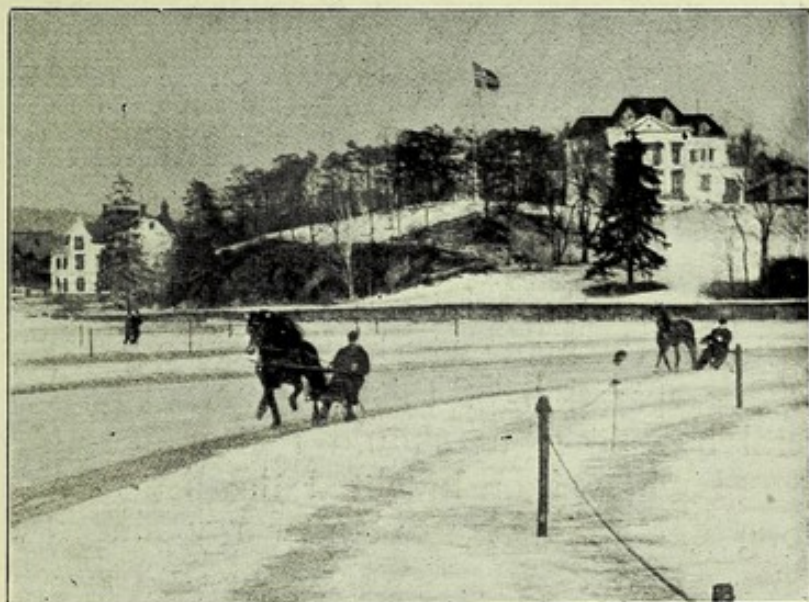
Glaciers of Norway" gives illustrations of some of the most notable of Norwegian glaciers.

A word of suggestion and incitement may be added for the benefit of the enterprising. In the far north of both Norway and Sweden there are unexplored snow and glacier-covered regions which should satisfy mind and muscle of the most intrepid and enduring.

To all who propose to visit these lands I must once again strongly recommend membership of the tourist clubs of Norway and Sweden. These have accomplished grand



SKI-DRIVING.



TROTTING MATCHES ON THE ICE AT CHRISTIANIA.

work in the interests of the true tourist and scientific sportsman, and are doing much to open up still further these northern regions of delight. I would, however, respectfully urge upon our Norwegian *confrères* the wisdom of issuing English editions of their excellent handbooks.

It may also be permissible to point out here that the visitor to Scandinavia may profitably extend his exploration to Finland, a country which in bygone days has been closely associated with Sweden, and whose people are to be ranked among the progressives of the North.¹



WINTER LIFE IN SCANDINAVIA. — SLEIGHING.

My last word must be one of acknowledgment and appreciation to the many who have in various ways assisted me in the preparation of this volume. I have referred to several by name but should I attempt to enumerate all those to whom I am indebted the list would indeed be a long one. I desire to tender my sincerest thanks to all.

¹ Much useful information (a considerable part in English) will be found in "Finlandia," an illustrated handbook issued by the Tourists Bureau, N. Esplanadstreet 31, Helsingfors, Finland. A useful article on the "Anti-tuberculosis Movement in Finland," contributed by Dr. A. Palmberg, appeared in the *British Journal of Tuberculosis* for April, 1908.

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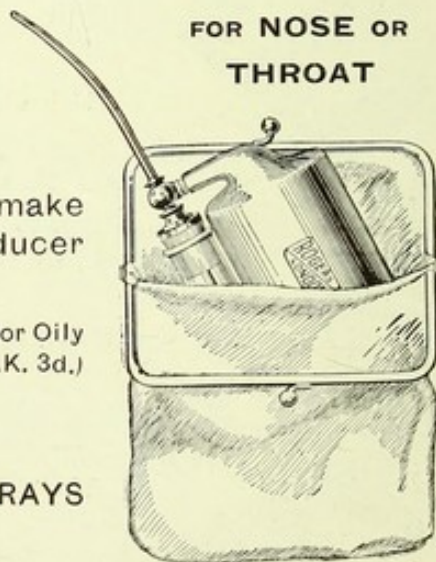
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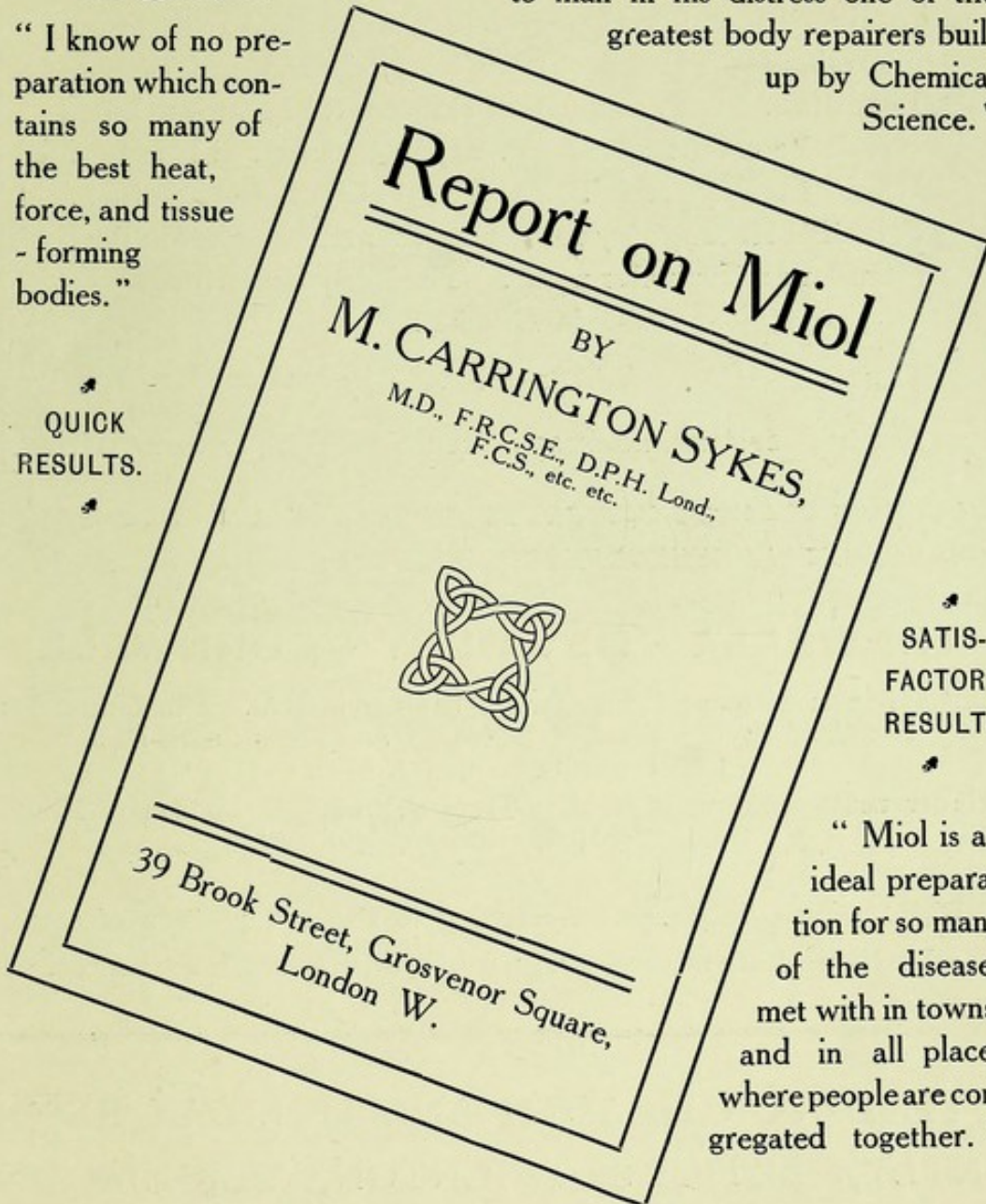
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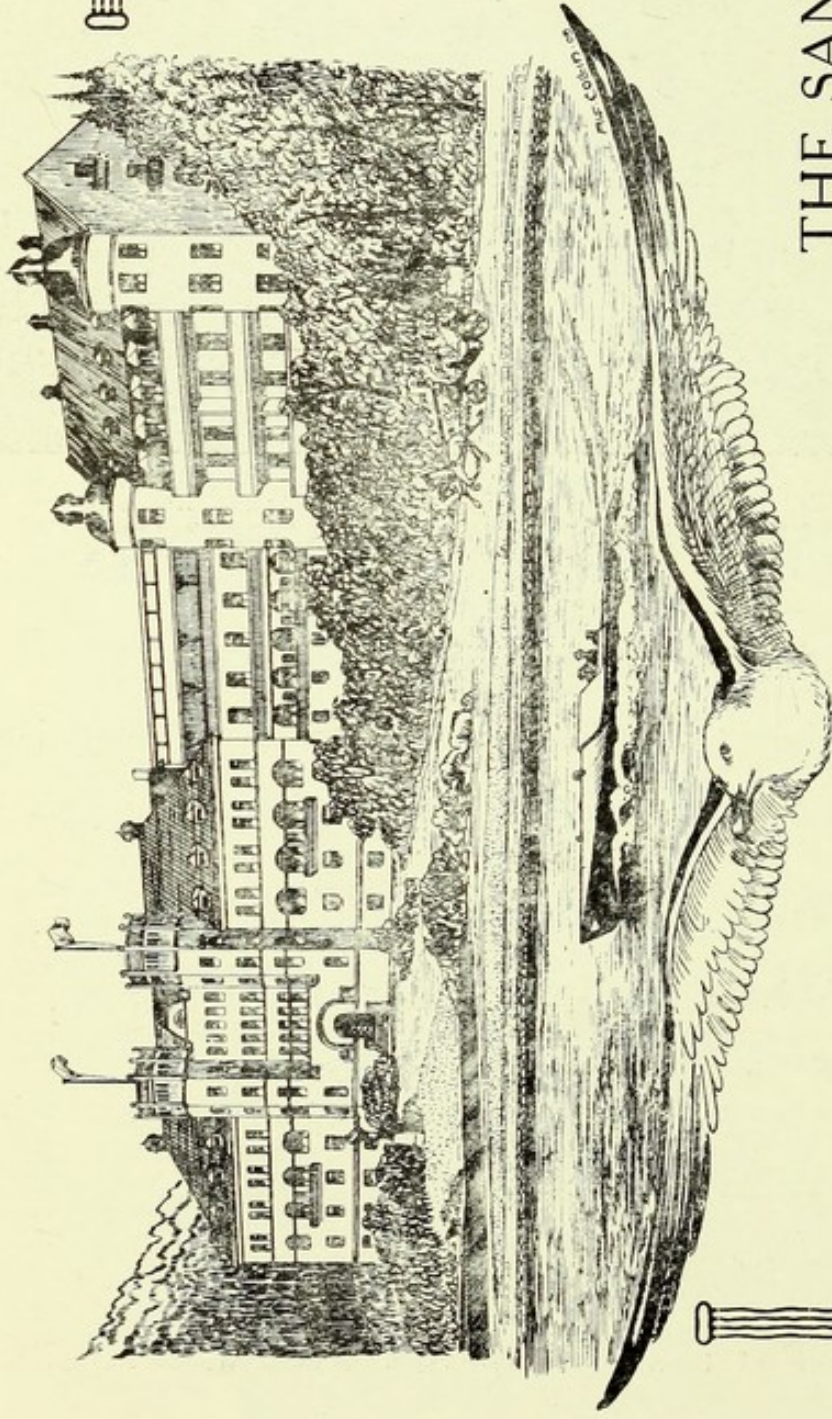
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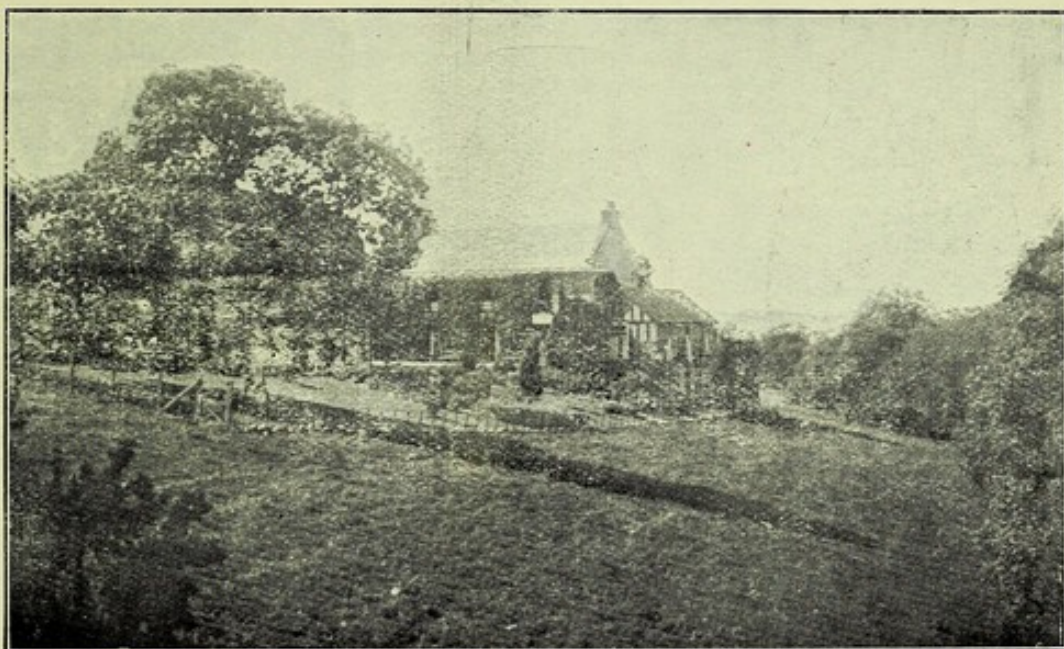
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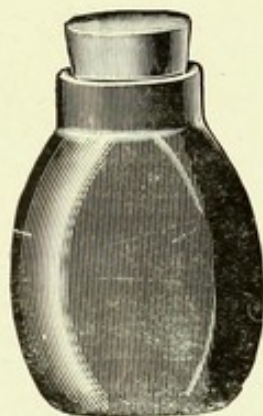
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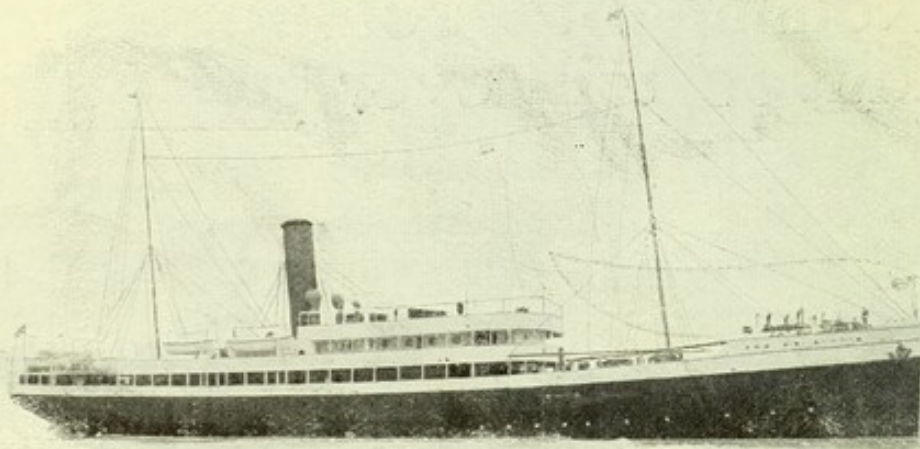
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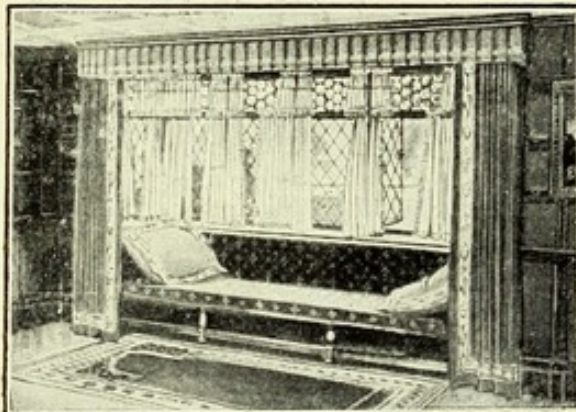
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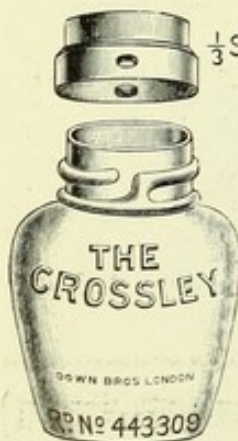
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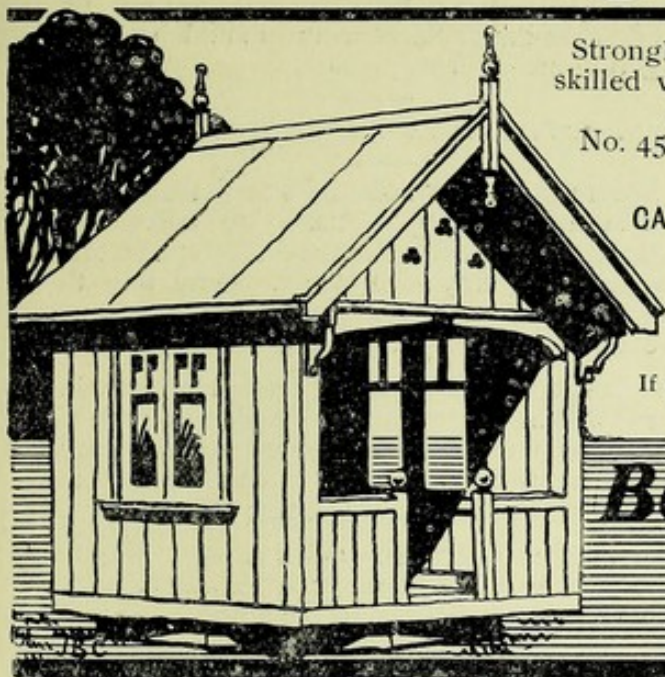
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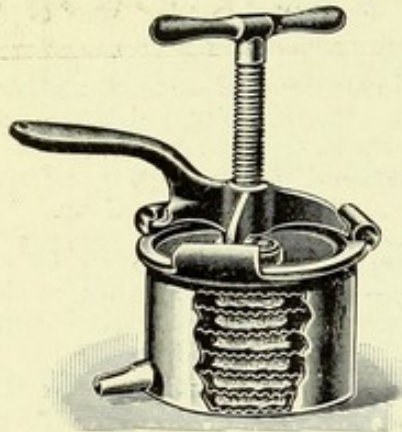
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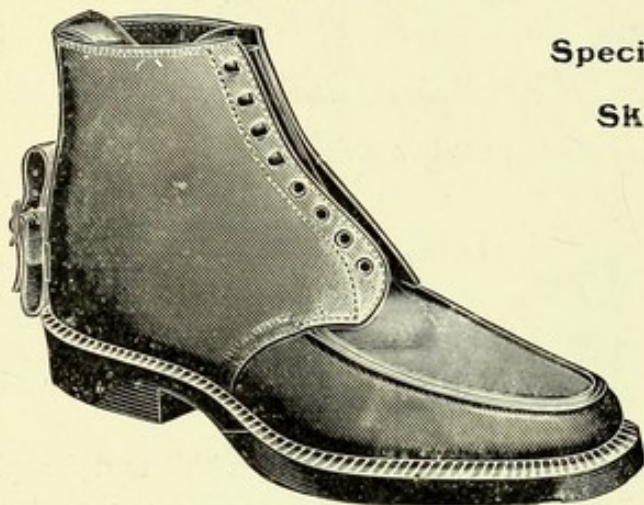
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