

Some of the questions which the practitioner of to-day has pressed upon him are such as the following:

*Compulsory Notification of Tuberculosis*

It is just twenty years since this matter was first pressed upon the Government of Ontario by the Provincial Board of Health. The then premier listened sympathetically, but asked: "What, for instance, are you going to do with the sick persons whom you will have practically forced out of boarding houses and hotels?" It was in the same year 1894 that Dr. Hermann Biggs, under the New York Board of Health, instituted the practice of the examination of the sputum in all cases coming within the knowledge of the Board, and it was in 1897 that notification of tuberculosis was there made compulsory. In 1894 only 511 specimens of sputum were examined and in 1911 there were 41,820. The logical sequence of notification was the disinfection of premises vacated by death or removal and the disinfection periodically of infected houses. As tuberculosis is so chronic and thus may be a source of infection to many, it further soon followed that supervision of cases in the houses and the education of both patient and members of his family became obviously necessary. So district trained nurses under the Board of Health or the Antituberculosis League were appointed as the next step. Such measures were, however, elementary in the same manner as treating acute contagions in their homes formerly existed when compulsory notification first began. It soon became apparent that to deal effectively with the many families where tuberculosis had induced privation or poverty, various institutions became necessary both for the care of the sick and for the protection of their families and associates. Logically the first step was the clinic to which any person wishing free examination and attention could go or be sent by social workers, clergymen, etc. Thus arose what is called the Tuberculosis Clinic, now operative in every progressive city, New York having twenty-nine such clinics, while Glasgow has six. Such being directly associated, as they ought to be, with the local board of health and the charity departments of a city, become clearing houses for the disposition of cases in the manner most suited to their individual condition and needs.

Such divisions of work in their natural order, as given by Dr. H. Biggs, are:

1. Sanatoria for ear'y and curable cases.
2. Hospitals for advanced cases.