

to cease six months hence in order that they may plan accordingly. Such action will make difficult other plans of co-operation because there will be a feeling of insecurity growing out of this. Instead of having given a demonstration of what can be done, we will have given a demonstration of what should not be done.

5. Tuberculosis:- There remain many things to do in the development of the Tuberculosis programme, as evidenced by the survey reports presented at our Annual Meeting. Preventoria, placement of arrested cases, etc., all these will have to be dealt with in time, after our present steps are firmly established.

The League set out to give leadership in such things. Are we to stop half way?

We have 800 odd families under supervision for tuberculosis. What will happen to them? It is the continued effort with such families that brings results, otherwise, the labour spent in many of them is wasted.

6. Staff:- We have an efficient, hard-working staff. To do the work the League set out to do, it was necessary to gather such people together. Most of them left positions to come to us, Doctor Baudouin having given up a position with the provincial government. They did this because they believed that if the League were made a success, it would be continued.

It is not easy to develop such a staff, and they will be lost to Montreal if the work ceases. Besides, it will mean that for years health workers will be suspicious of Montreal positions, and will not be likely to give up other positions in order to come here. This is a very serious phase, not only from the standpoint of the present staff, but of the future health work of the city.