

The report for Ontario for 1908 shows a death rate for tuberculosis of 112 per 100,000 a pleasing contrast to that in 1897, when the sanatorium movement was begun, and to that of 1901, when this Association was formed, the latter being 150 per 100,000 and the former approximately the same. The percentage of deaths from tuberculosis in 1908 was but 7.7 compared with 11 seven years ago. Newsholme, after an elaborate analysis of the causes which have decreased the death rate from tuberculosis, a reduction that has been proportionately much greater than that of the general death rate, concludes that no influence except that of institutional segregation has appeared in actual experience in a constant relation to the amount of tuberculosis, and it must, therefore, be accepted as having been the predominant influence. Of the 1,400 patients treated yearly in the sanatoria of the Province, who remain therein for an average of three months, only 200 die in residence, so that it seems but fair to conclude that education, the result of the training of patients in special institutions, and of the general educational propaganda, toward which this association has done so much, probably divides honors here with segregation as a cause of our 25% reduced death rate.

The reduction in mortality obtained through the education and isolation of patients at sanatoria would alone make these institutions entirely worth while for the public, even though the patients themselves did not materially benefit by the treatment. However, for the individual also, they are eminently worth while, as may readily be shown by a careful consideration of the published results of sanatorium treatment. These results have been subject to considerable criticism, because in most cases they have not fulfilled the optimistic prophecies made by some too-enthusiastic advocates at the beginning of the sanatorium movement. This failure is not the fault of the sanatoria, however, but rather that they have been asked to do the impossible. To estimate the work of sanatoria, one must know the condition of patients on admission, one must be able fairly to judge what is possible—or at least what is impossible—under certain pathological conditions, and one must know the condition on discharge. Now, sanatorium physicians, in order to have a basis for comparison of work, have agreed to use in their reports a set of really arbitrary terms. Unfortunately it is inevitable that such terms will be used (and often misused) by patients, laymen, and physicians, who do not understand truly their limitations and qualifications. Moreover, the actual improvement attained as a result of sanatorium care, however described or classified, can often only be maintained if the patient can, and will, carry out the