ventilation and providing a generous diet. This far-sighted man was in the early Victorian period far before his time, as his views were ridiculed and his consumptive patients driven from his sanatorium, which was then fittingly converted into a lunatic asylum.

Brehmer, strongly convinced of the curability of phthisis and attracted by the writings of Bodington, gave expression to his views by the creation of a small sanatorium in Silesia in 1854. Excepting the importance attributed to site, which Brehmer thought should be in a mountainous district, the principles of sanatorium treatment developed by him largely prevail to-day. Dettweiler, one of Brehmer's assistants, and a former patient, later emphasized the necessity of rest to a degree not practised by his teacher, probably much to the advantage of the average consumptive. The father of sanatoria for the poor, he lived to see Germany covered with sanatoria for the working classes before his death in 1904. Trudeau, exiled to the Adirondacks in 1873 by Dr. Loomis, because of tuberculosis, after his recovery was strongly influenced by the teachings of Brehmer and Dettweiler, and in 1884 began the erection of what has since become the famous Adirondack Cottage Sanatorium, which will long remain a testimonial to his enthusiasm, energy and altruism. In 1891 Bowditch established the first sanatorium in a "home" climate at Sharon, in the vicinity of Boston. Fourteen years ago the first sanatorium in Canada was established, and for seven years with hospitals (at least in Ontario) mostly closed to tuberculosis, there was slow progress in providing for the needs of our tuberculous population.

Canada now possesses 20 or more sanatoria and special hospitals, but this development, after the relatively early start made 14 years ago, does not keep pace, proportionately to population, with the recent development of similar institutions in the United States, which now number there approximately 400. The need of a more active work along this line may be appreciated from figures taken from Ontario only. At present there are 12 sanatoria and hospitals for the treatment of pulmonary tuberculosis, with 547 beds, which in the past year treated 1,421 patients. A conservative estimate of the actual number of patients in Ontario with an active tuberculosis is 10,000, and Phillips, of Edinburgh, would consider by his method of estimation that 21,000 are in need of medical supervision. Approximately 5% only of the former number can receive institutional treatment at any one time, and 171,000 of those now living in the province will die of tuberculosis according to the present death rate, at the rate of 2,500 yearly.

The great value to the community of special institutions for the treatment of tuberculosis is shown by the mortality statistics.