

this means in a population of, say, not more than 80,000, there were last year 500 cases, or 6.2 per 1,000, as compared with 0.3 immigrants, or 20 times as many.

Now, while I have shown by actual statistics how relatively small is the number of tuberculized immigrants, the fact does exist that of this number, a considerable proportion according to returns, actually knew they were tuberculized before coming to Canada, some indeed having been in hospitals or sanatoria mostly in England, while the larger proportion of those tuberculized were English. Others came, and in some instances were advised to come, with the hope that the climate would benefit them, or else came to relatives. In this we see nothing different from what physicians, parents and friends do amongst ourselves, in advising a change of climate and occupation for those who are *candidates for tuberculosis*, as Villemin calls them. Indeed, it is a very common practice in the east here for physicians to advise a change to Alberta or British Columbia, just as in former years patients were advised to go to Florida, Colorado, Arizona or California. If such then be the general practice here, we do not wonder that in the Old Country persons who are employed at indoor occupations are often advised to try Canada, the land of promise, both as a place to get well and to make a new start in life. And I am sure that none of us will object, provided always that it is understood distinctly that advanced cases do not come, and that those who do come here have means to maintain themselves for some months or a year in our climate. It will have been noted that all those deported have become public chargés. One is inclined to go even further, and say that if delicate, over-worked young men in the Old Country, who only require outdoor life to make them strong, would come to our illimitable Western Provinces or the Laurentian forests, with funds enough to maintain themselves while getting well, we ought not to deprive them of this chance of life.

I am just returned from a month's visit to the several Western Provinces, and last year was driving for two months over illimitable prairies, where there is not more than three people to the square mile, and imagine I understand the meaning in terms of health of these immense areas, with their condensed oxygen, unlimited sunshine, and relatively higher altitudes, and can comprehend how my friends, the Health Officers of Manitoba, Saskatchewan and Alberta and British Columbia have been so energetic and successful in establishing sanatoria.

Near Kamloops, within the dry belt, Dr. Fagan has established