

very great convenience and, as well, a most valuable aid to those in a position to utilize it, there can be no question, but to the vast majority requiring aid it must be a "terra incognita."

When that model scientist, the late Dr. Koch, discovered the tubercle bacillus, and the late much maligned Dr. Brehmer demonstrated the uselessness of medicine as a curative agent, and at the same time the success of hygienic measures, our ideas on tuberculosis underwent a complete revolution.

The comparative success that was associated with sanatorial treatment captured the laity as well as the profession, and in common with others, I assumed that the sanatorium could be made the grave of the tubercle bacillus.

Experience, however, has disclosed inherent defects in its present method of installation which militate against its success.

Since the establishment of sanatoria the tuberculosis death rate has diminished, no doubt partly due to them, but also to the great awakening of the general public to the advantages of fresh air, diet, rest, appropriate exercise and other hygienic aids which will cure the incipient and even the cases not too far advanced. All of these conditions have no doubt had their influence in promoting the falling death rate.

In dealing, however, with the sanatorium let us consider the disabilities under which these institutions labor, many of which are not remediable and must lead to their failure to accomplish what it is assumed they can encompass. Put it in other words—their role is very limited as regards the extinction of the disease or the cure of a very large percentage of the afflicted (explained *infra*) even were the cost not considered.

The disabilities are:

1. A sanatorium is expensive to construct (as now in vogue) and its administration also costly.

2. For one who can be accommodated, hundreds need aid. An expert on this subject estimated that there are not less than 5,000 or 6,000 seriously affected in Nova Scotia, and the majority of them either at present, or in the near future, require aid; and to furnish this on the sanatorial plan of treatment needs but mention to disclose its impracticability.

3. It is not easy to get the cost per pa-

tient below \$10 per week, which, added to the interest on the cost of the building, means a charge of say from \$15 to \$20 per week that must be paid by the individual or by the community.

4. A patient cannot assist in his own support unless in the form of a cash contribution. This is an impossibility with the vast majority who might contribute in kind were facilities furnished.

5. Incipient cases are but rarely bedridden and would be better in every way if engaged in the support of self or dependents, or in useful or wage-earning employment, and it is quite apparent that the facilities for this can never be a feature of sanatorial life.

6. Institutional treatment is not necessary, for 90 per cent. of the afflicted get well without knowing it or making any special effort, while at the same time engaged in their usual avocations. The remaining 10 per cent. could recover in the same way at their own homes and usual employment if common sense and scientific treatment were adopted in time, while in their own homes, before their sickness was such as to require them to leave off their employment. This is exemplified by the Dr. Phillips' dispensary system in Edinburgh, and Dr. Dixon's method in Pennsylvania; the lines they use must be followed to secure success.

7. By adopting this preventative treatment there would in a short time be no advanced cases to require treatment in hospital or otherwise, because those now existing would either have recovered or passed "ad majores iis" and tubercle carries being reduced to a minimum, ere many years tuberculosis would be locally extinct unless reintroduced.

8. The strongest argument against the sanatorium on lines now in vogue is that it contemplates a permanent fixture in our social economy — the removal of diseased persons for cure (at no small expense) while leaving behind in the house from which the patient emerged a tainted domicile with more than probably tainted inmates to furnish a future supply for the sanatorium. Unless a radical change in principle be adopted the disease would continue to be reproduced at the numerous foci scattered over the country, and there is no probable end to this programme.

Read between the lines, there is material