

The success of the so-called tuberculin dispensaries rests largely on the fact that Class I and Class II are chiefly treated at them. A further part of their success is due to the many instances in which the diagnosis of the presence of active disease is faulty, with the result that many persons are treated with tuberculin and labelled as cures in whom the disease has previously been arrested. The fact that the physicians to the hospitals for diseases of the chest send their patients to sanatoriums is a strong testimony to their usefulness; for it is much more lucrative (to the physician) to give tuberculin than to send patients to be treated elsewhere. Of the value of tuberculin there is no question. Its use is of great value, not only in Class II, but also in Class III—that is, in patients who require sanatorium treatment. We come, therefore, to the conclusion that neither sanatorium treatment nor tuberculin should be depended upon solely, but that both should be used under conditions which facilitate the closest supervision.

If sanatorium treatment has not hitherto met with universal acceptance as efficacious in a campaign against consumption, the mistrust is due to a number of causes. In the first place the majority of existing so-called sanatoriums are inefficient, and the treatment given is not "sanatorium treatment," but a treatment in an institution labelled a sanatorium, and consisting of little more than fresh air and abundance of nourishing food, but without adequate medical supervision and the necessary regulation of rest and exercise. The results obtained by these inefficient sanatoriums have been regarded by the public, and by many members of the medical profession, as the results of efficient sanatorium treatment, and have done much to discredit it. The second reason is that sanatorium treatment has been asked to do the impossible, and has been regarded in some quarters as sufficient in itself, and as a certain cure for every case of consumption. No responsible member of the medical profession, no level-headed layman, has ever regarded the treatment in this light. The sanatorium is an important link, but only a link, in a comparatively long chain. Unless it forms a part of a carefully thought out system, embracing, amongst other things, dispensaries, hospitals, homes for advanced cases and the dying, careful disinfection and after-care of patients when they leave the sanatorium, together with assistance to the breadwinner's family whilst he is under treatment, it cannot help us much to eradicate consumption. Even sanatorium treatment does not cure all forms of pulmonary tuberculosis, and we can scarcely anticipate that any form of treatment ever will prove very efficacious in advanced and long-standing disease. It is fair to condemn sanatorium treatment because it cannot accomplish the impossible? Again, if a working man in an early stage of consumption is sent to an efficient sanatorium, there is every prospect of the disease being arrested; but, if he is allowed to