CONSUMPTIVE EMIGRANTS

ELSEWHERE in this issue of "CANADIAN OUT-DOOR LIFE," we give space to a memorial sent to the Dominion Government by the Toronto Board of Trade regarding the class of emigrants being brought into Canada within recent years. The data was furnished by the National Sanitarium Association and the Toronto Free Hospital for Consumptives, showing that many emigrants who enter Canada are afflicted with pulmonary tuberculosis.

An examination of the records shows that in most, if not in all cases, these people were possessed with the disease before leaving the Motherland. As a matter of fact, it would appear from the information gleaned from the patients themselves that they have been sent to this country with the expectation that our bracing climate will be a means of removing this trouble. A result is that the institutions at Muskoka and the Toronto Free Hospital have a large percentage of foreign born patients to care for.

Following the receipt of this memorial, the Government have taken steps to obtain all needed particulars, as to the condition of such patients in residence for the purpose of arranging for their deportation.

Canada is in need of emigrants, but there must be a discrimination in the class that are allowed to reach our shores. We have before us the lessons of our neighbors across the line. It is not to be expected that those who are either sick morally or physically can be accepted as suitable citizens of this country.

There has been a laxity of careful inspection in the Motherland, before these people took ship for Canada and we fear there has been much laxity at this side in accepting these new arrivals.

In the best interests of this new country, as well as the people themselves, who are coming from abroad, the Dominion Government has acted wisely in planning for a more rigid inspection in the future, and if need be, the deportation of certain ones, who are now in the country and who cannot be other than a charge on the public and our charitable institutions.

Open-Air Treatment of Pneumonia

W. P. NORTHRUP, New York City *(Journal of the American Medical Association)*, for over eleven years has been using free ventilation and fresh air treatment in pneumonia, and during the last year he has followed the practice of putting his patients in the New York Presbyterian Hospital for six hours a day out on the roof in all weather in which harsh high winds, rain and snow did not prevent. He gives histories of two cases both serious, and in one of which he thinks the patient could not have recovered under other treatment. The hospital authorities are so well satisfied of the value of this method that they are making a colossal roof garden on the medical side of the hospital to be an open-air ward for these cases. The patients most favorably affected by open-air treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor. In Northrup's experience all patients do better in cool fresh air, which can be secured in private practice by screening off a portion of a room by an open window. None have been harmed, in his observation, and some have been greatly benefited and possibly saved by the cold fresh-air treatment. If pneumonia, due to an infecting agent, is thus benefited, the value of the treatment for other infectious diseases is suggested, and, in fact, he has tried it in many others, including typhoid fever with severe bronchitis, whooping cough with bronchitis and convulsions, with excellent results. He considers it, in fact, the ideal treatment for septic fevers. The only regulation is to keep the patient comfortable and especially to keep the feet warm.