

with an address so full of practical points, and so bristling with interesting results. We hope Sir A. E. Wright may visit us again.

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## THE SANATORIUM TREATMENT OF PULMONARY TUBERCULOSIS.

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The *London Lancet* recently submitted to those it considered most able to answer a series of questions, soliciting their replies for publication.

In the January sixth number of 1906, they publish the replies at length. The questions were as follows:—

1. Has experience demonstrated the therapeutic value of the sanatorium treatment generally?

2. Are successful results obtained usually (a) in well-to-do patients; (b) in the working classes?

3. In the working classes must an elaborate system of insurance be combined; and are convalescent homes necessary to prolong the treatment?

4. What are the arguments for believing that the educational value of sanatoriums will be great and widespread?

5. Sanatoriums are considered by some people as places where severe cases may be segregated and by others as places where incipient cases may be cured. Ought there to be two sets of buildings?

6. What is a medical officer to say when he is asked whether a county authority or a private philanthropist is doing the best for tuberculosis by building a costly sanatorium?

Sir Richard Douglas Powell favored judicious sanitariums and hospital treatment and asserts that sanatoria are essential to success. His paper explains details at length and with ability.

Sir William H. Broadbent gives an affirmative answer to all these questions, and favors in answer to the 5th, isolation and separate wards, but not separate buildings.

Dr. Theodore Williams answers these questions in the affirmative, and as to segregation favors three classes of buildings: 1. A hospital for acute cases. 2. A sanatorium for patients with