anemic and ill-conditioned children. *Second,* for crippled children. *Third,* for tuberculous children. Open air schools are conducted on each of the ferry boats and roof gardens for tuberculous children, and the Board of Education is providing a considerable number of open air schools for anemic and ill-conditioned children. In all of these schools, a full mid-day meal and a morning and afternoon luncheon are provided and striking improvement has taken place in the condition of the children.

Eleventh: *Open Air Home for Tuberculous Families.*—Through the generosity of Mrs. William K. Vanderbilt, during the present year, the East River Homes, open air homes for tuberculous families have been provided. These have accommodation for over 300 families. Each apartment has a sleeping balcony and the buildings have ample roof gardens. The lives of the patients and their families are under close supervision. The hygienic conditions are excellent and are as good as can be obtained for the poor in a great city. It is believed that these homes will be of great service in the tuberculosis work.

Twelfth: *Home Hospital for Tuberculous Families.*—In connection with the East River Homes, the Association for Improving the Condition of the Poor, has opened a home hospital for tuberculous families. Especially worthy and destitute families with tuberculous patients, often families in which there are several patients and in which the removal of the patients would result in breaking up the family, are provided with apartments and in connection with these apartments a hospital is maintained where the best nursing and medical care is provided. This is an experiment and was suggested because of the difficulties in extending adequate relief in many tuberculous families in their homes.

Thirteenth: *Temporary Homes to Provide Shelter for Children and Young Women Suffering from Tuberculosis, Pending Their Admission to an Institution and After Their Discharge from an Institution until Proper Employment is Obtained.*—Such a home has been established by the Woman's Auxiliary of Bellevue Hospital Tuberculosis Clinic and in connection with it is maintained the centre for relief work for the Bellevue Hospital Clinic district.

Fourteenth: An institution which is greatly needed in New York and in connection with every large city and every sanatorium, is some sort of a farm or industrial colony, where arrested cases of the disease can be provided with occupation. Everyone who has had any experience in tuberculosis work has felt keenly the need of such a colony. Two years ago, I had the pleasure of being present in Edinburgh at the time of the opening of a farm colony established by Dr. Philip in connection with the Royal Victoria Hospital. So far as I know, this is the first attempt to meet this urgent demand. Our experience in New York clearly shows that a farm colony will not entirely meet the demands of the situation, for not only are many arrested cases quite unfamiliar with outdoor work, but they are physically unable to do such work and yet would be able to follow many occupations involving manual labor of a lighter character, providing only that they could live and work under proper conditions. The experience in the Municipal Sanatorium at Otisville, which is conducted almost entirely by the work of its inmates, has demonstrated this in the clearest way. To provide, however, such an industrial colony as would be necessary, in order that it could be made a financial success, involves a large expenditure of money and up to the present time this has not been available. This seems to me the most important unsolved problem in connection with the campaign for the prevention and treatment of tuberculosis.

The measures detailed include the more important provisions of a comprehensive scheme for the efficient control of tuberculosis in a large community. Many of these have been in force in New York for many years with gradually increasing stringency in their application. Somewhat similar measures, perhaps not as comprehensive, have been followed by the sanitary authorities of many large cities and the question may properly arise as to what the results have been and what is to be expected in the future in the prevention of tuberculosis.

As I have already shown, the death rate from pulmonary tuberculosis and from all