SPECIAL HOSPITALS OR SANATORIUMS

No municipality, as far as I can learn, has built a sanatorium or hospital for the care of its tuberculosis patients. Local philanthropic organizations have made provision in some places, while some municipalities send their patients to existing sanatoriums.

Vancouver has a special building for tuberculous cases at its General Hospital.

ADMISSION OF PATIENTS TO GENERAL HOSPITALS.

Six towns and cities have no hesitation in accepting tuberculosis cases into their hospitals. Seven admit, but insist on patients being isolated, one or two using isolation wards. Four admit only incipient cases. No hospital has constructed special wards. In some tents are used.

Three cities have Tuberculosis Dispensaries. Five cities have organizations for the care of the poor in their homes.

British Columbia has a Provincial anti-spitting by-law. Of the thirty-one towns outside this province which have reported fifteen have anti-spitting by-laws, while four others have notices posted. In some, little attention is paid, except by the street car companies.

Notification of cases is requested by the Provincial Board of Health in British Columbia. In other provinces six have compulsory notification and five voluntary.

Twenty disinfect after death or removal of patient, or during course of illness if patient has been careless, where reported or requested.

LIST OF SANATORIUMS IN CANADA.

Ontario

Muskoka Cottage Sanatorium, Gravenhurst; 85 beds, $12 and $15 weekly. For incipient cases. Dr. J. H. Elliott, Physician-in-Charge.

Muskoka Free Hospital for Consumptives, Gravenhurst; 50—70 beds. Free, or patient pays in part if able. For incipient cases. Dr. C. D. Parfitt, Physician-in-Charge.

The Mountain Sanatorium, Hamilton, 20 beds. Dr. A. D. Unsworth, Physician-in-Charge.

Toronto Free Hospital for Consumptives, Weston; 60 beds. For advanced and far-advanced cases. Free, or patient pays in part if able. Dr. W. J. Dobbie, Physician-in-Charge.

Galt has provided a Swiss Cottage for care of advanced cases.

Stratford has two tents for advanced cases.

Quebec

Lahl Ghur, Ste. Agathe des Monts, for incipient cases; $14 weekly; Dr. Howard D. Kemp, Physician-in-Charge.

Camp of Montreal League for Prevention of Tuberculosis, for poor of Montreal.

Nova Scotia

Provincial Sanatorium, Kentville. 20 beds for residents of the province. Patients pay $5.00 weekly; Dr. W. S. Woodworth.

Wolfville Highlands Sanatorium, 10 beds. Private. Dr. G. E. DeWitt, Wolfville.

Alberta

Calgary Sanatorium, Calgary, 16 beds. Private.

SURGICAL TUBERCULOSIS.

In Europe and the United States much attention is just now being drawn to the beneficial effect of the seashore on tuberculous children, and many seaside hospitals for children are being established. For many years the Victoria Hospital for Sick Children in Toronto has, during the summer months, transferred all cases of surgical tuberculosis to the Lakeside Hospital on Toronto Island, with most satisfactory results.

There is a special ward for tuberculous children in the Toronto Free Hospital for Consumptives at Weston.

DISPENSARIES

1. Dispensary of the Montreal League for the Prevention of Tuberculosis, 691 Dorchester Street. Opened November, 1904. Open six days weekly. Last year 193 patients attended. When too ill to attend they are visited in their houses. Patients are supplied with all the necessaries in the way of food and clothing.

2. Tuberculosis Dispensary and Clinic, Toronto General Hospital. Opened January, 1906. Visiting nurse visits all homes and reports surroundings and conditions. Patient given sputum flask, etc., with instructions. Food and clothing supplied when needed. Special wards available if necessary to bring patients into hospital. Houses reported to Board of Health for fumigation. When possible patients sent to sanatorium at Weston or Gravenhurst.

3. Tuberculosis Dispensary of Hamilton City Hospital. Opened 1906.

Brehmer Rest, Ste. Agathe des Monts, Quebec. Dr. A. J. Richer, Physician-in-Charge. Miss Barnard, Secretary, 33 Lorne Avenue, Montreal. Patients pay $4.00 per week.

This sanatorium has been instituted for the care of patients who have no active tuberculosis, but who are convalescing from pneumonia, pleurisy and typhoid fever, also patients with anæmia, debility, etc. Such institutions play an important part in the prevention of tuberculosis.

WHAT REMAINS TO BE DONE.

This summary of the anti-tuberculosis work in Canada shows that much has been done in recent years. Each year new measures are brought forward, an increasing number each year, and yet we have little