for the state to go further than prohibit marriages where the disease is actually known to exist.

The disease is not always fatal. There is abundance of evidence to show that a considerable percentage of those who have been tuberculized have recovered. Still the mortality is so fearful that every effort at prevention should be encouraged. The great means of treating the disease must ever be the means that prevent it. When we remember that improvement in sanitary conditions has reduced the death rate in many places, and in some armies, from 60 per 1,000 to 6, there is surely good ground for hope in this direction. The death-rate in Britain is at present, from this one disease, 70,000 yearly; but, at the same ratio per 1,000 as existed thirty years ago, it would be over 100,000. Here, then, is a saving of some 30,000 a year.

Where the consumptive should live must, to a great extent, be decided according to his means. The advice of his physician should be sought. In general terms, however, he should select a thinly peopled locality where there are ample opportunities for outdoor exercise. The air should be cool and dry. There should be a maximum of sunlight, combined with an elevation of five or six thousand feet. Having selected his home, he should take the greatest possible amount of the best quality of nourishment. This will maintain the resisting powers of the system against the inroads of the disease. A liberal supply of meat, milk, eggs, and other nitrogenous diets does much good.

But of far more importance than selecting a locality, after you have the disease, is that of making a selection before you have contracted it. In all cases, where the family record is broken by cases of consumption, I would strongly urge that the person make a good selection, both of place and occupation, prior to any manifestations of disease. What enormous numbers such a selection would save from an untimely grave!

To sum up, then, I would state:—

1. In cases of heredity, marriage should be avoided, or postponed till after 40, in most cases.

2. A person with a consumptive family history should seek a non-consumptive climate and occupation before he is affected.

3. All expectoration from patients should be destroyed by disinfection or burning.

4. Those affected should sleep alone and in their own rooms.

5. None of the towels, utensils clothing, etc. used by the sick should be used by others until thoroughly disinfected.

6. The meat and milk supplies should be carefully watched to see that they do not come from tuberculous animals.

7. Those known to have the disease should be prevented marrying.

8. Children known to have the disease should be excluded from schools of every kind.

9. Everyone having the disease should be instructed by authority to live in a certain way and to follow certain rules, in order to lessen the danger of infecting others.

10. For the pauper consumptives there should be some national hospitals, alike for treatment and isolation.

11. As the result of the most careful research, it appears that heredity plays a less important part in the causation of the disease than was formerly thought to be the case; and appreciation of the importance of direct infection from another case, or through food and drink, is gaining ground every year.

12. That when there is one death from consumption in a family, there is grave risk that in a period varying from one to three years there will be another case.