

have decreased the death rate of tuberculosis by saying that "no influence except that of institutional segregation has appeared in actual experience in a constant relation to the amount of tuberculosis, and it must therefore be accepted as having been the predominant influence." Until quite recently only a relatively small amount of this segregation has been accomplished in institutions especially intended for this purpose, and therefore hospitals, homes, refuges, and alms houses have played the more important part.

In Ontario, these latter institutions have no doubt played some part. Fifty-four only died of tuberculosis in the year 1909 in provincial asylums, 17 per cent. of the total number of deaths. When, however, only one-seventh of the total number treated in the special institutions for tuberculosis die in them, and the fourteen hundred patients therein treated (1910) remain for an average period of three months, it is reasonable to assume that their main influence is in education, both directly for the patient and indirectly for the public, rather than in segregation. This influence, small in the earlier years of the decade 1897 to 1907, has been increasing as their number and the number of patients treated have increased, and to this educational influence must be added that of the recent auxiliary influences in individual treatment and education, the dispensaries and visiting nurses, besides the general educational propaganda against tuberculosis. In Ontario education and segregation probably divide honours in the 25 per cent. reduced death rate.

Our provincial government expects to solve the problem by advocating the establishment of local sanatoria through local organizations—which it aids generously by contributing both towards capital and maintenance costs—and by the education of school children. Both of these measures are admirable in themselves, but, without wishing to depreciate the value of local sanatoria, I do wish to emphasize the fact that the easy care of advanced cases within the limits of the municipality is the more pressing need in all communities, and that this need in the small communities at least, where general hospitals already exist, could probably be most cheaply met, both in capital and maintenance expense, by erecting a wing or building on the grounds of the hospital for irrecoverable cases, and utilizing the administrative organization of these hospitals. The recently published opinion of the State of Rhode Island commission on hospitals to consider the care of advanced cases is, that, since the chief object in sending an advanced case to a hospital is not the good of the individual, but the good of the community,