

primarily on the person in charge of the everyday work, *i.e.*, on the superintendent; and, second, upon the rules which he is called upon to carry out. In the management of a sanatorium I shall take it for granted, as being beyond question, that the superintendent should be a physician. It might be said: Well, if a sanatorium is nothing more than a large boarding-house, where the patients are to live in a clean, well-kept home, and given good food, and such exercise as they feel inclined to take, of what use is a physician? This idea has prevailed, and in some countries still prevails with regard to insane asylums and other similar institutions; but in all progressive institutions we now find the insane are being looked upon as patients, to be studied and treated with a view to cure in the same manner as any other patients. Such is the idea which has led to the success of the modern sanatorium treatment in the case of the consumptive. Hitherto he had been looked upon as incurable, and the most to be done was to make his life as comfortable as possible. Now, while we cannot hope to cure all the insane, and certainly do not expect to see all consumptives recover, yet the very success of our efforts in this as in all other work will depend upon the conviction which the superintendent has of the curability of the disease.

In the establishment of a municipal sanatorium, two things must be kept in view—that patients in the primary stage of the disease must be expected and provided for, and that patients who are in the advanced stage of the disease must be admitted in yet larger number, for a time certainly in the proportion of one to two. It may be mentioned in passing that two of the best known sanatoria on this continent, Saranac Lake and Gravenhurst, insist that only patients in the primary stage be admitted, or only such others with a history which presents the hope of cure or at least of great amelioration. Hence, at neither is there provided practically any separate hospital provision, since patients are strongly advised, if doing badly or incurable, to go home. In a municipal sanatorium, on the other hand, our object is not only to cure patients but to protect households; hence for this class of patients a very definite amount of hospital provision must be supplied from the first. The erection of a cottage hospital, therefore, becomes necessary, not only for this reason, but also in the interest of patients who are not advanced in the disease, in which the neurotic element forms so important a factor. Hopefulness and despondency must constantly be dealt with as symptoms where it will try all the resources of the expert physician to maintain hope dominant rather than despair. Thus the evil effects of lack of supervision are well illustrated at the boarding-houses and winter resort hotels in the South.