

The 6,591 deaths from tuberculosis in 1936 represent a death rate of sixty-one per 100,000 of population. This is in marked contrast to the situation only five years ago. In 1931 there were 7,628 deaths from this disease, representing a death rate of seventy-four per 100,000. In 1926, five years before that, the death rate was eighty-six per 100,000. Comparative figures for the dominion are not available before 1926, but the fall in mortality in the last fifteen years has been remarkable. Prince Edward Island cut its death rate from 145 in 1921 to sixty-six in 1936; Nova Scotia from 134 to eighty-nine. In Ontario the death rate over this period fell from seventy-one to thirty-six. From these figures comes the comforting assurance that the struggle against tuberculosis is meeting with substantial success. Nevertheless one cannot view with equanimity the fact that even yet this disease, which on the face of things should be preventable, each year wipes out in the dominion enough people to populate a good sized town.

The question of treatment and that of prevention are closely interrelated. Discussion with sanatorium physicians reveals the fact that more patients than ever before are having their disease successfully arrested and being returned to useful and normal lives. Rest treatment, which time has established as the only successful cure, has of late years been increasingly aided by various forms of surgery which are employed to assist the diseased organs in their recovery. It is now possible to bring about lasting cures in many cases where previously all that could be looked for was a temporary prolongation of life. Indeed the evolution of the treatment of tuberculosis forms one of the most interesting and satisfying chapters in the history of modern medicine. Furthermore, adequate treatment means the isolation of those who are infectious, and the permanent and satisfactory arrest of the disease means that the patient is no longer a source of danger to his community. It is not claimed that the tuberculosis sanatoriums are the sole factor responsible for the fall in the death rate. They play a large part; but the cause of the decline in mortality probably rests on a broader basis, namely, the increase in public awareness of the disease, its causative factors and means of prevention. The community which is tuberculosis-minded is the one which will show decreasing incidence. That community will employ the greatest number of anti-tuberculosis weapons, among the most effective of which are the sanatoriums. It appears, therefore, that the community which employs these special hospitals to the utmost will also be found to be making full use of other measures, such as stationary or travelling

clinics, milk pasteurization, observation of contacts, separation of children from infectious adults, and all modern methods of health education.

This conclusion is endorsed by a study of dominion statistics. Several natural factors influence the incidence of the disease. For example, the maritime provinces have always shown a higher incidence and death rate than the prairie provinces. This may be due to several causes, including the differences in density of population, standards of living, housing and climate. Thus the wide scattering of the prairie population and the known antiseptic value of intense sunshine on infectious material may do much to keep infection under control.

If we discount these natural factors which may cause variation in incidence, it is evident from our statistics that the number of sanatorium beds in a community can be used as a criterion by which to judge the extent of its anti-tuberculosis work.

In Ontario the movement for the establishment of tuberculosis sanatoriums was early in its inception and sturdy in its growth. Thirty-one years ago Sir William Gage built in the Muskoka district the first Canadian sanatorium, which still exists as the Muskoka Hospital for Consumptives. In 1936 Ontario had 3,205 beds for the treatment of the disease. Concurrent with the increase in the number of beds has been an increase in public interest, in the formation of private and governmental clinics, governmental and municipal examination of contacts, pasteurization of milk, and public education in matters of health. The total governmental, municipal and private cost of operating tuberculosis sanatoriums in Ontario last year was \$2,250,551. When we consider that the death rate in Ontario last year touched its lowest point of 36 per 100,000, it is difficult to conceive of any better way in which two and a quarter million dollars could have been spent.

What can the dominion government do to further the struggle against tuberculosis? I hesitate to make any concrete proposal; I am aware that the matter as it affects the dominion is in good hands in the ministry of health and the Canadian Tuberculosis Association. Would an increase of knowledge, interest and appreciation on the part of the house lead to material encouragement of their efforts? More public education as to the increasing curability of the disease and its prevention is essential. The power of publicity in these matters is enormous. Last spring the premier of Ontario made a speech on the subject which received wide publication, and I am informed by sanatorium physicians that