

likely is there to be a favorable result. Open-air treatment, excellent though it may be, is not enough; the exercise and the food are necessary adjuncts and each must be under expert supervision. Therefore, sanatorium treatment is almost a necessity.

Sanatoria, like ordinary hospitals, although they may be endowed by the Government, must principally look to the public for support. I am convinced we have in British Columbia a climate as favorable to the successful treatment of consumption as any in the world, still we are without a sanatorium. I hope this will soon be remedied.

RULES FOR PATIENT.

Two facts should encourage the patient:

1. That there is always an intrinsic tendency to recovery in the earlier stages of the disease, and that, under modern treatment, a large percentage of cases do recover.

2. That there is no reason for any person to think that he is doomed by heredity, no matter what his family history may be.

Disposal of Sputum:--

(a) Pressed paper spit cups, costing but little, are on the market (Henderson Bros., Victoria and Vancouver). One or several can be used daily, and after it has been used, each cup with cover and contents can be burned.

(b) Paper cups held in a metal frame may be used.

(c) Metal or porcelain spit cups or spittoons, each containing a small quantity of disinfecting solution, 1, 2 or 3, may be used.

It must be remembered that the disinfecting fluid cannot thoroughly disinfect, because it cannot reach all parts of the sputum.

The final disposal of the sputum may be:

1. By cremation when possible.
2. Pouring down water closet when sewer connection obtains.
3. Fill spittoon or cup with *boiling* water, cover and let stand till cool.
4. By setting cup or spittoon aside, preferably in a warm place, so that the disinfectant may act eight or twelve hours longer. In such case the quantity of disinfecting solution should be in excess of that of the sputum; then bury or otherwise dis-