of tuberculosis, more particularly among indigents. The general hospitals, which do not accept consumption cases into their wards, co-operate by sending such cases to attend the dispensary, and city doctors are invited to send their indigent patients for treatment, and as the work of the dispensary has become more widely known, patients with long-continued coughs present themselves for examination. The work accomplished has grown steadily, until accommodation is altogether too restricted, and now at the psychological moment generous donors, Col. Burland and his sisters, have presented us with a fully-equipped building, admirably situated in the centre of the city, which we hope to open in the early fall—a gift which will certainly represent not less than $50,000.

"But will a campaign of popular education or dispensaries master the disease? The dispensary can, it is true, ameliorate the condition of the patient in the earlier stages of the disease; it cannot cure. What it can accomplish is this: Through its inspectors it can detect the chief danger spots in the city, the region of overcrowding where whole families live in a single room, or those most fatal centres of infection—the dark rooms without windows opening up on the exterior, and without adequate ventilation. It can be a potent factor in rousing public opinion and doing away with those hot-beds of infection. But this is not sufficient. The dispensary, as such, has no means of dealing with cases in which the means of a family forbid a patient from being isolated. Unless he is isolated, unless he sleeps in a separate room, the rest of the family is constantly exposed to danger. I do not hesitate to say that these cases constitute the gravest problem in the whole situation. Could we effectively isolate the sick from the well, we would remove the great source of infection. It is sheer impossibility to segregate all. Think of the cost of building and maintaining a hospital for 2,800 people. Even to provide for 100 male and female patients, to give each three months' treatment—and that is inadequate—would, cost of building apart, if the sanatorium were run at ordinary hospital rates, demand a yearly expenditure of more than $70,000. This consideration of cost alone absolutely bars the sanatorium method as a wholesale system of solving the tuberculosis problem. The same considerations rule out the cheaper so-called shack system, even though the initial cost of building and some items of the cost of maintenance are very materially reduced to the extent that wooden huts are cheaper to build and maintain than modern hospital buildings. There is, however, no material reduction in the cost of food or of the staff.