

monstration of its causative relation to pulmonary tuberculosis, our attitude towards this disease, which had been looked upon as hereditary, has gradually changed. We now realize that it is not hereditary, but is a communicable disease, and that where there are several cases in one family it is usually not difficult to trace the infection of one from another. Many are more or less continually exposed to infection, and we cannot overlook the fact that all who are exposed do not contract the disease. A predisposition to the disease may be inherited, so that should there be exposure an infection would occur more readily than in one who had not the predisposition.

In the matter of prophylaxis we must consider two individuals, first the tuberculized patient, who is the source of infection, and second, the person exposed to infection through the carelessness or ignorance of the first. Though we should do everything in our power to prevent the patient being a source of infection, through educative measures and strict precautions, we must not neglect what is also important, the improvement of the general health, and with this, the resisting powers of the exposed individual, and thus minimize his chances of infection. Koch, having so ably demonstrated to us the cause of the disease, and knowing the sputum is the one great source of danger, we are in a position to say how the disease may be prevented, and were we in a position to carry out the necessary steps not many years would elapse before the disease would be eradicated, or at least be as rare as typhus and leprosy, which have been kept under control by sanitary and other measures.

Though we know the specific cause, medical science has not yet demonstrated to us a specific treatment for the disease, but in spite of this we have of recent years realized that the disease is eminently curable, especially if treated early. Numerous writers have shown us from post-mortem findings that there is no lack of proof as to the curability of the disease, while there are few physicians of the present day who cannot point out at least one case in practice of arrested or healed pulmonary tuberculosis. Twenty or thirty years ago a case was looked upon as inevitably fatal, to-day we can give many patients a favorable prognosis.

No method of treatment of pulmonary tuberculosis has given such universally satisfactory results as that adopted in sanatoria devoted to the treatment of this disease, and it is this treatment which I shall attempt to outline to you.

May I make a momentary digression to clear any confusion which may exist in your minds in the use of the two words sanatorium and sanitarium. They are often used synonymously, but wrongly so. The word *sanatorium* has its origin in the Latin verb *sanare*, to heal, to cure, and is properly restricted to an institution where treatment is undertaken. The word *sanitarium* is