

class it was 4 years. When the treatment of tuberculosis becomes a business proposition the best results are obtained, as is evidenced by the results of the German insurance companies' sanatoria. Many early cases are sent to these institutions because it pays to find them and send them there, with the result that 7 years after discharge two-thirds of the many thousands of patients are still capable of work.

The aim of sanatorium treatment is to increase the resisting power of the patient to the greatest possible degree by taking advantage of all the measures which make for sound health and removing those which make for ill health. This is accomplished by providing an abundance of fresh air, both day and night, and a generous but not excessive diet; arranging a carefully ordered life with regulated hours of rest and exercise; preventing fatigue and excesses of all kinds; and giving education in hygienic essentials. An institution built and organized for this purpose makes the application of such principles relatively easy and permits a consistent elaboration of detail of treatment not otherwise readily effected. The special advantages of the sanatorium over treatment at home, or in open health resorts, should depend mainly upon constant, competent medical supervision. This supervision is aided by the mutual support that patients, living a communal life devoted to a single aim, give one another.

Efficient medical supervision must be based upon sound clinical work at all points. This means the maintenance of consistent comprehensive medical routine. There is in all sanatoria need of, and opportunity for, much clinical investigation and treatment apart from the special subject of tuberculosis. Breadth of training in an institutional physician is essential, as, unfortunately, specialism will inevitably limit opportunity for experience in other lines, and gain in depth of special experience is at the cost of some loss of breadth of view. All sanatoria would benefit if consistent visits were paid by physicians of experience in several lines. Not the perfunctory visits of a heterogeneous class appointed for politic reasons, whose visits are generally a hindrance and often farcical, but serious visits from a small consulting staff for clinical study in internal medicine, laryngology, gynecology and surgery.

Apart from the more formal relation of the sanatorium physician to the patient in a strictly clinical sense, he should know and control all the details of the patient's daily life—should know how thoroughly he lives the outdoor life and what modifications of it may be necessary; how his rest hours are spent; how his exercise is taken and what its effect is; what are his diversions and amuse-