

that this can be carried out. A roof in a city house, provided it possess a southern exposure, can be fitted up to meet requirements, and that at comparatively little expense. A bed mounted upon a carriage running upon a railway, connecting the porch and the interior of the house, obviates the inconveniences and disadvantages of sleeping out of doors. A respiratory mask charged with cotton will filter out the dust of our cities. The irritating effect of cold air upon the respiratory mucuous membrane is obviated by impregnating the cotton with a few drops of a solution composed of equal parts of chloroform, alcohol and creosote. Proper bodily warmth can be readily obtained by sleeping bags, hot water bottles and proper clothing and the practical working out of the open air treatment is successful.

Sanatoria have had a certain vogue. The work done has contributed much to our knowledge of the history of the disease. When situated in localities possessing favorable climatic conditions, a considerable degree of success is obtained. Their disadvantages have been the association of patients in varying stages of the disease; the unvarying routine of treatment and the expense which is often far from being justified by the results obtained. The treatment of the disease has been reduced to a system; the patient has received but scanty individual treatment. They are particularly necessary for tuberculous paupers. The instances of open disease are not, strictly speaking, tuberculosis. They are instances of mixed infection, and if an adjective is employed the condition should be designated tuberculous septicæmia. The well-to-do should be treated in their homes, and at the care of their own physician, for no specialist will give proper attention to detail, nor inspire the courage to wage a desperate battle with serious disease. The poor are best treated in general hospitals for which, as Hatfield has pointed out, there is practically sufficient room. The experience of the Brompton Hospital even in the pre-antiseptic days, shows that there is no danger to the attendants. Now there is still less under modern precautions. Besides the younger practitioner would thus have an opportunity of learning something of the disease and would cease to be as eager to remove the patient from him and his home as he seems to be at present. If the instances of open disease were thus treated, the limitation of an infection would be greater than under present conditions. This class of patient seems to be ignored in all humanitarian work. The benefit to the patient and at less cost and diminished danger to the community are certainly marked. The advantage to the profession in acquiring knowledge of treatment would end in a proper estimation of the ridiculous if not baneful statements of interested people who thrive on the exploitation of philanthropy.

Feeding a patient suffering from tuberculosis is a matter for serious consideration. The lavage-gavage method presents little difficulty in execution. The exclusively meat or milk dietary often produces no marked