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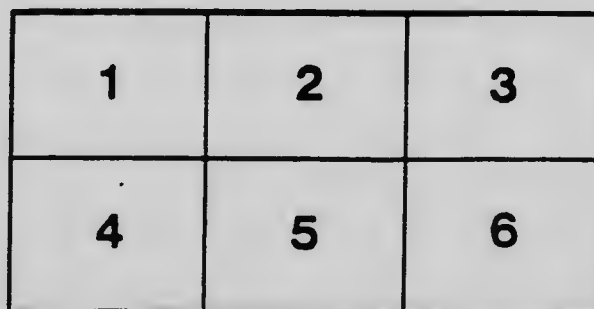
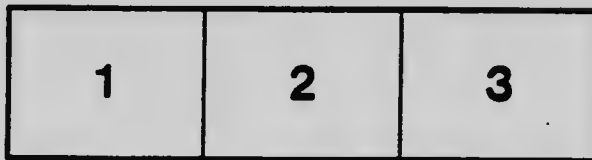
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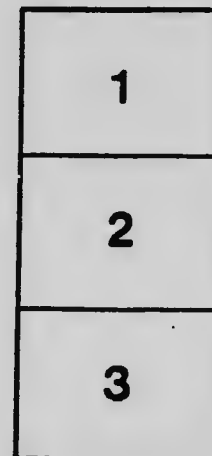
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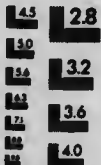
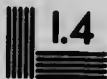
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*" We suffer from disease through ignorance,
we escape through knowledge."*

Montreal Tuberculosis Exhibition

HELD UNDER THE AUSPICES OF

The Montreal League for the Prevention
of Tuberculosis



Programme-Catalogue

MEETINGS and EXHIBITS

AUDITORIUM HALL

Cor. Bleury and Berthelet Sts.

November 18th to 29th, 1908

Montreal, Canada

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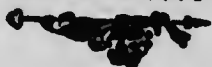
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November 18th to 29th, 1908

Montreal, Canada

"The best occupation for a patient, to labor to get well."

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Montreal Tuberculosis Exhibition

UNDER THE AUSPICES OF

The Montreal League for the Prevention of Tuberculosis

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CAUSES OF SPREAD OF DISEASE AND MEANS OF PREVENTION AND CURE SHOWN BY PHOTOGRAPHS.

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COMMITTEE FOR CITY EXHIBIT.

Dr. Louis Laberge, Chairman; Dr. J. C. Laberge, Dr. Dagenais.

PROVINCIAL EXHIBIT.

Dr. Lachapelle, Chairman; Dr. Pelletier.

AFTERNOON ENTERTAINMENT.

Miss Hickson with members of Ladies' Committee.

" The prudent man foreseeth the evil and hideth himself, the simple pass on and are punished."

INTRODUCTION

In the campaign against Tuberculosis, which is being carried on throughout the world at the present time, three factors are of special importance, namely :

1. Cooperation with the consumptive, including cure and relief.
2. Legislation.
3. Education.

As a fundamental in our modern thought and civilization, there is the desire of the stronger among the community to help the weak, thus there is a more or less general wish that the consumptive should receive treatment in order that if possible, he should be cured, and if this be impossible, that he should be made as comfortable as practicable during his last days. How frequently, however, are both the patient himself, and those who are brought in contact with him, ignorant of the means by which, either cure or relief may be best brought about. As a result the sick often get little benefit, and those attending them frequently contract the disease, owing to lack of knowledge regarding the importance of prophylaxis and treatment.

Tuberculosis or consumption is an infectious disease, and therefore can be prevented. Every case of consumption of necessity, presupposes a source of infection in another case, either in man or in one of the lower animals, especially the cow. This being the case, it becomes the duty of the legislature to take such means as may be found necessary to control the spread of the disease; in other words, the State and City should see to it that the consumptive does not become a danger to others. Two things are necessary if the Government is to be induced to adopt adequate legislation

and efficient provision for the carrying out of such legislation; in the first place knowledge on the part of those in office, or their advisers, and in the second place a demand from the public, that they be given the protection which the Government owes them.

That the laws of the Dominion, Province and City do not make sufficient provision for the eradication or control of the disease, is not due to lack of knowledge on the part of those who have made this problem their special study, but to the ignorance and apathy of many of those in office. Such apathy is certain to persist so long as the public generally do not insist upon effective measures being adopted.

It is in order that every individual may better learn the fundamental rules which will render the healthy sufficiently strong to resist the disease, and that the sick and their helpers may gain such knowledge as will give the patient the greatest chance for a return to health and usefulness, and at the same time render him as little dangerous to those about him as possible, that the educational measures have been given such an important place in the consideration of the most valuable and lasting means of bringing about the control of the so-called White Plague. In such educational measures, the placing before the public of the actual statistics of the disease, the mortality directly caused by Tuberculosis, and of exhibits showing the conditions under which the disease is engendered and developed most rapidly, and contrariwise, the conditions under which prevention and cure can most effectually be carried out, must be given a prominent part. It is the hope of the committee, however, that the interest which may be aroused by this exhibit, inadequate as it certainly is, should be the nucleus from which will grow a more comprehensive idea of this, the greatest sanitary and economic problem of the new century.

It is the intention of the committee that the greater part of the present exhibit should be shown in various sections of Montreal, and throughout the Province within the next year. If, as a result of this movement, such interest on the part of the public be aroused, as may be instrumental in bringing about more hygienic home conditions, more efficient hospital service, together with such legislation as will simplify and render more complete the work of both official and voluntary anti-tuberculosis associations, those who have endeavoured to collect and organize the material here shown, will feel that their labor has been fully justified.

"Let us stamp out the disease from our city."

SECRETARY'S NOTE.

When your secretary was first approached by the members of the executive of the Montreal League for the Prevention of Tuberculosis, with regard to the organization of a Tuberculosis Exhibition in Montreal, it was with a great deal of diffidence and doubt that he undertook the work.

That numerous successful exhibitions had been held in various parts of the world during the past four or five years was well known. Exactly what were the essential features, however, of these exhibitions, I was entirely ignorant. After visiting Washington at the time of the International Congress upon Tuberculosis, this paucity of ideas was replaced at first by such a collection of different impressions, that the successful carrying out of the exhibition seemed even more difficult than before. The possibilities for good, which were demonstrated at the Washington Exhibition seemed so widespread that it seemed as if in attempting such a demonstration here, we undertook too great a responsibility.

If the Exhibition prove a success, and if the results as shown by a change for the better, in the daily routine of both the healthy and sick in our community, and the improvement in our Municipal, Provincial and Federal control of Tuberculosis are satisfactory, it is only because the members of a large committee gave their personal interest and time. In addition to the members of the medical profession and the laymen comprising the Exhibition Committee, the Ladies' Committee, which is responsible in the first place for the suggestion that such an exhibit be held in Montreal, have done much to render the preparation of the work easy. The executives

of the various philanthropic societies who have done so much to make the Exhibition more or less complete in its scope, have in all cases been most considerate and keen in their desire to help.

Our greatest thanks are due to Dr. Chas. Hodgetts of the Ontario Health Board; Dr. Herbert Pease, of the New York Health Department; and Dr. John Fulton, Secretary of the International Congress upon Tuberculosis, as well as large numbers of State Health Officers and Directors of Exhibitions in both Europe and the United States.

For the possibility of the publication of this catalogue, we are indebted to the advertisers, who have so liberally supported us, and to Mr. B. S. White, who has been more than kind in his attention to the preparation of this book.

The list of the contributors is in the back of the brochure.

FRASER B. GURD, M.D.,

Secretary.

Montreal, Nov. 18th, 1908.

PROGRAMME

OFFICIAL OPENING

Wednesday, November 18th, 1908, at 3 p.m., Exhibition Opened
by the Governor-General

Opening Address by Dr. Herman Biggs of New York

Chairman, Sir Geo. A. Drummond.

DAILY PROGRAMME.

9 a.m. to 12 noon—School children in groups.

Lantern demonstrations every half hour.

2 p.m. to 3.45—Lantern demonstrations.

3.30—Cooking demonstrations.

4.00—Nursing demonstrations.

4.30—Care of milk demonstration.

4.30—Tea served by ladies.

8.15—Lectures and lantern demonstrations.

Exhibition open daily from 9.30 a.m. to 10.30 p.m.

No charge will be made at any time to lower floor. An admission fee of 25c to special lectures and to upper floor after 3.30 to 6 p.m. during first eight days. Lectures at which admission will be charged will be marked with asterisk in programme.

MORNING AND AFTERNOON SCHOOL ARRANGEMENTS.

English Protestant Schools—and surrounding municipalities—
Mornings of Nov. 18th, 19th and 20th.

Roman Catholic Schools and Convents—Mornings of Nov.
21st, 23rd, 24th, 25th, 26th, 27th and 28th.

Seminaries and Roman Catholic Colleges—Afternoons of Nov.
19th, 24th, 25th, 26th and 27th—2 p.m. to 3.45 p.m.

EVENING PROGRAMME.

- Tuesday, Nov. 17—Lantern demonstration, English—
Dr. A. J. Richer.
- Wednesday, Nov. 18—Lantern demonstration, French—Dr. Benoit.
- *Thursday, Nov. 19—"Sanatoria and Auxiliary Work," English—
Mrs. Newcombe, New York. Chairman, Dr. J. G. Adami.
- *Friday, Nov. 20—L'Armement Antituberculeux en Europe et en
Amérique, French—Madame Fiedler, Paris.
Chairman, Dr. E. P. Lachapelle.
- *Saturday, Nov. 21—Lantern lecture, The Class Method of treating
Tuberculosis in the homes of the poor. Dr. Jos. Pratt, Boston.
Chairman, Dr. F. J. Shepherd.
- *Monday, Nov. 23—La Société Médicale, guests of the Exhibition
Committee. Lecture by Dr. A. Knopf, New York.
Chairman, Dr. A. Lesage.
- *Tuesday, Nov. 24—The Montreal Medico Chirurgical Society,
guests of the Exhibition Committee. Lecture by Dr. J. H.
Elliott, Toronto. Chairman, Dr. J. A. Hutchison.
- *Wednesday, Nov. 25—L'exposé d'un plan de lutte contre la tuber-
culose au Canada. Madame Fiedler, Paris, France.
Chairman, Dr. Dagenais.
- *Thursday, Nov. 26—Lecture, The work of the New York State
Charities Aid Association in the campaign against tuberculosis.
Mrs. M. H. Willard, New York.
Chairman, Dr. A. D. Blackader.
- *Friday, Nov. 27—The Anti-tuberculosis campaign in Montreal.
Dr. W. F. Hamilton. Chairman, H. B. Ames, M.P.
- Saturday, Nov. 28—Lantern lecture, by Dr. St. Jacques.

TIME TABLE FOR COOKING DEMONSTRATIONS.

3.30 p.m.—4.30 p.m.

- Nov. 19—Thursday—Miss Ellis, Y.W.C.A., School of Cookery.
Subject: School Lunch Baskets.
- Nov. 20—Friday—Miss Dow, Technical School.
Subject—Invalid Cookery.
- Nov. 21—Saturday—Mademoiselle Anotil, Principal, Ecole Ménagère Provinciale, assisted by Mademoiselle Boulay, Graduate, Ecole Ménagère Provinciale. (French.) Subject: Friday Dinners.
- Nov. 23—Monday—Mrs. Torrance, Protestant Board of School Commissioners. Subject: A Home Dinner.
- Nov. 24—Tuesday—Mademoiselle Auctil and Mademoiselle Boulay.
French. Subject: Sick Room Cookery.
- Nov. 25—Wednesday—Miss DeLarey and Miss McCuaig, Macdonald College, Ste. Anne de Bellevue. Subject: Well Prepared Food as a Preventive of Disease as a whole, with special reference to Tuberculosis.
- Nov. 26—Thursday—Mademoiselle Gérin Lajoie, Graduate, Ecole Ménagère de Fribourg. (French.) Subject: Nourishing Dishes.
4.30 p.m.—Miss Cowan, Royal Victoria Hospital. (English.)
Subject: Simple Desserts for Sick People.
- Nov. 27th—Friday—Miss Mona Watson. Subject: Cookery for Convalescents.
- Nov. 28—Saturday—Mademoiselle Larue, Superintendent, Hôpital St. Justine, Graduate, Hôpital Notre Dame. (French.) Subject: Good Dinners for Children.

DEMONSTRATIONS ON NURSING.

Daily at 4 o'clock.

French—

Thurs. Nov. 19	}	Subject: Care of the Bed and Patient, Sponging and Bed Making.
Fri. Nov. 20		
Mon. Nov. 23		
Wed. Nov. 25		
Fri. Nov. 27		

Miss Sexton, "Victorian Order Nurses."

English—

Sat. Nov. 21	}	Subject: Care of the Bed and and Bed Making. Patient, Sponging
Tues. Nov. 24		
Thurs. Nov. 26		
Sat. Nov. 28		

Miss Williams, "Victorian Order Nurses."

CARE OF MILK.

- Thursday, Nov. 19—Miss L. C. Phillips, Montreal Foundling and Baby Hospital. Subject: Pasteurizing and Proper Care of Milk.
- Friday, Nov. 20—Miss Macnaughton, Head of Dairy, Macdonald College, Ste. Anne de Bellevue. Subject: Proper Care of Milk.
- Saturday, Nov. 21—Mademoiselle Larue, Superintendent, Hôpital St. Justin. (French.) Subject: Care of Milk.
- Monday, Nov. 23—Miss Phillips, Montreal Foundling and Baby Hospital. Subject: Pasteurizing and Proper Care of Milk.
- Tuesday, Nov. 24—Mademoiselle Larue, Hôpital St. Justin, (French.) Subject: Care of Milk for Infants.
- Wednesday, Nov. 25—Miss Phillips, Montreal Foundling and Baby Hospital. Subject: Pasteurizing and Proper Care of Milk.
- Thursday, Nov. 26—Mademoiselle Larue, Hôpital St. Justin, (French.) Subject: Care of Milk.
- Friday, Nov. 27—Miss Phillips, Montreal Foundling and Baby Hospital. Subject: Pasteurizing Milk, Cleanliness and Care in Feeding of Infants.
- Saturday, Nov. 28—Mademoiselle Larue, Hôpital St. Justin, (French.) Subject: Care of Milk, and Feeding of Infants.

TUBERCULOSIS EXHIBITION.

Time Table of Afternoon Tea Days.

Nov. 18-19, Wednesday and Thursday—In charge of Miss Hickson, assisted by the Misses Murray, the Misses Stikeman, Miss Louise Hays, Miss Cairine Mackay, Mrs. Thornton Davidson, Miss Margaret Angus, Miss Elsie Blackader, Miss Hebden, Miss Sarah Macfarlan, Miss Emma McDougall, Miss Mary Hickson.

Mrs. Archer, assisted by Miss de Salaberry, the Misses Forget, the Misses Taschereau, the Misses Lacoste, the Misses Voyer, the Misses Roy, Miss Amos, the Misses Baley, Miss de Toynes, Miss Garneau, Miss Angers.

Mrs. Dunlop, assisted by the Misses Dunlop, the Misses Evans, the Misses Mcagher, Miss Marjorie Macpherson, Miss Allan, Miss Miss Doris Allan, Miss Hilda Gordon, Miss Woodhouse.

Mrs. Graham Drinkwater, assisted by Mrs. Thomas, Miss Reford, Mrs. G. Cains, Miss Grant, Mrs. J. W. Cook, Mrs. J. F. Savage, Miss Languedoc, Mrs. W. Skinner.

Nov. 20, Friday—In charge of Mrs. Hutchinson, assisted by Miss Louise Archibald, Miss Dora Bishop, the Misses Drysdale, the Misses Evans, the Misses Fortier, the Misses Harling, Miss Bryant, Miss Mary Hoskill, Miss Kathleen Gear, Miss Estella Fitzgibbon, Miss Hilda Loud, the Misses Lighthall, Miss Marion Waugh, Miss Ramsay, Miss Helen Walker.

Nov. 21, Saturday—The Woman's Club—In charge of Mrs. Wm. Northey, convenor; Miss M. L. Ferguson and Mrs. F. W. P. Hodges, assisted by Mrs. W. H. Nolan, Mrs. W. E. L. Dyer, Mrs. J. Hugh Peattie, Mrs. J. A. Brown, Mrs. J. E. Reid, Mrs. Duncan McCormack, Mrs. C. C. Marston, Mrs. Herbert Brown, Mrs. John Laughton, Mrs. Ernest Hilton, Mrs. C. F. Dale, Mrs. William Hughes, Miss Harper, Miss Barnard, Miss Mollie Rodden, Miss Hazel Bentley, Miss Smillie, Miss Leota Brown, Miss Ines McLaughlin, Miss May Marson, Miss Dora Brown, Miss Beatrice Weir, Miss Ruby Smith, Miss Lilian Nolan, Miss Brown, Miss Marcuse, Miss Bertha Stephens, Miss Hyman, Miss Leah Brodie, Miss Phyllis Hadrill, Miss B. Liddell, Miss Williamson, Miss Isobel Ferguson, Miss Mathewson, Miss McDonnough, Miss Saunderson, Miss Bernier, Miss Curry, Miss Clark, and Miss Fessenden.

Nov. 23, Monday, Maisonneuve—Mrs. Colin Morgan, assisted by Mrs. Walker, Mrs. Voyer, Mrs. York, Mrs. Fraser, Mrs. Robinson, Mrs. Campbell, Mrs. Lewis, Miss McCaw, Miss Campbell, the Misses Miles, the Misses Pratt, the Misses Taylor, the Misses Laine, Miss Fenwick, Miss A. Barcais, the Misses Fraser, Miss Sharkford, Miss Johnston, Miss Louder, Miss Murphy, Miss Bennett, Miss Dick, Miss Quaig, Miss Staples, Miss McLennan, Miss Louise Miles.

Nov. 24, Tuesday, The Young Women's Christian Association—In charge of Mrs. F. Larmouth, assisted by the Social and Musical Committees.

Nov. 25, Wednesday—Diet Dispensary, in charge of Ladies of the Committee, assisted by Miss Newman, Miss Mabel Hodgson, Miss Nobel Starke, Miss Jessie Hannah, Miss Marguerite McLea, Miss Marjorie Caverhill, Miss Gladys Dunlop, Miss Clair Dunlop, Miss Alice Thompson, Miss Marion Graham, Miss Gladys Davis, Miss Brenda Molson, Miss Mary Kingman, Miss Caro Kingman, Miss Louise Hays, Miss Yuile, Miss Helen Yuile, Miss Violet Somerville, Miss Grace Lowden, Miss Marjorie Shorey, Miss Gertrude Grier, Miss Marion Ross, Miss Laura Hanson, Miss Pauline Hanson, Miss Mabel Smith, Miss Katherine Williamson, Mrs. Ross McMaster, Miss Mary McGibbon, Miss Marjorie Day.

Nov. 25, Thursday—The ladies of the Royal Arcanum—In charge of Mrs. F. Sclater.

SECTION I.

PATHOLOGY AND BACTERIOLOGY.

Exhibit of Pathological Museum, McGill University.

1. Subacute tuberculous pericarditis, apparently primary, with hæmorrhagic exudate.
2. Tuberculous pericarditis with purulent exudate.
3. Chronic tuberculous pericarditis.
- 3a. Tuberculous pericarditis in cow.
4. Tuberculous ulceration of the larynx.
5. Early tuberculous ulceration of the larynx in infant.
- 5a. Extensive tuberculous ulceration of the larynx, pharynx, and trachea.
6. Tuberculosis of the trachea.
7. Tuberculosis of the trachea.
8. Hypertrophic form of laryngeal tuberculosis.

"Pathological anatomy has never, perhaps, given any more decided proof of the cure of a disease than it gives in cases of Pulmonary Tuberculosis"

9. Hypertrophic form of laryngeal tuberculosis with extensive involvement of under surface of epiglottis.
- 9a. Hypertrophic form of laryngeal tuberculosis with extensive involvement of under surface of epiglottis.
10. Acute miliary tuberculosis of lung.
11. Acute miliary tuberculosis of lung. Caseous tuberculosis of mediastinal glands, organs of child.
12. Acute miliary tuberculosis of lung.
13. Acute pneumonic phthisis. Chronic pleurisy.
14. Acute pneumonic phthisis. Marked compensatory emphysema. Chronic pleurisy.
15. Acute pneumonic phthisis.
- 15a. Acute pneumonic phthisis. Caseous broncho-pneumonia. Bronchiectasis.
16. Acute pneumonic phthisis.
17. Chronic pulmonary tuberculosis. Incipient stage.
- 17a. Chronic peribronchial tuberculosis. Incipient stage.
18. Chronic ulcerative pulmonary tuberculosis, showing large cavity.
19. Chronic pulmonary tuberculosis with cavitation. Acute caseous pneumonia.
- 19a. Chronic ulcerative pulmonary tuberculosis, showing extensive cavitation.
- 19b. Chronic ulcerative pulmonary tuberculosis. Marked congestion of lung.
20. Chronic pulmonary tuberculosis with cavitation.
21. Chronic ulcerative pulmonary tuberculosis. The lung is completely destroyed and is represented by a huge sac.
22. Chronic pulmonary tuberculosis of the type known as fibroid phthisis, cirrhosis of the lung, "Healed" tuberculosis.
23. Chronic pulmonary tuberculosis. Fibroid phthisis.
24. Pseudo tubercles of pleura.
- 24a. Bovine tuberculosis of lung.
25. Tuberculous pleurisy.
- 25a. Tuberculous inflammation of diaphragmatic pleura.
- 25b. Tuberculosis of pleura.
26. Bovine tuberculosis of the pleura.

- 26a. Thoracic organs of adult, showing ulcerative tuberculosis of lungs, chronic pleurisy, T.B.C. of mediastinal glands.
27. Tuberculous ulcers of the tongue.
28. Early tuberculous ulcers of small intestine in infant.
29. Tuberculous ulceration of small intestine.
30. Tuberculous ulceration of small intestine.
- 30a. Tuberculous inflammation of large intestines, follicular type.
31. Tuberculous ulceration of small intestine, follicular type.
32. Tuberculous ulceration of large intestine, showing extreme stages of the disease. Purulent peritonitis.
33. Chronic proliferative inflammation of tuberculous origin of peritoneum forming capsule of spleen.
34. Chronic perihepatitis—tuberculous.
35. Tuberculosis of omentum.
36. Tuberculous peritonitis.
37. Bovine tuberculosis of peritoneum.
38. Tuberculosis of lymph glands.
39. Tuberculosis of the peribronchial lymph glands.
40. Tuberculosis of peritracheal lymph glands, showing caseation.
41. Tuberculosis of peritracheal glands, caseation and anthracosis, but little hyperplasia.
42. Tuberculosis of mesenteric glands.
43. Caseous tuberculosis of mesenteric glands.
44. Caseous tuberculosis of mesenteric glands.
45. Bovine tuberculosis of retroperitoneal glands.
- 45a. Bovine T.B.C. of mediastinal glands.
46. Miliary tuberculosis of spleen.
47. Tuberculosis of spleen.
48. Miliary tuberculosis of spleen.
49. Tuberculosis of adrenal and of kidney in Addison's disease.
50. Tuberculosis of adrenal in Addison's disease.
51. Primary tuberculosis of right kidney.
52. Acute tuberculosis of right kidney.
53. Primary tuberculosis of left kidney.
54. Primary tuberculosis of left kidney.
55. Secondary tuberculosis of left kidney.
56. Primary tuberculosis of left kidney.
57. Primary tuberculosis of left kidney.

"Every person is exposed to the danger of taking up the germs of tuberculosis into his own system and may harbour them a long time without knowing it: Everyone must be prepared to battle with the enemy."

58. Chronic tuberculosis of left kidney, showing area of fibrosis and caseation, and illustrating stage of healing.
59. Secondary tuberculosis of kidney.
60. Acute miliary tuberculosis of kidney in child.
61. Chronic tuberculosis of kidney, ureter and epididymus.
62. Chronic tuberculosis of kidney. "Excretion tuberculosis."
63. Chronic tuberculosis of kidneys.
64. Caseous tuberculosis of epididymus.
65. Chronic tuberculosis of testicle.
66. Tuberculosis endometritis.
67. Tuberculous salpingitis.
68. Tuberculous salpingitis and peritonitis.
69. Double chronic pyosalpinx.
70. Double tuberculous pyosalpinx.
71. Bovine tuberculosis of udder of cow.
72. Kyphosis of spine with ankylosis of dorsal vertebrae.
- 72a. Tuberculosis of spine.
73. Section of foot showing tuberculosis of astralgus.
74. Acute pneumonic phthisis. Caseous broncho-pneumonia.
75. Acute pneumonic phthisis.
76. Tuberculosis of liver.
77. Acute miliary tuberculosis of spleen of infant.
78. Bovine tuberculosis of spine. Hyaloserisitits.
79. Acute miliary tuberculosis of kidney.
80. Chronic tuberculosis of kidney.
81. Charts showing evidence of tuberculosis among cases coming to autopsy in the Montreal General Hospital and the Royal Victoria Hospital.
 - a. Tuberculosis as cause of death.
 - b. Active tuberculosis.
 - c. Obsolete or healed lesions.
82. Evidence of tuberculosis as calculated by various authorities.
83. Chart showing comparative involvement of various organs.
84. Drawing of enlarged microscopic section of lung, showing miliary tubercles—drawn from slide—stained with eosin methylene blue.

85. Drawing of microscopic pictures of sputum showing tubercle bacilli.
86. Drawing of pure culture tubercle bacilli.
87. Chart showing distinction between "Closed and Open" tuberculosis.
88. Chart showing life of bacilli exposed to
 - a. Dark moist places.
 - b. In diffuse daylight.
 - c. In sunlight.
89. Exhibit of tubercle bacilli and products from Saranac Lake Laboratory.
90. Exhibit of tubercle bacilli and bacilli found in mixed infections—from Montreal General Hospital, Pathological Laboratory.
91. Petri dishes showing growth after exposure.
 - a. In clean room.
 - b. In street.
 - c. In dusty room.
 - d. Showing track of fly.
92. Microscopes showing tubercle bacilli and tuberculous lesions.
 - a. Pure culture.
 - b. In sputum.
 - c. In tissue.
 - d. Miliary tuberculosis.
 - e. Chronic fibroid lesion.

SECTION II

STATISTICS.

101. Large banner showing deaths from tuberculosis.
 - Canada—13,000 per year.
 - Province of Quebec—3,000 per year.
 - Montreal—1,000 per year.

These deaths occur for the most part during the most valuable, economic age period, namely, between the ages of fifteen and thirty-five. Economists vary somewhat in their estimate of the economic value of such lives. Three thousand dollars is, however, a very conservative estimate. This estimate makes the loss to the Dominion thirty-nine millions of dollars annually, without taking into account

There is every reason to believe that, although tubercle bacilli may live for certain lengths of time outside of the animal, and may be cultivated upon specially prepared media, they flourish only in the living body.

the loss due to the loss of earning capacity, attendance, feeding, etc., for each patient during a period of about one year before death. Prof. Fisher, of Yale, places this loss at \$2,400 per patient. See Chart 3.

102. Large banner showing that of the present population of Canada 500,000 will die of tuberculosis if means are not taken to control the disease.

103. Chart showing economic loss due to tuberculosis in Montreal founded upon Prof. Irving Fisher's calculations, i.e., of \$2,400 per loss of wages, attendance, etc., of patient before death, and \$5,600 economic value of life to community;—\$8,000 with 1,000 deaths per annum make a total annual loss to Montreal of eight millions of dollars.

104. Chart showing comparative deaths during certain modern wars, and deaths due to tuberculosis during the past three years in countries concerned in these wars.

105. Chart showing frequency of deaths from tuberculosis in North America—Canada, 13,000; Mexico, 10,000; United States, 180,000.

Every flash of light signifies the death of one individual from this disease.

106. Comparative cause of death—Hoffman's chart, based upon Prudential Life Insurance Company's figures.

107. Chart showing the tuberculosis death rate in the Province of Quebec and in certain foreign countries. It will be noted that in those countries, such as Germany, Scotland, and the United States, in which there has been organized effort against Tuberculosis, there has been a definite lowering of the Tuberculosis death rate; whereas, in other countries, such as Italy and Ceylon the importation of diseased persons has very substantially raised the death rate.

108. Diagram showing relation of Province of Quebec to certain foreign countries upon basis of tuberculosis death rate.

109. Diagram showing comparative death rate from the "Black Plague" in India, and the "White Plague" in Canada, as shown by height of Black and White skeletons.

110. Diagram showing mortality from tuberculosis among males and females, married, unmarried and widowed.—Brandt.
111. Chart showing death rate from consumption in 24 occupations—adapted from Brandt.
112. Map of Montreal, showing deaths from tuberculosis during five years ending 1907, represented by pins, 4,126 total deaths.
113. Model showing comparison of tuberculosis and other infectious diseases as causes of death in Montreal during 16 years.
114. Model showing deaths from Tuberculosis in Montreal by decades.
115. Diagram showing evidence of tuberculosis among various nationalities in Montreal, based upon 919 cases reported in 1907.
116. Diagram showing mortality from tuberculosis compared with that from other infectious diseases in Montreal during a period of sixteen years. Prepared by Dr. O. B. Ward.
117. Diagram showing mortality from tuberculosis compared with that from other causes in Montreal during a period of sixteen years. Prepared by Dr. O. B. Ward.
118. Chart of Sun Life Insurance Company, giving percentage of death claims from tuberculosis.
119. Diagram showing relation of Montreal to certain other cities upon basis of tuberculosis death rate.
120. Model showing proportion of deaths due to tuberculosis in Montreal compared with total deaths during certain age periods. Deaths due to tuberculosis represented by red beads, deaths due to all other causes by white beads.
121. Temperature charts showing tuberculosis death rate in each ward in the city of Montreal calculated on the population, the mean of fifteen years being taken. (1891-1904.)
122. Relation of tuberculosis death rate to total mortality calculated in the different wards over a period of fifteen years. (1891-1904, omitting 1897.)
123. Chart showing persons to square acre in different wards of the city, the mean population in the same fifteen years being taken.
124. Combined chart showing tuberculosis death rate, the relation of this to mortality, and persons to the square acre in the different wards of the city, the mean being taken from the same period of fifteen years.

This is the great urgent sanitary problem of the new century. In no other direction can such large results be achieved so certainly and at such relatively small cost.

125. Map showing degrees of congestion in different wards of the city and tuberculosis death rate in same, calculated for the last two years.
126. Chart showing economic loss to community through twenty-five cases of pulmonary tuberculosis in attendance at the Montreal League for the Prevention of Tuberculosis.
127. Chart showing percentage of deaths from tuberculosis as compared with general mortality and population in each of the city wards of Montreal for 16 years. Prepared by Dr. O. B. Ward.
128. Chart showing survivors and future expectation of life at different ages in males.—Haywood.
129. Cases of tuberculosis in medical and surgical wards of Montreal General Hospital, 1903-1907.
130. Chart showing percentage of cases of tuberculosis in the Royal Victoria Hospital and the Montreal General Hospital during five years.
131. Diagram showing cause of death in tuberculous patients. (Prepared by the Provincial Board of Health.)
132. Death rate from tuberculosis for the population of the Province of Quebec, average for eleven years (1896 to 1906):
 1. Rate for urban populations (cities of Montreal and Quebec).
 2. Rate for rural populations.
 3. Rate for urban and rural populations together.
133. Proportion in which tuberculosis has contributed to the total mortality in the Province of Quebec during eleven years (1896 to 1906):
 1. Proportion for urban populations.
 2. Proportion for rural populations.
134. Death rate from tuberculosis among the two sexes separately.
135. Death rate from tuberculosis among French-Canadians, English-Canadians and strangers.
136. Death rate from tuberculosis according to ages.
137. Deaths from tuberculosis during ten years (1896 to 1906, year 1905 omitted) distributed by months.

- 138. Deaths from tuberculosis compared to deaths from other contagious diseases during eleven years (1896 to 1906).
- 139. Deaths from tuberculosis for one year (1906) distributed by organs affected.
- 140. Deaths in the year 1906 distributed according to diseases.
- 141. Tuberculous mortality in each county of the Province of Quebec.

SECTION III.

BOOKS AND PORTRAITS.

- 201. Books upon tuberculosis exhibited by Laval University.
- 202. Books upon tuberculosis exhibited by McGill University.
- 203. Books upon tuberculosis exhibited by Provincial Board of Health.
- 204. Pulmonary tuberculosis, Bonney, 2 vol., exhibited by Carveth & Co., Toronto, Ont.
- 205. a. Pulmonary tuberculosis.
b. Consumption and civilization.—Huber. Presented by Lippincott & Co.
- 206. Statistical Atlas—U.S. 1900 census. Presented by U. S. Census Office.
- 207. Second and third reports of the New York Tenement House Department.
- 208. National Association for Study and Prevention of Tuberculosis. First, second and third annual reports presented by the Society.
- 209. Tuberculosis directory of the United States.
- 210. Portraits exhibited by McGill University:
 - a. Hippocrates.
 - b. Baillie, Matthew, 1760.
 - c. Laennée, René, 1761.
 - d. Flint, Austin, 1812.
 - e. Virchow, Rudolph, 1830.
 - f. Koch, Robert, 1843.
- 211. Portrait exhibited by Provincial Health Department:
 - a. Pasteur.
- 212. Portrait.
- 213. Busts exhibited by McGill University:
 - a. Hippocrates.
 - b. Laennée, René.
 - c. Louis, 1787.

"At least eighty per cent of all deaths from Tuberculosis are unnecessary."

214. Exhibit loaned by Dr. V. Y. Bowditch, of Boston, Mass.:
 - a. Frame containing five portraits of Henry I. Bowditch, M.D.
 - b. Book—Bowditch on Consumption.
 - c. Book—"Monographs," containing first articles on Paracentesis, by Henry I. Bowditch, M.D.
 - d. Box of Instruments—1. Suction pump. 2. Rubber tube. 3. Trochar with canula.
215. Reprints of articles dealing with tuberculosis arranged on reading desk.
216. Literature from various leagues, societies and sanatoria. Reports submitted for the most part to Congress in Washington.
217. Laws dealing with control of tuberculosis, building, cattle, etc.
218. Medical pamphlets.
219. Abstracts of articles read at the International Congress, Washington.
220. Death roll from tuberculosis.
221. Pamphlets upon tuberculosis for free distribution by the Provincial Board of Health of Quebec, in French, English, Yiddish, and Italian.
222. Catechism on tuberculosis supplied to the school children in city and province—on sale, three copies for five cents, in English and French.
223. Registration booth for "Transaction" of this series of meetings and exhibition.

SECTION IV.

COMMERCIAL EXHIBITS.

301. Automatic cup and water vendor, Luellen, N.Y.
302. Exhibit of Kny-Scheerer Co., New York,—
 - a. A complete variety of sputa cups of glass, steel, porcelain ware and paper, especially adapted for bedside use.
 - b. A complete assortment of nickel-plated, metal, aluminum, paper and glass pocket sputa flasks
 - c. Sanitary Wall Spittoons adapted for institutions and manufacturing plants.

- d. Dr. S. A. Knopf's Half-Tent for use in the open-air treatment.
- e. Reclining Sanatorium Chair, made of metal, white enameled, and adjustable back.
- f. The Knopf-McLaughlin Window Tent for taking the open-air treatment in the home.
- g. Bulling's Apparatus for Inhalation.
- h. Kuhn's Lung Suction Mask for the Hyperemic Treatment (Bier) of Pulmonary Tuberculosis.
- 303. Extension bed for use with window canopy, M. Stein, Philadelphia.
- 304. Tent cot, Enterprise Bed Co., Indiana.
- 305. Duresco Paint used upon walls of model room.
- 306. Paper handkerchiefs and napkins, Dennison M'fg. Co.
- 307. Model Rugs, Kenwood.
- 308. Sanitary cuspidors for home, office, and factory use, Stone & Forsyth, Boston.
- 309. Sanitary sputum cups for home, office, and factory use, Seabury & Johnson Co.
- 310. Underwear—Exhibit of the Deimel Linen Mesh System Co.

SECTION V.

Photographs and Diagrams showing the Causes, Means of Prevention and Cure of Tuberculosis.

- 401. Chart showing infection by coughing.
- 402. Photo showing proper way to cough.
- 403. Darkness and dirt.
- 404. Living in darkness.
- 405. A dark court.
- 406. Congested houses.
- 407. Narrow blind alley.
- 408. A congested alley.
- 409. A dark room.
- 410. A dirty lane.
- 411. Narrow dark streets.
- 412. A congested block.
- 413. A congested court.
- 414. Kosher butcher shop—the butcher is in a moderately advanced condition of tuberculosis.
- 415. Grocery shop—the mother has advanced pulmonary

tuberculosis. The family live off the store.

416. Petri dish after fly has crossed.
417. Filthy spittoon.
418. Pictures of Petri dishes after dusting.
419. Spittoon and spitting about it.
420. Spitting on street.
421. Careless tuberculous patient in room.
422. The mother and child.
423. An overcrowded yard.
424. To be demolished.
425. Unhealthy surroundings for children.
426. The Dispensary—Examining a patient.
427. The Dispensary—The waiting room.
428. The Inspector on his rounds.
429. Improved "outdoor sleeping" bed.
430. Taking the cure on a verandah.
431. Sleeping on the roof.
432. A home-made sanatorium.
433. "The Cure" on a roof.
434. An ideal bedroom.
435. A garden sanatorium.
436. Health for the children.
437. Happiness and health.
438. The present Dispensary outside building.
439. Dispensary.
440. Patient being weighed.
441. Tents.
442. Shacks.
443. Raybrooks sanatorium.
444. Stony Wold.
445. Ferry boat day camp.
446. Patient taking the cure in summer and winter.
447. Camps in the woods.

SECTION VI.

HOSPITALS, DISPENSARIES AND SANATORIA.

501. First Government sanatorium at Kentville, Nova Scotia.
502. Henry Phipps Institute at Philadelphia.
 - a. Outside of old Institute.
 - b. Ward.

503. Rhode Island Sanatorium at Pine Ridge.
 - a. Group of patients.
 - b. Administration building.
 - c. Shacks and discarded car used as shack.
 - d. Shacks, Pine Ridge Camp.
504. Massachusetts State Sanatorium.
 - a. Photographs.
 - b. Literature.
505. Royal Victoria Hospital, Edinburgh.
 - a. Photographs.
 - b. Plans.
 - c. Model of open-air shelter.
 - d. Literature.
506. Sanatorium Trudeau—Saranac Lake.
 - a. Photographs.
 - b. Literature.
 - c. Report of work.
507. Reception Hospital, Saranac Lake.
 - a. Photographs.
 - b. Literature.
508. Loomis Sanatorium.
 - a. Photographs.
 - b. Literature.
 - c. Model of lean-to.
509. National Jewish Hospital for Consumptives.
 - a. Literature.
510. Agnes Memorial Hospital—Colorado.
 - a. Photographs.
 - b. Literature.
511. Maine Sanatorium.
 - a. Literature.
512. Boston Consumptive Hospital.
 - a. Literature.
513. Muskoka Sanatoria.
 - a. Photographs.
 - b. Report of work.
514. Exhibit of the Montreal League for the Prevention of Tuberculosis.
515. Exhibit of Hospital for Incurables, Notre Dame de Grace.
516. Exhibit of the Grace Dart Home for Destitute Incurables.
 - a. Photographs.
 - b. Report of work.

- 517. Brehmer Rest Exhibit—Ste. Agathe.
- 518. Laurentian Society for Treatment of Tuberculosis, Ste. Agathe.
 - a. Photographs of present quarters.
 - b. Report of work.
 - c. Situation of New Sanatorium.
 - d. Literature.
 - e. Model tent.
- 519. Exhibit of the Children's Memorial Hospital.
- 520. Exhibit of Murray Bay Convalescent Home.
 - a. Photographs.
 - b. Report of work.
- 521. Exhibit of Hervey Institute—Children's Summer Camp, Morin's Flats.
- 522. Exhibit of Fresh Air Camp—Chambly.
 - a. Report of work.
 - b. Photographs.
- 523. Brewery Mission—Summer Camp.
- 524. Exhibit of the Parks and Playgrounds Association.

SECTION VII.

HOUSING.

- 601. Model shack as used at the Royal Victoria Hospital, Edinburgh.
- 602. Model Ray Brook Tent, loaned by New York State Dept. of Health.
- 603. Model, showing cheap sleeping porch, loaned by New York State Dept. of Health.
- 604. Model, showing how country houses may be used to better advantage, loaned by New York State Dept. of Health.
- 605. Model Fisher tent, loaned by Prof. Irving Fisher.
- 606. Tent cot.
- 607. Model shack, part of Ontario Exhibit.
- 608. Window tent—Walsh—Part of Ontario Exhibit.
- 609. Model of portable cottage—Part of Ontario Exhibit.
- 610. Model of cottages showing balconies—Part of Dr. Pratt's Exhibit.
- 611. Model of tent as used in Dr. Pratt's Class, by patients.
- 612. Model of two houses situated side by side, showing several permanent and temporary sleeping porches, roof shacks, etc.,

designed by Mr. Geo. Hyde, built by Wand. Upon corner house is seen:

- a. Roof shack.
- b. Porch built up from ground to second story window.
- c. Sleeping porch above balcony.

Upon second house is seen:

- d. Roof shack, after design of Prof. Fisher.
- e. Shack upon extension—cheaply erected.
- f. Sleeping porch at top of bay window.
- g. Similar porch built with the house and not situated at the top.

613. Plans of "lean-to" at the Naval Hospital, Las Animas, California.

614. Plans of New Henry Phipp Dispensary, Philadelphia.

615. "Dark Room." Many such rooms are found in Montreal, especially in certain parts of the city in which the inhabitants are supposedly sufficiently intelligent to see the danger of such rooms. These rooms are present in many of our "Modern flats" and apartments. Room furnished by Colonial House.

616. Plans of flats in Montreal containing "Dark Rooms."

617. Laws of Montreal governing building. These laws are not sufficient in themselves, and are practically not enforced at all.

618. Suggested improvements in Montreal laws.

619. Plans of the "in and out sleeper."

620. "Plaster Bed" used in treatment of tuberculosis of the bone.

621. "Thomas Splint" used in treatment of tuberculosis of bone.

622. Bradford frame used with children in tuberculosis of bone.

SECTION VIII.

701. Room furnished after manner of typical living room among poorer class in Montreal. The actual furniture of this room was obtained direct from such a home.

702. Same room as it might be furnished at but small expense: Walls painted "Duresco," bed, furniture, bed clothing, pictures, floor rugs.

703. Exhibit of photographs, charts, etc., showing work of Victorian Order.

704. Platform for Victorian Order Nursing demonstrations.

SECTION IX.
DIETETICS AND PATENT MEDICINES.

801. Kitchen for demonstrations of cooking, reirigeration and pasteurization of milk.
802. An economical refrigerator.
803. Chart showing comparative food values of certain forms of food compared with commercial value.
804. Rules for the preparation of food and menu.
805. Chart showing the valuelessness of most medicines.
806. Exhibit of the Diet Dispensary.
- a. Articles of food dispensed—Beef tea, mutton broth, chicken broth, meat jelly, wine jelly, calf-foot jelly, blanc-mange, puddings, milk.
- b. Photographs of "Dispensaries" and nursing in homes.
- c. Charts:
- d. An economical sleeping bag for "out door" sleeping. This bag cost \$1.75 to make. If the materials were purchased wholesale the cost could be reduced very materially.
- The materials used and the method of preparing the bag are evident. One pair of wash blankets, eight rolls of roll wool, and numerous newspapers.
- e. Model of an ill-kept, poorly-furnished room with similar room refurnished.
807. Exhibit of the Ecole Menagère.
808. Exhibit of the Y.W.C.A.
809. Exhibit of the Protestant School Commission's Cooking Department.
810. Exhibit of the Macdonald College Domestic Science Department.
811. Exhibit of the Foundling Hospital.

SECTION X.
CITY EXHIBIT.

1001. Showing method used in disinfecting houses occupied by those suffering from contagious diseases, including tuberculosis. **The State and City Should Not Allow the Consumptive to Become a Danger to Others.**

As there is no compulsory registration of cases of tuberculosis, however, it follows that there is no compulsory disinfection.

SECTION XI.

DENTAL HYGIENE EXHIBIT.

901. Chart 1—Showing decay of teeth.
902. Chart 2—Blood vessels and nerve supply of teeth.
903. Chart 3—Teeth formation.
904. Glass cabinet 1:
Twenty-five models and specimens, showing destruction and cause of decay in teeth.
905. Glass cabinet 2:
Thirty models and specimens, irregular teeth, cavities in teeth, etc.
906. Cabinet 3:
Ten colored models showing dental cripples who may become victims of tuberculosis.

SECTION XII.

X-RAY EXHIBIT.

Exhibit of Royal Victoria Hospital:

1101. Tuberculosis of lumbar vertebrae.
1102. Tuberculosis of hip.
1103. Apical pulmonary tuberculosis—Consumption.
1104. Early hip disease—Tuberculosis.
1105. Early tuberculosis of knee.
1106. Hip disease—Tuberculosis.
1107. Tuberculosis of ankle joint.
1108. Tuberculosis of bones of foot.
1109. Tuberculous osteomyelites of forearm (Ulna).
1110. Tuberculosis of bones of foot.
1111. Tuberculosis of knee.
1112. Tuberculosis of knee, moderately advanced.
1113. Tuberculosis of knee, advanced.
1114. Tuberculosis of knee.

Exhibit of Montreal General Hospital:

1115. Pleurisy with effusion.
1116. Pulmonary tuberculosis—apical with numerous scattered areas.
1117. Tuberculosis of left hip.
1118. Tuberculosis of soft part of thigh—infected with Bismuth paste.
1119. Tuberculosis of femur—tuberculous osteomyelitis.

1120. Tuberculosis of knee, moderately early.
Exhibit of Western General Hospital:

1121. Otho diagrams.

SECTION XIII.

MICROSCOPIC EXHIBIT.

1200. Exhibit of microscopes, projection apparatus,, etc., by the Ernst Leitz Co., of Weltzar in Germany, and New York.

SECTION XIV.

ONTARIO EXHIBIT.

1300. The greater part of the Ontario Travelling Exhibit has been kindly loaned by the Provincial Health Department of Ontario for this Exhibition. The thanks of the Montreal Tuberculosis Exhibition Committee are due the Hon. Mr. Hanna and Dr. Chas. Hodgetts for their kindness.

SECTION XIV.

The Anti-Tuberculosis Campaign in Foreign Countries.

1401—France—

- a. Chart of sanatorium at Bligny.
 - b. Chart of sanatorium at Bligny.
- Map of France.
- c. Showing dispensaries.
 - d. Showing children's colonies.
 - e. Showing workmen's gardens.

1402—Germany—

- a. Diagram, Growth of Population.
- b. Diagram, Frequency of deaths from pulmonary tuberculosis.
- c. Diagram, Causes of invalidism in various trades.
- d. Diagram, Deaths from pulmonary tuberculosis, compared with deaths from all causes.
- e. Diagram, Deaths from pulmonary tuberculosis during different age periods.
- f. Charts showing decrease in pulmonary tuberculosis death rate.
- g. Maps showing mortality from tuberculosis in 1892 and 1903.
- h. Maps showing institutions for treating tuberculosis in Germany in 1890.

"To ward off the calamity of disease and to prevent the spread of the pestilence, is to increase the sum of human happiness and elevate the race."—HUBER

- i. Maps showing institutions for treating tuberculosis in Germany in 1904.
- j. Literature.
- k. Measures necessary for control of tuberculosis.
- l. A new method of building sanatoria.

(Dr. Pannwitz.)

1403—Ireland—

- a. Map of Ireland showing dispensaries.
- b. Map of Ireland showing sanatoria.
- c. Map of Ireland showing exhibitions.
- d. Charts showing preventatives in Ireland.
- e. Literature.
- f. Work of the Woman's Health Association.

1404—Scotland—

- a. and b. Charts showing tuberculosis mortality rate in Edinburgh.
- c. and d. Charts showing tuberculosis mortality rate in London.
- e. Principal cities in Europe with mortality rate.

1405—Sweden—

- a. Literature. The Fight Against Tuberculosis in Sweden.
- b. Placards advertising Charity Camps.
- c. Charity Camps arranged upon mount.

1406—Mexico—

- a. Literature mounted.

1407—United States—

- a. and b. National Association for Study and Prevention of Tuberculosis.
Maps showing institutions in United States for cure of tuberculosis founded since 1902.
- c. Government printing office—Literature—Photograph showing method of disposal of sputum.
- d. Printers' Union literature. The only labor union in the United States treating tuberculosis.

"Terrors of all sorts are unavoidably dissipated immediately knowledge and understanding are arrayed against them, and with the comprehension of these facts concerning consumption, one must lose his fear of the disease, and may with equanimity return to reasonable grown up behavior."—HUBER

1408—New York State—

- a. Literature from Health Department.
- b. Literature from State Charities' Aid Association.
- c. Charts of work in the State.
- d. International School Farm Exhibit.
- e. Exhibit loaned by New York State Health Department, including folder used at fairs, models and exhibits shown in other sections.

1409—New York City Health Department—

- a. Charts showing results of campaign in old New York.
- b. Charts showing co-operation of societies in New York.
- c. Scrap Book.
- d. Literature.

1410—State of Maryland—

- a. A package supplied by Health Department to reported cases of tuberculosis.
- b. Chart giving cost of package.
- c. Chart giving report of work.
- d. Tuberculosis family chart.
- e. Literature of Association for Prevention of Tuberculosis.

1411—State of Connecticut—

- a. Exhibit showing working of Free Bed Fund.

1412—State of Massachusetts—

- a. The class method of treating tuberculosis as introduced by Dr. Jos. Pratt of Boston.
- b. Pictures of first "Day Camp"—Boston.
- c. Literature from Boston Association for Relief and Control of Tuberculosis.

1413—State of Rhode Island—

- a. Literature. Presented by Dr. Swarts, Secretary State Board of Health.
- b. Photographs of Sanatorium.
- c. Photographs of open air school.

- d. Report of open air school.
- e. Domestic science travelling library.
- 1414—State of Colorado—
 - a. Literature of National Jewish Consumptive Hospital.
- 1415—State of Pennsylvania—
 - a. Literature.
- 1416—State of Maine—
 - a. Literature.
- 1417—States of Missouri and Minnesota—
 - a. Literature.
- 1418—Argentine Republic—
 - a. Chart.
- 1419—Dominion of Canada.
 - a. Literature of Canadian Association for Prevention of Tuberculosis.
 - b. Map of Canada showing institutions and associations for control of tuberculosis.

PLAIN FACTS ABOUT TUBERCULOSIS.

The following tract submitted by the Pennsylvania Society for the Prevention of Tuberculosis to the International Congress at Washington was awarded first prize and a gold medal.

Names.

Consumption, decline, debility, phthisis, hectic fever are some of its general names. It may affect particular parts of the body and then be called by special names, as scrofula, hydrocephalus or water on the brain, lumbar abscess, iliac abscess, ischio-rectal abscess, fistula-in-ano, white swelling, bone caries, Potts' disease or hunch-back, hip-joint disease and lupus.

Contagion.

Tuberculosis is a communicable disease caused by the tubercle bacillus, a minute vegetable organism. It is always contracted from another suffering from the disease.

Colds.

It never comes from a cold, though a cold may first draw attention to it.

Heredity.

It is not hereditary. It is found most commonly in children of consumptives because they are more exposed to contagion.

Implantation.

The bacillus gets in by the nose, mouth or an open wound. Wherever implanted it produces little nodules called tubercles. These may grow in size. They may soften, break open and be expelled leaving behind an ulcer or a cavity, bacilli being left in the walls of the ulcer to continue the disease.

Cure.

In cure nature throws a wall of scar tissues about the tubercle or cavity. This wall becomes gradually thicker and thicker, growing towards the centre until nothing is left but a scar. This means perfect cure.

Relapse.

Until the scar is thoroughly formed, it may break down at any time leaving the bacilli free to continue their action at that place and a relapse ensues.

Poisoning.

While developing the disease the germs manufacture a poison which circulates in the blood causing a fever, increase in pulse rate, chills, sweats, stomach disturbances and wasting.

Contributory Causes.

Though the tubercle bacillus is the sole cause of the disease there are several things which favor its development. The majority of people in good health are not susceptible. Anything tending to lower vitality improves the soil for the development of this little vegetable. Therefore poor and insufficient food, over-work, alcoholism, worry, dissipation, surroundings like a damp, dark or overcrowded dwelling, severe diseases like typhoid fever, repeated colds, etc., all tend to make a person susceptible to the disease.

Incurable Cases.

When the disease is far advanced and has affected the greater part of a vital organ or parts of many organs it is incurable.

Curable Cases.

In earlier stages the majority of cases can be cured.

Mode of Cure.

For cure the first thing necessary is to build the patient up to a perfect state of physical health. This is accomplished by rest, regular life, fresh air and good nourishment.

Rest.

If the disease is active or advanced, rest, even rest in bed, may be necessary. In any case the patient must stop work and exercise until the pulse and temperature are under 100. He should return to work only on the advice of a physician. The patient should always have 9 hours sleep, retiring before 10 p.m.

Fresh Air.

He must sleep alone and when possible in a room alone. The windows of the sleeping room should be kept wide open day and night no matter what the weather. The idea is to make every inhalation one of unbreathed air. During the day the patient must spend as much time as possible out-of-doors.

Diet.

The diet should be generous, nourishing and easily digestible. The most nourishing food we possess is milk, raw eggs, raw or rare beef and beef-steak. The more the patient consumes of these the quicker he will build up.

Alcohol.

Alcohol (whiskey, brandy, wines and beer) is especially harmful.

Prevention.

In all cases, contagion to others can be prevented. The contagion or the germs are contained in the discharge from a tuberculous sore, therefore in cases of lung tuberculosis in the sputum. The germs are very small and frequently millions of them are spit up in a single day.

Sputum.

If the patient is careful with his sputum he is harmless; if he is careless, he is dangerous to others and also to himself. In tuberculosis spitting is one of nature's methods of getting rid of the germs. The patient should therefore never swallow his sputum for fear of infecting other parts of the body. He should wear no beard or mustache to which particles of spit might adhere and be inhaled or swallowed. The hands should be washed and the mouth rinsed before eating.

Spitting.

To protect himself and others he should never spit where the sputum may dry and be swept into the air as powdered dust which may be inhaled. He should never spit on the floor, wall, carpet, stove or sidewalk.

Handkerchiefs.

He should not spit into rags or handkerchiefs, since he contaminates the hands, face and clothes with them.

Spit Cups.

The only things a consumptive should use to receive sputum are spit cups and paper napkins. If the spit cups are made of paper they should be burned; if of china or metal they should contain a solution of lye (ordinary household lye), be emptied into the hopper once or twice a day and boiled. Pocket sputum cups for use away from home may be obtained in drug stores. The lips should be wiped with paper napkins.

Paper Napkins.

When a spit cup is not at hand, paper napkins should be used for the sputum. These should be used only once and put into a paper bag and burned.

Coughing and Sneezing.

When coughing or sneezing spit particles may be thrown out, and hence a paper napkin should be held before the lips.

Breath.

The breath of the consumptive does not contain the germ and will not produce the disease.

Soiled Linen.

The patient's soiled wash clothes and bed linen should be handled as little as possible and should be boiled before washing.

Disinfection.

Before a room which has been occupied by a consumptive is used again it should be thoroughly cleansed. The furniture, pictures and curtains should be removed to the yard and scrubbed; carpets should be raised and disinfected; the floor scrubbed and the walls scraped and re-papered.

Advertised Cures.

Consumptives are warned against the many widely advertised cures, specifics and special methods of treatment for consumption. No cure can be expected from any kind of medicine or method except the regularly accepted treatment which depends upon pure air, an out-of-doors life and nourishing food.

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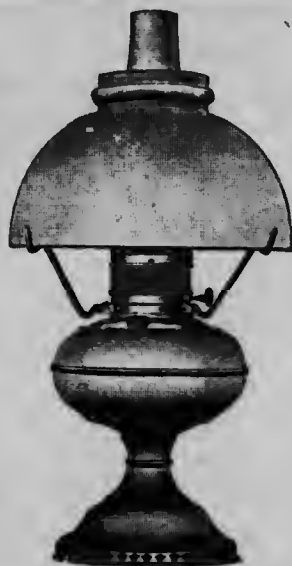
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