patient is poor, if possible send him away to an open-air sanatorium; if that is not possible do your best for him at home with windows wide open day and night in all weathers, with a deck chair in the garden or under a shed and with a nourishing and abundant diet, which must be eaten. I have known wonders done with no better means. If your patient is not poor then I believe your duty is still much the same. The patient should if possible be sent off to a sanatorium at the earliest opportunity. If the patient is only moderately well off, then I believe the best plan is certainly to select a sanatorium in our own islands. Such patients will in after life have to work winter and summer in our own uncertain climate, and far their best chance of permanent recovery is to go through the treatment in the climate in which they will have permanently to live. If, however, the patient is rich, the question may arise as to whether he should be sent abroad. With our short experience of the treatment in the British Isles there is possibly a slight balance in favour of the results obtained at High Alpine resorts such as Davos, so, if the patient is rich and in other respects a suitable case for high altitude treatment, it may be well to send him to Davos or some other Alpine resort. Let it be understood, however, that a patient sent to an Alpine resort should be sent to a sanatorium, unless he is exceptionally self-controlled. I have seen too much of patients who have spent winter after winter in Davos at hotels. Their time is spent in a round of the most pernicious gaieties, in dancing and concerts, in tobogganing and skating. They do everything they ought not to do, and finally, despite the splendid air, come away no better than they came, or haply worse, sometimes to die, sometimes to the opprobrium of Davos, to be cured readily at a low-lying sanatorium.

3. It is essential that even in the slightest case, a very long period should be devoted to treatment and rest from work. Every one who has studied the pathology of pulmonary tuberculosis is aware that many tubercle bacilli are left in the lungs, shut off by adhesions and fibrosis even after apparent cure. If possible the patient should spend many months at a sanatorium, but even one or two months will be useful as a training. After leaving the sanatorium, if counsels of perfection can be followed, the patient should live a modified open-air life for one and a-half to two years. With the poor this is a very serious difficulty. One must do the best one can by inducing them if possible to take up some light outdoor occupation.

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SANATORIA PLUS HOMES FOR CONSUMPTION.

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THREE years' experience at the Westmorland Consumption Sanatorium shows that consumptives admitted in the advanced stage (with cavitation or extensive consolidation, often with considerable fever, and with abundance of bacilli in the sputum) gain very little permanent benefit from six months' residence, and usually die within a year of their discharge. Those admitted in the earliest stage (with no evident consolidation, very little fever, and bacilli rarely found in the sputum) by three months' residence regain their ability to earn a living for many years. Those admitted in the intermediate stage (with limited consolidation) are by four and a-half months' residence considerably benefited for some years, though a few soon relapse and die.

It appears, therefore, that if all consumptives could be treated in sanatoria for three months during the earliest stage of their disease, and taught how to preserve the health there regained, very few would reach the advanced stage, so dangerous to the general community, and thus a great public benefit would be gained. Under such circumstances sanatoria might well be erected and maintained out of the rates for the general good.

But three years' experience also shows the great difficulty of securing the admission of even a majority of cases in the earliest stage; a large number reach the intermediate stage, and very many even the advanced stage, before coming under observation. Although as each year passes by a smaller proportion suffer this fatal neglect, probably for many years to come a large number of consumptives will first come under observation in the advanced and practically hopeless stage.

It seems obvious, therefore, that we shall need all over the kingdom not only sanatoria for the arrest of the disease in its early stage, but also homes for the isolation of advanced cases from the rest of the community.

In any district where the adoption of only one of these plans is proposed, help should be forthcoming from rating bodies, for example, county councils, town councils, urban and rural district councils, and Boards of Guardians, on the ground that either plan benefits the community by protecting it from persons suffering from the disease in a dangerously communicable form—sanatoria effecting this by arresting the disease in a comparatively harmless stage, while homes effect it by isolating cases which have already reached the dangerously communicable type.

But in any district where the adoption of both plans is contemplated, rating bodies should support homes for advanced cases in preference to sanatoria for early cases, on the ground that the community benefits more obviously and immediately by the isolation of those dangerously infective than by the problematical arrest of the disease in its early stage. Indeed, some may argue that the mere arrest of the disease in its early stage, as distinct from a real and permanent cure, is of no benefit to the general public. Our aim, therefore, should be for homes supported out of the rates, and sanatoria supported by the individual.

As two-thirds (or, strictly, 70 per cent.) of any population usually belongs to the working-class, and as during the last ten years there have been about 42,000 deaths annually from consumption in England and Wales, we may assume that 28,000 persons will annually qualify for admission into such homes. At those which already exist (for example, Firs Home, Bournemouth; Mildmay Home, Torquay; St. Catherine's Home, Ventnor; St. Michael's Home, Axbridge; Gloucester Place Home, London) the applications for admission far exceed the vacancies; the duration of stay is about six months; and the annual cost of maintenance is about £65 per bed. We may assume, therefore, that we shall require 14,000 beds, at an annual cost of £1,000,000 a year. About one-sixth of the cases would be paupers; so that one-sixth of the cost would be chargeable to the guardians. As it has been calculated that one eleventh of all the pauperism of the country, costing in England and Wales £11,500,000 a year (1900-1901), arises from consumption, the million pounds a year proposed to be so spent should produce much more profitable results than the million pounds a year already spent in merely relieving the pauperism caused by neglected consumption.

In every population of 100,000, about 120 die annually of consumption, of whom 80 require accommodation in a home of 40 beds, at a cost of £2,800 a year, roughly equivalent to a penny rate for such population.

Were such a system generally adopted, the spread of consumption should be very greatly checked, while other preventive measures were being gradually undertaken—for example, better housing, ventilation of factories and workshops, creation of open spaces in crowded towns, etc., so that, in time, the disease should be gradually exterminated.

In Westmorland the Consumption Sanatorium has had the good fortune to be liberally supported by the county council, by nearly all the town councils, urban district councils and rural district councils, and by all the Boards of Guardians, so that the withdrawal of this support would be a serious loss to the institution. Nevertheless, as a home for advanced cases is now proposed, it seems inevitable that all the above bodies may consider it incumbent upon them to transfer their help to the new institution.

THE Flannel Shirt Club, which is in the seventh year of its existence, undertakes to distribute, with the co-operation of hospital sisters and nurses, flannel underclothing to necessitous working men on their discharge from medical wards in the general hospitals of London. The need for such assistance, as all who have worked among hospital patients well know, is often as urgent as the need for medical treatment or for food. During the past year 369 shirts were provided by this Society. Gifts of flannel, of which about four yards are required for each shirt, the making of which costs about 1s. 6d., or of men's flannel shirts, made to close well over in front, will be gladly received by the Honorary Secretary, Miss Gethen, Stanley House, Bow Road. Working members of the club subscribe 1s. annually, and undertake to provide at least one flannel shirt each year. Honorary members subscribe 2s. 6d., and undertake to provide two shirts.