sanatoria. To be of real use to the community such institutions should be large enough to engage the whole-time services of a medical man who has had special experience in the treatment of the disease.

VIII. We would particularly draw your attention to our opinion that consumptive patients could be treated in our general hospitals without detriment to other patients. We recognize that of necessity a certain number of consumptive patients must be accommodated in our general hospitals, and we deplore the fact that alarming statements are sometimes made—even by members of the medical profession—that such patients are a danger to others. The reason we object to treatment of consumptive patients in our general hospitals is that, beyond getting relief for their immediate wants, it is practically impossible for them to be provided with the special treatment that this disease needs. Hospitals, and annexes attached thereto, must be recognized as "half-way houses" where patients can be treated until they can be admitted to special institutions.

IX. We would also draw your attention to the fact that the Conference was of opinion that the institutions for early cases of the disease, for chronic and advanced patients, and for after-treatment—the farm colonies—could with advantage be erected on sites immediately adjoining each other, so that the various institutions could be under one medical and nursing administration. In view of the statements that have appeared in the public Press, to the effect that it is not desirable that such institutions should be under one administration, we would respectfully draw your attention to this decision.

X. We are of opinion that the Public Health and Hospital machinery provides for the appointment of sufficient officers—District Health Officers, Medical Superintendents and other medical officers, Sanitary Inspectors, district nurses, &c.—for the efficient conduct of the campaign, and in many districts no additional officers are required; but we would strongly impress on you the advisability of the appointment of Bacteriologists by the Hospital Boards of our four chief centres —their work to be entirely confined to those duties for which they were primarily appointed. For the success of the campaign a Bacteriologist in each of our large centres is absolutely essential, and we have every confidence that those Hospital Boards who have not yet made these necessary appointments will do so without delay.

XI. We have discussed the various parts in the campaign that may be undertaken by officers appointed or about to be appointed with a view to prevent overlapping of effort, and we are glad to report that there is no evidence that such overlapping exists or is likely to exist. We are of opinion that District Health Officers are working in unison with the Medical Superintendents of sanatoria (where such have been appointed), and that those officers are in touch with each other with regard to the patients notified. It is to be hoped that the larger Hospital Boards will provide at least one district nurse to take a special place in the campaign in connection with the following-up of those cases that are receiving or have received treatment in the various institutions under the control of the Boards. The smaller Boards might with advantage combine for this purpose.

XII. It is early yet to forecast the part that the Medical Inspectors of Schools can take in the campaign, but we look to these officers to take a very prominent part in the discovery of the "early cases." Arrangements have been made whereby these officers will be in close touch with the District Health Officers of the Public Health Department, and we note with satisfaction that they have been attached to that Department. By this means overlapping will be prevented and unity in effort assured. In connection with this subject we must ask you to use your influence in the direction of the establishment of open-air schools in the Dominion as suggested by members of the Conference, so that it may be possible for children who are predisposed to consumption to pursue their studies under an environment less prejudicial to their health than in some of the more-crowded schools in our larger centres. We feel sure that arrangements of this kind can be made—as has been the case in other countries—without altogether dislocating the educational machinery that some would have us believe must be the case if such provisions are made

XIII. We are of opinion that special dispensaries for the treatment of chest-diseases should be established in our chief centres, and where possible in other hospital districts. The dispensary, with its attendant officers—the Medical Superintendent of the sanatorium, the Bacteriologist, the district nurse, and the Sanitary Inspector—should be regarded as the headquarters of the campaign in each hospital district.

XIV. In paragraph IX mention was made of farm colonies for the after-treatment of patients who, though cured of the disease, would not be well advised in going back to indoor occupations. We are of opinion that the establishment of such colonies is a very essential matter, and consider that these farm colonies might with advantage be in close proximity to the sanatoria. It is not necessary here to go into details of the work that might be undertaken by ex-patients in these colonies, except to say that every effort should be made to fit these patients to earn their livelihood by outdoor occupations. It is to be hoped that a further recommendation of the Conference —that Government Departments give every facility for the employment of patients who are not financially able to embark on open-air occupations on their own responsibility—will be given every consideration. We may, however, take this opportunity to sound a warning note. There is, unfortunately, a strong tendency on the part of ex-sanatorium patients to consider that they have done their life-work, that they are not fit to maintain themselves, and that the State should keep them. That they have been maimed we do not deny, but that they should regard themselves as invalids for the rest of their lives is neither necessary nor desirable. If this is to be one of the results of sanatorium treatment the sooner a corrective is provided the better. Half the trouble that has arisen in connection with ex-sanatorium patients is owing to the fact that during their stay in institutions they had little to occupy their minds other than their symptoms. Sanatorium authorities the world over have recognized this, and a remedy was sought by giving those patients some sort of occupation graduated to their strength and capabilities. The results obtained in those sanatoria where such graduated work has been undertaken by patients are surprising. By working they were, in effect, manufacturing their own tuberculin. Unfortunately, the impression prevails among some patients and a certain section of the public that the former