

also of his family. Thus it comes about that he can do so without social disqualification such as is associated with receipt of charitable aid or of charity—without, that is, forfeiting in any degree his sense of self-respect, he can procure at once, at the very outset of his malady, treatment requisite for himself, and at the same time maintenance of those belonging to him.

We must gain the confidence of the man or woman "who has nothing the matter with him or her." Let us get them just when the "little cough" starts, when the first wasting begins, and we shall soon see that our sanatoria and annexes, with their full, free, healthful life, will enable the sufferer who has taken but few steps on the downward path to retrace them—will prevent such cases from becoming serious, and send the man or woman back to the world of work as well able to fight the battle of life as he or she ever was. But to do this we must get the cases in the early stage, and to effect this we must educate the people. Neither law nor regulation will bring this about. We must persuade the people to come to us as soon as they decide, or are informed, they suffer from this disease. We must persuade them to try our open-air treatment—take advantage of your annexe and the kindly treatment of your medical officer *before*, and not *after*, they have tried the various vaunted cure-alls. If we can persuade them to do this, the question I have tried to answer will never be asked again.

As one American writer puts it, "It is with very real sense of melancholy that one contemplates the long death-roll of those of the world's great men and women who have succumbed ultimately to the tubercle bacillus, which is, and has been through countless generations, by far the most potent of all death-dealing agencies. Had it not been for this detestable parasite Bastien-Lepage might have given us another Joan of Arc to feast our eyes upon; Rachel might for many years have continued to permeate the spirits of her audience with the divine fire that was in her. Our navy [remember, the writer is an American] did well enough in the 1812 war, as all the world knows; but what a rip-roaring time there would have been if Paul Jones had lived to take a hand in it. We might be reading more of Stephen Crane's splendid war-stories; we might have had more of Robert Louis Stevenson's delicious lacework; Schiller might have given us another 'Song of the Bell'; we might have taken another 'Sentimental Journey' with Laurence Sterne; Harry Guyler Bunner might have continued to delight us and to touch our hearts; John Keats might have given us another 'Endymion.' Had the tubercle bacillus permitted, Nevin might have vouchsafed us another 'Euryanthe Overture'; Chopin might have dreamed another 'First Polonaise'; and the tender flute-notes of Sydney Lanier might even now be heard. Marie Constantinova Bashkirtseff, Xavier Bichat, John Godman, René Théophile Hyacinthe Laënnec, Henry Purcell, John Sterling, Henry Timrod, Artemus Ward, Henry Kirke White, Henry David Thoreau, Baruch Spinoza, John Addington Symonds, Prosper Mérimée—such names as these are but a moiety among those of the world's nobility whose precious lives were cut off in their prime by the 'great white plague.'"

Now, one of the greatest characteristics of pulmonary tuberculosis is its tendency to attack and to kill those at the working, marriageable, and reproductive periods of life—that is to say, at ages when loss of working-capacity inflicts the greatest economic losses upon the community; and if we can do anything to check this great economic loss we will have deserved well of our time and generation. That we are on the right road I am perfectly convinced, and I hope that the points I have brought before you to-day will have made you, who have put your hands to the plough, realise that, although the furrow may be long and the soil somewhat stony, success must come if you do not become faint-hearted.

We are sometimes apt to look upon the money spent upon the poor soul who has no hope of cure as wasted, but when we remember that some of the greatest men who ever lived—men who have done great things for literature, science, and the finer arts—have suffered and, in many instances, died from the disease, we shall see the necessity for trying not to regard the sufferer from such a disease as consumption in the same way as we do a person suffering from another infectious disease.

As genial Tom Hood used to say, "I have spat more blood and made more jokes than any man that ever lived," and so he had; and who will dare say that the world was not the better for his kindly humour. From every point of view you can justify what you have done. From a humanitarian aspect your annexe can be justified; from an economical one you have done good work for the community which has placed you in a position of trust. We want to go further, however, if we are to obtain the best results. We must provide suitable employment for those who have been cured. The man who has been stricken by this fell disease, and who has recovered, must for ever live in the light of his frailty, and it is for us to secure him an opportunity whereby he may again become a wage-earning individual. This we can do by establishing labour colonies, as the Government has done at Karere, where ex-patients are employed at tree-planting. This you can do by setting aside fruit, poultry, or bee farms, where the man or woman who desires to recover his individuality as a working unit in the economic world can take a place. The care, the cure, and the destination of the consumptive is a work, to which I have given many years of my life, and I am as firmly convinced now as ever I was that sanatoria, annexes, and working colonies are the most powerful factors wherewith to fight the "great white plague."

Dr. Mason gave figures to show the results which had been obtained in some of the sanatoria and annexes. At the sanatorium in Durham, in six years, 17.7 per cent of the patients were cured, 6.22 per cent. greatly improved, 13.8 improved, and 0.2 died. At the Leeds Sanatorium, in six years, 40.6 per cent. were cured, 42.2 greatly improved, no deaths. At Bowden Sanatorium, in four years, 5.9 per cent. were cured, 20.5 greatly improved, 29.4 improved, deaths 0.7. In Devon and Cornwall, in four years, 52.4 cured, 10.3 greatly improved, 23.2 improved, 2.1 deaths. At Bradford, in two years, 31.5 per cent. were cured, 30.4 greatly improved, 15.2 improved, 1.1 had died. At Crossley, in two years, 15.6 per cent. were cured, 20.3 greatly improved, 26.7 improved, and 1.2 had died. These results, on the whole, were most satisfactory, and there was nothing to suggest that the money spent had not been well spent. With regard to New Zealand, the cures at Te Waikato Sanatorium for the last two years had been, roughly, 21.6 and 41.3 per cent.; while at Otaki Sanatorium quite