

associates to whom they are a danger. We will accomplish this purpose better by taking a single infectious patient and permanently guarding him from infecting those about him than by accepting ten patients, each for a brief period of time, and at the end of this period sending them back to again infect the surroundings from which he was removed. However, experience points to one serious difficulty in the way of carrying out the plan to keep infectious patients during their lifetime. When patients with even advanced pulmonary disease are placed under the favorable conditions of institutional care a certain proportion, perhaps one-third, instead of rapidly advancing to death, will show unexpected improvement and regain a large measure of strength and vigor. If such patients are discharged and return to their unfavorable home surroundings, they quickly relapse, and soon are numbered among the victims of the disease. However, as long as they stay at the institution, although they do not recover from the disease, they remain in a state of reasonable well-being. Therefore, since we insist that a patient who once comes under hospital control must be guarded until death releases him, some special provision must be made for those patients who neither get well or die. Otherwise, the institution would soon be blocked. How to solve the difficulty is not clear. Perhaps, an industrial colony connected with the Hospital might prove to be a satisfactory solution of the difficulty."

It is the opinion of those best informed that no new steps be taken in the campaign against tuberculosis before special provisions are made for tubercular negroes, justly proportioned to their number, their racial susceptibility and their economic status.

PENAL INSTITUTIONS.

The past two years has marked a great improvement in the conduct and management of penal institutions of the State. This has been brought about by a better understanding on the