

instruction he has received and suitably modify his home or working life. The sanatorium is surely not to be condemned, for instance, when a patient, with disease arrested and in excellent condition, takes a position as baggageman at a junction point in the Christmas season, because of the need of immediate earnings for a sick wife, and develops a serious hemorrhage within a few days.

It has been the experience of all sanatoria, in their earlier years at least, that, instead of the incipient or reasonably recoverable class of cases for whose care they have been especially built, they have been obliged to accommodate patients in all stages of the disease. Nearly all sanatoria make some attempt at selection of patients in order as much as possible to favor those in the curable stage, and success in this attempt, or the lack of it, will materially modify their statistical records. It should be recognized also that the personal equation of the individual physician has much to do with classification. Modified sanatorium methods are now applied to all classes of tuberculous patients, both within and outside of special institutions, and the term "sanatorium," originally used for institutions where a cure was attempted, has become, perhaps, unfortunately, of much wider application.

Sanatorium results must be considered in relation to the length of treatment and to the grouping of patients according to the stage of disease when admitted, rather than as a lump result, if sound conclusions are to be drawn as to the value of this work in either an absolute or comparative sense. Quite too much is expected in a relatively short term of treatment when we are dealing with a disease that in most instances has been months or years gaining a grasp upon the organism, and a deep pessimism regarding the outlook for a consumptive patient has to a large extent been supplanted by an unwarranted optimism regarding the possibility of permanent recovery. Seventy-five per cent. of patients treated in sanatoria return home before their disease is arrested. Statistics of immediate results published by various sanatoria vary between 25% and 70% for patients with disease apparently cured and arrested. The ultimate results, those which have stood the test of time, are of more value in estimating the efficacy of treatment. These will be especially influenced by the social status of patients, as a heavier mortality will bear upon those who have the harder lives. Roughly speaking, 50% of patients in the incipient stage are alive 15 years after discharge, while 50% of those in the moderately advanced stage are dead in six years. In pre-sanatorium days among the upper classes the average duration of consumption in selected cases was eight years, while among an out-patient hospital