

fully selected early cases, but only a small percentage of advanced cases can be arrested. There is often too great optimism on the part of physicians who appreciate sanatorium advantages. Most of our patients come to the hospital expecting to achieve in a four months' term, as definite and final a cure of tuberculosis as they would of typhoid.

Prognosis determines the suitability of any given case for sanatorium treatment. Accurate prognosis in tuberculosis is often a difficult matter. It is nevertheless quite possible to classify the great majority of cases as of favorable, doubtful or unfavorable prognosis. A review of the significance and application of certain accepted arbitrary classifications in the light of sanatorium experience will I believe, help the physician in his prognosis and selection of cases. The National Association for the Prevention of Tuberculosis, at its recent meeting in Washington, recommended that all sanatoria use the following definitions of the terms incipient, advanced and far advanced. With very slight modifications they have been used at the Muskoka hospital since it opened.

Slight initial lesion in the form of infiltration limited to the apex or a small part of one lobe.

No tuberculous complications.

Slight or no constitutional symptoms (particularly including gastric or intestinal disturbances or rapid loss of weight).

*Incipient (favorable).*

Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours, especially after rest.

Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent.

No marked impairment of function either local or constitutional.

Localized consolidation moderate in extent with little or no evidence of destruction of tissue ;

*Moderately Advanced.*

Or disseminated fibroid deposits.

No serious complications.