of a competent physician. When the disease is limited to an apex in a man of fairly good personal and family history, the chances are that he may fight a winning battle, if he lives in any climate, whether high, dry and cold, or low moist and warm. With bilateral disease and cavity formation there is but little hope of permanent cure and mild or warm climates are preferable."

Lawrason Brown [3] of Saranac says, "The value of certain climates has in recent years been called into question and to-day rests upon personal belief and experience. Much has been written and little proved. There is no specific climate for pulmonary tuberculosis and climate alone is of little avail. Without doubt many of the effects attributed to climate can be ascribed to change of climate. Change from a "good" to a "bad" climate often produces excellent results. In general patients in acute stages should be kept at home. Robust patients in subacute stages may be sent to any climate. Patients with advanced fibroid disease and delicate patients with subacute or chronic ulcerative disease need a climate of protection, neither too cold nor too high, but those in early stages will do well in almost any climate."

Fishberg [4] believes that change of environment is important irrespective of the kind of climate. He emphasizes the necessity of considering the economic aspects.

Dr. Flick [5] of the Phipps Institute, Philadelphia, says, "Climate of itself as a curative factor in tuberculosis has never been defined in so much as it eludes analysis. In the abstract it has been held of value but all that it has been possible to say for it is that people have gone away and gotten well. Many who stay at home recover, as well as many who go away. A well to do go-away recovers and attracts attention; a poor stay-at-home recovers and is unnoticed, or if noticed, is said not to have had tuberculosis. Spontaneous recoveries take place everywhere. We have no evidence that more take place in one climate than another. In climatic resorts tuberculosis subjects congregate, attract attention and are under observation; when a case recovers it is noted, but when a case goes home to die, or is sent home in a coffin, no notice is taken of the matter. In home climates things are reversed. Tuberculous subjects are scattered through the community and attract very little attention except when they die. Recoveries are never noted but death always is. We have statistics of how many die but not of how many get well."

Dr. J. W. Flynn [6] of Prescott, Arizona, in an article on the subject of climate in a recent number of the American Review of tuberculosis, concludes that there is no specific climate for the treatment of tuberculosis. He says, "As between care (that is fresh air, good food, rest and competent med ical attention) and climate, the latter must always continue to be a secondary consideration. In the least favorable climate, good care, provided the surroundings be the best obtainable, will produce much better results than the best known climate without this care. If the patient must choose between the two he should take the care and let the climate go; but if he be so