

Considerations other than those of suitability often lead physicians to urge an application. But the hospital is not a home for consumptives. It has seventy-five beds (of which on account of lack of maintenance funds, only from fifty to sixty are available) intended for patients in the incipient stage of tuberculosis, or if in an advanced stage, giving distinct promise of arrest under proper conditions. Our waiting list is so long that accepted cases have to wait from six to eight weeks for admission although the term of residence has been limited to four months. This is equivalent to about fifteen admissions per month in a province where 2,500 die yearly of tuberculosis. It is therefore wrong and unjust to recommend patients because it is a matter of convenience for their physicians to get rid of them, or because they need a home and care, or because they or their sympathetic physicians believe that while there is life there is hope in tuberculosis, for it is obvious that every far advanced case who comes to the hospital is keeping out until too late the wage-earner who has a good chance for recovery.

The question naturally arises as to why any far advanced cases have ever been admitted. The reasons are two: in the early days of the hospital we wished to make our beds of immediate use to the public and accepted our complement of cases with small opportunity for choice before the hospital became known and the applications numerous; now we make careful selection, but the far-advanced cases, though not nearly so many, are still in the hospital, because of the opportunity for misunderstanding or misrepresentation entailed in the only method of admission practicable for the majority of our cases, *i.e.*, the correspondence method. The medical examination form supplied by the hospital, which is no doubt known to most practitioners, is tolerably satisfactory when filled out fully, carefully and fairly. I say fairly, because not infrequently an entirely false representation of the case is given, and usually when the patient arrives, his disease is found to be in excess of that noted on application. Some applications are refused; in doubtful cases the doctor is written to for further information; accepted cases are classified so that the most favorable are, if possible, given preference for early admission. The intention is not to refuse a single favorable case. When a far-advanced case of bad prognosis does gain admission to the hospital, he may be discharged before his four months' term has expired, in order to make way for a better case. To such a patient a month's training is usually given. In that time he can learn the essentials of caring for himself and for others. But the stamp of incurability goes with refusal of application, or discharge before the term is up, and the wise physician saves his patient from bitter disappointment by a careful consideration of the factors for or against a good prognosis before applying, and by refraining from extravagant promises to the accepted patient. Splendid results are obtained with care-