

to be no way in which a statistical study can justly be made. That is, we have on untreated cases no comparable data, in which other circumstances incident to the welfare of the patient were sufficiently under control to give the statistical result a real value. Indeed, such a study of the results of any treatment for tuberculosis is almost necessarily confined to sanatoria, in which the full control of all the circumstances must be very ideal, and the numbers of each group large. Further, it does not seem logical to us to draw conclusions from results obtained after the patients have left the strict conditions necessary for proper comparison. To draw up statistical results based upon the condition of patients after they have passed from full control introduces an unknown factor large enough to offset the value of the comparison.

In fact, publications either for or against tuberculin administration base their conclusions, especially if extreme, on an opinion for or against rather than upon any convincing statistics. Under our circumstances we prefer to state that we favor tuberculin in selected cases. Further, we feel that the above method is based upon both laboratory data and clinical judgment, that it gives a means of excluding cases, of selecting cases for either of two methods, and still allows considerable individualism.

This method of selecting the case and the manner in which the tuberculin is to be administered is in use at the Tuberculosis Clinic at the Toronto General Hospital for all cases, irrespective of the type or location of the lesion. It is hoped in this way to determine if it can practically be applied where often different physicians have to continue the treatment.