

function well, despite some fits of cough and some morning expectoration. His pupils, Meissen, of Hohenhonnef, and Turban, of Davos, make the same distinctions as their master.

Trudeau uses the terms "apparently cured," "arrested," and "improved." "Apparently cured" are those cases in which the rational signs of phthisis and the bacilli in the expectoration have been absent for at least three months, or who have no expectoration at all, any abnormal physical signs remaining being interpreted as indicative of a healed lesion. "Arrested" are those cases in which cough, expectoration, and bacilli are still present, but in which all constitutional disturbance has disappeared for several months, the physical signs being interpreted as indicative of a retrogressive or arrested process.

Sabourin, of Canigou, divides his patients into "curables," "improved," and "incurables." He does not use the word "cure" unless the cough and expectoration (expectoration without cough) have entirely disappeared.

Weicker, of Görbersdorf, considers "cure," taken in the sense of "*restitutio ad integrum*," as a miracle. He divides his curative results into,—(1) improvement recognized as such by the invalid himself, (2) improvement permitting the invalid to resume his occupation, whether manual or intellectual work, (3) simple improvement by the sojourn at the sanatorium.

Wolff, of Reiboldsgrün, agrees with Weicker, but recognises that improvement is able to be so remarkable as to permit of many invalids resuming their occupations and reaching a very advanced age.

I have given the views of some of the leading phthisio-therapeutists concerning the terms "cured," "arrested," and "improved," let me now for a little discuss the term "cured" in a general way. Some says that tuberculosis is never cured, that in the cicatrix or fibrous tubercle the trouble is dormant and can be lighted up. But, it is well known that tuberculosis is able to reappear in a lung with cicatrices without any of the old centres being lighted up. The experiments of Kurbow have proved the frequent sterility of old fibrous or cartaceous centres, and Herman Weber saw a patient die from typhoid fever who had twice recovered from pulmonary tuberculosis. It is reasonable and, I think, sufficient to admit that a lung, which has formerly had tuberculosis, should have acquired a special predisposition and have become a *locus minoris resistentiæ*. This may be accounted for by the insufficient activity of the lung tissue, or from some other cause. The intestine after typhoid fever is strewn with the cicatrices of Peyer's patches, the lung has fibrous nodules after the cicatrization of tubercles. Can we say that neither the one nor the other is cured, or that both have returned to an absolutely physiological condition? No one, to-day,