

recommendation, was speedily admitted (this was before the pressure for admission was so great) and at examination on arrival proved to be a far advanced case with bad prognosis. The local condition was: right lung, apex, early infiltration; lower lobe, moderate infiltration at the apex and along fissure, softening at angle of scapula; left lung, marked infiltration of upper lobe; enormous excavation of the lower lobe in the axilla; heart markedly displaced to the left. The patient was also cachectic, had some temperature and marked dyspnea.

2. M. C.—age 37, housekeeper. Application form showed good previous history; onset 3 months ago; cough and expectoration one month, bacilli present, expectoration now oz. 3; loss in weight 4 lbs.; evening temperature 99°; pulse 100; laryngeal tuberculosis; *chest normal*; disease stationary; considered incipient.

This patient was admitted as doubtful on account of laryngeal condition and amount of expectoration, and came into the hospital one month later, when she gave a history of cough and expectoration for 10 months, three hemorrhages during the past month; her present condition showed 14 lbs. loss in weight, a temperature of 100.5° maximum, and profuse night sweats. The local condition on examination proved to be: right lung, apex, early infiltration in front, and behind; lower apex ditto; left lung, severe lesion; consolidation and infiltration to the fifth rib in front; extensive excavation; infiltration throughout behind. Larynx: ulceration of both cords, of both false cords, and base of epiglottis. The case is obviously far advanced and of bad prognosis.

C. One case refused admission.

1. J. P. C.—age 18, dry goods clerk. Pneumonia the winter of '04, pleurisy '05, good recovery; onset with cold 2 months ago; expectoration 6 weeks ago; night sweats. Present condition: coughs much, sputum oz. 5, bacilli; temperature 102° to 103°, respirations 32, pulse 108; night sweats; poor digestion with frequent vomiting. Local condition; right lung normal; left lung, percussion note dull; respiratory sounds abnormal, moist râles both in front and behind. Physician notes: "Left lung badly affected." Tendency of case upwards—considered incipient with promise of arrest.

The case was refused as obviously unfit for sanatorium treatment, and the physician wrote a protest to the Toronto office as follows: "I was somewhat surprised when Mrs. C. showed me your letter to her *re* her son. J. P. C. has been sick only two months, and if the sanatorium is good for any case I think it ought to be good for him. I never saw any case that was benefited by Muskoka treatment yet. I suppose the atmosphere . . . ought to be beneficial, and it is too bad that this poor boy, who has been the mainstay of his family, should not have a chance for