

cases only, but there is possibly not a sanatorium in America which receives incipient cases only. Indeed the number of truly incipient in them is woefully small. The majority are described as incipient in their applications, but found on admission to be advanced, sometimes very far advanced. The term "incipient" is commonly used as equivalent to "early," or "favorable," or "improvable," or to describe any case not strictly in the last stages. Let me define for you the term "incipient" as used by the American National Association and in general use also in Canada. As you will see it serves as a more or less exact measurement.

"Slight initial lesion in the form of infiltration limited to the apex or a small part of one lobe.

"No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbances, or rapid loss of weight.)

"Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours, especially after rest.

"Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent."

It will be seen at once that this gate is strait, this way narrow and that few find it. Such cases are found usually only where the physician goes out to look for the patient; for instance in some factory centres where a routine examination is made of workers who look unwell and in city dispensaries where a routine examination is made of all who have been found living in the same house with an untaught consumptive. In general practice such cases should be found, too, but they will almost invariably come for examination with symptoms not at all suggestive of consumption, except to a practitioner who keeps this universal scourge always in his mind's eye.

The terms "Moderately" and "Far Advanced" are described as follows:—

*Moderately Advanced—*

"No marked impairment of function, either local or constitutional.

"Localized consolidation moderate in extent, with little or