

CLASS I.—Slight lesion extending at most to the volume of one lobe or two half lobes.

CLASS II.—Slight lesion extending further than I., but at most to the volume of two lobes : or severe lesion extending at most to the volume of one lobe.

CLASS III.—All lesions which in extent of the parts affected exceed II.

By "slight lesion" we understand disseminated centres of disease which manifest themselves physically by slight dulness, by harsh, feeble or broncho-vesicular breathing and by râles.

By "severe lesion" we mean cases of consolidation and excavation, such as betray themselves by marked dulness, by tympanitic sounds, by very feeble broncho-vesicular, bronchial or amphoric breathing, and by râles of various kinds.

Purely pleuritic dulness, unless marked, is to be left out of account ; if it is serious, the pleurisy must be specially mentioned under the head of "tuberculous complications."

The volume of a single lobe is always regarded as equivalent to the volume of two half lobes, etc.

These broad definitions may prove of practical service to the practitioner in helping him to classify the lesion from the sanatorium point of view. It must not be inferred, however, that the Classes I., II. and III., correspond necessarily with the terms incipient, advanced, and far advanced. Indeed many cases with local lesion in Class I. would, on account of the nature of the constitutional symptoms, be classified as moderately advanced or possibly far advanced ; cases with local lesion in Class II. would generally be classed as moderately advanced, though sometimes far advanced ; while many cases with local lesion in Class III. might be classified as moderately advanced.

The following classification of lesions with modifying conditions based upon these definitions may be suggestive. (Apical lesions are understood in all cases where basal lesions are not specified.)