

called pseudo-heredity, is to be observed more frequently in the country and in small towns than in the larger centres of population. City folk change their domicile more frequently than the inhabitants of rural districts, and one would expect that family infection would be found more frequently in the case of families who had occupied the same house for a long term of years.

A medical friend practicing in a small village in the Province of Quebec, a health resort for city people in the summer, told me that he had come to the conclusion that so far as his district was concerned, pulmonary tuberculosis, which was quite common there, was in most instances due to family infection in the domicile.

That house infection, whether of members of the same family or of subsequent occupants of the infected house, is a very common factor in the spread of tuberculous disease can hardly be doubted when one examines the maps of districts in certain cities, where the infected houses have been plotted, showing the frequency of tuberculous cases in certain houses, while the immediately adjoining dwellings have remained free from any cases of the disease. Public ordinances forbidding spitting in public buildings and factories, and in tramways, railway carriages and other public conveyances, are no doubt very useful, but I am convinced the danger from such sources of infection is infinitesimal compared with that incurred in living from year to year in a house that is, or has been infected by one or more individuals suffering from chronic pulmonary tuberculosis, and until strict disinfection of such infected domiciles becomes the law and is scrupulously carried out, we must not expect to see any great diminution in the incidence of pulmonary tuberculosis. No doubt if proper precautions were taken by the infected individual in the regard to the disposal of his expectoration the danger of infection would be minimized, but knowing how rarely such precautions are systematically observed by the patient or enforced in any but a half-hearted way by most physicians, except in sanatoria, it seems hopeless for the present to expect any diminution of house-infection by this means. It might seem superfluous at the present time to insist on the necessity of early diagnosis in tuberculous disease of the respiratory passages, were it not a fact that in so very many instances the diagnosis is still made too late—not necessarily too late for a fair prospect of arrest or even cure of the disease—but too late in the sense that it might and should have been made earlier, and have saved the patient both time and expense in his subsequent search for health. I am not going to weary you with a recital of all the subjective and objective signs that point to early tuberculous infection of the lungs; any properly trained physician knows these.