such a case the question that naturally occurs to one is, was not the tubercular lesions which finally led to the expectoration of sputum containing bacilli present while the previous examinations of the sputum were made. I believe so. The finding of the bacilli absolutely proves the disease to be tuberculous—the absence of bacilli from the sputum at first does not exclude this dread disease.

In conclusion I would say that the diagnosis of pulmonary tuberculosis must not be made because we find any one of the conditions already referred to, nor must we withhold such a diagnosis because we do not find all the evidence sometimes present. It is our duty to apply all the tests available, to get all the evidence possible and then it is our duty in each case to determine whether the nature of the evidence so obtained warrants the verdict that our patient is affected with tuberculosis or not.

Mr. President and gentlemen, I thank you for the patience you have displayed in listening to this oft told and familiar tale.

JOHN HERALD.

CLIMATIC TREATMENT OF PULMONARY TUBERCULOSIS.

DURING recent years the views of medical men on the value of climatic treatment of Phthisis have undergone considerable change. At present the great majority of our profession do not regard climate as a curative agent in itself, but look upon it as a valuable adjuvant to the generally adopted treatment by means of fresh air, sunlight, hygienic and dietetic methods. The results obtained by the combination of the latter methods, both in sanatoria and open resorts, even in climates and localities that might be spoken of as unfavourable, should cause the physician to carefully consider the question from all standpoints before sending a patient away from home and friends to a strange country among people whose habits and customs are often entirely different from those to which the patient has