

reach it. More recent investigations and clinical observations lead to opposite conclusions. After weighing the data at hand the author concludes that the pleural cavities are *readily* accessible to bacterial invasion, and that the great majority of pleurisies with effusion are due to infection with tubercle bacilli. This is proved by autopsy findings, methods of exact diagnosis and subsequent clinical histories. The so-called idiopathic dry pleurisies are likewise usually tuberculous.

The subjective symptoms of inflammation of the pleural apices often simulate those of myalgia or rheumatism.

Tuberculosis should be suspected in every case of pleurisy or persistent pain in the chest or shoulder which cannot be ascribed to other causes, and if the physical examination proves negative, the patient should be regarded as tuberculous, and should be kept under careful observation. The tuberculin test may be relied upon to confirm or exclude the tuberculous nature of pleurisy in case of doubt.

The application of these principles will lead to an earlier recognition of tuberculous disease of the lungs, and to the institution of a treatment at a period which will in many cases secure to the patient most important advantages in his prospects for recovery.—*Interstate Med. Jour.*

The Medical Man, Anno Domini 1906.

The rapid evolution of scientific medicine presents us with an ever-shifting kaleidoscope of professional knowledge. The practitioner of to-day, no matter what his standing or his peculiar bent, must keep abreast of main advances, or in a few years he will find himself lagging hopelessly in the race. In so wide a field he cannot hope to know particularly more than one or two branches and to have a general acquaintance with the rest of the multitudinous subjects that fall within the range of modern medicine. Indeed, it seems almost hopeless for the general practitioner, burdened as he is with incessant calls upon his energy, to keep himself well educated from the professional point of view. Even where post-graduate education is at hand, it requires no little determination to find the necessary time to attend classes and demonstrations. The medical diplomate or graduate is turned out from school or university a highly finished educational product, charged with a vast amount of information that will be simply an encumbrance to him when called upon to discharge the end and aim of his adopted career, namely, to comfort and heal the sick. There are several saving clauses, however, in the compact be-