

rate, of arrest of the disease. From a broader point of view than that of the individual it is, moreover, important that tuberculous disease be recognised at its very beginning. Every tuberculous person, particularly if suffering from pulmonary tuberculosis, is a source of danger to his neighbour, and it is obvious that it is of advantage to the community that such an individual should, if possible, be cured of his disease as speedily as can be, or, failing this, that such measures be adopted as will protect others from infection. 'Tuberculophobia' is rapidly growing among the public, more rapidly than among the medical profession, who should with the knowledge they possess pay rather more attention to the spread of the disease by infected individuals than they have heretofore done.

The evidences of tuberculous infection may be broadly divided into:—first, presumptive, and secondly, direct. Under the term presumptive evidence are included certain general characteristics which have for a long time been held to point to the possibility, or even probability, that the individuals who possess them are, if not actually tuberculous, at least more liable to become so than such as do not exhibit these peculiarities. Among these may be mentioned hereditary predisposition, certain physical defects, particularly abnormalities in the form of the thorax associated with diminished respiratory capacity, and hypoplasia or imperfect development of the central and peripheral organs of circulation. To these must be added a body weight that is deficient in proportion to the height, a condition upon which insurance men lay considerable stress. In the same general category are included certain social aspects of the individual, such as an insufficient or faulty dietary, bad hygienic environment, addiction to alcoholic or other excesses, and last but not least, what the French very aptly term "*surmenage*"—"overdriving," both physical and mental. In any given case these may individually or collectively afford presumptive evidence of tuberculous infection, but nothing more. Indeed, they are of more value in suggesting prophylactic measures against tuberculosis than in the diagnosis of actual tuberculous disease.

In respect of the diagnosis of incipient tuberculosis more interest attaches to phenomena that have been considered to point to what has been called the "pretuberculous stage" of the disease, i. e., a period in which it is impossible by the most careful physical examination to detect tuberculous disease in any organ, but in which there is obvious deterioration of the general health, associated with some pathological condition which in itself does not bear the stamp of tuberculous origin and might depend on some other cause. The principal pathological conditions that are found in this so-called "pretuberculous stage," are chlorosis, or rather chloro-anæmia, progressive loss of body-weight, slight elevation of the body temperature, disorders of digestion, local-