

is not one of the soil or else the immunity is but a transient one. Default of a better explanation, we have to fall back on the view that there is a relative incompatibility between the toxins formed in tuberculous lesions and reaching the blood and the metabolic products of cancer growth.

The following papers contain practically all the references in connection with the subject of multiple primary growths:

Warthin. Multiple Primary Carcinoma. *Jour. Amer. Med. Ass.*, May 6, 1899.

H. Gideon Wells. Multiple Primary Malignant Tumours. *Journ. Pathol. and Bacter.*, June, 1901.

Woolley. Notes on Multiple Primary Tumours. *Boston Med. and Surg. Journ.*, Jan. 1st, 1903.

Loeb. Mixed Tumours of the Thyroid Gland. *Amer. Journ. Med. Sc.*, Feb., 1903.

THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.*

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Introduction.

Every means at our command should be employed to establish the diagnosis of pulmonary tuberculosis. In hardly any other disease is the importance of an early diagnosis so necessary. Time is everything, and the earlier the disease is detected the more hope there is of cure. Too often a diagnosis is first made when the best time for cure has slipped away. In advanced cases almost anyone can recognize the disease from the cough, expectoration and emaciation, but at the onset the symptoms are often obscure and less characteristic. In what follows I desire only to remind you of how one should proceed in a systematic way to make the diagnosis early.

History.

We should be uninfluenced by apparent good health in a patient. If he seems robust and comes from a sound family, many physicians hesitate to make a diagnosis of phthisis. An accurate history of the manner of onset should be obtained, and a careful search made for any precursory symptoms. From the history alone one sometimes makes a diagnosis even though there are no physical signs in the chest, no tubercle bacilli in the sputum, and though an animal experiment results negatively.

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