

Bacilli have been found in considerable numbers in the perspiration. These adhere accidentally to the skin, as they are not found when the surface has been washed by a disinfecting solution. The frequent bathing of a consumptive patient is therefore of great benefit, not only to the patient himself, but also to those around him.

He should occupy a bedroom by himself which should be thoroughly aired and periodically disinfected.

Kissing patients upon the mouth ought to be avoided.

With thorough cleanliness, destruction of the sputa and attending to the general measures spoken of, there is in my opinion little danger of the disease spreading from one to another member of the same family.

That nurses become under ordinary circumstances affected is strikingly shown by Cornet's (6) statistics. Of a hundred whose histories could be obtained, sixty-three had died of tuberculosis.

Further, Cornet's experiments of inoculating animals with the dust of hospital wards in which a large number of consumptive cases were treated, are also suggestive.

He found that when spittoons were properly used, and the sputa destroyed, he was not able to make a successful inoculation, although he made over seventy trials, and that when no precautions were taken he was very frequently able to make successful inoculations.

This leads up to the question, Should tubercular patients be treated in the wards of a general hospital? Yes, if proper precautions are taken. They are, however, a source of danger to other patients when all sanitary regulations are neglected. Many fatal cases of tuberculosis have, no doubt, originated in the wards of the hospital.

Before proceeding to speak of the treatment of tuberculosis in the incipient stage, I shall refer to our definition of that disease. Are all cases of phthisis pulmonum cases of pulmonary tuberculosis? Can we have a disease accompanied by cough, fever, night sweats, and breaking down of the lungs, in which the bacilli are not found, and in which the pathological process must be due to some other agent.

It is my opinion that such cases do occur, but they are so few compared with the whole number

that their existence is not practically of great importance, certainly not so numerous as to lessen our belief that the bacilli are generally the cause of phthisis.

In recent lectures on fibroid phthisis, Sir Andrew Clark has fairly proved the existence of such cases.

I was assured by the physicians at Davos and other establishments for the cure of consumption, that they occasionally met with such cases and that the absence of bacilli is an important point in the prognosis.

Dr Gabrylowicz, (7) a Russian physician of extensive experience, in an article on the cause and therapeutics of consumption, was able to give only nine fatal cases in whom no bacilli were found, either during life or on post mortem examination. He also gave five cases of apparently healed phthisis in which no bacilli were found in the sputa.

It is possible that in some of these cases the bacilli exist in very small numbers, as in lupus, and they are thus not easily detected. A case of some interest in this connection occurred in my own practice. An elderly body consulted me with regard to her lungs. I found positive signs of extensive induration in the lower and back part of one side. On informing the patient of what I had found, she assured me that Dr. Howard, of Montreal, had discovered a similar condition eight years before. A sad, but somewhat interesting fact is, that three years ago her daughter, a girl of twenty, was attacked by tuberculosis and rapidly sank under it. It is possible that in this case we have an example of very chronic tuberculosis, and while the mother still lives, she has already communicated the disease to her daughter, or is it, on the other hand, a case of non-tubercular phthisis.

It is possible that some of these cases may be really of syphilitic character. Last winter a patient entered under my care in the Toronto General Hospital, in whom a diagnosis of tuberculosis was made, although no bacilli could be found in the sputa. After some weeks she was put under anti-syphilitic treatment, and immediately began to gain weight and steadily improved.

While at Davos this summer the history of a case was related to me of a young man who came there with every evidence of tuberculosis. Bacilli were