

always some history or another of dry fibrinous pleurisy, frequent attacks of bronchitis, syphilis, &c. Such a thing may occur, but, speaking entirely from my own observation, I am not sure that I have ever seen a single primitive case of fibroid phthisis.

The third question is, whether there are any means in a given case of pneumonia or pleurisy of determining whether fibroid change is likely to occur. I think there is. If I had a case of pneumonia, and if this case went on past the usual period, and there were no signs of amelioration I should say one of two things will surely occur: Either this exudation will break down and we shall have evidence of it in the physical and constitutional symptoms, or it will wither and become converted into a sort of fibroid mass, and the evidences of that, constitutionally, will be inactive; the patient will get greatly better and declare there is nothing the matter. Locally, the evidences will be dulness, feeble breathing, slight and increasing contraction. If I had a case of simple dry pleurisy, and, notwithstanding all I could do it went on, I would say that, if it receives the remedy of rest and restricted movement, the chances are that it will go on and produce a fibroid change in the lung—how far I do not know, especially if he drinks alcohol.

I guarded myself against the possibility of misinterpretation by stating that, when these cases were advanced, it was exceedingly difficult to discriminate, because the symptoms offered were much more referable to mere destruction of the organs than to the destroying agent. If you find the disease begins in the lower part of the lung and progresses slowly upward and has been marked by fever and prostration and loss of flesh and strength and color, if you find the summits of the lung free, you may safely say you are dealing with an ordinary case of fibroid phthisis. If, on the other hand, you find none of these things, if you find the summit of the lung affected, I know of no means except the history of the case to distinguish between the two. The history of the case, if it were one of sudden origin, of a presumable inflammatory character, would lead to the conclusion that it was fibroid; the insidious origin of the disease would suggest tubercular. Further, if fibroid phthisis is not always confined to one lung, it is in the majority of cases. I have seen even in cases of tubercular phthisis, the appearance of a secondary fibroid change. So much is this the case that some people dealing with tubercular phthisis recommend their patients to become drunkards with a view of prolonging their lives.

Dr. OSLER said that it would add to the obliga-

tions which the meeting was already under to Dr. Clark if he would give a sketch of a few of the principles of the treatment of phthisis.

Dr. CLARK said: I am afraid if I do so that I shall lose what little character I may possibly have gained. I pretend to no special knowledge of the treatment of phthisis. Whenever I encounter any chronic disease, I deal with it on principle. Every organism has a righting, a repairing, and a resisting power, and it exercises these powers in proportion as we give them fair play. I proceed always in a chronic case to determine what will be fair play for the organism suffering. Hence, diet, air, attention to the general functions, form always the first points of treatment in such a case. While the profession are ready enough to give a liberal supply of medicines, we too often overlook those minor details of daily life which, in the end, make and unmake life. Of tubercular phthisis, I have very little to say. The principal thing to do is to look after the general health. The tendency to resistance being lowered permits the advance of the disease with which the patient is threatened. If I can keep him free from colds and consequently from pneumonias, I am practically doing as much for my patient as I can. There are no principles in medicine; it is in fact one of the most unprincipled of arts. Every organism is somehow or other different from every other, and it contains within itself the laws for its own management. The wise man, he who has the gift as well as the knowledge of healing, is he who with an instinct is ready to discover the laws of the organism with which he is dealing, and governs himself accordingly. It would be foolish to say in detail how I should deal with a case of tubercular phthisis. Regulated diet, moderate use of alcohol, air, exercise, avoiding colds are the principal means to be used. I have tried this medicine and the other, hypophosphites, arsenic, iron, cod liver oil, &c., but I cannot say, looking at the whole with an honest, critical eye, I can lay my finger on any remedy which has any specific influence. As regards caseous pneumonic phthisis, I believe in the efficacy of treatment. In an acute case, I have great faith in treatment. I put my patient to bed and keep him there until his temperature falls below 100° no matter how long, that may be. In cases where the secretions are scanty, the tongue dry, temperature high, pulse quick, I satisfy myself with a free use of salines and with counter irritation. If I find the patient remaining feverish, I give up my citrate of potash, and put a drachm of antimonial wine into