

positive solution. Theoretically the use of tuberculin should be of great value in establishing immunity in instances of incipient disease, and in more advanced instances, it should mitigate the results of inoculation from bacilli disseminated from the primary focus. The demonstration of its value should lie in the fact, if such be established, that the disease becomes more chronic and that complications may not appear or are healed if they do occur, and that the relapses are less likely both as to the primary as well as to the secondary manifestations. As a matter of fact, such results, so marked as to be convincing are not uniformly found. Those who are the strongest advocates of this method admit the great difficulty of determining dose and interval, and even those who rely upon the opsonic index as a guide must admit that technique and personal equation practically render its aid, at best, of doubtful value. If then a passive immunity is of difficult acquisition and moderate permanence, how much less should be justly expected from an active immunity, if indeed it can be reasonably demonstrated to be possible of accomplishment.

Success in treatment depends upon early diagnosis. The closed examples of the disease are not, or are but slightly infectious. They are mostly curable by almost any rational combination of methods. Here the bacillus is of very little importance. This stage is practically pre-bacillary. If the respiratory capacity is known, a diminution of five per cent. according to Hutchinson's tables is suspicious, so also is loss of weight. The Roentgen-ray aids only so far as it demonstrates a lessened excursion of the diaphragm either uni- or bilateral. Certain physical signs determine the locus of disease weeks before an opacity is demonstrated by the fluoroscope or upon the photographic plate. These are *whispering bronchophony*, increased area of transmission of cardiac sounds, accentuated pulmonary second sound, and often disturbed rhythm of respiration. By the time that bacilli are demonstrated in the sputum, the physical signs have become gross and demonstrable even by the tyro. The tuberculin tests, if negative, are significant; if positive, they may prove too much, particularly the Von Pirquet test in children. Carefully taken thermometric observations and charted for study, are often helpful. The family history, habits of life and environment are of great importance. The symptoms must be painstakingly investigated and weighed, and the diagnosis reached by exclusion (the method taught with such marked success by Ellis). In physical diagnosis, while the value of laboratory methods must not be too unreservedly relied upon, clinical investigation by the thoroughly trained and experienced physician is of the highest importance. The time at which a reasonably positive conclusion can be reached is of the paramount value. The intuitions of the observant family physician are not to be ignored. The captious diagnosis of the narrow specialist must be guarded against, that it may not lead to a therapeutic pitfall. The