

cases appear to be non-reactive. The reaction is imperfect also where sarcoma, carcinoma or syphilis exists. And moreover, it has been pointed out by Trudeau and others that a reaction occurs sometimes in the apparently healthy. In how many of these there may have been latent tuberculosis it would be impossible to say. But what seems to me to exclude from general use this valuable diagnostic test is this, that still many able men aver that the use of this test is dangerous to the patient; that it often kindles the smouldering embers of a dangerous fire. I have used tuberculin recently in a number of cases with gratifying results.

*Microscopic Examination.*—The discovery of the tubercle bacillus by the microscope is the one absolutely certain sign that we possess of the existence of pulmonary tuberculosis, and where any expectoration can be secured if only a little in the morning, this should be given to a skilled microscopist for examination. But, I would feel inclined to disagree with Professor Llewellyn P. Barbour when he stated in a most excellent paper published in the Medical Record of June 1896 "that if after several attempts by one skilled in the procedure no bacilli are found Phthisis may be excluded". This statement was made in 1896, I think all agree now that the disease can be diagnosed in most cases before the bacilli can be found. I would also hope to believe, and do believe that the statement made by Dr. Barbour in the same paper that not more than one in twenty first-stage cases are recognised, is not true now, and that similar statements made by Dr. Ambler in the New York Medical Journal of 1898 are also now not true. We must not trust to one symptom alone. Neither must we be satisfied by one examination alone, but we must spare neither trouble, time nor expense to prevent our patient the loss of months which will in all likelihood mean to him the loss of his life. The study of symptoms and signs must go together, and while I believe that the stethoscope or some allied instrument is the most useful instrument we have for this purpose, yet we must not forget that there is truth in the statement, which has been so well put, "That absence of audible evidence of internal lesions is a remarkable fact in many cases of even advanced tuberculosis and physical signs may come and go in a way that baffles explanation and discourages the investigator."

#### BIBLIOGRAPHY.

1. British Medical Journal, July 27th, 1901.
2. Hygiene of Transmissible diseases, Abbott.
3. The Medical Record, July 13th, 1896.
4. New York Medical Record, February 12th, 1898.
5. American Medicine, August 3rd, 1901.