

well in many instances) and that no onus of responsibility rests with me in making the selection, that consequently my views on this matter are one-sided, that I am in the position of the pathologist, so to speak, who has the last laugh at the clinician. I am very willing to admit the practitioner's great difficulty, the many calls upon his time, the services often so poorly remunerated, the many differential points he must consider in the variety of diseases he is compelled to deal with, how often he is right rather than wrong, at any rate in the more acute type of illnesses, and that his familiarity with prevalent types of infection may help him to exclude possibilities which the consultant does not always have in mind. Also that the patient himself is very often to blame, either because of the tardiness of his awakening through the insidious nature of this disease, with which he can long continue to work, or because he may have refused to heed the warnings which his physician has given. I am also quite willing to acknowledge that it is inevitable that any specialism must mean some, even considerable, limitation of one's horizon, both practically and theoretically. Detached as one becomes from the educational opportunities of general medicine, in this special field it is, almost more than in any other, highly desirable that there should previously have been a sound education in internal medicine. We cannot gain detail without some compensating sacrifice, but even so, it is, I think, still possible to keep an open mind, and in doubtful cases be able without prejudice to give a fair opinion.

But, after all, such contentions merely beg the question. The disease is there, and if sought, can be found much earlier than is the rule at present. The experience of the Berlin dispensaries illustrates this, as in one year for every case voluntarily coming to the dispensaries another was found, when looked for, in the household from which that patient came. Bulstrode, in his report to the Local Government Board, quotes Latham as expressing current medical opinion when he says that "the early diagnosis of pulmonary consumption is a question of supreme importance, perhaps the most important which the physician has to face."

The point of view is, in my opinion, the most important thing in helping us as physicians to meet this problem more efficiently. Our efficiency and value depend upon standards derived from our ideals. The point of view, a stethoscope of really good make, and that admirable silent critic of our work, a blue skin pencil, so little used, will make for efficiency and interest where now there may be a lack of both. No Heaven-sent sign will come to help us to diagnose tuberculosis that will be independent of sound clinical investigation.