

porary, place. There is one fact, however, that impresses itself upon one who has systematically studied the treatment of tuberculosis, especially its pulmonary manifestations, and it is this; there is no one way by which to treat the disease. In an infection marked by such broad variations in course, severity and results, each instance of the disease and each individual must be the subject of thorough study and by persistent and watchful attention and by selection and combination of the methods and means of established repute, both physical and pharmacal, a large degree of success can be obtained. If one takes as his standard the same degree of attention which is commonly accorded to enteric fever and attacks the tuberculosis with earnestness and hopefulness, as his skill becomes greater he will find his confidence and his ability to produce benefit, correspondingly increase. In the end he will find that practically all of the instances of closed disease are not only curable, but actually cured, and of the open instances a majority are either arrested or, so far as the patient understands it, end in recovery. These results can only be obtained when intelligent and complete co-operation of the patient is possible, and this implies adequate means to meet all demands and the broadest experience, most earnest study and unremitting attention of the part of the physician in the presence of an infectious disease. The faddist, or one who would adopt a Micawber plan or absence of plan of treatment is useless, and indeed worse than useless.

What, then, do we really know about tuberculosis?

1. It is an infectious disease which is only possible when a suitable soil is present upon which the bacillus can be successfully implanted.

2. Tuberculosis of itself is rarely fatal; resulting secondary infections terminating in tuberculosis septicæmia are of grave import.

3. Phthisiophobia, which is intelligent and productive, is to be encouraged; if it is based upon ignorance or sordid motives it is to be severely dealt with by an enlightened profession.

4. No single method means or plan is adapted to all patients afflicted with tuberculosis; individualization of disease and victim is imperative.

5. The physician who will obtain the best results is the one who will supplement a broad knowledge of the patient and the disease by an intelligent, diligent and confident treatment.

6. Real advances in medicines are never based upon hysterical, partisan or selfish movements; they come from intelligent, scientific and conscientious observations and logical deductions therefrom.

New York City, 679 Madison Avenue, March 29, 1911.

DISCUSSION.

Dr. W. B. Kendall said he had listened with pleasure and interest to the paper. The subject is a broad one and we must aim at finding out