

be of any value, the apparatus must be used by expert hands and eyes trained to recognise the normal as well as abnormal conditions.

DR. BLACKADER remarked that great as was the difficulty in diagnosis of tuberculosis in its earliest stage in the adult, that difficulty was even greater in childhood. He discussed the opinion held by many authorities, that it is during childhood, tuberculosis establishes itself in the system, and whilst it was his view that the record of autopsies did not confirm this opinion, yet everything pointed to a still more zealous care of children. He referred to the fact that in early life it was to the glands rather than to the tissues, they must look if they would find the earliest seat of trouble; to the bronchial glands rather than to the lungs themselves. He admitted the great difficulty in the diagnosis of this deep-seated affection in children, and referred to two conditions which were of use for guidance—loss of weight and persistent fever. He emphasized the value, as diagnostic signs, of the physical history, the tendency of any simple affection to run a tedious course, and the enlargement of the supra-clavicular glands. In conclusion, he demanded a greater consideration for anæmia in children, as being one of the early symptoms of tuberculous infection requiring something more than a course of iron and arsenic, and calling for treatment by fresh air, especially if the anæmia were accompanied by enlargement of the glands.

DR. G. GORDON CAMPBELL referred to the autopsies which yielded a large number of old tuberculous lesions in the lungs. In these cases it must have happened that the patient was devoid of symptoms specifically pointing to that condition. He considered that examination in cases of ordinary colds was not thorough enough, and that they must not exclude tuberculosis because cough and expectoration were absent.

DR. NICHOLLS in the course of his remarks called attention to some points of importance in the diagnosis of tuberculosis, that had suggested themselves to him in his laboratory experience. After a practical knowledge of the ordinary methods, his conclusion was that of Drs. Kinghorn and Lafleur, that the careful physical examination of the patient was of prime importance in early diagnosis. Sputum was always examined as a matter of routine, yet several fallacies appeared and the test had its limitations, specially in the early cases. Dr. Nicholls had repeatedly failed to discover the bacilli after repeated examinations, where there had been positive clinical evidence of the disease. Speaking of the methods of examination, he referred to a number of bacilli,—the Smegma, the B. Moeller, Butter bacillus, the B. of Rabinowitch, the B. of Lustgarten and the B. of Lepira—which like the tubercle bacillus were stained by the ordinary Gabbet method in which the mineral acid was used as a decolorizer. Pappenheim, Fraenkel and