

14, 1899), and twenty years later successfully conducted by Dr. Brehmer, in Göbersdorf, in Silesia. During the past decade this plan of treatment has been carried out in many sanatoria scattered throughout Germany, Switzerland, France, Russia, Norway, and in our own immediate neighborhood by Dr. Trudeau in the Adirondacks. The statistics of these sanatoria show that in from 25 per cent. to 40 per cent. of the cases received for treatment, the disease is arrested and apparently cured, while two-thirds or more show great improvement; nevertheless, it is to be emphasised, that such statistics apply only to those cases in which the disease is recognised in an early or very moderately advanced stage.

As soon as the diagnosis of tuberculosis is made, both physician and patient should recognise the fact that the best, often the only chance of restoration to health lies in the adoption of thorough measures. While the physician should at all times endeavor, in the statement of hard and often cruel facts to exercise tact and judgment, that physician takes a grave responsibility who purposely deceives his patient, and permits the important early stage to be wasted in futile attempts to check cough by nauseating expectorants, or to bolster a failing nutrition merely by the administration of cod liver oil.

From the modern standpoint, the development of tuberculosis in any individual presents two factors: the specific germ and the favorable soil. Both must be present for the production of the disease. Ever since the important role played by the bacillus in the development of tuberculosis was recognised, attempts have been made either to destroy or inhibit the activity of the micro-organism by the internal administration of antiseptic drugs. Of such it may be said that thus far we know of none which can have any systemic action on the bacillus. Unquestionably, some drugs have a very effective local action, and when they can be applied directly to a tuberculous lesion excellent results may be obtained. We have, however, at present no drug which can be shown to have any specific constitutional action in pulmonary tuberculosis, nor is it at all likely that any such will be discovered in the future.

Attempts to modify the blood and tissues in such a way as to render them an unfavorable soil for the growth of the bacillus present a greater prospect of success. Such modification has been attempted along two diverse lines; the direct or specific, and the indirect or general hygienic method.

In the direct or specific method, attempts have been made to secure an immunity to the development of the bacillus, either by the employment of some antitoxin, which it was hoped might accomplish for tuberculosis what diphtheria antitoxin so successfully accomplishes for diphtheria; or, by the employment of the serum obtained from the blood of