

chance to get better. It seems strange that governments who are ready to spend thousands in inducing questionable immigrants to come in should be unwilling to spend anything to save the lives and usefulness of our own people.

*Treatment.*—In coming to the treatment of pulmonary tuberculosis we find ourselves still without a specific. While much has been done, while immense advances have been made, we have so far nothing that can be looked upon as such. Up to the present time everything claiming to be such has been tried, and, I believe, found wanting. The treatment of this disease must, therefore, not be special, but general. Our aim must be *to so increase the resistance of the tissues* of our patients by every known means that in this way we may overcome the ravages of the bacillus, and so arrest the tubercular process. With this end clearly in view the treatment may be divided into (a) Climatic, (b) Hygienic, and (c) Medical.

*Climatic.*—I have put climate first, because, in spite of the statement of some that climate does not matter, I am firmly convinced that climate does matter, that the taking of a tuberculous patient and placing him in the climate best suited to him, the climate that will have the greatest tonic action in increasing the resisting power of his tissues, is the first and most important step in all treatment. I believe, too, that for most cases altitude is highly beneficial, the rare atmosphere increasing metabolism, and calling for increased expansion of lung tissue, although in hemorrhage cases it may be advisable to move them slowly to higher levels.

The same climate, of course, does not suit all cases, as has been well pointed out by Michael Foster in a recent article, and the truth of which I have been able to verify in my own practice at Kamloops. Of course, patients with heart or kidney lesions should not be sent to higher levels. I have observed, further, that cases with pronounced nervous symptoms do not appear to do well at high altitudes. I think it may be laid down as a general rule that if any climate fails to benefit a patient in from six weeks to three months, or if a patient who has previously done well ceases to improve or begins to lose ground, a change should be made without further loss of time. During my residence in the dry belt of British Columbia I have been deeply impressed with the very real value of climate. I have a record of forty-four cases that have come to Kamloops in all stages of the disease within the past three years. There have been others, of course, but of them I have kept no record. Of these 44 cases, 15 left with the disease arrested, 13 were improved, 11 died and 5 left unimproved, a somewhat remarkable showing in a district where we have no sanatorium, and where they had little or no treatment