

From the medical point of view an unusual amount of attention has lately been drawn to the subject of tuberculosis by means of excellent societies which have recently been organized to carry on a never-to-be-ended and universal warfare against the disease. Taking its birth upon the Continent, the scheme has now received a considerable amount of support in Canada, in the United States, in England and elsewhere, and its effect cannot be but for good. Indeed, I believe that its influence must be already becoming felt.

THREE IMPORTANT FACTS.

There are three great facts in connection with tuberculosis of which the public must be made fully conscious:

The first is that the disease is *communicable*. The truth and importance of this fact we have ourselves only of late entirely realized. The public, therefore, must be allowed a due amount of time before they generally accept it. But accepted the fact must be, and it behooves each one of us to do all that he can towards promoting its acceptance.

The second is that the disease is *preventable*. This follows almost as a corollary to the previous statement, and when the truth of it becomes widely and fully understood, how great will be the responsibility of those who wilfully disregard it!

The third fact is that the disease is *curable*. And as we are to-day considering certain surgical lesions of tuberculosis from a clinical point of view, I shall seize this opportunity of entering somewhat fully upon the question of curability.

THE CURABILITY OF TUBERCULOUS LESIONS.

A few years ago tuberculosis was regarded as a well-nigh incurable affection, for the word had been chiefly reserved for hopeless cases of pulmonary consumption, and of meningitis complicating certain chronic diseases. To call a surgical lesion, therefore, *tuberculous* was tantamount to signing the patient's death-warrant. It was in the public estimation a term of definite import and of dreaded omen. But among the many uncertainties of our professional environment, one thing has of late become quite certain, namely, that tuberculosis is not necessarily of the intractable nature that it was formerly considered to be. So far as my practical acquaintance with the disease is concerned—and I have worked at a large general hospital and at the largest children's hospital in London for a quarter of a century—tuberculous lesions are exactly what they used to be. But we know much more about them than we did, and careful clinical study and microscopical and experimental work in the laboratory have enabled us to treat them more successfully, and, therefore, to warrant us in taking a much more hopeful view of them. But I would like to know if the surgical lesions of tuberculosis which are met with in your dry, bracing climate are just as we have them in Western Europe. Many of you have studied tuberculous lesions under your own bright skies and