

tagious. 2nd. That it is preventable, and that the great problem in the future is the prevention of phthisis.

Dr. H. P. Loomis thought that Dr. James had given the question as it stands at the present day. He believed that phthisis was not such a fatal disease as the general profession considered, as in over 60% of his autopsies in Bellevue he had found evidence of a previous phthisis which had gone on to complete recovery; but that these cases were very liable to a secondary eruption of tubercles, as the autopsies had proved.

Dr. Trudo presented specimens (1) tubercle bacillus growing on a potato: (2) miliary tuberculosis produced by the injection of tubercle bacillus in the ear, in twenty-five days, the animal being kept in unhygienic surroundings: (3) a specimen where tubercle bacillus had been injected into the apex of the lungs, but the animal being kept in hygienic environments, only pulmonary phthisis and fibroid tissue had developed.

The next paper was "The Relationship of the Tubercle Bacillus to the early Diagnosis and Prognosis of Pulmonary Phthisis," by J. W. Roosevelt, M.D. He intimated that he had nothing new to add to the already accepted views; he considered that if the tubercle bacillus was found in the patient's sputum, we were justified in stating positively that the patient had phthisis. In the early diagnosis it is of great value. Take for example the case of a boy with phthisical history: has slight cough, etc., of some duration; the question is, has he phthisis? Physical examination is negative; if the bacillus is found in the sputum we can say positively that he has phthisis, if no tubercle bacillus can be discovered we are not justified in stating that he has phthisis. Many cases of tuberculosis give none or only unsatisfactory physical signs, for the reason that the tubercles are scattered and disseminated through the lungs. In these cases some of the tuberculous matter may be emptied into the bronchi, and thus we are able to find the bacillus and diagnose phthisis. As to prognostic value, he considered it had none, as a rapidly failing patient may have only a few bacilli in the sputum and a comparatively healthy case of phthisis may have myriads; it only shows the amount of cheesy tubercular matter that is emptied into the bronchi. He then commented on the utter absurdity of the present antiseptic treatment, as

the amount of any of the present germicides that can with safety be introduced into the blood is so small in comparison with the bulk of the blood, that it has no antiseptic power whatever. He concluded by stating that the discovery of the tubercle bacillus in the sputum was of great positive but no negative value in reaching a diagnosis. As to prognostic value, it had none.

Dr. Waldstein discussed this paper and entirely concurred with the views expressed by Dr. Roosevelt. Dr. Wm. H. Thomson then read a paper entitled "The Influence of the Tubercle Bacillus on the Treatment of Pulmonary Phthisis."

The first attempt at antiseptic treatment was made by Rokitansky, in 1878, who used inhalations of sodium benzoate, and reported good results. In 1882, Koch announced his discovery of the tubercle bacilli, and this at once gave an impetus to the antiseptic treatment. Johnson, the same year, used salol and iodoform, 3 to 8 grains, either internally or by inhalation, under this it was claimed that night sweats, cough and expectoration diminished. Dr. Thomson stated that he had used iodoform in 86 cases in Bellevue and Roosevelt hospitals, but has never been able to see any good results from it. Bergeon's method by hydrogen sulphide is an utter failure. Bichloride of mercury, tannin, acetate of lead, menthol, creolin, creasote and hydrofluoric acid, inhalations have been used, but no very favorable results have been obtained from any of them. Cornet of Berlin, first inoculated animals and then tried all the known germicides upon them, and the conclusion that he reached was that not one case was benefited, although several animals died from the effects of the drugs. He believed that the main danger of phthisis is suppuration due to the entrance of the streptococcus pyogenus which are found in abundance in all phthisical cavities, and it is against this suppuration that we should direct our treatment. He had found creasote in the form of a pill composed of creasote 1 gr., bismuth 2 grs., three times a day, the most efficacious of the antiseptic remedies and instanced several cases with well marked cavities, who, under this treatment, had entirely recovered. As a general practice, however, better results were obtained by climate and restoration of the general system by cod liver oil, etc.

Dr. Westbrook, in the discussion, thought that the discovery of the bacillus has been pernicious in that it had caused the introduction of many antiseptics which were not only useless, but deleterious to the patient.

Dr. Kinnicutt considered the antiseptic treatment of no value; he had however, found creasote of some service, but thought it was due to the stimulating action of the drug and the nutrition of the general system.