48 RYAN-DIAGNOSIS AND TREATMENT OF TUBERCULOSIS.

When a child expels intestinal parasites from time to time, the physician administers his anthelmintics with no greater confidence in his diagnosis than the practitioner who is called upon to treat phthisis after seeing the bacilli in his patient's sputum.

The small aspirating needle or hypodermic syringe when used for diagnostic purposes, exploring for fluid in the various cavities, are not more convincing in their usefulness than the strong lenses that lay bare the offending microbe.

It is well known how helpless the profession is to relieve in the presence of advanced, or in severely infected, cases of tuberculosis. When we are interrogated about such a case, and asked to state what we would propose to do in the premises, the expansive sigh of the physician foretells both his hopelessness and incapacity. On the other hand, if the infection is recent, but none the less positive, I claim it is the physician's duty to give a favourable prognosis. So much is gained at once by such a course; the patient is inspired to be hopeful and to take fresh courage, while he and his friends will place still greater confidence in their physician.

It is here where the unprincipled quack usually gains several points over his more truthful brother; but if it can be shown that a good prospect for cure exists, then I believe we should be emphatic and obtain all the good we can by the moral support of the patient and his friends: and it will be necessary that they should know all about it—the whole truth, in order that they will be the more ready and able to cooperate with the physician and nurse, in the necessary treatment which should follow. Not only is it the physician's duty to acquaint the patient and his friends of the existence of infection in a given case, for the patient's personal benefit, but for the safety of his friends and the public at large.

I may be permitted to refer briefly to a case of phthisis in a young lady who consulted me at my office one year ago. She was from a neighboring city, and she informed me that their family physician assured her and her mother that her lungs were not affected, but that, nevertheless, she should go to the country. She explained that a sister, who slept with her when at home, also had a cough. I found numerous tubercle bacilli in her sputum and learned that she was severely infected. The lady with whom she was stopping refused to have her live and sleep with members of her family any longer as she had been in the habit of doing, so the patient returned home. I