

the case early, and to recognize it; and it is just here that we doctors sin against the patient, and allow him to throw away his one chance of restoration to health. I could tell you of case after case coming up to our dry climate with hopelessly advanced disease, who, on questioning as to how long they have had trouble, inform us that for months they have had cough, fever, loss of weight, the melancholy symptoms that go to make up this disease, but only within a few days of their leaving home were they able to extract a confession from their physician that their lungs were affected.

I do not believe that these medical men do not know, but I do believe that they are not honest with their patients or their patients' friends. I know that often these assurances are given out of the kindness of heart of the medical adviser, who wishes to allay the nervous fears of the patient, but I bring these facts before you, gentlemen, because I believe it to be no real kindness. We are depriving the patient of the one opportunity of being saved from the peril of this death; and I believe their one great hope of salvation rests upon our recognizing the disease when it is incipient, or, as I have said, even earlier, and not when it requires no medical man for its diagnosis.

Early diagnosis is not always easy, often it is extremely difficult. Frequently these incipient cases come to us complaining of some symptom which is apt to point us away from the lungs, and we are betrayed into carelessness, *e.g.*, anemia or gastric disturbance. This latter I have found very common. There may be no cough, no expectoration, no fever, and only the most careful examination reveals the true nature of the case. In one patient there may be an initial hemorrhage with absolutely no physical signs. In another an insidious but progressive debility, or a very slight evening rise of temperature may long precede the development of marked physical signs. These are the cases in which much can be done, and the salvation of our patient depends upon early recognition and treatment.

Having got the case early and recognized it, we must next be able to carry out the necessary treatment, and just here we meet too often one of the sad things that we physicians have to face. We know what a patient ought to do, but we know, too, his inability from lack of means. We know that the patient who stands before us might in all likelihood be saved, but because of the want of a few necessary dollars he is condemned to stay at the old occupation, live in the same environment, hopelessly waiting until the inevitable end comes, and a valuable life is lost. I know of what I speak. I have seen the hopelessness and the sadness of it often. Surely, before long, there should be given, in our country at least, to every incipient case who is poor a