

history does not preclude the possibility of tuberculosis, and the presence of tuberculosis in one's ancestors or immediate relatives does not necessarily mean that that one must have the same disease. Should we then entirely ignore family history? By no means. All experience goes to prove that a patient whose family history shows traces of tuberculosis is far more liable to that disease than is one whose family history is not thus tainted. We must not too readily diagnose tuberculosis on account of a tubercular record, nor on the other hand, must we conclude that tuberculosis is not present because our patient's family has never exhibited a case of this disease.

2. *The Personal History.*—In examining a patient suspected of tuberculosis one should always enquire as to what sicknesses he has had previously. Thus, for example, a history of diseased and suppurating bone, of enlarged and suppurating glands, of pleurisy with effusion would arrest our attention. Any one of these conditions would be sufficient to awaken our suspicions and, especially so, if they were associated with a family history which gave examples of tuberculosis. My experience has convinced me that a previous attack of Typhoid Fever acts as a predisposing cause. I have seen several cases of tuberculosis in patients of good family history, whose only previous illness was Typhoid Fever. Frequently you will find that such a patient will give a history somewhat of this character: Previous to the attack of Typhoid he had never been sick—had enjoyed excellent health—but that he had never felt just up to the mark since the fever—had been easily tired—frequently had a rise of temperature without apparent cause. What is the explanation? Did the Typhoid cause the Tuberculosis? Assuredly no. It left the patient however in a state of lowered vitality, with more or less irritability in the respiratory passages—in other words it prepared the tissues for the reception, lodgment and propagation of the bacilli of tuberculosis, and rendered the tissues unfit to resist their invasion. Another condition which I have learnt to regard with very grave suspicion is that in which a patient has had several attacks of low fever or malaria. Perhaps, like Typhoid, this condition is only a predisposing cause, but the more I see of such patients the more I am convinced that the low fever or malaria was originally and always