

natural defenses that exist in any animal body, be it that of a guinea pig or that of a human being, which has received an initial slight immunizing infection. Pulmonary tuberculosis as it usually presents itself manifests a tendency to cure or at least a tendency to become localized. There can be no doubt that an immunity is present and that it is an immunity of a very high degree. It is reasonable to believe that comparatively slight remedial agents may suffice to arrest the patient's organism to make the comparatively slight effort demanded to acquire again the state of absolute resistance to the tubercle bacillus. The agents that have been found to be helpful in this regard are better oxygenation from abundance of fresh air, rest to restore the weakened nerves of the patient and lower demands upon his reparative powers, and good food well assimilated. These constitute the tripod of treatment; with them, wisely used, wonders can sometimes be accomplished, but only, it should always be borne in mind, in cases in which there already exists an immunity which is capable of reinforcement. In tuberculosis we prescribe not medicine but a mode of life. The psychical side is that which is most neglected, yet in it the most notable successes are attained. Next to a good immunity and a good physician, the third most important desideratum in the treatment is faith in the physician and willingness to co-operate on the part of the patient.

The influence of rest in abating the severity of an inflammatory process is well known. The effect of motion and of friction in spreading infection from a suppurating focus is a familiar surgical fact. Not only should deep breathing be avoided but motion of the upper extremities should be reduced to a minimum. Rest is also highly desirable to promote a cicatrization and encapsulation. And lastly, rest of the body is needed for its recuperation. Physic and physical relaxation should both be practised. The neurasthenic tuberculous patient with the anæsthesia of fatigue or the restlessness of the overfatigued who are "too tired to rest" must learn to rest and relax not only to recreate his energy in some measure, but to store it up. Rest must be by all means associated with the outdoor life so far as is practicable.

The problem of exercise is one that will frequently tax the acumen of the physician. The febrile tuberculous patient in whom the maximum daily temperature habitually exceeds 99.5°F. should unquestionably be kept in bed. The best rule is to require the acute case to rest irrespective of temperature, as the condition becomes more chronic to be guided strictly by the thermometer, and when the case has become one that is progressing toward arrest, to ignore the slight fluctuations of the temperature. Cases with large lesions must be treated with more severity as respects the enforcement of quietude than those with small lesions. Each case must be the subject of special study. As has been well said,