

Dr. Osler congratulated Dr. Elliott on the promising results which he has obtained. Two important points should be kept well in mind: First, early diagnosis, and, second, getting patient as soon as possible under proper professional control.

Dr. T. D. Walker, St. John, N. B., referred to the control the physician in the Sanatorium had over the patient.

Dr. John Ferguson, Toronto, spoke of the positive advances that have been made along the line of the curability of pulmonary tuberculosis.

Dr. McPhedran, Toronto, emphasized training patients how to care for themselves at home. He believes, too, that it is true that the neighbourhoods of sanatoria are always areas where tuberculosis is always diminishing.

#### PLEURISY AS ASSOCIATED WITH TUBERCULOSIS.

Dr. John Hunter, Toronto, read this paper. He first referred to the manner in which bacilli reached the visceral and parietal pleural through the sub-pleural, bronchial or tracheal lymphatic glands, and from the cervical mediastinal and peritoneal lymphatics; also from the tonsils. In arriving at a diagnosis of pleurisy, a vigilant search should be made for a possible tuberculosis origin. One should not always consider the outlook gloomy, as, with properly carried out treatment, the progress is much more favourable than in pulmonary tuberculosis. In at least two-thirds of tubercular pleurisy it is a curable affection. The rapidity of the filling of the pleural cavity is especially characteristic of tubercular cases.

Dwelling upon treatment during convalescence, deep breathing should be practiced very assiduously, and inflation with rubber bags is a valuable exercise. Then change to a suitable climate should be insisted on if the progress towards recovery be retarded.

#### CLINICAL NOTES ON BLOOD PRESSURE IN DISEASED CONDITIONS BY

DR. A. E. ORR, MONTREAL.

A. Gaertner's Tonometer was shown and the manner of its use demonstrated. Four hundred patients at the Royal