

disease, would he not second the physician's efforts and turn his entire attention to an immediate cure? Undoubtedly he would. A cure was in sight and he would work to get it. How much better such a course would be than the vacillating, equivocating, diagnosis and prognosis, where the patient is in a quandary very like the doctor who was unable to give a positive opinion.

In every case where a practitioner suspects tubercular infection, I hold that he is not doing his whole duty where he fails to make diligent search by microscopical analysis for the pathognomonic sign of tuberculosis, viz: the tubercle bacillus. Only the bacillus of leprosy can possibly be confounded with it; and leprosy is so rare that we may safely, for practical purposes, call the bacillus of tuberculosis the only and best pathognomonic sign. The objection will be raised, perhaps, that the expense of a microscopical outfit precludes the possibility of all physicians procuring this very essential instrument. Then a fear may be entertained by some that the technique is laborious and complicated. Nothing is farther from the truth. It is indeed very simple. Those physicians who have already microscopes but who have not yet procured a one-twelfth homogeneous oil immersion objective have only to add this lens with an Abbe condenser to their microscopes and their instrument is complete. These lenses, stains, etc., can be obtained very cheaply from Bauch & Lomb, Rochester, N. Y., and from other optical manufacturers.

The physical signs revealed in a given case by palpation, percussion, auscultation and mensuration, are all important and should not be ignored; but we all know how unsatisfactory and deceptive they often are; and how true; and often we are obliged to give what has been called a guarded diagnosis and prognosis.

On the other hand—when you have stained a film of a patient's sputum or other suspected substance on a cover glass or slide, taking the few necessary precautions against error, and you can see the little red rods scattered over the microscopical field, you have had an ocular demonstration that the patient expelling this substance has surely got consumption: and if the patient doubts the accuracy of your diagnosis, he may be instructed to look into the microscope and see the bacilli for himself. Now, both patient and physician are convinced that they are brought face to face with the startling intelligence that a serious disease threatens the life of the one and challenges the skill of the other.