## PULMONARY TUBERCULOSIS: ITS TREATMENT AND PREVENTION.\*

BY A. P. PROCTER, M.D., KAMLOOPS, B.C.

Some few months ago I spoke on Pulmonary Tuberculosis at the first meeting of our newly-formed Association of British Columbia, and I chose the subject chiefly for two reasons:

1. Because of its general interest, every day bringing to our

consulting-rooms some victim of the disease; and

2. Because, in coming from Kamloops in the so-called dry belt of British Columbia, where numbers of these patients are sent every year, I felt I might be able to give some of our most special experience, which might be of some small interest. I have chosen the subject to-day for the same reasons.

Acute Pulmonary Phthisis.—Of the acute forms of pulmonary tuberculosis I have little to say, because I believe I am right in saying that, with rare exceptions, from an acute outset, they progress rapidly downwards in spite of all treatment to a fatal termination. We can only alleviate and make the inevitable

descent into the valley somewhat easier.

Chronic Pulmonary Phthisis.—With the chronic forms of the disease it is different. Here we can frequently not only improve but often arrest the disease. I use the word arrest rather than cure, because I have so often had impressed upon me the uncertainty of pronouncing cases as cured. Cures we know there are. The post-mortem room reveals that, but I feel that those of us who have seen case after case after long quiescence again light up and become active know something of the difficulty of pronouncing cases as cured whose symptoms have for a time disappeared.

For the best results two things must be given us:

1. That we recognize the case early.

2. That we are able to carry out the necessary treatment.

Early recognition is the great secret of a good result. Better still, if we could learn to recognize these cases even earlier, in what has been termed a "pretubercular" stage, and learn to realize almost by intuition that these are the cases slipping down the hill, ending in pulmonary tuberculosis. This may be somewhat visionary—a refinement of diagnosis hardly possible; but however that may be, the one thing that stands out of supreme importance in the successful treatment of this disease is to get

<sup>\*</sup>Written for the meeting of Canadian Medical Association, Winnipeg, August 29th. 1901.