

Social and domestic questions arise in very many cases that militate against change of domicile, but by insistence these may often be overcome. Speaking generally, one does not usually get well from tuberculosis in the locality in which it was contracted, and yet with those that for one reason or another cannot or will not change their residence, much may be done by insisting that if they remain at home they must live as they would do, were they sent to the Adirondacks, the Laurentians, the Canadian Rockies or Colorado.

Before leaving the topic of pulmonary tuberculosis I wish to repeat the opinion already expressed, that pleurisy with serous effusion, the so-called *pleuritis a frigore*, is in the vast majority of instances a manifestation of tuberculous infection. This conception, advanced some twenty years ago by the French clinicians, especially by Landouzy, and based on evidence of a clinical, pathological and experimental nature, is certainly gaining ground. Osler expresses himself decidedly of this opinion. "I confess (he says) that the more carefully I have studied the question the larger does the proportion appear to be of primary pleurisies of tuberculous origin." The evidence rests on the following facts:—

Firstly, in a number of instances, undoubted evidence has existed of prior or concomitant tuberculous manifestations in the pleuritic patient.

Secondly, in individuals who were apparently healthy before the onset of pleurisy, and who have died during the period of active effusion, the post-mortem examination has proved the tuberculous nature of the pleurisy.

Thirdly, a large number of cases that have recovered from pleurisy with effusion sooner or later present unequivocal signs of tuberculosis, usually of the lungs. This is so common that I never fail to ask a tuberculous subject if he has ever had pleurisy with effusion, and though I cannot give you exact statistics, it is remarkable how often the answer is affirmative. The experimental evidence, however, is even more conclusive.

Guinea-pigs inoculated with a sufficient quantity (15 cub. cm.) of the serous exudate succumb in very large proportion to miliary tuberculosis. It is true that even careful microscopic examination of the serous exudate fails in most cases to reveal the presence of tubercle bacilli, but it must be remembered that the bacilli are few in number and the effusion usually copious, so that the inoculation test with massive doses of serum, is more likely to prove positive than the search for bacilli.

The experimental evidence is further strengthened by the fact that