

I believe it has been stated before this Commission that some of the preliminary studies, such as chemistry and bacteriology, do not form any essential part of the preliminary training of the man who wishes to treat disease. There are certain diseases which we feel we can differentiate only by a bacteriological study. Take, for instance, the malignant disease which we know as diphtheria, and diseases less dangerous, such as, say, tonsillitis. Now tonsillitis, from which the patient may feel extremely ill, may apparently be much more severe than a case of diphtheria; yet diphtheria is a disease which may be the cause of a widespread epidemic, and which an unskilled and unqualified diagnostician may not consider it necessary to treat any further.

By a study of bacteriology, pathology, chemistry and other necessary subjects, the trained physician leaves our university able accurately to diagnose disease, and in a position to at once check an epidemic, which might otherwise spread from this one case.

Then we have the microscopic study of sputum in order that the qualified medical practitioner may be able to differentiate tuberculosis from other diseases. And not only is this important from the point of view of diagnosis, but also as a matter of precaution for the rest of the family. Tuberculosis, as we all know, is an infectious disease. It is particularly infectious for children, and it is only by careful examination, by methods which are learned by a long course of study and by a study of biological reactions which are taught every student in his four or five year course, that they are able to make a diagnosis, positive or otherwise, as to the absence or the presence of tuberculosis in the child.

We have an instance before us now. We understand that our own University Base Hospital has been sent to Egypt. If our men had not been qualified by thorough training here in regard to microscopic diagnosis and study of the blood and the parasites which are found in the blood, they would be at an absolute loss in that tropical district to make a correct diagnosis and differentiate between malaria and other tropical fevers. Whereas, with their training, they are able accurately to diagnose and institute proper treatment.

In olden days, before microscopic diagnosis had been developed, a chill and fever was presumably malaria, and the man was dosed with quinine. To-day, thanks to the use of the micro-