THE DIAGNOSIS OF TUBERCULOSIS.

(Read at the Open Meeting of the Kingston Medical and Surgical Society.)

TR. PRESIDENT AND GENTLEMEN:-To me has been assigned the duty of making a few remarks upon the subject of the Diagnosis of Tuberculosis. You will readily agree with me that to attempt to go into the diagnosis of tuberculosis in general, i.e., as it affects the various organs and tissues of the body, in the space of time usually allotted to a paper at a meeting such as this, would be an impossible task. I shall confine my remarks to the diagnosis of Pulmonary Tuberculosis. Dr. W. T. Connell who has just read his paper on the etiology of this disease will, I am sure, agree with me that the earlier the diagnosis is made the better for the patient. Drs. Williamson and Kilborn who are to follow with papers upon the treatment of tuberculosis will, I have no doubt, point out that the hope of successful treatment depends mainly upon early diagnosis. The earlier the diagnosis is made the better the patient's prospects of recovery, the more hope for the physician's successful treatment and the less the likelihood of others becoming infected. From all points of view, therefore, an early dignosis is essential. Such being the case I shall still further limit the scope of my remarks and confine myself to the Diagnosis of Incipient Pulmonary Tuberculosis.

Upon what can we safely base a diagnosis of Incipient Pulmonary Tuberculosis? I The Family History. 2 The Personal History. 3 The Present Condition. 4 The Physical Signs, 5 The Tuberculin Test. 6 The Examination of the Sputum.

r. The Family History.—At present not nearly as much stress is laid upon this as formerly. Every one of us can recal cases of patients who died from pulmonary tuberculosis whose family history was free from the slightest suspicion of tubercular taint, and on the other hand, we all know of patients whose family history was bad, who yet lived to a good age and died of some other malady. The absence of tubercular taint in one's family