

in providing means to be used to prevent the spread of this awful plague by which undoubtedly hundreds of lives would be annually saved from infection, would yield a more satisfactory interest on investment than that spent to endow public libraries, or even that spent for payment of fees of a nation's prospective University Students.

*Occupation.*—Occupation bears an important relationship to the causation of pulmonary tuberculosis, but there is no doubt that the occupation itself is less a causative factor than the condition of the surroundings under which the occupation is carried on.

With regard to alcohol as an etiological factor in tuberculosis, Prof. Brouardel states that Sir John Simon was right in saying "that wretched lodging is the purveyor of the public house". And we can add to it that the public house is the purveyor of tuberculosis. In fact, alcoholism is the most potent factor in propagating tuberculosis. The strongest man, who has once taken to drink is powerless against it.

*Previous attacks of disease.*—This dread disease greatly strengthens its position in its warfare against mankind by the favorable alliances it has succeeded in making with such diseases as la grippe, pneumonia, pleurisy, or bronchitis. An attack by one of these affections frequently acts as an etiological factor in tuberculosis. Or, to continue the metaphor, such an attack may so weaken our defences that we are unable to resist the on-slaught of the relentless bacillus tuberculosis.

*The early diagnosis of pulmonary tuberculosis.*—Writers on this subject are in the habit of dividing the disease into stages. We therefore see it divided into a first, second and third stage. We speak also of a pre-tubercular stage, the stage before there is any expectoration and generally before the bacillus can be found in the sputum. It is very evident that these stages cannot be well defined. The degree of advancement in each stage differs accordingly to the examiner. This I have no doubt accounts largely for the discrepancies found in statistics as to cures in the different stages. Over and over again I am forced to make up my mind as to this question: has this patient who is trusting himself to me the tubercle bacillus in his lung, or has he not? If he has, and I being at the time a little hurried or perhaps a little wearied, tell him after a very cursory examination that he has a little cold but that it is just in his tubes, and that his lungs are all right, then I have done my patient a great wrong. He goes away relieved, but in a few months, not being well, consults some other man who tells him that he has consumption. We may not be able to make a diagnosis on our first examination, but before we allow the patient out of our hands we should do our best