Failure to make an early diagnosis is due too often to sheer carelessness or hurry on the part of the physician—to errors of omission rather than of commission. A hasty examination, with only a few square inches of the upper part of the front of the chest exposed, or worse still a perfunctory so-called auscultation through two or three thickness of clothing, results in a diagnosis of a "cold" or a "bronchial catarrh," and meanwhile the the bacilli are doing their work thoroughly.

A curious thing is that very often the diagnosis is persisted in, though the "bronchial catarrh" has not "yielded to the usual remedies," and something more radical in the drug line is then tried. It ought to be an axiom that any "cold" or "bronchial catarrh" that has lasted a month is to be looked upon with the greatest suspicion, and calls for a thorough examination of the respiratory tract, if that has not already been done.

And indeed, why wait so long? There is, moreover, no excuse for not examining the sputum for tubercle bacilli in all cases of disease of the respiratory passages. If one does not possess the material, or is not familiar with the simple technique, required for this examination, is it not a very easy matter to thinly smear half a dozen microscope coverslips and send them, or perhaps better still a specimen of the sputum in a clean bottle, to the nearest hospital that possesses even the most elementary clinical laboratory? A patient will not object to a fee for such an examination if it be made clear to him that it is a necessary preliminary not only to the diagnosis of his case but to its successful treatment. Thorough physical examination of the chest and routine examination of the sputa would certainly save a number of patients from a long and too often eventually fatal illness. In a few cases the examination of the sputum may not be conclusive, while the physical signs and the subjective symptoms still point strongly to tuberculous disease. If possible in such cases the patient should be tested with tuberculin—but, I repeat, such cases are rare.

It is to be supposed that once the diagnosis is established, and that early, the patient is to be told frankly what is the matter with him, and urged to place himself in surroundings most favourable to speedy recovery from his incipient infection.

Practically this means that he must have rest in the open air, and as abundant a diet as his digestive organs will admit of, preferably in those climatic surroundings which we know from experience afford the largest percentage of recoveries from incipient pulmonary tuberculosis. The first two desiderata, rest and food, can be obtained anywhere and by nearly everyone. It is in regard to the last that the difficulty lies.