

disease itself and its cause. To it belong medicinal and etiological therapy. The second method is called the "hygienic-dietetic," or "hardening" treatment, and seeks to strengthen the organism in order to make it capable of overcoming the disease.

With regard to the specific method, it is interesting to examine into the views of some of the leading workers on tuberculosis. Behring thinks that years must still pass before a serviceable tuberculosis serum will be obtained. Von Leyden says that so far as can be seen, the tuberculines which are being sought after, if they are found, will always give only an acceptable aid to the prevailing treatment for tuberculosis. Trudeau is of much the same opinion as von Leyden, and his views are particularly interesting at the present time. I may say that I give the following views with his entire approval.

He is hopeful that a tuberculin may yet be found, which, when applied to incipient cases, will enable the patient to acquire a certain degree of artificial immunity by stimulating his cells to an increased resistance or making them less susceptible to the toxic products of the disease. He also hopes that a more powerful tuberculous toxin may be obtained by laboratory methods, which, when applied to susceptible animals, will result in the production of an anti-toxic serum of sufficient potency to be of real service in the treatment of the more acute cases to which tuberculin injections are harmful rather than beneficial, because they are already overwhelmed with a poisonous product of the malady. But, as yet, there is no scientific evidence that an efficient antitoxic serum for tuberculosis has been produced. He thinks any encouraging results that may have been obtained in his hands at the sanatorium by the tuberculin treatment, have been dependant on the fact that the nutrition of the patient was kept at the highest standard throughout the treatment, and the doses increased so gradually that the system was never called upon to antagonise by any anti-body more of the toxin than it was able to cope with. Patients treated by this method at the sanatorium who have been discharged as apparently cured have seemed to suffer from relapses less frequently than those who have recovered under climatic and open-air treatment alone, but he calls attention to the fact that, unfortunately, it is impossible to determine whether this apparent immunity to relapse is the direct result of the tuberculin treatment, or whether the tolerance to large doses of this toxin shown by these patients indicates that from the first their tuberculosis was of a subacute or benign type.

We should not, however, calculate too much with probabilities. Practical medicine has to attend to the present and we cannot console our patients by holding out hopes to an uncertain future. We must treat them according to those methods which we recognise as the best, which are proved so by the greatest number of cures; that is, we should