

EDITORIAL.

ON the making of Gardens. Are we not, at this present time, all of us busy making gardens? and is not the making of a garden essentially a woman's work? Are we not, many of us, giving the fairest flowers of our hearts—our sons, husbands, brothers, to God?—and for the rest of our lives, caring, each of us, for some little bit of God's Acre, somewhere in the world on or near one of the scenes of the awful struggle of 1914-1916? We are sowing the seeds of righteousness and truth, of courage and chivalry, and cherishing their memory green in our hearts. Particularly at this time are we busy planting in God's Garden. But ever since men went forth to work and women remained at home to weep, it has been a favourite pastime of the women to make a garden. Every pioneer woman who has accompanied her man into the untamed places of the earth, when asked "Are you not often lonely? What do you do to pass time and to amuse yourself?" will answer "Oh I spend a lot of time in my garden it is such a joy and consolation to me." And every woman who becomes a mother has a little virgin plot to cultivate—the unsullied mind of each one of her children, in which she may plant the seeds of Truth, Justice, Piety and all other good sweet things. She watches her teachings bring forth fruit and flower much as a husbandman watches the slow development of his seeds into glorious crops—or failures. And in this sorrowful year of 1916, when the ruthless mowing down of our most beautiful blossoms is taking place, the special flower we shall all have to cultivate in the days to come is assuredly the Flower of Forgiveness which will, I fear be very difficult to grow to its full perfection.

HISTORICAL SKETCH OF TUBERCULOSIS.

By COL. S. C. EVANS, I.M.S.

"CONSUMPTION" was known to the Ancients. It was studied in the days of Hippocrates and Galen. Its incidence and the direness of its results have compelled the attention of succeeding generations of thoughtful physicians to this day.

The sagacity of Galen (150-200 A. D.) led him to recognise the infectious nature of the disease as is manifest in his expressed opinion that it was dangerous to pass a single day in the neighbourhood of an afflicted person. Attempts at legislative control of infection were made in Spain in the 16th century and, firstly on general consideration and later under the belief that Tuberculosis and Syphilis were identical afflictions, the laws of Munich prohibited the sale of Tuberculous meat from the 15th century down to 1783 when all restrictions were removed. Italy too in 1754 compelled notification under a penalty and later decreed the destruction by fire of the clothing and effects of persons dying of the disease.

The first great step towards the elucidation of the riddle of Tuberculosis was taken by Bayle, in France, in 1810, when he published his work on the Pathology of the process and by Laenec in 1811 when he showed that Tuberculosis in man and in animals were identical anatomical conditions. The morbid anatomy having thus been made clear, the next step was to prove the infectious nature of the disease and this was done first by Villimin in 1865 who inoculated animals with infected material and next in 1882 by Koch who, on the 24th of March of that year, at a meeting of the Physiological Society of Berlin, demonstrated the Tubercle Bacillus isolated in cultures on solidified blood serum and proved, under the stringent test of his now famous canons, that it was the cause of the disease.

After his epoch making discovery Koch turned his attention to working out a remedy for Tuberculosis. He tried drug after drug, both vegetable and mineral, only to find that he could not kill the parasite in situ without killing the host. He then proceeded to experiment on healthy and Tuberculous guinea pigs by injecting them with dead Tubercle Bacilli. The result of these extremely fascinating experiments, too elaborate to go into here, was the production of our most valuable and our only substantive remedy for Tuberculosis, Tuberculin, which he gave to the world on November 13th 1890. The effect of the startled hopes of Civilised Man, and the controversy which raged around the results of the inoculations, after a period of expectant uncertainty, is fresh in the memory of all who were in the active practice of our profession at the time. Tuberculin failed; because laboratory experiments on the guinea pig were no criterion of the dosage in man, (who is weight for weight 1500 times more sensitive to Tuberculin and many times more immune to infection by living Bacilli), and because in the haste that followed the startling discovery it was used in unsuitable cases with disastrous results. Moreover the role of "Mixed infections" was not understood and helped in the shipwreck. Wright's work on immunisation with vaccines and his opsonic method of control were the next landmarks in the journey. Without committing ones-self to any expression of opinion as to the rights and wrongs of his system of minimal dosage, I think one can safely state that his work unconsciously exercised a sobering influence upon those whose clinical investigations were leading them to take a widely different view of the dose and manner of administration of Tuberculin. Principal among these Clinical Workers was Carnac Wilkinson who, since the year 1884, when he was a pupil of Kochs, has worked steadily at Tuberculosis in man and has succeeded in evolving a system of dosage which is followed, partly if not entirely, by most workers of to-day. His labours were carried on in Sidney but he has recently returned and, by opening the first Tuberculin Dispensary in London, has constituted himself the father of this method of attacking the question.

In 1887, five years after the discovery of the Tubercle Bacillus, Dr. R. W. Philip of Edinburgh, now our greatest authority on Pulmonary Tuberculosis, opened the first Tuberculosis Dispensary (The Royal Victoria Dispensary for Consumption) and began the development of a system which aimed not only at treating those who applied for relief, but at hunting the

disease down in its haunts and taking steps to check its dissemination. This system of Tuberculosis Dispensaries has spread far and wide and has been copied in every detail, not only in Great Britain, but all over the civilised world.

No historical sketch would be complete without a reference to aerotherapy. The inception of the idea which led to the development of the Sanatorium may be traced back to the various methods of fresh air treatment recommended by Hippocrates, Celsus, and Laenec, by an unknown Scottish physician in 1747 and by Dr. Stewart of Erskine in the early eighteens. The first Sanatorium in the world was built in England in 1840 by George Bodington, but it was not until the German physician Brehmer cured himself of consumption at Goerbersdorf and founded in 1854 a Sanatorium in Silesia that aerotherapy can be said to have been seriously studied. Dettweiler, Brehmer's pupil, developed the idea and added rest as an essential part of the system.

Attempts to cope with the problem of Tuberculosis are evident all over the civilised world. These efforts are elaborated by charitable organisations and by governments, and take the form of: 1. Sanatoria which originated in England and were elaborated in Germany. 2. Tuberculosis Dispensaries originated and elaborated by Dr. Philips of Edinburgh. 3. Tuberculin Dispensaries originated and elaborated by Dr. Carnae Wilkinson of Sidney. 4. Legislation whereby notification, followed by such preventative measures as may be deemed necessary in any given case, is rendered compulsory.

A JOURNEY TO KASHMIR.

By Miss W. N. Reid.

PART II.

ON arriving at Ghari our first thought was to discover if it was possible to get a conveyance there for the next stage which was twenty-one miles. We were told we could easily get a tum-tum and so we thankfully said "farewell" to the tonga. The Ghari bungalow was a perfect bower of roses and most beautiful to behold. In the evening we went a short walk to the other side of the Jhelum, where we sat on rocks and drank in the beauty of the scene. On our return we had dinner and happened to see a notice in the dining room to the effect that the Chakoli dâk bungalow had been burnt down. We made enquiries and found that two small rooms still remained, so we determined to risk the journey there.

The tum-tum was at the door by 6 a. m. and as we had no intention of driving all the way we left our baggage to be loaded and started off on foot. The tum-tum overtook us about two hours later so we sent it ahead to the first village, four miles further on, after that we condescended to sit in it and drove the rest of the way. It was a somewhat cloudy day which made