

fiction. Ill health, whether it be due to tuberculosis or any other disease, may provide opportunities for thought which the busy and healthy person seldom enjoys. According to Dr. Allen K. Krause [2], there is a phrase in one of George Gissing's essays that runs something like this: "The man of thought is almost of necessity a man of impaired health." We have lately received for review a book [3] containing sonnets, some of which would evidently never have been written had not the author been "a man of impaired health," who has studied sanatorium life as a patient. Here is one:—

There was a shuffling of strange feet last night
Along the naked corridor of stone,
Dull creakings, and much talk in undertone
In the next room to mine: death's chill and
blight

Lay on my brother, who, though screened from
sight,

Was by his ominous cough endeared and
known,

And I, all wakeful in my chamber lone,
Quailed in the deathful dark, and longed for
light.

O God, that some should stumble by the way!
They do not like us dying here, we know:
They talk about the credit of the place—
The doctor, when he sounded me to-day,
Said never a word about last night, and lo,
Her accustomed smile lights up the nurse's
face.

To many a sufferer comes the consolation that not only do onlookers often see most of the game, but the enforced quiet and solitude of ill health may develop gifts more valuable than any of the combative and hustling qualities which incessant contact with the thronging crowd provokes.

[1] *The American Journal of Clinical Medicine*, 1921, 28, 755.

[2] *American Review of Tuberculosis*, 1921, 5, 765.

[3] "Thyrea and Other Sonnets," by John Ferguson. Eighth Edition. London: Andrew Melrose, Ltd., 1921. Price 3s. 6d.

THE COMPLETE TUBERCULOSIS CURE.

In the *American Journal of Clinical Medicine* for November, 1921, there is a short 3-page paper on the "Treatment of Pulmonary Tuberculosis," by Dr. William Langsford, of Oklahoma City. The editorial comment with

which this paper is introduced is as follows: "Here is an excellent, practical paper, without any needless theoretical frills. The contributing causes for the development of tuberculosis are well put. The treatment is sound. We may well profit from Dr. Langsford's instructive contribution." Certainly Dr. Langsford does not waste time on "theoretical frills," and he does not take long to "put," as his editorial commentator remarks, the contributing causes for the development of tuberculosis. But condensed and meaty as his introduction certainly is, one is tempted to skip it in order to revel in the dazzling joys of the complete success which is obtainable in every first and second stage case of tuberculosis if Dr. Langsford's advice is followed. Here it is:—

Rules for Treatment.

"To sum up a routine course for a tuberculosis patient:

(1) Outdoor life, prevention of darkness, dust and despondency.

(2) Plenty of second-break wheat or whole wheat in any form.

(3) R. Desiccated suprarenal extract, gr. $\frac{1}{2}$; extract thyroid, gr. 3; nuclein solution, min. 20.

S. One dose three times daily.

(4) Emulsion of cod liver oil with hypophosphite of calcium or calcium lactate. To be taken three times daily $1\frac{1}{2}$ hours after meals.

(5) Tuberculin, $\frac{1}{1000}$ mgm. with $7\frac{1}{2}$ to 15 minims of sensitized vaccine once a week. The fourth day after a dose 15 minims of sensitized vaccine.

It is not customary for physicians to claim that this or that will cure a disease, but I affirm positively that patients in the first and second stages of tuberculosis always get well under this treatment."

Dr. Langsford records four cases to show how smoothly and efficiently his system acts, but it is to be regretted that he does not state how many patients he has treated in the first and second stages of tuberculosis, nor for how long his patients have been under observation.

A good poker warm up routine will accomplish three primary goals. Here's a 3-step routine that will help you accomplish all three and win more often. 20 Rules for 3-Bets that will make your win-rate skyrocket! Advanced PLO Preflop Guide *NEW GUIDE. This guide will help you understand which hands to raise first in in Pot Limit Omaha. Elliot summed up his recommended pre-game routine with this infographic: Elliot put together the A.G.A.M.E. Pre-Session Protocol which is like a mini-training course with downloadable resources that helps poker players play their best game every session. Learn more about Elliot's Pre-Session Protocol here. Follow @ElliotRoe1. For any course of treatment that is above routine medical procedures, the physician must disclose as much information as possible so you may make an informed decision about your care. When a patient has been sufficiently informed about the treatment options offered by a physician, the patient has the right to accept or refuse treatment, which includes what a healthcare provider will and won't do. The best way for a patient to indicate the right to refuse treatment is to have an advance directive, also known as a living will. Most patients who have had any treatments at a hospital have an advance directive or living will. Sign up for our Health Tip of the Day newsletter, and receive daily tips that will help you live your healthiest life. Sign Up. You're in! A dynamic treatment regime is a set of sequential decision rules that operationalizes this process. Each rule corresponds to a decision point and dictates the next treatment action based on the accrued information. We assume that patients in the population have been treated according to routine clinical practice for the disease or disorder prior to the first treatment decision. Consequently, immediately prior to this first decision, patient information would present to the decision-maker with a set of baseline information (covariates) denoted by the random variable S_1 , discussed further below. Of course, potential outcomes for a given patient for all $d \in D$ are not observed. I will share my daily routine with you guys. I have read many answers to this question which says that candidates have studied over 15 hours everyday for years to qualify this examination. I am not someone who could stick to the same routine for a long period of time. So I keep on experimenting and I also change my routine frequently so as to gain more productive hours. The favourite of my routines was something like this: Wake up at 5 am. (I had different alarm apps for this purpose that required me to click pictures of some place in my house that was as far as possible from where I slept; There were also times when I walked straight under the shower as soon as I got up). Read something not related to UPSC preparation for 30-45 minutes.