

to repeated colds, of a tenacious character, that gave rise presumably in time, to congestive complications and to chronic bronchial irritation. These conditions seem later to have induced a state of denutrition, which culminated in symptoms of phthisis. Even bacilli were then found, it was said, in the sputum. As a consequence of this state and in view of the prospect of further ill-health, the patient was directed to resort for several winters to an Alpine sanatorium. There her recovery from the pulmonary affection was uneventful; she did subsequently, besides, it was thought, extremely well.

The analysis then, the reader will say, betrays evidence of a constitutional tendency to tuberculosis. It points to an acquired condition different to the diathesis that we presumed the patient possessed in common with her brother, that is, a tendency to rheumatic affections. No, and this is the important point, we do not think so. On the contrary, we do not consider that the tubercular infection was ever constitutional, of the danger of generalization ever very great. The treatment nevertheless, it will be presumed, to which the patient was subjected, did not differ materially from that prescribed for the generality of tubercular patients. That is, the diet was highly nutritious and contained a large proportion of nitrogenous substances. Unhappily, it is difficult to think otherwise, such was probably the case; no provision was made for what was in all likelihood an exceptional condition. And thus, in contending against the presumption of a marked phthisical infection, the opposite danger was induced, the fatal invitation held out to progressive auto-intoxication, to disturbed mineralisation(*) and to destructive infection.

We will therefore, not be wrong in supposing that had an analysis, or several analysis, been made in the first place, at the period when the bronchial and congestive attacks to which we have referred, were developing, the subsequent history of the patient would have been different. We are justified in supposing that with the observance of the same preventive principles her history would have been similar to that of her brother. Again, we claim that it is not at all unreasonable to conclude that such might have been the case.

For the constitutional tendency to tuberculosis infection displays urological characters essentially different to those that were remarked in the two analyses we have been preparing. We have only to examine the following composite diagram to make this statement convincing:

* See La Mineralogie Biologique Gaube (See Gers), Paris.