

children or adults in apparently perfect health, producing fever with a sort of capillary bronchitis, and marked with an irregular fever, and usually terminating (in from three to six weeks) in death, and when the body is examined after death it is difficult to find any suppurative or ulcerative destruction thereof. With these remarks I dismiss the subject of acute phthisis altogether. The next point I might add here, as it has a little bearing, that, having been occupied at the same time as Villemain in performing experiments by inoculation, and having also tried other methods of producing tuberculosis, I have come to the conclusion, and long since stated it, that the disease produced by inoculation is not a true phthisis. I mention this now because it has a bearing on what may be afterwards said. In all my experiments on animals I have found that, with care, the so-called tubercle produced, invariably disappeared, and with it the malady, whatever it was, which was unattended except at the beginning with any fever; and if I say that inoculating an animal with any cheesy matter or indeed, by any matter, is followed by an eruption of deposits throughout the body, which deposits do not appear to affect the animal, and within five or six weeks disappear and leave the animal as well as before, I think you will agree with me that this cannot be called an acute tuberculosis in the same sense as the other malady, which is rapid in its progress and fatal in its issues. When we come, therefore, to what we call a true phthisis, and examine the lungs of the bodies of patients who have died of phthisis, I think we may without undue refinement classify those lungs under three groups. In the 1st group we shall find that the dominant destructive element is tubercle and its secondary consequences. We shall find in the 2nd group that the dominative anatomical element is Pneumonia, and its secondary consequences; but in the third group, that the dominative anatomical element is fibroid tissue. These are the three groups into which the lungs of phthisical patients may be divided. The first is one in which the tubercular element predominates. The second is some form of pneumonia, and, in the third, the fibroid tissue is the dominative. Now I have purposely used the word dominative. I have done so to protect myself from any adverse criticism which has no just foundation. The lung is a complete organ and several anatomical elements enter into its composition, and when these are irritated by any foreign body each comport itself after the manner of its kind, so you may have,

so to speak, different anatomical results. If the tubercle is implanted in the lung, and the part is susceptible of being irritated, we know that two secondary consequences prevail: one has the form of pneumonia, more or less extensive and the other is some form of fibroid change, and just as the one or other of these secondary results, in the future progress of the case—rapid and febrile in the pneumonic, slow and free from fever if the fibroid—so true is this that it has almost given rise to an axiom that in chronic tuberculosis *per se* it never kills. It is the tubercle, *plus* the secondary effects of the tubercle that is fatal. So, then, I have said that in each of these groups I have advisedly used the word dominative. In the case of three groups I think it right they should receive a distinctive name, and it is important in an art like medicine that new names should not be used if new names can be avoided, and with one exception I have endeavored to frame simple terms. For the first group in which the little body we all understand by tubercle is found I give the name of tubercular phthisis; in the second, pneumonic phthisis; for the third the fibroid element dominates, I give the term fibroid phthisis. At this stage contention begins. It would be averred, certainly in France and by a very considerable number of distinguished men in England, that this group of mine is an artificial and untrue one. They would aver: here is your tubercular phthisis, because tubercular is the dominative agent. We have examined and find out certain histological structural elements in relation to each other. They would say, go to phthisical cases, and if pure phthisis, and you will see the same constituents in each. They have carried this point still further, for, on looking at one of the representations of these drawings, they would say, this it is true gives no indication of tuberculosis, and the effect is this, that as fast as the tubercles were formed it was converted into fibroid tissue. Fibroid tissue, according to this argument, being the simple homologue of tubercle.

Time will not permit, and for my purpose it is altogether unnecessary, to enter into a physiological argument. I do what is much better, I deny the justness of the argument altogether, because I have a much better one. I say that the true criterion of the difference of nature in pathological products is much less likely to be found in the anatomical structure of a thing than in the life history of a thing. Now I contend that if I pass from the dead house into the wards, and ask myself, is there anything in the life history of phthisis which would justify the distinc-