

many of the individuals spoken of are at present now living, I cannot of course, furnish names.

1st.—A family consisting of five sons and one daughter, all appeared to enjoy good health up to about eighteen. Out of this family, three sons died between the ages of eighteen and twenty five, of phthisis: the daughter is still living, although in very precarious health, evidently phthisical. All these were steady, industrious, and peculiarly careful of their health. The two remaining sons, now between thirty and forty years of age, when last heard of were quite healthy. Early in life, these two latter men were of dissipated habits, and lost many situations in consequence of their propensity to drink. One of them at the early age of nineteen, came over from India with an inflamed liver and dropsy, from spirit drinking: he was many months ill, but ultimately recovered. When last seen they were in robust health, but had bloated countenances.

2nd.—A family consisting of three sons and three daughters. They all had the characters of the scrofulous diathesis strongly marked—fair hair, clear complexion, blue eyes, thick lips, &c. The three daughters died of phthisis before the age of thirty: one son of tubercles of the brain.—the two remaining sons are still alive, of irregular habits, but in apparently good health.

3rd.—A young man at the age of eighteen showed every symptom of approaching tuberculosis: he had already lost one brother and sister by pythisis. His medical man advised him to relinquish a profession of a sedentary nature, in consequence of the above facts. He did so, but unfortunately became dissipated. He is now alive, about forty years of age, a confirmed drunkard, and has suffered several times from delirium tremens.

We gather, therefore, from the foregoing observations, that tubercular deposits are eminently dependent as the primary if not the sole cause, on a diminution of the vital force.—2ndly, that in phthisis the body is rapidly consumed by the combination of its elements with oxygen.—3rdly, that the consumption of the body may be retarded by the ingestion of certain highly carbonized substances, as cod-liver oil, &c.—4thly, that it is probable the rapid oxidation of the body may be checked, or entirely prevented by the use of alcohol, or some agent acting in the same way.—*Lancet Dec., 4, 1852*

ON TUBERCULOSIS

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[First let us see what are the conclusions at which Mr. Ansell arrives after a consideration of the blood.]

Mr. Ansell infers, from considering the analyses given by various chemists, Drs. Fricke, Andral and Gavarret, and Dr. Glover, first, that the blood in tuberculosis is deficient in the proportion of red globules; second, that the albumen is augmented in quantity but imperfectly developed and defective in quality; thirdly, that there is an excess of fibrine, but that this principle also is defective in its nature; fourthly, that the watery part of the blood is increased in proportion to the solid constituents; fifthly, that it is not ascertained whether the fatty principle is diminished; and in the sixth place, that nothing very satisfactory is ascertained as to the increase or diminution of the saline principles. A general view of the changes in all these elements and principles in tuberculosis, the author attempts to give in the following diagram.

TUBERCULOUS BLOOD, Defective in vital properties, the essential nature of the defect unknown.	RED CORPUSCLES.	
	Deficient in number	
	Deficient in structure.	{ Globulin deficient. Haematin deficient. Iron deficient. Water in excess. Albumen, in excess but defective in quality. Fibrine, rather below than above the standard, def in quality Fat, probably deficient. Colouring matters modified. Alkaline Salts deficient. Earthy Salts deficient? Lime in excess?
	LIQOR SANGUINIS.	
	Vitiated in quality.	
	WHITE CORPUSCLES.	