onward progress through the lungs, in the majority of cases, follows a distinct route from which it is only turned aside by the introduction of some disturbing element." The credit of this discovery is due to Dr. J. Kingston Fowler, of London, England, assistant physician to the Brompton Hospital, and late pathologist to the Middlesex Hospital. The doctrine is based upon numerous post-mortems (some six hundred) and an extensive clinical experience. It is from this very able physician, whose skill in the examination of the chest has been the admiration of all those who have come in contact with him in his clinical work, that I have derived the knowledge of the subject which I bring before you. I have satisfied myself of this teaching after many months attendance at one of the largest hospitals for diseases of the chest, the Brompton Hospital, where I have personally examined several hundred cases of phthisis.

It is my intention, in this paper, to lay stress upon those points of Fowler's doctrine which have impressed me the most forcibly in my clinical experience; and, further, I shall attempt to advance the theory which, after considering the subject, I have thought would best explain why in chronic phthisis the disease follows a distinct route. Sincerely believing that, should this doctrine which I uphold be true, you will admit with me that after a careful examination of the chest the condition of the lungs in chronic phthisis will be as clear to us as though they were exposed to our view: believing the subject interesting, I will proceed, in the hope that I am not trespassing upon your valuable time. Before continuing further, I would like to draw your attention to a few brief anatomical details which are necessary for the further consideration of the subject.

As you are aware, the apex of each lung rises about one inch and a half above the clavicle. In front, nearly the whole of the left side is taken up with the upper lobe, only the lower extremity of the lower lobes appearing anteriorly. On the right side the upper lobe extends to about the fourth interspace; below this comes the middle lobe, and, as on the left side, only the extremity of the lower lobe is visible. At the back, nearly the whole of the space is occupied by the lower lobes, beginning