

Also, that they varied in number in proportion to the severity of the disease.

In America, pathologists have interested themselves more in the question of the etiology of the disease.

No series of investigations have so far been made to show the bearing which these bodies have on the diagnosis and prognosis.

In order that I might satisfy myself on these two points, I examined the sputa of 40 consecutive cases. The method of staining employed was Ehrlich's. The specimens were allowed to remain in the staining fluid about three-quarters of an hour at 100° F., and afterwards mounted in Canada balsam.

In the majority of the cases the sputa was brought from the hospital by Mr. Patterson, and examined before I had seen the case. The experiments were conducted in this way so as to leave the mind fully unbiased.

Of the forty cases, in about twenty the staining was done by myself, in seventeen it was done by Mr. Patterson, and in three by Mr. Foster. I examined all the slides myself, and also examined most of the patients.

I will now give you a brief history of these cases, together with the results.

Case 1.—Mr. S., my own patient. Physical signs show consolidation of a portion of the left lower and of the right upper lobes of the lungs. The disease is of four or five months' standing, and advancing rapidly.

On the first examination, the bacilli were found in limited numbers, on the second they were found in large numbers.

Case 2.—Miss G., my own patient. Case of rapid tuberculosis of three or four months' standing. Other parts of the body affected as well as the lungs. Few bacilli were found on first examination, but the second proved them to be present in large numbers. Between the times of these two examinations signs of breaking down of the lungs commenced.

Case 3.—Sputa sent by Dr. Cameron;

case of advanced phthisis; patient has since died; bacilli found in very large numbers.

Case 4.—Sputa also sent by Dr. Cameron, with the following history: patient's father, mother, two brothers and two sisters died of phthisis. One brother living is subject to slight cough. In his own case the disease is of three years' standing; slight hæmorrhage at different times; pulse 124, temperature 101; bacilli found in large numbers.

Case 5.—J. F., Ward 13, T. G. H. No history accompanies this case; said to be one of phthisis; bacilli were not found.

Case 6.—B., Ward 14, T. G. H. Has had cough more or less for three years, and has lost flesh; expansion diminished on right side; evidences of consolidation; bacilli were not shown satisfactorily.

Case 7.—C., phthisis. No history; bacilli found on third examination.

Case 8.—J. T., T. G. H. Patient has cough; purulent sputa; evidence of consolidation; night sweats; loss of flesh, etc.; bacilli found in limited numbers.

Case 9.—W., Ward 5, T. G. H. Fifteen months' standing; tuberculosis in both lungs, with pneumo-thorax; patient has since died; bacilli found on third examination in limited numbers.

Case 10.—Miss B., T. G. H. Patient died the day after the sputa were obtained; disease was undoubtedly phthisis; made two examinations and found no bacilli. It is probable that in this case the sputa came from the throat and not from the lungs, as the patient was very weak.

Case 11.—D., T. G. H. Has had cough for the last five years, and has expectorated blood occasionally during the last two years. The whole of the right lung is involved, and part of the left; bacilli found in large numbers on the third examination.

Case 12.—J. B., T. G. H. Had an attack of pleurisy five years ago; has not been well since; shortness of breathing; not much expectoration, with greatly diminished