had never dared to make more than a few *post-mortem* examinations of persons who had died of this disease for fear of contracting it. A law once existed in Itlay by which the proprietor of a house in which a consumptive had died could claim payment for his furniture, which was burnt. It was often difficult there for a person supposed to be consumptive to obtain lodgings.

Over a century ago a reaction regarding belief in the contagiousness of consumption commenced to show itself. Eventually, in Northern Europe and America especially, doubt developed into general disbelief. In the warmer latitudes however the opinion favorable to contagion never lost its hold; and the reaction and more recent general beleief in its contagiousness have paved the way to more rational and accurate views, based on modern scientific investigations, which will be generally accepted. The recent investigations of Kock have resulted in making belief in its contagiouness quite irresistable.

Dr. Wm. Budd in an article on the nature and propagation of phthisis (Lancet, Lon. Oct. 12, 1867), took strong ground in favor of contagion. He concluded that "tuberculosis is a true zymotic disease of specific nature, in the same sense as typhoid, scarlet fever, typhus, syphilis, etc., are: and that, like these diseases, tuberculosis never originates spontaneously, but is perpetuated solely by the law of continuous succession. The evidences of this he finds in,—(*a*) Considerations based on the pathology consisting in the evolution and multiplication in the organism of a specific, morbid matter. (*b*) Actual instances in which there is evidence to show communication from one to another. (*c*) The geographical distribution of phthisis, past and present, and especially its fatality now in countries which were entirely free from it when first dicovered by Europeans. (*d*) Its greater prevalence in low levels and crowded communities, and entire absence, except by importation, at high levels. (*e*) Its high rate of prevalence in convents, harems, barracks, penitentiaries, etc., the same conditions known to propagate zymotic disease.

When the South Sea Islands were first discovered, Dr. Budd says, there was no phthisis there; but since the aborigines have come into contact with Europeans, the disease has become so wide-spread as to threaten their extermination. The late Dr. Rush, of Philadelphia, who made accurate inquiries, satisfied himself that there was no phthisis among the American Indians when America was discovered, whereas now it is very common and very fatal among them. In Africa, everywhere along the sea-board, says Dr. Clapp, where the blacks have come into constant and intimate relations with the whites, there has been a large mortality from the disease; but in the interior, where there has been only occasional contact with a few great travellers, the disease has not been found. Of this fact Dr. Livingston and other African travellers have given Dr. Budd positive assurance.

Both in Canada and the United States many cases have been recorded most strongly and clearly corroborating the correctness of the theory of the contagiousness of the disease; while scores of scientists in Europe have proved it by recent experiments of inoculating various animals with tuberculous matter, both from other animals and from man.

The tubercle bacillus is doubtless somewhat peculiar, requiring a more special soil for its development than the infections of many other diseases, such as small-pox, scarlet fever, &c., thus making consumption contagious in a much less marked degree than these epidemic diseases. The infection of tuberculosis will only take root, or develop and grow, in a specially susceptible subject, while it does not, it appears, as does the infection of typhoid fever, and of some other epidemic diseases, develop at all outside a living body. The soil must be fertile or the bacillus will not take root and grow.

(To be continued.)