

supply of alcoholic beverage, or some such compound, have this protecting influence? I think it likely that if any such agent be discovered it will be found among that class which have all a like preservative property when used extrinsically to the body.

In Hasse's work, edited by Dr. Swaine, it is stated, "for the most part this is traceable to a catarrh, which, after a first attack, leaves perhaps but a slight cough behind, but, on frequent repetition, gradually and irretrievably lapses into confirmed phthisis; or the disease, almost equally often, sets in with hæmoptysis." If the author means by this the commencement of the disease, I cannot agree with him. I regard these symptoms as quite of a secondary nature. Although I am well aware that tubercular disease of the lungs has been considered the result of inflammation, yet I am disposed to believe that this is erroneous, and that tubercle is deposited in consequence of a peculiar state of the system, in which the transformation of the tissues has not been carried out in perfect equilibrium; and that when deposited, the tubercle may, and often does, remain for a longer or shorter period, without creating much local inconvenience or disturbance. This will, however, greatly depend on the amount deposited, and on its rapidity, as well as on other collateral circumstances; and the catarrh, inflammation of the lung, pleurisy, hæmoptysis, &c., are entirely dependent on the mechanical irritation caused by the presence of the tubercle. I am strongly of opinion that the deposition of tubercle may be much more general than is believed, not necessarily shortening life, or perhaps inducing ill-health: but I think it both possible, and very probable, that whenever the vital tonicities are sufficiently lowered, this deposit may take place in any organ. Dr. Carswell thinks it possible that tubercle may be absorbed; and if deposited on the mucous membrane of the air passages, or of the bowels, I cannot see why it may not be thrown off and ejected, as any other foreign matter.

Dr. Addison, having examined with a lens many apparently healthy lungs, absolutely found tubercles deposited more or less abundantly in one-third. From a perusal in Laennec's work, it seems evident that although he had by no means satisfied himself as to the mechanism of the tubercle, yet there appears little doubt he regarded it as a deposit taking place from some unknown cause, and he appeared strongly averse to the opinion that it was the result of inflammation. M. Louis alleges, that, with one single exception, he never found tubercles in any other organ without their existing in the lungs at the same time, inasmuch that he seems positively to consider their presence in the lungs as essential to their development in other parts. I am disposed to believe that tubercle may be deposited in any other part where metamorphosis of tissues occurs; yet I think it more likely to happen in the lungs, in consequence of a more full and energetic action of oxygen taking place there than in any other parts of the organism. Hasse says that, in that acute form of tubercular phthisis which often proves fatal in the third week, the vital symptoms are very peculiar, bearing a close resemblance to those of typhus fever, as to lead to mistakes, and the diagnosis can only be ascertained by the stethoscopic sounds? In corroboration of these views, I examined a man at the convict prison, who had been ill a few days, and diagnosed the case typhus. He lived about a fortnight, and on a post-mortem examination, the whole of both lungs were completely studded with tubercles which had not yet formed communications with the bronchi, and tubercular deposits were found also in the abdomen and head. The late Dr. John Taylor of University College Hospital, informed Mr. Millner that he had seen two similar cases, and that in both the disease at its commencement had been considered to be typhus. Now I regard these cases as the result of a very marked deficiency of the vital force. Hence, during a very short period the protein compounds were so rapidly acted upon by the atmospheric oxygen, that the disease began and finished in the course of a few weeks—indeed, the rapidity of the tubercular deposit are so great, that patients absolutely die before the disease has extended further than simple deposition. As some proof of the views I entertain, I will relate one or two instances which have occurred immediately under my own eye; but as