

In the past few years pathology has made rapid strides, bacteriology, a new science, has been rapidly developed, and not many years ago Koch startled the whole civilized world by his announcement that he had discovered the germ of tuberculosis, of phthisis. He had unearthed and brought to light the deadly bacillus which for hundreds of years had been doing its pernicious work wrapped up in the blackest obscurity, and fully exposed it to the scrutiny of the medical profession.

The importance of this germ, the importance of the disease which it produces, can be inferred from a quotation which I have taken from Dr. Ransome in his Milroy Lectures, an abstract of which appeared in the *Lancet* of the 8th, 15th and 22nd of last March. "Tubercle," he says, "at the present day carries off annually nearly 70,000 persons in the form of phthisis at ages between fifteen and forty-five, the most useful stages of human existence. It kills more than one-third of the people who die, and nearly one-half between fifteen and thirty-five." A disease so formidable, so generally distributed, and so frequently fatal, has justly demanded our serious consideration.

I would call the lungs the hot-bed of tuberculosis, that part of the animal organism for which the bacillus seems to have a peculiar predilection, invading its substance in a definite "line of march," and leaving in its wake disintegration and death.

Regarding the localization of the lesion in chronic phthisis and its mode of advance, the majority of writers in medical literature seem to be of the one opinion. Walshe, Roberts, Powell, Fagge and others teach that the process generally begins at the apex and extends towards the base. I quote the following from Fagge, as it embodies best the general opinion: "It has long been known," he says, "both to physicians and to pathologists, that the upper part of the lungs are almost invariably affected with phthisis, in whatever form, before the lower parts; and that in all but the most exceptional instances, the disease spreads downwards from apex to base with almost perfect regularity." Something more definite has since been discovered. It has been demonstrated that the lesion does not spread uniformly, or with perfect regularity from apex to base. But "the disease in its