his place in the world again with a reasonable expectation of life. This fact cannot be too widely or too fully recognised, that it is in the preliminary stage only that permanent success can be looked for. Post-mortem evidence is constantly proving the fact that a *small* tubercular lesion is capable of healing up and forming a scar; but it is only the small lesions that recover. Where larger lesions are discovered, it generally happens that the patient has died of tubercular disease. An incipient lesion is curable, but where larger ones are present "cure" is rarely obtained. Quiescence of the tubercular process may be induced, but this quiescence is only temporary.

In the cases, then, of confirmed or advanced disease, the strict enforcement of a hygienic life is of less importance, because, although temporary improvement is obtained, the chance of complete arrest of the disease is but small, and the temporary recovery may be obtained by less irksome means. To the incipient consumptive, on the other hand, the hope may always be held out, in the first instance, that there is a possibility of complete arrest of the disease, which is worth the sacrifice for a time of personal comfort, and even of personal liberty. A few months of such treatment will suffice to show whether ultimate recovery may be looked for; but if, from the virulence of the poison, or the small resisting-power of the patient, the disease progresses, it is best to let the patient recognise the inevitable, and to make his remaining days as comfortable to him as possible.

Assuming, however, that recovery is not only possible, but probable, it remains to be considered whether special climatic conditions are essential to success. Much has been written and spoken on this question, and from the mass of opinion hitherto expressed, we may select these few points, upon which most experts are agreed. The air which the patient breathes must be as free as possible from organic and inorganic particles. If such freedom can be obtained, it does not appear to be of much importance whether it be at a greater or lesser elevation above sea-level. The deleterious effects of an atmosphere charged with organic particles has been clearly proved by Dr. Ransome in his Weber-Parkes' prize essay. The danger of contamination by inorganic particles is only great where such particles can act as carriers of organic matters. Dr. Cornet's oft-quoted observations all went to prove that the dust to which he traced so much evil was not in itself the cause of disease, but that each particle of dust might be the vehicle for infective material. The dust of a town is therefore more dangerous to the consumptive than the dust of the open country, provided that there be no consumption among the inhabitants of the district.

The ancient idea that the exhalation of pine-trees is "good for consumption" does not rest upon any trustworthy basis. If it could be shown that infective organisms are destroyed by such exhalations, then it would be fair to regard the forest air as purer than that of the surrounding country; but such an explanation has not yet been demonstrated.

One other atmospheric condition would seem by Dr. Ransome's recently-published observation to be essential in preventing the

536