

ther ascertained that his real claims were those of invention, vested with the flimsiness of speculation, unaided by the solidity of duly appreciated facts, unfounded in morbid anatomy, and inferred by a wrong analogy. Such, indeed, we have found them, and unhesitatingly deny the existence of the diseases he has elucidated. Our position is maintained by the simplest proof.

Fibro-bronchitis, according to Dr. B., is seated in the fibrous and cartilaginous tissues of the tubes, p. 18, which he believes to be more frequently the seats of rheumatic inflammation than any *other white tissues* in the body, p. 125.

These passages expressly declare the site of the disease, and that it is of the nature of the tissues affected by rheumatism. Other quotations, if necessary, might have been added in confirmation. The author's belief is evident, and it is easy to conceive the happy extension—the new disease—it suggested. He has, however, been too premature in its announcement, for rheumatism is a disease peculiar to white fibrous tissue, not a strip of which is to be found in the bronchi. The walls of the bronchi are partly formed of yellow elastic tissue, which is as different to white fibrous tissue as caoutchouc is to leather, and which is never the seat of rheumatism. The two textures are as unlike in elementary constitution and physical properties as they are subservient to separate uses and distinct diseases. Had Dr. B. first made sure of the kind of fibrous tissue in the bronchi, where now would be his fibrous bronchitis? Passing from this to the other so-called site of the disease, the cartilaginous tissue of the bronchi, Dr. B. is opposed by equally insuperable objections. Cartilage never inflames, and only becomes diseased by contiguity with other textures so that as there is no adjoining tissue diseased in fibro-bronchitis, the cartilaginous structure of the bronchi cannot be involved. And again, this texture is only present in the larger tubes; it does not exist in the smaller, which, as we glean, fibro-bronchitis always, and often alone attacks. From the preceding, then, it is evident that a disease has been forced upon structures to which it has no relation, and with which it is incompatible; in consequence of an erroneous conception of their normal constitution and disposition.

Let us now turn to Dr. B.'s other disease rheumatic pneumonia. This may be dismissed with a shorter notice, for it is merely a caudal appendage to the first, without which it could not be developed, and upon the extinction of which it inevitably perishes, because "it is never idiopathic, but occurs as a secondary lesion, and is always symptomatic of and directly dependent on pre-existing fibrous bronchitis," p. 17. This simply means, as may be learned 109 pages further on, that the bronchitis, by extension, causes the pneumonia. If these were the ordinary diseases, then would we most emphatically contradict the statement; for