

think that most of those of you here to-night, who have given even a small amount of attention to the subject will agree with me that this view as to the incurability of tuberculosis had more influence than any other single factor with which we are at present acquainted, in interfering with the successful treatment of a disease that should, I venture to say, now be looked upon as amongst the most curable—when taken early enough, treated under proper conditions, and for a sufficiently long period.

If modern pathology had been responsible for nothing beyond the effect that its findings have had on our ideas concerning the course of the tubercular processes, especially in the lung, it would have more than justified its claim to be one of the most important, if not the most important, of all the sciences ancillary to medicine.

I am here to speak as a pathologist, and it is possible, nay, even probable, that some of you may be of opinion that I claim too much for my subject; but of this I am convinced—that the more closely the pathology (including morbid anatomy and histology as read in the light of recent bacteriological discoveries) of tuberculosis is studied in the cases that come under the observation of your physicians, the greater will be the influence of the work ultimately done in this Institute. The cure of the individual must, naturally, be the most pressing and important claim on all those engaging in this work, but it must be remembered that there are far wider reaching questions behind and beyond this—the early detection of the disease, if treatment is to be most successful; and the prevention of the disease, if the community is to derive the greatest benefit from the warfare now being carried on; and these must be worked out, not in the ward merely, but also in the side-room and in the laboratory.

I have said that it is only during recent years, that much has been heard of the curability of pulmonary tuberculosis, but it must be borne in mind that after the first shock produced by the observations recorded by Rokitanski and by Virchow had lost some of its force, a number of observers drew attention to the fact that in the lungs of old people who had succumbed to diseases other than those of tuberculous origin there could often be found local apical thickening of the pleura or, still more frequently, deeply pigmented irregular scars which were evidently the result of some considerable loss of tissue at an early period of life. My attention having been drawn to this fact, I took the opportunity, after I had been appointed pathologist to the Edinburgh Royal Infirmary, to make a careful search for evidence of what I might speak of as healed tubercular lesions, and I found that in old people such evidence was to be found in at least one out of every three who came to the post-mor-