

hundred cases. I lean to the opinion, though possibly difficult to prove in every case, that primary basic phthisis, *per se*, does not exist, but is the outcome of some affection non-tubercular which has materially weakened this part of the lung and left therein a suitable nidus for the bacillus. Among some of these diseases affecting the base of the lungs are the following: pleurisy with collapse of the lower lobes and sinking in of chest wall; pleurisy followed by cirrhosis and bronchiectasis; foetid and gangrenous processes; chronic pneumonia, etc. A careful history of the case and a thorough examination of the chest must necessarily be of great assistance in the diagnosis of this lesion; and particularly the finding of the disease in any of the usual foci heretofore mentioned. Da Costa, in his work on Medical Diagnosis, says "that many of the reported cases of tubercle affecting primarily the lower lobe of the lung are in reality cases of tubercle following chronic pneumonic consolidation." Furthermore, he says "that in these cases, as the disease advances, a deposit takes place in the apex of the lung previously sound; so long as this is not involved there is reason to conclude against the tuberculous character of the deposit." When it is found, it is my belief, which I have previously mentioned, that the cause of this inversion in the course of chronic phthisis is due to some other affection which has materially interfered with this portion of the lung. I conclude the first part of my paper, repeating Fowler's doctrine "that chronic phthisis in its onward progress through the lungs, in the majority of cases, follows a distinct route, from which it is only turned aside by the introduction of some disturbing element."

I have frequently asked myself, Why it was that the disease followed this regular march? Certainly this usual course that it takes cannot be put down as purely accidental. What are, then, the influences? Admitting that some constitutional change is required before the bacillus finds in the lungs a suitable habitat, it is my belief that the bacillus in chronic phthisis will seek those parts of the lungs, and grow, where it will be the least disturbed by the respiratory movements. No theory to me seems better calculated to explain the course of the disease in