

the cells themselves. Certain it is that here more particularly the tuberculous process may manifest itself.

*A priori*, one would think that the bacilli having once gained a footing in a part would continue to grow and spread from this focus, that growing, their concentrated toxins would depress the vitality of surrounding cells rendering them an easy prey, so that, of necessity, once the disease was established in the system it would go on from bad to worse with progressive invasion, poisoning and destruction of the tissues throughout the body until a merciful death ended the scene. This does occur in some cases in which the tissues seem to have no resisting power, but as a matter of fact it is by no means necessarily or usually the case. Progressive invasion we know, is the exception, not the rule. As a matter of interest I looked last week through the records of the 139 post-mortem examinations performed last year in my department at the Royal Victoria Hospital, and I found that while there were 18 cases out of the total, or 13 per cent. in which tuberculosis had assumed a progressive character and had surely been the cause of death, there were 41 cases, 29.5 per cent., or more than twice as many in which there was absolute evidence of old arrested or even healed tuberculosis (there were in addition three cases of progressing tuberculosis in which death was from some other cause.) The disease, as has been often stated before, is more often arrested in man than it is fatal, and the process in this arrest and healing must, from every consideration, be not so much by local effort as by the co-operation of the other tissues. We have clear evidence that this is so. Just as in typhoid fever so here, it has been shown, more particularly by Courmont, that the blood and body fluids of tuberculous patients contain a substance not present in healthy blood, a substance which causes the clumping of the tubercle bacilli. And, as pointed out long ago by Koch, if an animal has tubercular infection of one region, say the eye, the injection of virulent tubercle bacilli into another region at a distance, say the skin of the flank, leads it is true to a temporary local inflammation during which the bacilli are destroyed, but it is followed by no local development of the disease proper and by no extension from that region; a clear proof that under ordinary conditions the primary local development of the disease is accompanied by the development of increased resisting powers on the part of the rest of the tissues. Here again there is adaptation by means of which these other tissues of the organism as a whole reinforce the local effort tending to produce so much antitoxic or anti-bacterial substance that at last the system overwhelms and arrests the local growth of the bacilli.

I have not seen this matter hitherto worked out adequately, and as I believe it is useful to present to those interested in our work, even