pulmonary phthisis, or consumption. The following remarks upon the subject from the *British Medical Journal*, of January 8th (inst) will prove of interest. It is, as Professor Hirsch remarks, emphatically a disease of all times, al countries, and all races. No climate no latitude, no occupation, no combination of favoring circumstances forms an infallible safeguard against the onset of tuberculosis, however such conditions may mitigate its ravages or retard its progress. Like typhoid fever, pythisis dogs the steps of man, wherever he may be found, and claims its victims amongst every age, class, and race. A summary of results shows that the average number of deaths from phthisis is about 3 per 1,000, or nearly one-seventh of the total mortality.

The first fact which comes out clearly from Professor Hirsh's tabulated data is the relatively large mortality from phthisis in the large centres of population. Thus Vienna has a death-rate from this cause of 7·7 per 1,000, or more than twice the general average, Pesth is credited with 6·9 per 1,000. Brussels with 5.6, Stockholm with 4·1, Munich and Glasgow with 4, Berlin and Dresden with 3·8. In the smaller towns the rate sinks to 3 or 2·5 per 1, 000, and in rural districts the mortality is still less.

Many facts are at hand to show that an increased liability to phthisis goes *pari passu* with rapid growth of population and especially with the massing together of large bodies of workers engaged in arts and manufactures. Impure air and bad hygiene are undoubtedly the most potent factors in the genesis of the disease, and take precedence even of hereditary predisposition and imperfect nutrition. Among nomad tribes, such as the Krighiz of the Central Asian steppes or the Bedouins of Arabia, the disease is practically unknown, but there is much instruction and warning for us in the fact that when, as sometimes happens, these wandering tribes settle in the towns their immunity immediately ceases.

The influence of geographical position upon phthisis turns out to be much less than currant opinion would indicate. We are prone to regard it as essentially a malady of temperate latitudes, and of the Anglo-Saxon race, but more accurate statistical information proves that it is very virulent in many warm countries, and that some of the inferior races, such as the negroes, the inhabitants of the West India Islands, and the people of the South Seas suffer more in proportion than the nations of Europe. It will be a great surprise to many people to learn that the death-rate from phthisis is as high in sunny Italy as in foggy England. Those who hold the old-fashioned notion that damp and cold are the main causes of phthisis will be puzzled to account for the almost complete immunity enjoyed by the inhabitants of the Hebrides and the Faroe Islands. Latitude is not, however, without a distinct influence, both upon the prevalence and the type of phthisis. The disease becomes rarer as we approach the poles, and is extremely infrequent within the limits of the Arctic and Antarctic Circles. In the Tropics the disease does not conform to the ordinary chronic form familiar to medical observers in this country, but in the brevity and severity of its course approximates rather to acute tuberculosis.

While the influence of latitude is comparatively slight, irregular, and apt to be counteracted by other conditions, that of altitude is most potent. Among the higher Alps, the Andes, the elevated plateaux of Mexico, Persia, and South