tubercles next appear at the apex of the lung heretofore free. The disease here has the same localization as in that part of the lung previously affected; and the lesion grows and advances in the same manner along the same lines. It shows itself usually before there is extensive disease at the apices of the lung first affected. The apex of the lower lobe of that side next becomes involved, usually in a similar way to its fellow on the opposite side. It presents no other peculiarities; the patient usually dying before the lower margin of the lung is reached. This is the usual distribution of lesions in chronic phthisis, and it is only in chronic phthisis that this route can be anticipated. Cases in which the signs are distributed more or less generally over the chest, not following "the line of march," are usually more acute cases which are running a quicker course, or some chronic case, in the beginning, which for some reason or other has taken on an acute action.

Cases are met with, however, in chronic phthisis in which the disease does not follow this usual course, but it is only the exception which proves the rule. A different site from the usual one of the lesion in the apex of the lung secondarily affected has been in some cases found by Fowler; it is close to the intercostal septum and corresponds on the chest wall to the superior axillary region. We sometimes find what he calls a crossed lesion. The disease beginning, say, at the right apex, instead of appearing next in the apex of the lower lobe of that side, it appears in the apex of the left lower lobe. Fowler also mentions a case found post-mortem, with evident signs of two separate attacks of phthisis. The old lesions of arrested phthisis occupying the usual site in the upper and in the lower lobe, and below these are recent lesions of a second attack of phthisis, totally separate in point of time from the first.

We come now to what I think is the most important exception to Fowler's doctrine, and that is—basic phthisis. All are unanimous in saying that in chronic phthisis the disease usually begins at the apex; and all agreed as to the rarity of the primary lesion beginning at the base, the frequency of its occurrence being put down by some statistics as low as one in a little less than five