

tubercular in their nature, and may have been the local focus from which the general tubercular condition, including that of the lungs, has been established. A patient who has no tubercular taint in his family history, and who has never previously suffered from a respiratory, lymph-gland or bone disease may, if exposed to the infection of tuberculosis, contract the disease himself. In illustration of this point I would briefly cite a case which came under my care last spring. J. R., æt. 24, a school-teacher by profession, no suspicion of tuberculosis on either side of the family, father and mother, brothers and sisters, all in good health. He came to me with the usual history—pain in side, cough, expectoration, emaciation, lassitude. Physical examination revealed a well-marked cavity in right apex. Tubercle bacilli were found in sputum. A year previously he had roomed with a young man (since dead) who was then suffering from pulmonary tuberculosis. I have no doubt that this was a case of pulmonary tuberculosis contracted from his room-mate.\* Every physician of experience can, no doubt, recall similar cases; and such cases force upon us the necessity of isolating so far as possible all patients suffering from tuberculosis.

A case of pulmonary tuberculosis may present a clinical history of considerable variations. The case may have commenced as an apparently ordinary bronchitis or lobular pneumonia, from which the patient did not make a good recovery—from which, as he will tell you, he never got well. This initial bronchitis is then said to have been the cause of the tubercular trouble, the disease having "run into" tuberculosis. These affections are never the cause of tuberculosis. Tuberculosis is a specific disease due to the admission into the human organism of a specific germ. All that an ordinary bronchitis or pneumonia can do in the way of causation is to prepare the organism for the lodgement, growth, and propagation of the specific germ. They may, therefore, be said to be predisposing but not exciting or direct causes of tuberculosis. Of course, it is not to be forgotten that these affections may have themselves been of a tubercular nature. The onset of pulmonary tuberculosis may have been sudden and severe, characterized by symptoms closely simulating those of

\* Since writing the above, have heard of this patient's death.