

be introduced into the blood with the food, and having a nutrition peculiar to itself, differing from that of the cellular and muscular structures. Hence, the diminution of vital force is not exhibited in the nervous system, but as conductors of the force generated by the change of matter in the whole system, the nervous system remains intact. The particular condition of the vital force is nevertheless manifested through the nerves: hence activity and action without power, morbid irritability, &c. It is the highest manifestations of the vital force dependent upon nervous structure, as sensibility and mental phenomena, which so frequently remain unaffected during the physical degeneration. These phenomena are often rather augmented than diminished, the nervous matter, although perfect in structure, being more exposed from the waste of its cellular coverings; hence, frequently increased sensibility to impressions in tuberculous subjects; and this occurring in the predisposed from the earliest age, and throughout a series of years acuteness of intellect is often exhibited.

"In estimating the symptoms of tuberculosis in a practical point of view, their absolute value, taken singly, is comparatively little, since one and all occur in other diseases. It is the relative value—the association of several—or the harmony of many in one case; the manner in which they arise—and their mode of succession—which distinguishes them from the symptoms of other diseases, and assists us in the differential diagnosis. Many of these symptoms are found associated in chlorosis, simple anemic debility from venereal excesses, and other conditions of the economy. To those who have well considered the details of the tuberculous constitution, the difficulty of the diagnosis is considerably diminished. The symptoms, viewed in combination and relatively, rarely mislead, especially when they are decided in their development, constant and progressive. In difficult cases our judgment may be frequently determined by a knowledge of the antecedent existence, or the absence of the predisposing and inducing causes—as, for instance, of the hereditary taint, or a long-continued anti-hygienic regimen. In reference to the general disease, it is to be kept steadily in mind, that the diagnostic object is not to determine whether a local tuberculous development exists—tuberculosis pulmonalis or abdominalis—but rather to determine whether the patient is truly affected with the blood disease, and thereby threatened with its local manifestations. The successful treatment of the disease of the blood in this stage, based on a knowledge of its nature and cause, is, in many instances, certain. The successful treatment of the disease, after it has localised itself, is frequently impossible.

"While I refer all the symptoms described to the tuberculous state of the blood on the one hand, there is frequently, as they present themselves in various groups, a direct relation subsisting between them and the pathological effects of tuberculosis, to be described in another chapter. The defects of the osseous system arising from perverted organisation and nutrition of the bones, are in direct relation to the scrofulous affection of the bones, which so frequently occur. The malnutrition of the lungs and thoracic parietes are in direct relation to the occurrence of the disease of the lungs. The weak organisation and depraved digestive fluids of the alimentary canal taken with bad diet and other anti-hygienic influences, are in direct relation to mesenteric phthisis. Again, as illustrating the relation of cause and effect in the ultimate result, while the subjects of tuberculosis are fed with unwholesome and insufficient diet, they present after death, more frequently than other tuberculous subjects, pathological lesions of the alimentary canal. Fourcet states that tuberculous subjects who had been fed on sufficient and wholesome diet, scarcely ever experienced disturbances of digestion until towards the close of life, and after death he did not find a trace of intestinal tubercularization, while in those who, on the contrary, had been badly nourished for a long time, the dyspeptic symptoms were very prominent, and intestinal tubercularization was almost constant. I believe this statement to be somewhat too exclusive. But at the same time the complicated relations subsisting between—1, the effects of the blood disease and the local disease; 2, the effects of the external agencies on the