

the organism. And yet again, this condition of the air cells, or of the respiratory lung-membrane, may be the result of dust-breathing.

From the almost invariably small respiratory capacity in the early stage of phthisis, we must infer that a measure or degree of this condition had existed for some length of time, and prior to actual symptoms of the disease. Only through time, many months at least, could such a condition have been brought about.

Besides my own collective investigations on this point, as published in a pamphlet in 1882, and in my recent book, page 98, in which it is shown that the average measurements of the chests of a large number of cases was only five-sixths of that of a fairly well developed chest, Dr. J. E. Squire, physician to the North London Hospital for Consumptives, in his book of three or four years ago, gives a table showing that "the average quantity of air expired after a full inspiration for different heights in health" is about fifty per cent. greater than that "which can be expelled by persons of similar height in the early stage of phthisis."

Farquharson, in his work on Ptomaines, says: "Every arrest or diminution of the respiratory functions is necessarily followed by the retention of toxic physiological debris in the body."

On every hand we have symptoms of diseased conditions, mental and physical, from self-intoxication, by no means confined to intestinal intoxicants. The soil factor at least of our fevers is doubtless of this nature.

Now what are the early symptoms—the pretubercular symptoms—as they have been termed, of tubercular pulmonary phthisis? Are they not just what we would expect from auto-intoxication?

And what, let us consider deeply and well, is this soil factor in tuberculosis, this long and well-known, but not well understood predisposition? It is certainly not a negation, a shadow, simply a want of vitality. It is a tangible something. And I am convinced, it is a self-poisoning from imperfect respiration; briefly, want of breath.

My object is to divert our attention and action from the tubercle bacillus as a cause of this disease to the true cause. This organism is but a sequence, doubtless of benign origin.

There are signs, a few, of the passing of the bacillus tuberculosis. When we cease to wage war upon it, and endeavor to provide oxygen for this unfortunate class, a very large class, of non-breathers, we may hope for a decrease instead of an increase, as there appears to have been of late years, in this most destructive of all diseases.

It has always been contended that there are cases of phthisis without the bacillus. It now appears we have real tubercles produced by