

Prof. Peters in the *Gazette des Hôpitaux*, Aug., 1873. gave the following explanation: The apices of the lungs are the most frequently attacked by tuberculosis, because they contain less blood, and, owing to the comparatively immovable character of the chest walls, there is less ingress and egress of air. The difficulty of inflating the apices is also to some extent due to the way in which bronchi leading to these parts branch off from the main tube. This can be demonstrated in *post mortem* conditions when, owing to passive congestion and to the presence of hæmorrhagic foci, the lower portions of the lung are not sufficient for the aeration of the blood,—greater expansion of the part is absolutely necessary, and the patient is compelled to use greater efforts in respiration, which results in greater dilatation of the air cells in the apices of the lungs. Under such circumstances there is less tendency to the development of tuberculosis.

He called attention to the pathological changes, which were: (1) A change in the capillaries in the walls of the air spaces. These are dilated and tortuous, and project into the air spaces. The degree of dilatation varies very much.

(2) A thickening of the walls of the air spaces due greatly to the growth of smooth muscular tissue and partly to an increase of the connective tissue.

(3) The deposit of pigment.

(4) The formation of cells within the inter-spaces. In considering these changes, one might at once conclude that some at least are of no value in preventing tuberculosis,—for instance, fibroid thickening and the deposit of pigmentary matter.

There are then four conditions present which may aid in the prophylaxis of phthisis: (1) Increased pressure of the pulmonary circulation. (2) The presence of transuded serum in the tissue. (3) The increase of involuntary muscular fibre. (4) The presence of an increased number of leucocytes in the alveoli.

The essayist was much more inclined to agree with Peters, that the passive congestion of the lungs acts as a prophylactic by producing an increased amount of chest movement especially in the apices, thus expanding the alveoli. The increase of involuntary muscle fibre, which is more especially referred to by Rindfleisch, enabled the patient by coughing to expel foreign matter from the alveoli and bronchi.

This paper was discussed by Drs. Wm. Osler and Blackader.

The rest of the papers, for want of time, were read in part, or a few of the leading points referred to by their authors.

"Militia Medical Reorganization" was the subject of a paper by Dr. W. Tobin, of Halifax.

"Tetany following Scarlatina" was the title of a paper by Dr. J. B. McConnell, of Montreal. See page 573.

Dr. F. J. Shepherd reported a case of Excision of the Scapula.