But now, even if temporarily the general health is depressed, the history may be very different. The tubercle bacilli at the point of entrance, or it may be when they are carried into the circulating lymph or blood, are not necessarily destroyed. In many parts of the body they are, but if the organism possesses an Ireland—a region of constitutional weakness with poor circulation, and poor nutrition—if by chance the bacilli find their way into this, the cells cannot destroy them, but on the contrary they multiply, produce their poisons, killing the cells and developing a focus of inflammation—a tubercle. Such a region, as everyone knows, is the apical part of either lung. From its relationship to other parts there is there poor circulation and nutrition, and, added to this—although here remembering my simile, I must speak delicately—there may be something innate in the properties of the tissue cells themselves. Certain it is that here more particularly the tuberculous process may manifest itself.

A priori, one would think that the bacilli having once gained a footing in a part would continue to grow and spread from this focus, that growing their concentrated toxines would depress the vitality of surrounding cells rendering them an easy prey, so that, of necessity, once the disease was established in the system it would go on from bad to worse with progressive invasion, poisoning and destruction of the tissues throughout the body until a merciful death ended the scene. This does occur in some cases in which the tissues seem to have no resisting power, but as a matter of fact it is by no means necessarily or usually the case. Progressive invasion we know, is the exception, not the rule. As a matter of interest I looked last week through the records of the 139 post mortem examinations performed last year in my department at the Royal Victoria Hospital, and I found that while there were 18 cases out of the total, or 13 per cent. in which tuberculosis had assumed a progressive character and had surely been the cause of death, there were 41 cases, 29.5 per cent., or more than twice as many in which there was absolute evidence of old arrested or even healed tuberculosis (there were in addition three cases of progressing tuberculosis in which death was from some other cause.) The disease, as has been often stated before, is more often arrested in man than it is fatal, and the process in this arrest and healing must, from every consideration, be not so much by local effort as by the co-operation of the other tissues We have clear evidence that this is so. Just as in typhoid fever so here, it has been shown, more particularly by Courmont, that the blood and body fluids of tuberculous patients contain a substance not present in healthy blood, a substance which causes the clumping of the tubercle bacilli. And,