

of the supra-spinous region has placed the diagnosis beyond doubt. For the practitioner adopting this doctrine, it is evident that an examination solely of the apex anteriorly, at an early stage, may prove unsatisfactory, if not misleading. If I am content with making an examination of the front and upper part of the chest, believing that if there be phthisis the part examined will reveal it, cases will go undiagnosed at a time when diagnosis is most essential. The disease next tends to spread downwards at about three-fourths of an inch from the surface of the lung anteriorly, as demonstrated by Fowler in the post-mortem room; and is mapped out on the chest-wall by a line corresponding to one and a half inches from the inner ends of the first, second and third interspaces. The disease here is made up of new foci, occurring in nodules, with normal lung tissue intervening. Certainly, as the disease progresses, a time will come when, by the softening and extension of these nodules, there will be physical signs of extensive disease anteriorly. But this does not take away from the fact that the disease, in the first instance, occurs nearer the posterior surface and tends to spread backwards. Cases have been met where cavities had formed at the posterior part of the apex when anteriorly nothing but scattered nodules were found.

The other and less frequent site of the primary lesion is in relation with the first and second interspaces, below the outer third of the clavicle. It spreads downwards, and an oval portion of lung is involved. When this is the site of the primary lesion, Fowler has found that the progress of the disease is more rapid. I have not as yet been able to get enough evidence to satisfy myself on this point.

The middle lobe does not take as important a part in the disease as the other lobes. It is rarely primarily affected, and usually after the disease in the upper lobe is far advanced, and often escapes altogether.

The next point at which the disease shows itself, till announced by Fowler, has been totally disregarded in medical literature. It is situated in the apex of the lower lobe of the side primarily affected. The disease occurs here early, long before there is