

caused phthisis when introduced into the system under favoring conditions.

The death rate from tuberculosis in some cloisters has been as high as fifty per cent., and in many prisons it has risen above sixty per cent. And the loss of life from this cause among manufacturers is said to be twice as great as that of agriculturists.

After many years of regular, though not constant, relations with phthisical patients, my experience leads me to the conclusion that either the disease is never contagious in the common acceptance of the term, or else the physicians whom I have known under similar conditions to myself are especially exempt from such influences. And the former seems the more rational conclusion; but, on the other hand, it has been amply demonstrated that persons living in permanent intercourse with these patients often become infected with the disease. Moreover, the examples of its dissemination under these circumstances are too frequent to be accounted for by mere coincidence. Indeed, the mortality among nurses between the ages of fifteen and twenty is shown by Cornet to be six times greater than that of the entire population.

The well-known experiment of Trudeau aptly illustrates certain points I am desirous of making clear, therefore I briefly touch upon his investigation. Some rabbits inoculated by him with the tubercular bacilli, and placed in relations deleterious to health, became tuberculous. Another group of these same rodents, likewise confined, but not subjected to infection, did not develop the disease. While still another group, like the first, inoculated, yet not put in a similar situation, but, on the contrary, favorably located as to hygiene, mostly escaped the malady.

Enlarging upon the mortality of phthisis, in order to emphasize the importance of an intelligent and systematic prophylaxis, we must not lose sight of the fact that this affection is somewhat self-limited, and that it has not infrequently blazed up, or smould-

ered for a time, and then died out for lack of fuel. So that the death rate in proportion to the number of cases, could they be known, is not, after all, so alarming. And that the bacteria do not multiply outside the animal body, and that the breath of human beings does not, as a rule, contain these micro-organisms, are facts in favor of the limitations of the virulence of the malady.

With regard to the detection of the disease in the beginning of the course, I must confess that our resources are circumscribed, and that, at this stage, the history and symptoms bear an equal if not a greater weight than the physical signs upon the results of our examination.

In the treatment of pulmonary consumption we have two factors to consider, namely, the predisposing and the exciting causes, and one is as momentous in its effects as the other.

There is a truism common to all living things from the lowest to the highest; existence cannot long continue without food, and the food of the tubercular bacilli are the debased blood and tissue which have been inherited or acquired. To mitigate a baneful inheritance and to regenerate a vital decadence are the indications on one side, while, on the other, the bacteria not only must be deprived of sustenance within, but also actively pressed to extermination outside of the human organism. It seems to me, at this epoch of things medical, a mistaken and too hasty a generalization to conclude that, after the bacilli have entrenched themselves in the system, that their destruction can be accomplished without, at the same time, destroying their entrenchment. First, then, comes the subject of inheritance, about which a strange lethargy appears to have settled upon mankind. The stupid disregard that is still shown by many to the entire physiology of animal life is only excelled by the appalling consequences that overtake the innocent martyrs to parental negligence. A man with a tubercular family history, and possibly a