

than the lungs. It also explains why the adult generally becomes diseased in the respiratory channels, because, in his case, in the great majority of instances, he contracts the trouble by inhaling the germs.

Climate and locality have much to do, both in the direction of causation and prevention. The researches of Buchanan in Britain and Bowditch in America, abundantly prove that damp, ill-drained districts yield a high mortality from tubercular troubles. This may be accounted for in different ways. The bacilli may be more abundant under these conditions, or it may be that in such localities there exists a greater number of cases of pulmonary diseases from wet and cold. On this condition of lung irritation the consumption germ becomes implanted. Some localities, that formerly were much afflicted by the disease, have now changed, and the death-rate from this cause has fallen more than 50 per cent. In other localities that were at one time considered exempt from it, the disease is now prevalent. This is due to altered social life, the crowding together in city life, and the existence of unhealthy work-rooms for the laboring classes. In the highlands of Scotland, at one time there was hardly any consumption, but with the introduction of better houses for the people, and public schools, the disease became much more frequent. When the people lived in poor houses, with a large open fire-place, there was, at all events, ventilation. When the houses became better constructed, it also became possible to shut them up more closely, and to do with less fuel. This, of course, caused the atmosphere in the dwellings to become impure. Emil Müller has shown that high altitude, in itself, does not prevent the disease. The population in high altitudes, however, is usually sparse and the air free from organic matter. When these conditions are altered, so as to herd the population together, the disease often becomes prevalent. Arctic and

sub-arctic regions are usually very much exempt from the trouble; and, yet, the natives may so live as often to become victims to it. Thus, again, it is seen that much depends upon the people, as well as upon the climate and locality.

In the study of consumption, the important fact must not be lost sight of that after epidemics of measles, whooping cough, influenza, and after such conditions as are accompanied by a weakness and irritation of the breathing organs, there is a marked increase in the number of cases of the disease. While tubercular disease is entirely distinct from any of the above diseases, still they stand related in a causal aspect to it. This comes about in two ways:—first, by giving rise to chronic inflammation and congestion of the organs of respiration thus favoring the entrance of the tubercular germ; and, secondly, by exciting into an active form those cases of consumption that had really begun, but had not become pronounced,—“this is often only the blazing of a smouldering fire.”

A question of much interest is that of marriage. In families, where a number of deaths have occurred from consumption, the greatest care should be exercised. In the case of a young man, with limited means, it will be readily seen that marriage means a heavy drain upon his resources and strength. He must earn more money, and this means extra work and fewer holidays. In the case of a young woman, the cares of a home and children frequently induce the disease. In all cases of a doubtful nature, it would be well to remain single, or to postpone the date of marriage until the contracting parties are at least forty years of age. By this means the consumptive age to some extent has been outlived, and there will be some private means accumulated that would render the married life easier, and less burdened with anxieties. Until the true bearing of heredity in the disease is worked out, I do not think it would be wise