

as each differs from the others in the mode of origin, progression, consequences and issues, I think it ought to have a distinctive designation. Furthermore, that we may introduce no new names when old ones will suffice, and that we may avoid, in naming, any theory about the thing named, I shall call the first group, in which tubercle is the dominant anatomical element, *tubercular phthisis*, the second group in which some form of pneumonic exudation is the dominant element, *pneumonic phthisis*, and in the third group in which a fibroid element is dominant *fibroid phthisis*.

b. Now, by many observers in France and by some in England, it will be asserted that this classification is artificial and unreal; that the histological elements of tubercle are to be found in caseous pneumonia which is only a tubercular infiltration; that the fibroid changes are but transformed tubercles; that the whole three are structural homologues and but different expressions of one pathological state and nature.

Very well, although I regret these assertions as incorrect, and believe that I could demonstrate their inaccuracy; yet, for the sake of argument, I will admit their force, and will seek in another direction for such an argument as may be conclusive as to the existence of the varieties of phthisis which I have named. I have not far to go in my search. I aver that the true criterion of difference between pathological products is to be found much more easily in the life-history which accompanies their evolution than in the anatomical elements which form their final expression; and when I pass from the dead-house to the wards, and inquire if there is anything in the clinical or life-history of phthisis which would justify its division into the varieties named, I discover, as I believe, a just answer in the affirmative. If this be so, can the grounds of those distinctions be so expressed as to be capable of recognition by ordinary clinical observers? Within certain limits yes!—In the very advanced stages of lung disease when the symptoms are more directly due to mere damage of function than to the nature of the damaging agent, recognition is sometimes difficult; but in the early stages with due care it is easy.

There is a second difficulty—partly one of terminology—in forming a clear conception of the varieties of phthisis.