history shows neither diagnosis nor treatment for tuberculosis. A good practical classification of these cases depends upon physical signs and clinical history, but these do not always correspond with laboratory examination. This fact may be accounted for partly by personal peculiarities, but this is not sufficient. For instance, one case may present a gradually increasing cough, no hæmoptysis, while fever and expectoration occur later. Physical examination shows the upper part of one lung consolidated and the opposite lung slightly affected. The usual grave symptoms appear, and eventually death ensues. Necropsy presents the familiar appearance of pulmonary tuberculosis, the disease having existed for twelve to sixteen months. In contrast with the above, I can refer to a stonecutter whose illness has lasted for years, while a third case is rapidity itself, differing from miliary tuberculosis in the fact that one lung alone is affected. These cases, though typical, cannot be said to be identical. Family history and personal environments may modify the course of the disease, but the result remains unchanged. I am of the opinion that these three cases are inflammatory in the beginning, and usually take the form of catarrhal pneumonias. This condition may be the "nidus," "favorable soil," or "culture medium," or constitute what was once called diathesis. This weakened state of the lung tissue, or susceptibility to germ invasion, has also been termed hypotrophy.

The generally accepted doctrine is that the primary etiological factor of tuberculosis is bacillary. Then why does it not develop in all catarrhal inflammations of the respiratory tract? The question of the existence of a pre-tubercular state is a much-discussed problem at the present time; but, in my own humble opinion, I am convinced there exists a something, either inherited or acquired, which permits of the lodgment and growth of the bacillus of tubercle.

The treatment I propose to present to you has for its purpose two principal objects: First, the strengthening and innervation of the tissues of the body so that the animal cells may be in such a condition as to successfully combat the invasion and increase of the bacilli of tubercle; secondly, the neutralization and destruction of the toxæmic substances already generated by the specific micro-organisms whose deteriorating influence on the blood is so well marked. As regards the anti-bacillary treatment, I have nothing to say. Our experience during the last few years has taught us to be extremely sceptical in this direction, although my sincere wish is that some one may be fortunate enough to place in the hands of the general practitioner some means to annihilate both the primary and secondary causes of this most fatal disease.

Climatology is a question of such vast importance, and needs such a thorough discussion, that it cannot be but excluded from the scope of this brief paper.