

of a house in which a consumptive had died could claim payment for his furniture, which was burnt. It was often difficult there for a person supposed to be consumptive to obtain lodgings.

Over a century ago a reaction regarding belief in the contagiousness of consumption commenced to show itself. Eventually, in Northern Europe and America especially, doubt developed into general disbelief. In the warmer latitudes however the opinion favorable to contagion never lost its hold; and the reaction has probably paved the way to more rational and accurate views, based on modern scientific investigations, which will be generally accepted. Nearly half a century ago, Sir James Clark wrote that, "in the south of Europe the general opinion is in favor of contagion, in the north of Europe against it." Sir James did not himself believe the disease to be contagious, but he nevertheless considered that the practice of sleeping in the same bed, or even in the same room, with patients in the advanced stage of phthisis "to be highly objectionable." Within a comparatively few years the belief that the disease is contagious has again become very general. The recent investigations of Kock have resulted in making belief in its contagiousness almost irresistible. If the bacilli are the cause of the disease, it can hardly be otherwise than contagious.

Dr. Wm. Budd, in an article on the nature and propagation of phthisis, (London *Lancet*, Oct. 12, 1867) takes strong ground in favor of contagion. He concludes that "tuberculosis is a true zymotic disease of specific nature, in the same sense as typhoid, scarlet fever, typhus, syphilis, etc., are; and that, like these diseases, tuberculosis never originates spontaneously, but is perpetuated solely by the law of continuous succession. The evidences of this he finds in,— (a) Considerations based on the pathology of phthisis, consisting in the evolution

and multiplication in the organism of a specific, morbid matter, with a tendency to elimination, and casting off of the same, like zymotic diseases generally. (b) Actual instances in which there is evidence to show communication from one to another. (c) The geographical distribution of phthisis in past and present times, and especially its fatality now in countries which were entirely free from it when first discovered by Europeans. (d) Its greater prevalence in low levels and crowded communities, and entire absence, except by importation, at high levels—the same conditions which govern zymotic diseases. (e) Its high rate of prevalence in convents, harems, barracks, penitentiaries, etc., *i. e.*, in the same social conditions known to propagate zymotic diseases."

"As facts for his statement about geographical distribution (c), he adds that when the South Sea Islands were first discovered, there was no phthisis there; but that since the aborigines have come into contact with Europeans, the disease has become so wide-spread as to threaten their extermination. This is a striking contrast, only to be explained, he thinks, by the importation of a new and specific morbid germ.

"He further says that the late Dr. Rush, of Philadelphia, who made accurate inquiries, satisfied himself that there was no phthisis among the American Indians when America was discovered, whereas now it is very common and very fatal among them.

"Furthermore, in Africa, everywhere along the sea-board, where the blacks have come into constant and intimate relations with the whites, there has been a large mortality from the disease; but in the interior, where there has been only occasional contact with a few great travellers, the disease has not been found. Of this fact Dr. Livingston and other African travellers have given Dr. Budd positive assurance." ("Is consumption