

about the third dorsal spine; the upper lobes corresponding roughly to the supra-spinous region. I wish to draw your attention particularly to the relation of the septa of the lungs, so as to be able to map out more clearly the relation of the lobes to the chest wall. The importance of this will be apparent later on. Quoting from Fowler: "The septum between the left upper and lower lobes begins about the third dorsal spine and extends obliquely downwards and forwards, crossing the fourth and fifth interspaces, passing behind the scapula and sixth rib in the axilla, to the upper border of that rib in the mammary line. On the right side the line of the septum terminates at the eighth rib, just outside the nipple line. A second septum, starting behind the scapula, just external to the posterior fold of the axilla, runs transversely forwards along the fourth interspace to the middle line, thus forming the middle lobe." We have thus before us the relation of the lobes to the chest.

I will again call your attention to the apices of the lower lobes, whose important part in phthisis has been so little thought of. They begin, as I have shown, at the third dorsal spine and are in relation to the chest posteriorly. It is a long established fact that the apex of the upper lobe—that is, the apex of the lung—is the usual site of tubercular deposit; that it is generally the part to be first affected. But the particular portion of this apex that is usually the site of the primary lesion is not mentioned in the medical literature that I have referred to; nor is the route that the disease follows. It is here that the importance of Fowler's doctrine begins. He has defined two points as the sites of the primary lesion. The one most frequently found is situated from one to one and a half inches from the summit of the lung and nearer the posterior than the anterior surface. On the chest, this corresponds to a point above the clavicle, or immediately below the centre of that bone; posteriorly it is in relation with the supra-spinous fossa. The lesion from this focus, in the first instance, spreads backwards. This truth is of considerable importance clinically. I have myself met with cases where an examination of the chest anteriorly revealed nothing of importance, or possibly doubtful signs, when an examination