

While many German pathologists state that in their experience the primary lesion is almost never found in the intestinal tract, a few have met with it in a small percentage of their cases. Spengler²⁸ quotes the records of 92 cases in which the intestinal tract was alone involved in four.

Kossel,²⁹ of Berlin, discussing the statistics of 286 consecutive autopsies on children, of whom 22 had died of tuberculosis, met with only one, an infant nine months of age, in which the infection was confined to the intestinal tract.

French statistics corroborate to some extent the English. Marfan,³⁰ writing in 1899, says: "Tuberculosis by ingestion is certainly rarer than tuberculosis by inhalation. . . . Alimentary tuberculosis is met with especially between the ages of one and five years, and accounts for about eight per cent. of the cases of tubercular infection observed at this period of life. These are the figures given by McFaydean and Woodhead, and they accord with those I have observed myself." Comby³¹ writes, "Children become tuberculous through the respiratory tract."

A very interesting class of statistics are those cases of latent tuberculosis in children who die of disease other than tuberculosis, and in whom the presence of tuberculous lesions has frequently not been recognized during life. Still³² speaks of 43 cases dying of other diseases in whom the primary focus of infection was easily determined on account of the comparatively early period at which they were enabled to make the examination, and the local character of the infection. Of these the primary lesion was found in the respiratory tract in 26 cases, in the intestinal tract in 16 cases, and in the ear in 1 case.

Kossel,³³ in his series just referred to, met with tuberculous lesions in 14 children who died from other disease, and who, during life had not been recognized as suffering from tuberculosis. Of these 14 latent cases, in 10 the bronchial glands, and in 4 the mesenteric glands were infected.

To interpret these records aright we must recognize:—

1st. The peculiar susceptibility of pulmonary tissue to the growth and development of the tubercle bacilli.

2nd. That generalisation of the infection is a striking feature of tuberculosis in childhood, due probably to the activity of the lymphatic circulation in the child. It may, however, be also an indication of virulence in the infecting bacilli.

3rd. That tubercle bacilli, gaining access to the body through the intestines, may be readily conveyed from the lacteal ducts by the