

Owing to the discoloration, the patient was not adverse to a discontinuation of the potassium permanganate for three weeks at holiday time. During the third week the exudate began to increase, when treatment was resumed. At present her general health is fair, and local symptoms slight, and my hopes of complete recovery, I think, are well founded.

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THE CAUSATION OF TUBERCULOSIS.

(Read at Open Meeting of Kingston Medical and Surgical Society.)

THERE is but one essential cause of Tuberculosis and that is the tubercle bacillus. No true tubercular lesion can occur clinically without the presence of this bacterium and consequently a lesion to be tubercular must either have or have had this bacillus present. Now while this bacterium is the actual cause there are a number of factors which prepare the soil—the human body—to act as a suitable medium for this microbe. For the seed without the soil comes to naught and here it is that we have the importance of the predisposing factor becoming apparent. Before we can consider these factors it will perhaps be well to speak of the avenues and modes of infection of this bacillus and the ways in which an infected individual is dangerous to others.

Into the life history of the bacillus itself it is quite impossible for me to enter in the short time at my disposal. Its main channels of infection are via the respiratory and digestive tracts. Rarely it may attack by inoculation through the skin or genital passages.

The respiratory passages are attacked from the breathing in of tubercle laden dust. This dust falling upon the nasopharyngeal tissues or the tonsils are either destroyed there, or are transmitted (as a rule without local lesion) to the cervical glands, there too frequently exciting a lymphadenitis. The dust may be deposited on the larynx and its contained tubercle bacilli gaining a foothold will account for the rare cases of primary laryngeal Tuberculosis. Being carried to the lungs it may lodge there, ex-