As might be supposed from the broadcast distribution of the bacilli through the air in such myriads, as is permitted by the present lack of care in regard to the disinfection of tuberculous sputum, we note that in the great majority of cases the primary lesion is connected with the respiratory system. Northrup points out the great frequency with which the bronchial glands become the seat of primary infection. Out of 125 post-mortem examinations on bodies of tubercular children, in 68 cases the bronchial glands showed that they had evidently been the part first affected; in 34 cases the dissemination was so general that no definite statement as to the point of primary infection could be made; in 20 cases other parts of the pulmonary system showed evidence of early infection, and in 3 cases the mesenteric glands appeared to be the seat of primary infection. From these cases Northrup concludes that the bacilli enter the respiratory passages with the inspired air, pass through the mucous membrane at any point, and enter the lymph spaces, and thus pass to the glands. Their subsequent career will depend upon the power of the tissues to resist their development.

Dr. Loomis has also shown that even in apparently healthy individuals these bronchial glands may be infected. In 48 post-mortem examinations of persons apparently free from tuberculosis, dying from accident or acute disease, and in whom no other evidence of tubercular infection was found, triturates of the bronchial glands in eight cases developed tuberculosis when injected into the pleura of rabbits. And again, Ziemssen in a recent paper on this subject states that during an epidemic of measles in Munich Dr. Bollinger was frequently able to demonstrate the presence of tubercle bacilli in the lymphatic glands, chiefly of the lungs and mediastinum, in children dying from the attack, although they were said to have been healthy previously, and not to have shown any signs of scrofula.

These facts throw new light on the clinical experience many of us may be familiar with, that after a severe attack of measles tuberculosis occasionally supervenes. The attack of measles has only given the latent tubercle bacilli an opportunity to develop.

In addition to the frequent infection of the bronchial glands