

There is a tendency to assign far greater weight than formerly to primary infections by way of the digestive tract, more especially in children, but pediatricians are inclined to ascribe the great majority of infections to the pulmonary route, and consider that the intestinal route plays a relatively unimportant rôle. In one hundred and twenty-five consecutive autopsies at the New York Foundling Hospital, bronchial glands were found tuberculous in all.

The relative frequency at all ages of the sites of the primary lesion is found to be one-fifth in the digestive tract, two-fifths in the respiratory tract, one-fifth in either of these tracts, and one-fifth of uncertain site.

It is natural to assume a seemingly obvious air infection for the respiratory group, but descending infection from the cervical and ascending infection from abdominal nodes frequently cannot be excluded. The present general opinion is, however, that pulmonary tuberculosis, in a large majority of cases, originates from a primary air-borne infection of the lungs.

Additional evidence as to the prevalence of tuberculosis has been recently given by tuberculin, and the findings obtained by it corroborate in general those of autopsy. Relatively small doses given subcutaneously gave 68 per cent. of reactions in soldiers in the Austrian army, men who are of better average physical condition than the general population, and who have an incidence of pulmonary tuberculosis of only one per thousand as compared with 2.4 per thousand in British and colonial troops. The cutaneous test gives a positive reaction in the great majority of adults, while in children the percentage of reacting cases rises rapidly from 5 per cent. in the first year to 70 per cent. in the tenth year, and to above 90 per cent. in the fourteenth year.

In childhood, the earlier the age the more patients reacting show a manifest tuberculosis, and all patients under two years who react are clinically tuberculous. There is good reason for the speculative point of view that tuberculosis is eminently a children's disease, producing fatal results at once in early childhood, or an increased resistance to subsequent infections as the result of the successful reaction of the organism against the infection; and that the whole pathology of adults demonstrates only chronic processes, re-infections, or terminal stages. It has been estimated that only about one-fourth of fatal cases can be ascribed to infections of short duration, the balance having been acquired primarily in childhood. The fact of infection itself probably plays a less important rôle in the varying production of tuberculosis than the individual resistance