

Thus in the common form we find the infection is first localized in the lymphatic glands draining the leg or arm and this points to infection via the skin. Among the poorer classes in tropical countries who usually go with bared legs and feet the inguino-femoral glands are usually the ones to be involved. It has been demonstrated that the plague bacillus can enter through the skin without producing a local lesion. Often, however, on careful examination a vesicle or pustule may be demonstrated and occasionally the plague bacillus produces severe local lesions. These latter usually occur as the result of direct inoculation of the virus as has happened a number of times to those holding post-mortems. Even in such cases there may be an absence of local lesions. It is however highly probable that the skin is a common avenue of entrance for the plague bacillus.

Another channel of infection is via the respiratory tract by the inhalation of plague laden dust. Cantlie says "Plague is infectious chiefly by the dust arising during the cleansing of dwelling houses which plague patients have occupied, (or which have been infected from rodents)." The fact that plague is not very contagious is well borne out by the experiences of the doctors, nurses and members of the disinfecting services in Hong Kong, India and in Oporto. Very few of such individuals were attacked, and yet they were of necessity daily in contact with the disease in all its forms as well as almost certainly breathing in plague laden dust. This would point to the exceptional importance of the skin as a channel of infection, but it is well to remember that blood infection might occur through the lungs without any local lesion and the bacillus might lodge in some set of glands and there first manifest itself. More commonly still in such cases we would expect general lymphatic involvement perhaps more acute in some regions than in others. The general symptoms accompanying or perhaps in some cases preceding bubo formation are rapid onset of fever with marked prostration of strength and corresponding effects on the various viscera. Primary plague pneumonia is of course always an infection via the respiratory tract and such cases might be mistaken both clinically and pathologically for acute broncho-pneumonia. The plague bacillus is found in such cases in the sputum as also in pneumonic complications of ordinary cases and post-mortem can be demonstrated in the lungs, blood and lymph glands generally.