

tenement house dweller, during his stay in the hospital, and he becomes dejected, mutinous and yields only to superior force. At the first opportunity he returns to his home and revels in filth. The theoretical crux is the bacillus; the real obstacle is the victim. Parks, recreation piers, free baths, entertainments, diet-kitchens, schools, dispensaries, hospitals, lectures, every possible means for social uplift are provided without stint, but are utilized by a small minority and even these few return to their accustomed surroundings, and revel in their ignorance and degradation. The slums are a drawback to material prosperity and to public morality. No philanthropic Hercules can clean those Augean Stables.

And yet the bacillus is presented as the scape-goat of the whole matter. The tuberculous patient is regarded in the same light as the leprous, thanks to the hysterical emanations from certain quarters. In fact the disease is largely acquired from ignorance of the ordinary rules of hygiene and negligence in obeying the plain laws of nature. The tuberculous are largely victims of their own folly, but blame their misfortunes upon the bacillus. The extermination of the bacillus is an idle dream and the more thoroughly the facts are appreciated, the speedier will be the deliverance, not only from the plague of the disease, but also from the pest of promoters of public hysteria and alleged philanthropy.

It would seem, that wide-spread as tuberculosis has been shown to be, an immunity could be acquired. It is probable that in civilized peoples, especially in urban communities where the disease prevails, the child is born with a certain degree of immunity. It is likely also that an immunity may be acquired during the first years of life, for it has been noted that the incidence of acute tuberculosis is lessened as the child becomes older. It has also been remarked that in the later years before puberty an infection may be recovered from, temporarily at least and the disease become latent and manifest few or no symptoms. This may also be an acquired immunity more or less permanent. Such subjects may apparently resist a second infection, or if infected the disease is likely to progress but slowly or even to become quiescent, or if later the disease advances, it may be due to the bacilli still virulent, remaining after the resistance of the organism has been diminished or destroyed in its conflict with infection. It would appear also that the primary mild infection would tend to produce a relative immunity while a virulent one would result in death. If then a secondary infection takes place, the result is likely to be one not marked by rapid or severe manifestations. On the other hand, patients who have recovered from tuberculosis are by no means immune from infection nor if infected can they reasonably, in the majority of instances, hope for a milder course of the disease. This is more particularly true of pulmonary than of glandular tuberculosis. As for active immunization in the presence of the disease, the question is by no means capable of