

greater value. And yet the morbidity tables from such diseases as measles, whooping cough, and influenza, diseases eminently predisposing to the development of tuberculosis, are still large despite the ever-increasing efficiency and vigilance of the health authorities. Indeed, so much of the tuberculosis incidence has its origin directly in one of these diseases that a large part of the campaign against tuberculosis can with profit be launched in this direction. The public is very gradually being weaned from the superstition that every child must contract measles, that the sooner over with the better, and that healthy children should be exposed to the disease on the first opportunity. Some physicians even, while not flat-footedly approving this notion, do not interpose very serious objection to it. They realize, indeed, the dangers to life from complicating bronchopneumonia though oblivious to the larger, though not so immediate, danger from tuberculosis.

“That the recent epidemic waves of influenza have played a very pertinent part in keeping the tuberculous population still rather high is universally conceded by the medical profession although the laity do not yet seem to understand even the inherent gravity of this disease. Many fulminant types of tuberculosis are, nevertheless, traceable to this disease. Until the public learns the true significance of the disease the quarantine regulations must be perhaps more strict than for other quarantinable diseases. Of the non-specific conditions figuring in the development of tuberculosis may be mentioned tonsillar disease. Because of the wide distribution of gland tuberculosis its benign nature has often received comment. It was even the belief at one time that gland tuberculosis immunized against further infection. Certainly, its wide distribution and its amenability to cure well illustrate Virchow's contention that there is no one who does not at one time or other have a tuberculous infection, but that most individuals easily overcome it. He found cured tuberculous nodules in the lungs of nearly all bodies coming to autopsy for other than this disease. Infection with tuberculosis alone seems to be self-limiting. But in conjunction with other bacterial agents the tubercle bacillus assumes an extreme virulence.

“Diabetic patients and those with cirrhosis of the liver seem to have an especial predisposition to infection with tubercle bacilli. In both instances the complicating tuberculosis appears late in life, and though ordinarily later-life tuberculosis is of slower course and more benign in nature, it is here particularly fulminant. This proneness to tuberculosis existing in cirrhosis of the liver illustrates the erroneous impression long existing that alcoholic indulgence of a high degree—which so often is the cause of the cirrhotic condition—will cure tuber-