

At a meeting last month of the London Pathological Society (*Brit. Med. Jr.*, Feb. 20) on the subject of Pseudo-Tuberculosis, Dr. G. Sims Woodhead, who introduced the subject, said,—“In comparatively recent times we had passed from an anatomical pseudo-tuberculosis to a pseudo-tuberculosis bacillus.” A “serious question,” he said, had come up by the discovery of Frau Rabinowitch in milk, cream and butter, of a bacillus which morphologically and in its staining reactions, but in little else, was identical with the tubercle bacillus.” There were two positions from which it was absolutely necessary to extricate ourselves: On the one hand, pseudo-bacilli which had the morphological and staining characters of the true tubercle bacillus, but which pathologically, appeared to be widely separated from it (why, if not by the condition of its “host” ?); on the other hand, there were a whole series of lesions which presented certain superficial resemblances to tubercle, yet with certain specific differences, which, most important of all, were not induced by the action of tubercle bacilli. The protean forms of tubercle made it difficult to describe any single form as typical. They varied at different stages and under different conditions. And almost every new tissue, at some period of its development, might be said to be like some stage of a tuberculosis process.

Professor Sidney Martin mentioned the well known case of Flaxner, of the Johns Hopkins Hospital, in which in a negro aged 70 years, there were areas of consolidated nodules in the lungs, some of which were calcified. There was too, in this case, nodular disease of the perineum, indistinguishable from tubercle in its general characteristics. But there were no tubercle bacilli; inoculations gave only negative results.

Dr. Washbourn said there were many organisms of a widely different character which produced similar anatomical lesions to those produced by the tubercle bacillus. He mentioned several of these: one, the bacillus pseudo-tuberculosis liquefaciens, causing tubercles in the human peritoneum, and in mice. A form of mould, the aspergillus, had been described, he said, as causing a tuberculosis lesion in the human lung.

On the other hand, a number of cases have been recorded of the presence of tubercle bacilli in considerable numbers in the air passages with no indications of tuberculous lesions, or indeed of any other diseased condition.

Farquharson says (*Ptomaines and Other Animal Alkaloids*),—“The relations of bacteria to diseases are not sufficiently well defined to exclude the possibility that even pathogenic microbes are not the primary cause of