

received 0.1 grm., followed by a dose of 0.2 grm.: the second received three doses of 0.15, 0.1, and 0.2 grm.: the third was given 0.4 grm. and subsequently a dose of 0.2 grm. Generalized tuberculosis could be produced by feeding in the gibbon but the duration of the disease is somewhat longer than after subcutaneous inoculation. Four of the six animals were infected, while the remaining two, which died 51 and 84 days respectively after the first feeding, showed no evidences of tuberculosis. The bovine bacilli proved to be as highly pathogenic as the human type. Again, the lesions were indistinguishable in either case. The formation of typical tubercles, however, with numerous giant-cells and a zone of inflammatory reaction, was more frequently met with in the feeding experiments than in the inoculation ones. This was probably to be explained by the longer duration of the disease, a smaller number of bacilli being able to penetrate the intestine. A point of considerable import is that in the animals fed with bovine bacilli the small intestines showed tubercular ulcers and the mesenteric glands were greatly enlarged and caseous, whereas in the animals fed with human bacilli no lesions could be found in the intestines or mesenteric lymph-nodes. In the latter case the primary lesions were in the lungs. The authors suggest that this difference may be an indication that the two types of bacilli when introduced into the system by the alimentary tract have a tendency to select different portals of entry. More experiments will have to be done to finally settle this point. The general conclusions arrived at by Von Dungern and Smidt are, that the gibbon is equally susceptible to the action of both types of bacilli, and in view of the near relationship of this animal to man, it seems probable, though it cannot be regarded as definitely established that a similar susceptibility to both varieties of the tubercle bacilli may be attributed to man. It may be remarked that these experiments go far to show that the brunt of the disease resulting from infection with the human bacillus does not necessarily fall upon the organ or tissue through which the organism gained entrance, corroborating some views to this effect that have been expressed before. It would look as if the tubercle bacillus of human derivation had the power of passing through mucous membranes without producing a local lesion. This, as all will admit, holds good for the nasal mucosa in inhalation tuberculosis, as well as for the intestinal membrane.

It has been fashionable to hold that tuberculosis of the lungs is due to the inhalation of the specific virulent bacilli directly into these organs. Years ago, however, Aufrecht, Ribbert, and Baumgarten adduced evidence to controvert this. Ribbert is particularly strong in the opinion that infection by inhalation takes place through the