become the seat of great activity among the blood vessels. The capillaries are found to be dilated, blending with one another to form large sinuses, until finally, when examined histologically, the ends of the bones, and particularly the epiphyseal lines, are seen to be converted into strictures very much like cavernous angiomata. It is very easy to imagine that if the tubercle bacilli happen to be passing along in the blood stream, they will be much more easily filtered out and caught by such an irregular mass of blood vessels than by the ordinary smooth-walled capillaries.

Another theory that has been advanced as an explanation of the frequency of disease of the bones and joints at this age is that cells concentrating their energy upon reproduction lose in so doing a part of their power of vital resistance. The epiphyseal lines between the ages of three and nine are the seat of rapid reproduction of the bone-forming cells, so that it is possible that upon this depends the prevalence of osseous disease at this period.

I shall now pass on to a discussion of the third heading under which it was proposed to deal with the etiology, that is, the infective agent itself, the tubercle bacillus. In the first place, the question arises, how do the bacilli reach the tissues affected ? This is easily answered when we consider that the only moving medium that could carry particles from place to place is the blood. That tubercle bacilli do circulate in the blood is a proven fact, since examination of the urine of perfectly healthy people will frequently show the presence of bacilli that have been excreted by the kidney. We are now confronted with the question, how did the bacilli get into the blood ? In answering this, we are much assisted by a study of the statistics of autopsies performed on children who have died from other causes than tuberculosis. Out of seven hundred and sixty-nine cases examined post mortem at the hospital for children, Great Ormond St., London, two hundred and sixty-nine presented tuberculous lesions. Of these fifty-seven per cent. were found in the bronchial and cervical glands, and twenty-three per cent. in the glands of the mesentery. In the great majority of these cases the disease was not active, and on that account this form of glandular disease has been called latent tuberculosis. The mode of infection is very plain. The bronchial glands drain the lymph from the lymphatics of the bronchi so that the bacilli must have come from the bronchial mucous membrane, upon which they were deposited by inhalation. In the same way the tuberculous cervical and mesenteric glands point to the mucous membrane of the mouth and intestine, respectively, as their particular source of infection. In many cases, notably those of the two hundred and sixty-nine autopsies just recorded,