

original injury had involved the glands of the axilla and sub-clavicular space. In a few instances general infection and death is reported to have followed these accidental inoculations, but the evidence is not entirely conclusive. A careful study of these wound infections, and comparison with similar infections with human tuberculous material, shows that the bovine bacillus grows well in the human body under the most unfavorable circumstances producing typical lesions, and that it shows for man at least as great pathogenic power as the human bacillus under identical circumstances. As the skin is known to be the most unfavourable tissue for the tubercle bacillus, we are justified in holding that organs and tissues which are known to be favourable soil for the growth of the human bacillus will prove equally favourable for the bovine organism.

**CLINICAL OBSERVATION.** Clinical studies have not given us a great deal of aid in the solution of the question before us. We have, however, some 38 cases on record in which the evidence is very strong and convincing, such as those recorded by Stang, Demme, Gosse, Ollivier, Law, Ebers, Bang, Klebs and Rievel, and von Ruck. All of them are open to the same criticism, as it is plain that all other sources of infection have not been excluded with certainty. This objection will always apply to clinical observation to a greater or less extent, but I do not consider that it is fair to exclude them on this account. With respect to other diseases such as typhoid fever, diphtheria and scarlet fever, we constantly accept without question evidence which is not nearly so strong as that which we are asked to reject when tuberculosis is concerned. Much of the evidence on which the general belief in the respiratory invasion of tuberculosis rests is lamentably weak. If we question the accuracy of these cases in which death has followed accidental inoculation, or those other cases where milk from tuberculous cows appears to have been the cause of the disease, for the reason that all other sources of infection have not been excluded, we should apply the same strict methods of examination to those cases in which infection appears to have taken place through the respiratory tract and by exposure to the human disease. This has not generally been done. In our clinics and hospitals it is the rule to question the patient as to his or her family history, and if the answers show exposure to another case of phthisis the source of infection is considered as demonstrated. No effort is made to exclude the use of tuberculous meat and milk, even if it were possible to get reliable data concerning these facts. In this way has the great mass of our statistics concerning infection in tuberculosis been collected. The belief generally held that dried and