

involved, the infection may have been originally conveyed in the food, but it also follows that the bacilli in these cases were of a virulent character. When discussing these points with Dr. Adami one evening he suggested that it was perhaps possible to differentiate in childhood, two types of the disease, one of human origin, the other perhaps from bacilli of bovine origin. He has kindly favored me with his views in writing, as follows:—

“I might point out what very possibly has been pointed out by others, though if so I have not noticed any reference to such a statement, that, more especially in the young, we meet with two types of tuberculosis—the rapidly, and the slowly progressive forms. Concerning the former I need say little; it corresponds to the fatal tuberculosis of early adult life save in this, that it appears apt to be still more rapid, to generalise simply, and to end in acute miliary tuberculosis, or tubercular meningitis; its very rapidity indicating that the young are even more susceptible to virulent tuberculosis than are adults. It is to the slowly progressive form, however, that I would especially draw your attention—the form which shows itself as scrofulous lymphatic glands and tubercular peritonitis—a peritonitis often so mild that it can be cured by inunctions of mercurial ointment and other drugs setting up a mild irritative process. I remember how I used to be struck by these cases when a house physician years ago. Here is something very different from ordinary tuberculosis, and our general conceptions of the disease.

One explanation of this slowly progressing form, which immediately presents itself, is that the progress of the disease is dependent upon the powers of resistance on the part of the organism and of the attacked tissues, and that in these slowly progressing cases we are dealing with the development of tuberculosis in those relatively insusceptible. But on consideration not a little is to be said against this view. For, granting, as all will I think grant, that with advancing age—and especially after early adult life—there is a progressive insusceptibility to the disease, then, were this reason correct, we ought to meet with this slow form most frequently between the ages of twenty-five and forty. It is just at this period that we do not come across it to any extent.

Another explanation appears more probable; namely that the relative rapidity of the systemic infection in different individuals is not due to a variation in tissue susceptibility so much as to a variation in the pathogenic properties of the bacilli. It is especially at the milk drinking period of life, and in connection with the alimentary tract that this milder form manifests itself (for infection of the cervical