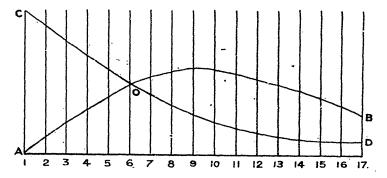
and fall with the maximum point at the age of six gives food for interesting discussion. In explanation of the fact let me advance the following theory:

You will notice that in the first year of life there are practically no cases of tuberculous disease of bones or joints. This is explained by the fact that there is comparatively small chance of injury during that period and consequently, as we decided above, a proportionately small chance of the But as the child grows older his onset of the disease. liability to injury increases, until about the seventh or eighth year, which may be described as the clumsy age, he gets more knocks and bumps than at any other time. But the younger a child is, the more prone he is to infection by bacteria, that is, as a child grows older his resisting power to bacterial growth becomes proportionately stronger, until finally at the age of eleven or twelve, he has reached a state of comparative immunity to infectious disease. Let us represent graphically what we have thus far stated.



Let the line AB represent the gradual increase in the liability to injury from one year of age to the age of eight or nine, when it slowly begins to fall again, and let the line CD represent the liability of the child to infection, falling from its maximum in the first year to its minimum beyond the ages of twelve or thirteen. The point at which these two lines cross, namely at O, in the line representing the sixth year, indicates the time at which the child is most liable to the disease. That is to say, the time in the life history of a child at which he is most liable to injury, and at the same time least able to resist bacterial growth, which happens to be the sixth year, is the time when is he most liable to the onset of tuberculosis in bones and joints.

Besides this explanation, there is another which shows why the bones and joints are particularly chosen as the seat of the attack during this definite period. At this time, the ends of the bones