

formation of tubercle, what about other local inflammatory affections?

Much importance cannot be reasonably attached to the statement of Troltsch, that purulent otitis not rarely precedes tuberculous meningitis, and even general tuberculosis, when we reflect how common an affection otorrhœa is in childhood.

(7.) It has been claimed that *fistula in ano* may initiate tubercle. But let it be noted that according to Pollock, and such has been my own experience, "the phthisis is the earliest affection," although it "occasionally happens that the fistula precedes all symptoms of consumption." Indeed, the same authority remarks that "in the larger proportion of cases it [the fistula] is found in the *third* stage, next to this in the second.

Now, if the absorption of corpuscular products from abscesses, ulcers, etc., may induce tuberculous disease, how comes it that a *fistula in ano* is, according to Pollock *never associated with acute* phthisis? the very variety in which the tubercle par excellence (miliary tubercle) of Virchow is present? And that the existence of anal fistula in chronic consumption appears to *prolong* the duration of the pulmonary disease, instead of causing it to extend and take an active course through the constant absorption of the inflammatory products?

(8.) Disease of the *bones* is regarded as one of the pathological conditions likely to produce tuberculous disease.

To show that disease of the bone is far from constantly or even frequently a cause of consumption, I would cite M. Coulon, who in 130 children suffering from scrofulous disease of bone found only three that had phthisis.

Mr. J. W. Hayward, writing upon another subject, gives some facts which appear to me corroborative of the view I am defending. "Of 85 consecutive cases admitted into the hospital for sick children for various tubercular affections, in only *one* was there any bone or joint disease."