

land, and the fact that the children attending the English hospitals whose records we have quoted, are children drawn almost entirely from the congested central districts of London. As one writer says, "They are children that rarely see more than the four walls of their home." American children have more fresh air at home, and to a much greater degree are they taken out into the country. These children are, therefore, pre-eminently children of low vitality, and Crookshank's experiment in which his unwittingly introduced pyemic bacteria increased greatly the virulence of the human bacilli and led to systemic infection of the cow, may assist us in understanding the frequency of intestinal infection in them. This thought is also corroborated by the greatly increased frequency with which tuberculous affections are met with in infancy and early childhood in London and the continent, to what they are with us in America. Holt refers to this, and certainly in Montreal tuberculosis in early infancy is very rarely seen. We have also very little tuberculosis in cattle.

In this connection we may ask the question, do those cases in which the mesenteric glands are alone affected, represent truthfully all the possibilities of infection through the intestinal tract and by food? Does not Koch himself give us another suggestion, perhaps somewhat unwittingly, when describing the post mortem findings in animals who had eaten the bacilli of bovine tuberculosis, he says, "These animals had without exception severe tubercular disease, especially tuberculous infiltration of the greatly enlarged glands of the neck and of the mesenteric glands, and also extensive tuberculosis of the lungs and spleen." With such rapid generalisation occurring in a tuberculosis of only three months standing, namely, from the administration of the infected food to the killing of the animal, may we not find an explanation of some of those cases rejected by Dr. Northrup when he says, "34 cases were indeterminate; cases in which the ravages were so extensive that the seat of primary infection was not clear; the bronchial lobes were enlarged and cheesy, likewise the mesenteric; the lungs contained tubercles, so did the liver, spleen, kidneys and meninges."

Leonard Pearson has also recently shown by many feeding experiments under the auspices of the Pennsylvania State Live Stock Sanitary Board, that animals fed with tuberculous material may develop pulmonary tuberculosis, and in some instances fail to show lesions in any other organ.

A clinician on these matters must speak with some diffidence, but from these statements and others, it would appear probable that in a certain percentage of those cases in which the respiratory tract is