and inguinal regions are rarely affected. In the neck, the most favored localities are the submaxillary, the glands at the angle of the jaw, and those situated in the posterior triangle. Usually, when first seen, they are somewhat small, unless, indeed, they have for a time escaped notice, and have been left undisturbed, when they will occasionally attain a considerable size. They are described as having been met with, several inches in diameter, although I must say that very large glands have not, so far, come under my own observation. They are rarely single, more frequently the entire chain of glands is enlarged, some being exceedingly small, but very distinct, and sometimes the glands on both sides of the neck are implicated. They present firm, painless, non-adherent growths, quite movable, and feel as if they were connected the one with the other, which in verity they are, by enlarged and thickened lympathic vessels. Occasionally large masses are met with, made up of several small glands held together by dense areolar tissue, not, however, completely fused, as the capsule of each, although markedly thickened, is perfectly distinct. The centre of each gland, if examined, will be found to contain soft, cheesy matter, somewhat resembling the curd of milk. This I have seen in very slightly enlarged glands, so that it would appear to be an early condition of change, and is not evidenced by any inflammatory state, such as redness or excessive sensibility. If the enlargement is left to itself, or if irritated by some local application, suppuration will advance. The skin over the growth inflames, becomes red and tender, the abscess, for such it is, soon bursts, and a thin, curdy pus is discharged. The areolar tissue around the gland is involved, and the skin becomes adherent. The abscess cavity, after the discharge of its contents, may fill up and close. More often, however, an indolent sinus is left, with thin, purplish undermined edges, or the integument may ulcerate, giving rise to a troublesome and unhealthy sore, which heals with difficulty. This constitutes the well-known strumous ulcer. If the sinus or ulcer heals, it leaves a depressed cicatrix, which becomes adherent to the deeper tissues. Occasionally prominent papillæ remain bound down by cicatricial ridges or bands. Resolution, after a fashion, does, in exceptional cases, occur without suppuration and discharge of pus. The caseous matter becomes dry, the enveloping capsule becomes firm and dense, and an indolent, but somewhat unsightly, nodule remains, but which does not wholly disappear.

Another clinical feature of these so-called scrofulous glands is the tendency to extension to other unaffected glands in their immediate neighborhood. The disease will show itself, it may be, in a single gland, and will in due course extend, so that the entire chain of glands become implicated, thus showing a marked contrast with enlarged glands from other causes, these latter are generally single, and do not tend to implicate others. Constitutional remedies do not appear to possess any controlling power, but, like a smouldering fire, the action will go on regardless of all attempts to arrest it by either local applications or constitutional remedies. The disease, if left to itself, or if treated by internal and local means, will be found to follow the same course as above described. Abscesses will form and open, sinuses or ulcers be left, which in due course, if they do heal, will leave the part seamed, scarred and disfigured. While this local injury is in progress, we cannot prevent the infection of other vital organs, as this bacillus is in length about one-third the diameter of a blood-corpuscle, and in thickness it is stated to be one-fifth of its own length. A micro-organism of such a size is capable of entering the blood-stream, or of getting into lymphatic vessels, and of being carried to any organ or gland of the body. It naturally follows that if tubercle is in verity a mere inflammatory change due to the presence of this microbe, the sooner the microbe is removed the better, and the safer for the patient's life.

Very little is known concerning the actual mode of entrance of the microbe. Various theories have been proposed on this point, and perhaps all are correct, as they possess the semblance of truth. There is, however, one other fact in this connection to which experience points, which is, that individuals are not subject in the same degree to the chances of infection. It has been supposed that the bacillus may enter by the stomach or lungs, or some abraded surface, cuticular or mucous, and yet do no harm. The power of protection appears to reside in healthy-living tissue. But if there is some defect in constitution, some special vulnerability, the microbe meets with suitable soil, and