by reason of its minuteness, easily escapes detection. The slightest abrasion of the skin—a pharyngitis which deprives the mucous membrane of its epithelium—trivial excoriations of the nose or of the scalp, furnish an opening for the entrance of the bacilli into the lymphatic system.

The secondary form, however, is very easy of recognition. It has a very palpable point of origin and, in most cases, the primary lesion persists after the occurrence of the resulting adenitis. In the neck the origin of the enlarged glands may be found in tubercular lesions of the tonsils, tongue, pharynx, nares and scalp. In the axilla similar lesions of the mammary gland and the various joints (white swellings), in the groin, tuberculosis of the rectum, and like diseases of the knee or ankle. The most frequent lesions are those of the neck (80%); then come those of the axilla and groin. The course of the affection is sometimes quite rapid but usually very chronic. In certain cases, notably in children, one observes a progressive shrinkage or retrocession of the tumor which finally disappears without leaving a trace of its former existence.

In other cases there is observed a sclerotic or fibroid transformation of the gland structure similiar to that observed in the lung tissue. These nodules are hard, round, movable, and of an indolent character. At the end of 15 or 25 years, however, there may be witnessed in them a revival of the infectious process. The terminations which are the most frequent, however, are caseation and suppuration—the last being the second phase of the caseation of the tubercular nodule. This cheesy transformation is perhaps very rapid without ending in suppuration. Then at the autopsy one finds no trace of pus but a nodule filled only with these caseous deposits. This is what occurs in acute adenitis. Suppuration, however, which is the natural termination, is more frequent. This tubercular abscess results not only from the caseation, but from suppuration of the inflammatory capsules of the tubercle. Indeed one often meets with periadenitis, the result of tubercular changes in the surrounding tissues and accompanied with affection of the interglandular lymphatics, which become a thick network uniting the previously isolated foci and forming at a more or less early period, adhesions which result in nests of ganglia.

*Treatment.*—Medical treatment is proper in all forms of glandular tuberculosis and is always of great importance. It is often of itself sufficient to remove engorgements of this nature. The best internal medicament is cod liver oil, which is beneficial from many points of view. Externally, massage and baths may be used. The former is indicated when the tumor is in process of absorption. Compression also, when it is applicable, is an excellent adjuvant. As topical applications iodine or mercurial ointments, or Vigo's mercurial salve may be employed. As a rule mercury has a very constant and happy effect upon lymphatic glands.

*Baths.*—Sulphur, chloride of sodum and the like. The saline are more efficacious than the sulphur baths as are also the mixed or alkaline-arsenic waters. The best form, however, of this kind of medication is a sojourn at the seaside. The success attained every year by a residence at the various coast resorts, as Berck-sur-mére, for instance, is strong evidence in behalf of its curative properties. Surgical treatment consists in interstitial injections, incision and curetting and lastly excision. The injection may be made with from five to ten drops of the tincture of iodine. In my own hands, however, this treatment has not succeeded in any one instance. It is considered specially efficacious when the gland is undergoing the process of softening. The injections of iodoform in ether (Verneuil) have given excellent results. In the course of these there has been observed in some cases, a cystic degeneration of the engorged gland. Fowler's solution in progressive doses (8 to 12 drops) which has been advocated in this connection has not given very favorable results (Reclus).

*Incision and Curetting.*—When the glands are fully softened but surrounded by strong adhesions this is an excellent procedure. In short, the total extirpation of masses of ulcerated glands occupying sometimes the whole half of the neck and traversed by fistulous tracts which involve and affect a large portion of the integument, is oftentimes impossible. In the neck, moreover, one should avoid making large incisions which often result in deforming cicatrices, and content himself with making a small opening in the most dependent portion, performing a rapid curetting followed by a little drainage. This will result in quite a rapid cure.

*Extirpation.*—This is the most rational operation and the one superior to other modes of treatment. For a long time popular, it is to-day employed exclusively by some surgeons for the bacteriological and infectious nature of glandular tuberculosis, according to the modern pathology, favors total extirpation to the exclusion of all other methods. It may be stated, however, that the latter has not fulfilled all the hopes based upon it.

The points in favor of extirpation are:

1. It does away with the suppuration which, through secondary infection, impairs the general condition of the patient.

2. When through non-interference the glands are allowed to suppurate and open spontaneously unsightly cicatrices result.

3. One arrests by this means the general tubercular condition and infection of the organism.

*Contra-Indications.*—1. Tubercular adenitis is