

themselves, open spontaneously ; the discharge continues for a time, until nature has got rid, by this means, of the infective material and the necrotic debris, and eventually healing takes place, leaving usually an unsightly scar.

We may now consider the pathology of tubercular glands. The gross pathological appearances vary greatly, ovoid masses varying in size, the consistence much firmer than the normal gland. At times the enlarged gland becomes softened, and this softening does not appear to bear any definite ratio to the size attained. Thus I could show you glands which I have removed from the neck an inch and a half long, in which no softening has taken place, while, on the other hand, glands of very much smaller size may be soft and caseous. Suppuration in connection with tubercular glands is the exception, for the reason which I have stated. When a gland becomes tuberculous there is always an attendant process of inflammation of a low, non-specific type, surrounding the infected area. This remark applies to all tubercular processes, glandular or otherwise. It appears to be in this neighboring area of inflammation that pyogenic microbes are apt to lodge. Pus may form within the gland capsule, round about the tubercular focus, or, what is more common, it forms without the capsule in the tissues, which have become involved in a periadenitis. The gland may become wholly destroyed in the suppurative process, so that occasionally no trace of the glandular tissue is recognizable. The caseous material found in a gland is simply necrotic debris. The periadenoid inflammation may lead to other complications than suppuration ; the surrounding tissues are implicated and the inflammatory material may organize, and the gland thus becomes firmly adherent to the surrounding parts. Lastly, the gland capsule itself becomes thickened during the progress of the disease.

The histological characters also supply certain indications for treatment. If a thin section exhibits a mottled appearance if held up to the light, this is due to collections of epithelioid cells, and I believe the appearance is very suggestive of the presence of the tubercular process. Compare with this the condition found in lymphadenoma, and you will see that in the latter case there is a uniformity in the section and the mottling is absent. Under the microscope one may detect little else than caseous debris in cases of long standing, but if examined carefully, one is pretty sure to find, under the capsule, collections of epithelioid cells. I show you a micro-photograph of a section of a gland under the lens, which gives you a picture of the condition commonly found.

The centre of the gland is caseous, the capsule is thickened, and between the capsule and the caseous centre is gland tissue in which the tubercular process is actively going on. I have nothing to