

from invasion of the systemic circulation by the parasite. Microscopically, these metastases presented the ordinary appearances of abscesses.

The second case affords still more clearly a ready explanation of the parasite's invasion and progress within the body. That the disease was likewise pulmonary in origin is proved from the fact that, not only were actinomyces found in the suppurating tracts leading from the bronchi, but directly within the lumina themselves. Moreover, the extensive growth of interstitial tissue likewise points to the lungs as the seat of the oldest pathological affection. Invasion, then, of the lungs was succeeded by a markedly slow, chronic, and insidious process, to which no attention was drawn, till after a metastatic area had been discovered in a distant part of the body. Having, then, slowly progressed in the lung tissue, the disease was here propagated directly on to the overlying pleura, which likewise became chronically inflamed and formed dense adhesions. From the original seat of invasion, metastases, through the blood channels, invaded the brain and kidneys. Those in the brain presented features resembling very closely the conditions described in Case 1, there being but little granulation tissue present, and the main mass consisting of broken-down leucocytes, not differing therefore in general appearance from the usual form of pyæmic metastases.

By far the most recent process was seen in the kidneys, where, too, the connection of the infection with the circulatory system was evident.