

Electric oil was rubbed into the part for three days, but no good resulted. The lump got harder and increased in size, and he was brought to the hospital. The child had previously been strong and healthy. There was no history of consumption in the family. During four days in the hospital, previous to operation, the lump increased appreciably in size, and the temperature varied from 101° to 104° . At the time of operation a large, irregular mass existed in the left groin, immediately below Poupart's ligament; this was removed by a vertical incision, and proved to be composed of a mass of enlarged glands of the superficial femoral group. Another mass was found about Poupart's ligament, and, by means of an incision through the abdominal wall, parallel to and above Poupart's ligament, three large glands were removed from the region of the iliac vessels. The wounds were both flushed with 1-40 carbolic acid lotion and packed with iodoform gauze. The temperature fell after the operation, and the wounds healed readily.

The glands were examined microscopically, and were found to contain typical tubercles. The case is of considerable interest from the fact that, although the process was very acute, yet there was absolutely no suppuration. The tubercular process is a non-suppurative process; the bacillus tuberculosis is non-pyogenic, and when pus does occur, as it not infrequently does, it is due to mixed infection. Usually some pyogenic cocci have found their way, by absorption from the periphery, to the glands in which tubercular infection has occurred, and they there find a suitable nidus for their growth and development.

Another child, $2\frac{1}{2}$ years of age, came under my care, in whom the glands of the left groin had been similarly affected, in consequence of an injury received five weeks previously. I removed the horizontal group of left inguinal glands. In connection with these a small abscess had developed. In this case the wound was closed by suture, and healing occurred by first intention. The glands, under the microscope, were found to contain numerous giant cells and epithelioid cells, and the bacillus tuberculosis was demonstrated. These cases are good examples of acute tubercular adenitis. The chronic variety of the disease is more common, and is familiar to every practitioner.

Thus in the cervical group of glands we find small masses which tend to increase in size. At first they are freely moveable, and they remain so for a varying period. Often we find glands as large as a walnut, which move readily on an manipulation in the deeper tissues. As the disease advances they tend to become fixed in consequence of the development of inflammation in the periglandular tissue, and an abscess may develop in the gland, or more frequently in the inflamed tissue round about the gland. These abscesses burrow and eventually point on the surface, and, if left to