

innominate and subclavian arteries, with the brachio-cephalic vein, and with the vena azygos, the pneumogastric nerve, and its recurrent branch. The glands on the left bronchus are still smaller than those of the right side. Their position gives them relations with the arch of the aorta, the origin of the left carotid and subclavian arteries, the left branch of the pulmonary arteries with the large veins, with the left pneumogastric nerve, and especially with its recurrent branch. Lastly, it should be stated, as a guide in clinical examination, that the bifurcation of the trachea takes place in front of the body of the fifth dorsal vertebra, or between the fourth and fifth, and behind the lower end of the first bone of the sternum. The glands, except when diseased, are proportionately larger in children than in adult or aged persons.

The bronchial glands participate in the pathological conditions which affect lymphatic glands generally. In the present instance, however, those cases will not be noticed in which the bronchial glands, becoming the seat of constitutional disease in association with other glands in the neighbourhood, constitute large and manifest tumours. Nor is it intended to give prominent consideration to the state of the glands when they enlarge in acute disease—such as eruptive fevers; nor in those diseases—such as typhoid—where the glands play a secondary part. The writer has been anxious to describe and to aid in recognising the presence of a condition in which the disease of the bronchial glands constitutes to some extent a disease *per se*, or gives rise to complications which it is important to recognise. The remaining morbid changes to which the bronchial glands are liable may be grouped as follows.

a. The bronchial glands are liable to congestion with enlargement, as are glands in other situations. Hypertrophy may be the result, if the latter condition become chronic. After childhood, the glands in this situation become almost invariably studded with black deposits, the quantity of which may be so considerable as to constitute melanoma.

b. These glands are liable to acute and chronic inflammation. Acute inflammation in this situation, terminating in abscess, is rare, but several

cases of the kind have been recorded. Chronic inflammation of the glands is by no means uncommon. It may lead to permanent enlargement, or to contraction and induration of the glandular textures, with the presence of calcareous particles, or to abscess. The contents of the abscess may be more or less completely absorbed, leaving a partially filled sac or cyst, containing thick pus or cheesy matter. But these glands, when inflamed and enlarged, may form adhesions with surrounding parts, and the contents of an abscess, if it exist, may be discharged by an ulcerative process into the substance of a lung, into the mediastinum, into the trachea, or cesophagus, or even into a blood-vessel. Diffused emphysema has been found in such cases, and the emptied sac has assumed in some instances the character of a cavity connected with the lungs. When the matter is discharged into the air-passages, purulent expectoration is the result. Two or three examples of such cases were noticed in the writer's observation, and the possibility of their being mistaken for the discharge from a cavity in the lungs, or an empyema, was remarked upon at the time. The abscess may discharge into the mediastinum. A remarkable instance of the kind is recorded in the case of the late much lamented Dr. Fuller. A chronic abscess of the bronchial gland had opened into the posterior mediastinum. This led to pyæmia, the formation of abscesses in the brain, and to the loss of a valuable life.

c. These glands are liable to suffer especially from tuberculous or scrofulous disease; from various forms of malignant disease; and in cases of secondary or tertiary syphilis. Of the latter form of disease, some striking examples have fallen under the notice of the writer, in which symptoms closely resembling phthisis existed, but which yielded to treatment directed to the specific disease.

With regard to the ætiology of the diseases of the bronchial glands, it will be sufficient merely to allude, amongst predisposing causes, to hereditary predisposition, to general impairment of health, and the like. MM. Rilliez and Barthez have described the frequency of the disease in childhood. My own observations made on young persons and adults, show that in