

extending over a very large portion of the surface. Mucous and cutaneous surfaces, which are not thus the boundaries of cavities, exhibit a more marked disposition to the production of localised inflammation and of ulcers; the superficial layers indeed of a well-formed epithelium or mucous membrane, by the protective powers of their cells, form a defence against irritation from without: thus the superficial exudate from a region of local inflammation cannot easily produce a superficial extension of the process.

Not only the nature of the tissues, but their function also, profoundly affect the character of the inflammatory manifestation. Thus, excretory organs, by the very nature of their function, during the attempt to remove noxious substances from the system, are especially liable to generalised parenchymatous inflammations, — the irritation not being local, but affecting at the same time all the cells whose part it is to take up and excrete the irritant bodies.

B. The Position of Tissues. — It is difficult to consider the position and relationship of tissues as they affect the inflammatory manifestations, without continually touching upon their structure. Nevertheless, the two, though very closely connected, do not go hand in hand.

A familiar instance of modification in form brought about by position is to be seen in the result of suppurative inflammation — in the development of ulcerous conditions when the process affects free surfaces, of abscesses when it attacks deeper tissues. The process in the two cases is virtually the same: there is the same abundant determination of leucocytes, the same degeneration of them into pus. Yet apart from the gross difference in form, there are minor differences between the two. There is, for instance, relatively much more serous exudation from the free surface of an ulcer than there is into and around an abscess. As a general rule, inflamed tissues near a free surface are the seat of more abundant exudation. Of this liability for free surfaces to be the seat of serous inflammation I have already spoken. The skin, with its thick dermal layer, affords a good example: when the full suppurative stage is not reached, inflammation affecting the outermost layers of the derma is most often of a vesicular or oedematous character; when it affects the deeper layers of the derma the serous infiltration is less evident.

Yet another example of the influence of position in modifying form is seen in enteric fever. In this malady, the lymphoid tissue forming the Peyer's patches becomes the seat of excessive cellular infiltration and proliferation, undergoes necrosis, and is cast off, leaving the well-known ulcers. The lymphoid tissue of the neighbouring mesenteric gland likewise undergoes great infiltration and enlargement, but necrosis rarely implicates the whole of a gland: notwithstanding the previous extensive inflammation, the glands commonly recover their normal appearance and size.

Beyond this there are few broad principles to be laid down concerning the relationship between forms of inflammation and position that do not essentially depend upon the structure and functions of the tissues.