

duced by very slight irritation and persist after the irritation is removed. Such exudations show a remarkable tendency to resist absorption and to linger in the tissues, the affected areas becoming rapidly non-vascular. Among the common products of the inflammation are giant cells. The tendency of the process is to degenerate and not to organize and the degeneration usually takes the form of caseation. At the same time these inflammations have a tendency to extend locally and infect the adjacent parts, and their products present certain peculiar properties when inoculated upon animals. Lastly a great feature of all these processes is they tend to commence in and to most persistently involve lymphatic tissue."

Duhring in his work on skin diseases, says, "Of scrofulides as a rule the affection begins in one or more lymphatic glands, which become swollen and permanently enlarged, constituting firm roundish or oval tumours unattended at the beginning by redness or pain. They increase in size slowly, having attained certain dimensions they undergo softening. The skin covering them becomes hyperæmic, chronically inflamed, of a violaceous hue, thin and sensitive. In the course of time fluctuation is experienced and the tumour breaks down, discharging pus, bloody serum, and a whitish or yellowish flaky caseous matter. The discharge continues oozing for an indefinite period. The glands break down completely, terminating in ulcers. The tendency of the disease is to ulceration and cicatrization."

According to Billroth "scrofula is a disposition to chronic inflammation of the skin, bones and joints in which the inflammation may lead to the development of granulations, to pus and to caseous degeneration. Persons in whom swelling of the lymphatic glands, even if induced by temporary irritation long continued in the same state, or even increased without peripheral irritation." Perls, in his work on General Pathology, says (1) "scrofulous individuals are those

in whom certain membranes, particularly mucous membranes, also, the skin and periosteum show a tendency to inflammation upon the slightest injury. (2) This inflammation does not terminate as in healthy individuals in rapid and complete absorption of the exudation, but is followed by chronic suppuration and infiltration of the neighbouring tissues. (3) After such inflammation lymphatic glands do not resume their former size but remain hard and large. (4) In the connective tissues, as well as in the lymphatic glands, there is a tendency in the exudation to cheesy degeneration."

It will be seen from these definitions that there is after all a fair consensus of opinion, as to the main features of the disease. Since the discovery of the bacillus tuberculosis, this condition can be more sharply defined, and all cheesy products containing the bacillus placed under the latter disease.

In the case which has been given, both clinical history and the post mortem examination would lead to the conclusion, that it was a case of scrofulous disease in the adult, and that it was quite distinct from tuberculosis.

The etiology of scrofula is a subject which has led to much discussion. There is little doubt but that it can be both hereditary and acquired. Phthisis in parents is a common cause of scrofula in children. In the case given there was a distinct history of consumption on the father's side. Scrofula in parents may also give rise to the same disease in the children. Instances of this are quite often met with.

It has been asserted that parents in good health will beget scrofulous children; also that syphilis in parents is a predisposing cause.

Among the predisposing causes of scrofula is climate. It occurs most frequently in cold, damp climates, where there is poor ventilation, bad food, and bad hygienic surroundings. It is most frequently found in the densely populated districts of large cities.