This is situated in the neighborhood of the cœliac artery, and is made up of the lymph vessels from the intestines, stomach, spleen, pancreas, and a part of the liver, and its branches are united with 10 to 15 cœliac glands. From this plexus arises a short branch (or in many cases several) which ascends alongside the cœliac artery, and takes part as the middle root in the formation of the receptaculum chyli.

COURSE OF BACILLI IN INOCULATION EXPERIMENTS.

The subject of the formation of tubercles as a result of inoculation with cultures of bacilli is one which has given rise to considerable discussion, and one in which there exist at present two distinct views. These two views differ as to the part played by the various tissue elements in the genesis of tubercle. The one view, maintained by Baumgarten and his followers, is that the tubercle arises from the multiplication of fixed tissue elements; whilst another upheld by Metchnikoff and the French school is that to the free cells (white blood corpuscles or leucocytes, lymphocytes) is entirely or mainly due the formation of tubercles. The latter idea is the one which seems to be most justified by the results of experiments and is the one which explains most clearly the phenomena seen.

Borrel has shown by intravenous injections of cultures of the bacilli into the ear vein of rabbits that immediately after the injection the bacilli are englobed by polynuclear leucocytes and that they become collected in the capillaries of the lungs, producing there minute thrombi or plugs where shortly the leucocytes are disinte_ grated, setting the bacilli free. These, with the debris from the disintegrating leucocytes, are taken up by larger mononuclear lencocytes, to which he traces the formation of the giant cells and epithelioid cells of the tubercles. Thus are formed intravascular tubercles. At the time of the disintegration of the polynuclear leucocytes bacilli pass in them out into the alveoli (i. e air cells of lungs) where they are taken up by the so. called dust cells which he considers as coming from the vessels, whether of the lymph or of the blood, and not formed from the alveolar epithelium. There is thus started an intra-alveolar tubercle. The development of these initial tubercles goes on until caseation takes place; at which time the distinctly local character of the disease gives place to a more generalized condition in which the lymphatics are involved as shown by a hyperplasia of the neighboring lymph glands, and a filling of the lymphatic lacunae and as lyn a p:

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