would flow on into the blood were it not for the interposition of the gland. The glands of the cervical group which are most frequently affected are those which receive their afferent lymphatics from the nose and mouth region; this is what we would expect, from the fact that the tubercle bacillus is so frequently found in the buccal and nasal cavities. Lastly, we must note the fact that slight abrasions of the surface are very common in these cavities, and under such circumstances of peripheral irritation infective absorption is much more apt to occur.

In connection with the etiology of the disease, it is worth noting the fact that tubercular infection may be produced by direct inoculation. The following case appears to be an example of inoculation by vaccination. L.C., æt. 10, was admitted under my care in the Hospital for Sick Children, with the history that she had been vaccinated six months previously. The vaccination was done over the left deltoid muscle, and the ulcer which resulted never healed. One month after vaccination a discharge occurred from the right ear : immediately after this a lump formed in front of the left ear, then another on the right side of the neck ; three weeks subsequently a lump in the left axilla. On admission sinuses were discharging from the right side of the neck and from the left axilla. The right ear was discharging stinking pus. There was a hard swelling immediately above Poupart's ligament on each side. The vaccination marks were represented as raised oval patches, the larger one about $1\frac{1}{2}$ inches long, and 3/ inch broad. The posterior one was slightly smaller. The surfaces of the patches were granular in appearance after the encrustation present on them was removed. The skin in the immediate vicinity was healthy in appearance.

I excised the patches freely, and removed and scraped away as much of the unhealthy glandular and cicatricial material in the neck and axilla as possible. On microscopic examination of the glands, I found typical tubercles, with large numbers of giant cells. I could not discover any giant cells in the vaccination patches, but groups and columns of epithelioid cells were abundant. The case seemed to me to be one in which inoculation of the bacillus tuberculosis had been caused at the time of vaccination.

The course of the disease varies. It may be acute or chronic. I may here narrate briefly the history of a well-marked type of the acute process. A child, $4\frac{1}{2}$ years of age, was admitted under my care in the Hospital for Sick Children on the 28th of August, 1893. A few days previously the child had been playing on the street, and came home complaining that he had been run over. The mother could, however, find no evidence of injury. On the following morning, he complained of pain in his his leg, and, on examination, a lump was discovered in the left groin