

this localization is incomplete, as it often is, the bacilli pass along by them to the lymphatic glands, here giving rise to proliferation, caseous degeneration or fibrous tissue formation, just as is the case along the lines of the lymphatics. Having once reached the glands at the root of the lung, the process may, for a time, be localized; but unless the conditions are favourable and what we may call the reaction of the tissues is good, the tubercular virus may be carried from point to point, successive glands in the neighborhood localizing the disease for a time, but ultimately allowing of the passage of the virus to other organs.

In connection with the invasion of lymphatic glands by the tubercle bacillus, it should be noted that once a lymphatic gland is affected, the course of the lymph circulation may be diverted; and again that any area usually drained into a lymphatic gland becomes much more readily affected when that gland becomes tuberculous than before this takes place; I think I have seen cases in which the lymphatic gland appears to have become caseous or cheesy before the area drained by it has become tuberculous. It is somewhat difficult to prove this; but I show you a specimen in which we have an exact localization of a tuberculous area to that part apparently drained by a small gland at the root of the lung.

The third method of transportation of the tubercle bacillus from one point of the body to others is by way of the blood-vessels. For some time it was supposed that the acute miliary tuberculosis that so frequently supervenes on the more chronic processes, was something essentially different from the larger primary lesions; but the identity of the two sets of lesions had been accepted even before Koch had pointed out that the exciting cause of the two processes was the same. It was difficult to determine, however, how the tubercle bacillus made its way from the primary lesion to every organ and tissue of the body. Weigert was able to point out that in a case where there was tuberculosis of the wall of the thoracic duct, the bacilli were carried from this lesion to the veins, from which they passed through the heart and thence were distributed to the capillaries of every part of the body. In these capillaries, blocking them and becoming attached to the endothelial lining, they again set up a proliferation in and around the capillary vessel, as a result of which the minute tubercles met with in this condition soon became manifest to the naked eye. (Section shown.)

It must be remembered that these different methods of spread of the virus seldom occur alone. Whenever the air passages are affected we find, invariably, that the tubercle bacilli make their way into the surrounding lymph spaces, there giving rise to the proliferative and regenerative changes already described. Similarly, we find that in acute