

feature was the formation of abscesses, partly of the lymphatic glands, but chiefly in connective tissue in various parts of the body. The abscesses formed slowly; began first as small nodules, which gradually increased in size, softened and discharged pus of fluid character. Suppuration continued a long time—in some as long as a year. They all healed up except in the latter stages of the disease. Some of the cicatrices were bound down to bone, showing that the periosteum had been affected, but in no case was this caries or necrosis, except during the last eight or ten weeks in the meta-carpo-phalangeal joint of the thumb.

There was some slight caseation, but the pus was as a general rule healthy in appearance. The febrile disturbance was not very marked, but emaciation followed the formation of the larger abscesses. No general enlargement of the lymphatic glands existed. The spleen was normal in size, and the lungs were frequently examined, and except during the last two months were found healthy.

The question now arises by what name shall we call this disease. It resembles in many points pyæmia, and if there was such a condition as pyæmia so chronic as to last for years this case might be put under that head. In many points, however, this case differs from ordinary pyæmia. There were no rigors and the amount of fever was slight until the last few weeks. No local condition was found, such as dead bone, which could have given origin to septic poisoning.

A differential diagnosis must then be made between the following diseased conditions, Hodgkin's disease, syphilis, tuberculosis and scrofula.

It has been asserted that there are occasional cases of Hodgkin's disease accompanied by suppuration, but in them, there was a general enlargement of the glands or enlargement of the spleen; none of these conditions existed in this case. On microscopical

examination no lymphoid deposits were found in any of the organs. Abscesses also were found in the connective tissue more frequently than in the gland. Syphilis is excluded as there is no history. Children born after commencement of disease showed no signs of hereditary syphilis. With regard to the two other diseased conditions, it would be necessary first to clearly define the difference between the two conditions, tubercle and scrofula before taking up the relationship which this case bears to either one. On this point the most opposite views have been entertained. Some consider scrofula to be a predisposing cause of tuberculosis and others, as for instance Mr. Treves, who has written a very valuable treatise on this subject claims that the two processes are identical, the one attacking particularly the lungs and the other the lymphatic glands.

By recent investigation however a sharp line may be drawn between the two diseases so far as the pathology is concerned. Although there may still be a wide difference of opinion as to the bacilli discovered by Koch being the cause of tuberculosis, most authorities are agreed that the presence of these bacteria is an indisputable evidence of tuberculosis. If by a proper microscopical examination of the discharge or the parts affected we discover bacilli, the case may be put under the head of tuberculosis whereas if they are not found the case is probably one of scrofula. Repeated examinations were made of the sputa and purulent discharges in this case and no bacteria were found. According to this view we must come to the conclusion that we have here scrofula in the adult to deal with. This is confirmed by the post-mortem as no tubercle was found in any part of the body.

What then is scrofula? Mr. Treves, to whose article I have previously referred, gives the following definition: "It is a tendency in the individual to inflammations of distinctive features, these are as follows: They are usually chronic and may be in-