tion of the cells, swelling of fibres an accumulation of fluid, and enlargement of the whole gland.

Exactly the same arrangement of lymph spaces, lymph channels and lymphatic glands is met with in the lung. There are spaces around every vessel and bronchus and between the finer tissue elements; these open into lymph vessels which in turn convey the fluid to the lymphatic glands situated at the root of the lungs. It is important to bear this arrangement of the lymphatics in mind; for we find that in tuberculosis of the lung the tuberculous virus is carried from the air vesicles by the lymphatics to the lymphatic glands. The tubercle bacillus or its products appears to exert some irritant effect directly upon the cells lining the lymph spaces, as a result of which, just as in the air vesicles, we have a proliferation of the cells and a formation of new tissue sometimes resulting in caseation, or the formation of a soft pultaceous mass which is supposed to resemble cheese; at others—and this is a point to be specially borne in mind—in the formation of fibrous tissue.

As regards this formation of fibrous tissue, it may be well to point out that the most marked feature in chronic tuberculosis is the formation of fibrous tissue in the pleura immediately above it; and it is an easy matter in most cases to determine roughly the comparative duration of the disease at any part of the lung by noting the thickness of the pleura and of the interlobular septa; so that in a chronic phthisis in which the patient succumbs rapidly as the result of an acute consolidation, there is usually well-marked thickening at the apex; this gradually shading off to the lower part of the upper lobe and being represented merely by a thin film of fibrin over the lower lobe.

Where the tubercular process specially affects the adventitia or outer coat of the blood-vessels and bronchi, this fibrous tissue formation is often exceedingly well marked. In some cases it would appear almost as though the tuberculous tissue, at first of a type which may be compared to an irregular granulation tissue, may become converted into fibrous tissue directly; but it may be accepted as a general statement that where the tubercle bacillus manages to obtain a footing, it brings about a certain degree of caseation; but that in the immediate neighborhood of this caseous material which in some sense appears to act as a foreign body, the fibrous tissue is partly at any rate the result of the action of this foreign body upon endothelial cells or connective tissue cells, which, after all, must be looked upon as cells of an endothelial type.

Wherever this fibrous tissue is formed it affords evidence of a good reaction on the part of the tissues and therefore of the powers of resistance; it is by the formation of this fibrous tissue around the areas of caseation that they are cut off and the lesion localized. Where