

have doubtless gained entrance to the walls through the tuberculous lesions and have continually kept up a chronic inflammation of the bowel wall so widespread in character that the tuberculosis is entirely overshadowed. At a few points, however, it will still be demonstrable, and can be detected with certainty in the mesenteric lymph glands. Even in the cecal wall, when the typical lesions are totally wanting, tubercle bacilli can still be readily demonstrated.

*Clinical History.*—Patients presenting tuberculosis of the cecum are usually between twenty and thirty years of age. The condition, however, may be found in the very young, and has been noted in persons fairly advanced in years. Quite commonly the patient has suffered from an old tuberculous process in the lungs or has a suspicious family history. In many of the cases which have come to autopsy healed lesions in the lungs have been demonstrated, while in a few instances there has been swelling of the cervical, axillary, or other lymph glands coincident with the cecal lesion. One of the first symptoms is constipation. After a time dull or sharp pain is felt in the appendiceal region. As the constriction develops there may be an intermittent diarrhea, with the gradual narrowing of the bowel, and fulness may be noted over the cecum. Where there is much infiltration of the intestinal wall the gut becomes very firm and feels like a sausage-shaped tumor. With the gradual growth of tuberculous tissue and narrowing of the bowel symptoms of obstruction manifest themselves, as evidenced by abdominal distension, colicky pain, marked peristalsis, vomiting, and rapid loss in weight.

But although these symptoms may be present, in some instances definite indications of the presence of the lesions may be entirely absent. In our case the patient felt well until the day before operation, complaining only of slight discomfort near the appendix.

*Diagnosis.*—With the increased attention paid to cecal tuberculosis the possibilities of overlooking these lesions will be lessened. It was only a few days after our case was operated upon that Dr. Finney saw a patient giving symptoms sufficiently suggestive of a tuberculous lesion in the cecum to render such a diagnosis justifiable. At operation the cecum was found to be the seat of a most extensive tuberculous ulceration. Fortunately, it was found possible to excise the whole of the diseased area.

Given a tumor in the right iliac fossa, of slow growth, a clinical history pointing to a previous pulmonary tuberculosis, and a comparative absence of temperature, it is highly probable that tuberculosis is present. If a patient be fairly well advanced in years, of course, the possibility of a malignant growth must be considered. As pointed out by Hartmann, Lartigan, and other