

be found in intestinal tuberculosis or it may be demonstrated in the faeces as the result of swallowing the sputum in pulmonary tuberculosis. Practically, however, its presence is diagnostic of the intestinal lesions of tubercle. It is at times hard to demonstrate it even in true cases as might be expected from the nature of the lesions, so that more than one examination is needed before we can positively exclude these parasites.

In examining for the Tubercle bacillus the stool should be received in 1-40 carbolic acid, or 1 per cent. formalin solution and thoroughly broken up. The solution may then be allowed to sediment or may be centrifuged. Films are prepared from the sediments and stained in the usual manner.

The presence of either blood or pus is always pathological. Blood may be suspected from the coloring of the faeces, but when the haemorrhage is high up in the bowel, only rarely can blood cells themselves be detected. It is only in severe haemorrhage (as in Typhoid) or when the bleeding is low down as from the sigmoid or rectum that the corpuscles are seen. A certain test can be made by examining the watery extract for blood pigment and demonstrating haemin crystals.

Pus (dead leucocytes) is found in all forms of inflammation of the bowels. When pure its presence usually signifies rupture of an abscess or some suppurative condition low down in the bowel.

Regarding the presence of particles of undigested (and digestible) food, minute amounts of such food may be found normally, particularly meat fibres, starch granules, and fat, (crystalline forms). When these are present in larger amount than traces, then we must consider the condition pathological, (unless excessive amounts of such foods continue to be eaten.)

Excess of starch means a disturbance in the digestive functions of the small bowel, the so-called amylaceous dyspepsia. Commonly we find a catarrhal condition of the small intestine, but occasionally the condition is associated with lesions in the pancreas, or obstruction of its ducts.

Fat, either in crystalline form, or more rarely in globules, may be present in excess. Fat is seen most commonly in biliary obstruction, the stools being clay-colored. Fatty stools are also seen in diabetes, and rarely in disease of the pancreas. Starch,