

with ruffles, fissures about the anus, pinched finger nails. Shotty adenopathy, palpable spleen and liver 3 cm. below the intercostal border, superficial ulcers in buttocks. Full term. Breast fed. Clear history of luetic infection in father thirteen years previously. Admitted to hospital with diarrhoea and complaint of failure to gain weight and grow. The infant never coughed, probably owing to extreme weakness, and physical examination of chest was negative, so that no pulmonary lesion was suspected. Failed to rally and wasted away in a week. Wassermann reaction was positive and von Pirquet negative.

Microscopical examination showed the lung largely obliterated by a cellular granulation tissue, rich in plasma cells and other polyblasts, partly vascularized, interchanging with areas of fibroplastic and mature fibrous tissue, especially well developed around and progressing from blood vessels. Small tuherele-like, mostly fibroid, nodules are also numerous. Caseation is generally absent, although tendency to necrosis and some actual necrosis of tissue is to be noted. In earlier places distinct cellular fibrous inter-alveolar thickening occurs. The whole sufficiently characteristic of the syphilitic process to enable the diagnosis to be made. (Entry No. 6062.)

2. *Acute disseminated caseous tuberculosis of lungs of infant with acute tuberculous pleurisy and extensive caseation in mediastinal and peribronchial lymphatic glands, and extension through lymphatics to pleura and outer surface of pericardium. Anomalous lobulation.*

Both lungs with the trachea, bronchi, pericardial sac, and mediastinal glands attached, carefully dissected to show the mediastinal structures. The heart has been removed and the interior of the pericardial sac exposed. The left lung has but one lobe and the right a very rudimentary division.

A large mass of densely caseating and enlarged glands, most of which are discrete from each other, are grouped about the arch of the aorta just above the pericardium and encircling the anterior surface and right side of the trachea and its bifurcation. Seen from the front these glands form a continuous chain of coronal shape running from the root of the right to that of the left lung, being larger and more numerous on the left side where the outer surface of the pericardium is seen to be involved, and a series of delicate lymphatics run from the lower glands of the chain to the pleural surface over the hilum of the lungs. The pleura in this neighbourhood and also over the diaphragmatic surface and over