

tine, with very superficial and early ulceration." These ulcers are distributed lengthwise in the bowel wall, and, with the marked thickening of the borders, look much like those seen in typhoid fever. The mesenteric glands are enlarged and soft, but nowhere show macroscopic signs of caseation. The most marked change in the Peyer's patches is near the ileo-cæcal valve. Two minute ulcers also appear in the larynx on the vocal cords. Microscopic examination of the mesenteric glands show extensive caseation with typical tubercles and giant cells. Tubercle bacilli are stained in sections of mesenteric glands.

The interesting question in this case is, "When did the child become infected with tuberculosis." Considering that one must allow an incubation period of at least a week for the organisms to multiply in sufficient numbers to produce damage in the tissues, the time remaining in our case is too short to produce the amount of caseation noted in the mesenteric glands.

Case 2 was an infant of three months, which at autopsy showed a diffuse tuberculosis, affecting the lungs, thymus, spleen, liver, kidneys and the thoracic and abdominal glands. The specimens, as you will see, show the miliary character of the infection in the lungs, liver, kidney and spleen, while a caseous tuberculosis of the mesenteric and peribronchial glands is evident. In this case it will be noted that the disease is much more advanced in the glandular system. The intestinal tract shows no lesions.

Case 3 is that of child of three years, and shows a distribution of the tubercules similar to that of Case 2. You will note the miliary character of the disease in the lungs, liver, kidney, pleura and peritoneum. Caseous tuberculosis is seen to affect the peribronchial glands, and particularly the ones at the bifurcation of the trachea. The mesenteric glands likewise are in a state of caseation. A remarkable condition too is the tuberculous affection of one of the Fallopiian tubes. This last, of course, is one of the secondary foci.

Cases 2 and 3 are the not unusual ones of tuberculosis in children, in which the glandular system shows the oldest foci, and it is this character of the disease which has of late been classed among the intestinal forms of the infection. You will note, however, how difficult it is, when the intestinal lesions are lacking, to give a positive opinion as to the site of invasion of the organism. The appearance of the mesenteric and thoracic glands lends little aid in giving this opinion, as the stage of the disease in these glands is about the same.