inal wall until finally there is a fistulous opening on the surface. Even in the early stages the mesenteric glands are enlarged and already involved in the tuberculous process, and where the cecal invasion is apparently in its incipiency there may be caseation of these glands.

Tuberculous stenoses of the gut, when multiple, are almost invariably situated in the ileum. Anywhere from one to twelve strictures have been noted in the same patient. In one case Hofmeister found twelve strictures scattered over a distance of about seven feet of gut. The bowel between the strictures is frequently distended, and in rare cases has been known to reach 17 cm. in circumference. Lartigau draws especial attention to a group of these cases in which, associated with the tuberculous process, there is a marked diffuse thickening of the bowel wall, which occasionally reaches 1 cm. or more in thickness.

The appendix is usually adherent, but, except where the tuberculosis of the cecum is far advanced, shows no implication in the specific process. Our case proved no exception to the rule. Although bound down by adhesions, the appendix was otherwise normal.

Histological Picture.—In sections from the cecum the edges of the ulcers may show tuberculous tissue, but, as a rule, epithelioid cells or typical tubercles are wanting, and nothing but granulation tissue can be made out. In the vicinity of the muscle, however, groups of epithelioid cells, and now and then tubercles, are seen. The peritoneal surface is usually free from tuberculous nodules until the disease is far advanced or unless the cecal lesion has been associated with tuberculous peritonitis. Sections from the stricture are composed entirely of connective tissue; sometimes with, at other times without, areas even slightly suggestive of tuberculosis. The adipose tissue surrounding the gut at the point of stricture is much infiltrated with small round cells, rendering the fat exceedingly hard and firm. Sections from the lymph glands in the region of the cecum almost invariably yield typical tubercles.

Naturally the tuberculosis gradually extends to the muscle and outer coats of the bowel. The farther away the process extends from the lumen of the bowel, the more characteristic will be the specific lesions, since the inflammatory changes produced by the intestinal bacteria have less opportunity of masking the tubercles. The diffuse thickening or "chronic hyperplastic tuberculosis" of the intestine yields a picture very different from that of simple tuberculosis, as has been clearly pointed out by Henri Hartmann, Lartigau, and others. In these cases the tuberculous process has been relegated entirely to the background, while the mucosa and muscle have been overrun with round cells. Intestinal bacteria