

period of the disease a patient dies, some of the patches will be found in this condition. It is rare, however, for death to take place before necrosis or sloughing has occurred. In *Case XVII.*, a girl, aged 24, died about the end of the first week with severe nervous symptoms. The patches of Peyer were much swollen, pitted and cribriform, but no sloughing had taken place. *Case XXXII.*, a man aged 63; there was great hyperplasia of the glands, particularly of the isolated follicles, but neither necrosis nor ulceration. The usual condition met with is sloughing or ulceration of the lower patches and swelling of the upper ones. In the early involvement one can frequently see with the unaided eye, or, better, with the assistance of a lens, the enlarged hemispherical follicles in a patch. The increase in size is due to a hyperplasia of the lymph elements, a process which also extends to the adenoid reticulation of the patches and the contiguous mucosa. The swollen condition of the lower part of the ileum is largely due to the great increase, intertubular and sub-mucosa, of the lymph elements. The affected patches usually appear with great distinctness, projecting from the mucosa for a distance of a line or two, and present a greyish-white appearance. They can be seen from the peritoneal surface, and the portions of the bowel in which they occur can be felt to be thicker and firmer than contiguous parts. The solitary follicles are not always affected; usually they are more or less swollen, and in rare cases they have been alone involved. They range in size from a pin's head to a large pea, and may be very deeply imbedded in the sub-mucosa. In the cæcum, appendix and colon the solitary glands may be greatly swollen. In *Case XXXII.* the solitary follicles of the ileum were very prominent, many of them almost pedunculated, which gave a very remarkable appearance to the bowel. There is generally hyperæmia of the mucous membrane, particularly about the patches, the situation of which may be plainly marked from the serous surface by deep congestion or ecchymosis. The swollen follicles undergo one of two changes—resolution or necrosis. In a majority of the patches the former process goes on. Even in the most severe cases, when six or seven feet of the bowel are involved, necrosis and ulceration do not often attack the