

syphilitic adenopathy does not produce such large masses as the tubercular form. Tubercular glands are more common in young people and children than in older persons. Consequently we see that from the condition of the glands alone, the presumption was rather in favor of a tubercular lesion.

On the other hand it must be said that the disease did not run the course of the ordinary tubercular meningitis, the temperature being, for instance, subnormal and the usual stages not being recognizable. It is possible that had the tuberculin test been used or lumbar puncture made that the correct diagnosis might have been reached. The case, was, however, one of extreme difficulty and the above considerations practically sum up all that can be said in regard to the differential diagnosis.

Apart from the complications of two diseases the case is important as it is one of undoubted primary infection with tuberculosis through the intestinal tract. The ulcers in the bowel were typical of tuberculosis, the lesions were most marked in the neighbourhood of the intestine, mesenteric and retroperitoneal glands, while those in the rest of the body were merely a terminal dissemination of the disease of a miliary type. Careful search was made in all the districts usually affected first by tuberculosis without finding any evidence of an old lesion. There being no area of tuberculous softening about the respiratory passages, infection of the intestines through sputum is obviously impossible. The localization of the ulceration in most instances to the lymphoid elements of the intestines, as in the case of typhoid or in the ordinary sputum-ingestion type of intestinal tuberculosis is practically pathognomonic of an alimentary type of infection and not a hæmatogenic one. It was somewhat striking with such extensive tuberculosis in the intestine that diarrhœa was not present, nor were there any other signs pointing to intestinal or abdominal involvement.