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PATHOLOGICAL SPECIMENS: Series by Dr. Maude E. Abbott, who remarked as follows:

The specimens I am about to demonstrate were presented to the McGill Medical Museum by a recent graduate, Dr. Alton Goldbloom, now of the Boston Floating Hospital, to whose initiative and enthusiasm we are much indebted for a most valuable collection, unsurpassed both in brilliancy of colour preservation and in pathological interest. The collection consists of the intestines from a series of cases of acute enteritis in children, and also the lungs from two cases of exceptional interest of pulmonary disease in infants.

The microscopic appearances in these two last named specimens, which I now show on the epidiascope, form an interesting comparative study of the histological changes in syphilis and tuberculosis respectively. In the syphilitic slide the inflammatory reaction is of a markedly productive character with the formation of a vascularized granulation tissue which progresses from the blood vessels, very rich in plasma cells and other polynuclear elements, with few giant cells and relatively little caseation. In the tuberculous lung, on the other hand, we see an acute necrosing process, large caseating areas destitute of blood vessels containing both epitheloid and giant cells, and surrounded by a zone of lymphocytic invasion and a deeply congested periphery. Spirochætes are seen stained by the Levaditi method in the syphilitic lung and no tubercle bacilli, but the latter are present in great numbers in the slide of caseous pneumonia, stained by carbol-fuchsin.

The series of acute enteritis is of interest, both in the types of disease represented, which include acute catarrhal, ulcerative and membranous forms, and also from the clinical standpoint in regard to the development of acidosis, which Dr. Goldbloom tells me is being investigated there in all cases of infantile diarrhœa by the estimation of the $CO_2$ tension of the alveolar air and the alkaline reserve of the plasma by the Mariott apparatus. He writes: "The study of the respiratory changes in diarrhœal cases is most fascinating. There are two types, it seems, of acidosis; one which