at a given point in the intestine are, intestinal colic accompanied by irregular hemorrhages from the bowel. The patient becomes blanched as a consequence of the loss of blood, weakness is marked; they become somewhat emaciated and display a great indifference to food.

Physical Examination.—A small mass can generally be made out by examination under an anaesthetic.

Diagnosis.—The diagnosis lies between tubercular stricture, malignant stricture and syphilitic stricture. It is impossible to make a differential diagnosis between a malignant and tubercular stricture until after the abdomen has been opened. Syphilitic stricture, occurring low down, can usually be more readily made out One of the cases I have recorded was supposed to be suffering from nervous dyspepsia until symptoms of acute intestinal obstruction set in.

Organs found affected.—A mass of tubercle was found in the wall of the bowel producing narrowing of its lumen; the glands in the mesentery were enlarged. In one case an old cheesy gland was found high up over the abdominal vessels. In one case tubercular nodules were found in outlying districts surrounding the main tubercular mass. The wall of the bowel near the seat of the tubercular deposit was much thickened.

Results.—One patient died as a consequence of acute intestinal obstruction. Colotomy was done but, unfortunately, too late. The other two cases made an uninterrupted recovery. Surgical interference gained the credit but, I believe, had nothing whatever to do with the improvement.

Tubercular Appendicitis and Ulceration of the Ascending Colon.

One case of tubercular appendicitis and ulceration of the ascending colon is given in the table. This condition is rare. The symptoms were those of an attack of appendicitis, abdominal pain localized in the right iliac fossa, rigidity of the right rectus muscle, tenderness on pressure, elevation of pulse and temperature.

Physical Examination.—A mass to be felt in the right side in the neighborhood of the appendix.

Diagnosis.—The diagnosis in all such cases must lie between chronic appendicitis, with a probability of pus formation, and tubercular peritonitis. At the operation the situation of the ulcers could be readily made out, the appendix was bound down and appendix, caecum and ascending colon were studded with masses of tubercle. The patient, it may be noted, died within a few months from tubercular laryngitis.