

From the classical investigations of Booker we gather information which I have summarized as follows: as to the morbid anatomy of the other viscera.

I. In acute cases:

1. The spleen—always hemorrhagic, large and juicy, with distended vessels and extravasations, and often focal necrosis in the lymph nodules like that in the solitary glands in the intestine—is frequently infiltrated with the same bacteria as found in the intestine.

2. The liver—nearly always engorged with blood, the cells separated by widely distended capillaries and showing fatty degeneration or becoming necrotic.

3. The kidneys—some cases show presence in kidney tissue of the intestinal bacteria, *B. coli comm.* and *B. lactis aerog.* Every case shows necrosis of epithelium in convoluted tubes—the capsules of the glomeruli sometimes show signs of inflammation or are plugged with coagulated albumen, and the tubules sometimes contain hyaline casts, especially if the case is somewhat chronic—the kidney as a whole is usually enlarged, congested, with marked striations, and capsule stripping off easily.

4. The lungs—give cultures of bacteria more frequently and with greater luxuriance than any of the other viscera, *B. lactis aerog.* and *B. coli communis* most commonly, Booker saying expressly that “the gastro-enteric canal is the starting point of the general infection,” and that “the same bacteria found in cultures from the stomach and intestines appear in cultures from the other organs.”

Lobular hemorrhages of greater or less extent are often seen; the bronchial tubes are more or less filled with mucus, and broncho-pneumonia of more or less severity exists, always recognized as an almost necessarily fatal complication.

II. In chronic cases, meaning either those which begin without great acuteness or which have survived an acute attack of, say, three weeks (Holt says six weeks), the prevailing lesions are much the same as detailed in acute cases, with difference due to longer duration of the lesion; for instance, the kidneys contain hyaline casts, and show more markedly necrotic condition of epithelium especially of convoluted tubules. In one case Booker noted that “the brain surface was covered with a thick layer of bacteria.”

1. The spleen—of twelve examined, ten showed hemorrhage, sometimes very extensive; six showed focal necrosis in the lymph nodules.

2. The liver—of ten examined all showed great capillary distention, and all showed cell necrosis, often of the entire lobule, and, if less severe, limited to the centre of the lobule.