nor as in cases in while relatively one point the gut he adipose tissue aucosa frequently added with irregtervening mucous process. At the w that the tip of es so small is the difficulty, and in letely occlude the ies with the indier to picture the becomes matted ures, and, in rare ominal wall until Even in the early eady involved in ion is apparently glands.

e, are almost ina one to twelve In one case Hoflistance of about tres is frequently reach 17 cm. in a group of these rocess, there is a hich occasionally

where the tubernplication in the ie rule. Although rwise normal. caecum the edges a rule, epithelioid but granulation muscle, however, bercles, are seen. erculous nodules al lesion has been rom the stricture se with, at other

berculosis. The

stricture is much

fat exceedingly

hard and firm. Sections from the lymph glands in the region of the crecum almost invariably yield typical tubercles.

Naturally the tuberculosis gradually extends to the muscle and outer coats of the bowel. The farther away the process extends from the lumen of the bowel, the more characteristic will be the specific lesions, since the inflammatory changes produced by the intestinal bacteria have less opportunity of masking the tubercles. The diffuse thickening or "chronic hyperplastic tuberculosis" of the intestine yields a very different picture to that of simple tuberculosis, as has been clearly pointed out by Henri Hartmann, Lartigau, and others. In these cases the tuberculous process has been relegated entirely to the background, while the mucosa and muscle have been overrun with round cells. Intestinal bacteria have doubtless gained entrance to the walls through the tuberculous lesions and have continually kept up a chronic inflammation of the bowel wall so widespread in character that the tuberculosis is entirely overshadowed. At a few points, however, it will still be demonstrable, and can be detected with certainty in the mesenteric lymph glands. Even in the cæcal wall, when the typical lesions are totally wanting, tubercle bacilli can still be readily demonstrated.

CLINICAL HISTORY. Patients presenting tuberculosis of the cæcum are usually between twenty and thirty years of age. The condition, however, may be found in the very young, and has been noted in persons fairly advanced in years. Quite commonly the patient has suffered from an old tuberculous process in the lungs or has a suspicious family history. In many of the cases which have come to autopsy healed lesions in the lungs have been demonstrated, while in a few instances there has been swelling of the cervical, axillary, or other lymph glands coincident with the cæcal lesion. One of the first symptoms is constipation. After a time dull or sharp pain is felt in the appendiceal region. As the constriction develops there may be an intermittent diarrhoea, with the gradual narrowing of the bowel, and fulness may be noted over the cæcum. Where there is much infiltration of the intestinal wall the gut becomes very firm and feels like a sausage-shaped tumor. With the gradual growth of tuberculous tissue and narrowing of the bowel symptoms of obstruction manifest themselves, as evidenced by abdominal distention, colicky pain, marked peristalsis, vomiting, and rapid loss in weight.

But although these symptoms may be present, in some instances definite indications of the presence of the lesions may be entirely absent. In our case the patient felt well until the day before operation, complaining only of slight discomfort near the appendix.

Diagnosis. With the increased attention paid to caecal tuberculosis the possibilities of overlooking these lesions will be lessened. It was only a few days after our case was operated upon that Dr. Finney saw a patient giving symptoms sufficiently suggestive of a tuberculous lesion in the caecum to render such a diagnosis justifi-