authorities, tuberculosis of the cecum, especially of the hyperplastic form, has often been taken for sarcoma. This has been due to the massive infiltration with small round cells. But provided that we remember that they form a definite infiltration, instead of one or more large foci, and further, that the cells are uniform in size instead of being large and small and actively dividing, confusion is not likely to occur.

The gross diagnosis between tuberculosis and carcinoma of the cecum may offer numerous difficulties, but on microscopic examination no confusion can exist, as in the tuberculous process the epithelial elements play an entirely passive role or have disappeared. Moreover, the demonstration of the tubercle bacilli is generally easy.

The diagnosis between cecal tuberculosis and appendicitis is usually dependent on the tuberculous history and the slow growth of the tumor, together with the absence of a temperature suggestive of a pus accumulation. Of course, in a case similar to the present one, a differential diagnosis would be absolutely impossible.

Treatment.—If tuberculosis of the cecum be diagnosed early operation is indicated. Resection of the entire diseased area is, of course, necessary for an absolute cure. Lateral anastomosis between the ileum and ascending colon is the ideal operation. If after resection of the diseased portion of the gut very little mobility be obtainable, in order to avoid tension an end-to-end anastomosis is the only alternative. Where there are numerous strictures scattered over an area of several feet of gut, the question arises as to whether the entire diseased area should be excised or several anastomoses be made, removing only the diseased segments and leaving the intervening normal gut. If the span of gut involved by the tuberculous process be not over three or four feet, it is wiser to remove this portion in its entirety. In one of the cases reported six or seven feet were removed, and the patient recovered. With the diseased cecum it is always necessary to carefully examine the glands of the mesentery, and if they be involved, they too should be excised. The results from resection have been very gratifying, Hofmeister in his table of 83 operative cases showing a recovery of 62 per cent.

*Tuberculous stricture of the ascending colon, with sudden total obstruction of the bowel; perforation of the intestine; removal of the cecum and half the ascending colon. Recovery.**

The following is taken from my case-book, November 29, 1902: At 11 p.m. I saw, in consultation with Dr. Charles E. Simon, Miss K. G., aged twenty-four years. The day before she

* Extracted from the *American Journal of Medical Sciences*, March, 1904.