growth, is not as prone to engraft itself on the tumor as in cases in which appendicitis exists. The outer surface, while relatively smooth, may be studded by a few tubercles. At one point the gut shows a constriction, and usually around this the adipose tissue is very dense. Where the cæcum is cut into the mucosa frequently shows considerable alteration. It is sometimes studded with irregular or serpiginous tuberculous ulcers, while the intervening mucous membrane is the seat of a chronic inflammatory process. At the point of stricture the lumen of the gut is so narrow that the tip of the finger can hardly be introduced. In some cases so small is the calibre of the bowel that a sound is passed with difficulty, and in our case a small bird-shot was sufficient to completely occlude the canal. The degree of alteration in the cæcum varies with the individual case, and it is only necessary for the reader to picture the tuberculous process advancing until the cæcum becomes matted and densely adherent to all the neighboring structures, and, in rare instances, the process gradually involves the abdominal wall until finally there is a fistulous opening on the surface. Even in the early stages the mesenteric glands are enlarged and already involved in the tuberculous process, and where the cæcal invasion is apparently in its incipiency there may be caseation of these glands.

Tuberculous stenoses of the gut, when multiple, are almost invariably situated in the ileum. Anywhere from one to twelve strictures have been noted in the same patient. In one case Hofmeister found twelve strictures scattered over a distance of about seven feet of gut. The bowel between the strictures is frequently distended, and in rare cases has been known to reach 17 cm. in circumference. Lartigau draws especial attention to a group of these cases, in which, associated with the tuberculous process, there is a marked diffuse thickening of the bowel wall, which occasionally reaches 1 cm. or more in thickness.

The appendix is usually adherent, but, except where the tuberculosis of the cæcum is far advanced, shows no implication in the specific process. Our case proved no exception to the rule. Although bound down by adhesions, the appendix was otherwise normal.

Histological Picture. In sections from the cæcum the edges of the ulcers may show tuberculous tissue, but, as a rule, epithelioid cells or typical tubercles are wanting, and nothing but granulation tissue can be made out. In the vicinity of the muscle, however, groups of epithelioid cells, and now and then tubercles, are seen. The peritoneal surface is usually free from tuberculous nodules until the disease is far advanced or unless the cæcal lesion has been associated with tuberculous peritonitis. Sections from the stricture are composed entirely of connective tissue; sometimes with, at other times without areas even slightly suggestive of tuberculosis. The adipose tissue surrounding the gut at the point of stricture is much infiltrated with small round cells, rendering the fat exceedingly