

posed to be a case of relapsing appendicitis in a man of about fifty. I saw him early in a relapse. He had the symptoms usually associated with appendicitis, but on palpating the right iliac fossa I found that instead of feeling the usual oval tumor in the right iliac fossa there was a hard, tender, cylindrical tumor from one and a half to two inches in diameter, running up from the right iliac fossa to under the right costal arch. This could be nothing else than the ascending colon turned into a tube with rigid walls. It was resonant on percussion. It was so hard that it was impossible to believe that the hardness was simply due to distension by gas forced into it by contracted bowel on either side of it. This explanation was further negated by the way in which the "tumor" subsided. On a subsequent examination the cylindrical tumor was found to reach only half way up to the costal arch—that is, only the lower half of the ascending colon was spasmodically dilated. Above the hard dilated part of the colon the gut was found to be relaxed, not contracted, which could not have been the case if the distension were due to air forced in under pressure. I made this observation repeatedly on this case, as the tumor due to the dilated gut got less and less; and after convalescence was established, and the patient was walking about I was able on one or two occasions to feel the lowest part of the cecum suddenly become hard and distended under my hand, while the rest of the cecum remained soft and undistended. This observation I have very frequently made since in cases where there is catarrh of the cecum, and I have no doubt at all that catarrh of the colon leads to a tonic extension of its muscular fibres, and in consequence an active dilatation of its cavity.

In the International Medical Congress, held at Paris in August, 1900, this same spasmodic dilatation of the colon was referred to by more than one of those who contributed to the discussion on muco-membranous colitis. Thus Dr. Mannaberg, of Vienna, referred to a patient of his who had a "fearfully tender tumor running right across the epigastrium," which consisted of the "unusually strongly tetanically stretched (*gespannte*) transverse colon." It is not quite easy to understand the meaning of this sentence, but it seems to imply that the colon was dilated and not simply stretched by the contraction of its longitudinal fibres, for in this case it would not have bulged forwards and formed a prominent tumor in the epigastrium noticeable by the patient herself.

There is no doubt however, as to the meaning of Dr. Jules Geoffroy. He describes this unusual irritability of the intestinal muscles with great detail, and regards it as the