

the stools, and with neurasthenic or other nervous manifestations.

4. Mucous colic, as described by Nothnagel and others, differs from the foregoing in that only two main symptoms are present, namely, colic and the passage of mucus, and the condition is described as a pure secretory neurosis of the colon.

5. Under the heading "true catarrhal typhlitis" I include cases of catarrhal inflammation of the cecum associated with the passage of mucus in the stools, in which there is no evidence of the appendix playing a primary part in the causation of the disease. I shall deal with this condition later on, and will only add here that the most characteristic feature in these cases is a tumor in the right iliac fossa like that associated with appendicitis; which is not due to inflammatory deposit, but to a little-known form of muscular activity, which may be described as spasmodic dilatation of the gut. This is shown by the fact that during examination the tumor may be felt to subside entirely, owing to the subsidence of the spasm, only to reappear again in a few minutes on the recurrence of the spasmodic dilatation. This is simply a catarrhal over-action of the cecum, and the name typhlitis may properly be applied to it.

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When the attempt is made to classify a series of cases under one or other of these headings, it will be found that the number of intermediate and atypical cases met with forms so large a proportion of the whole as to cast doubt upon the desirability of considering the above-named conditions distinct diseases. Moreover, the various types are found to pass into one another. For example, when the acuteness of an acute attack of colitis subsides, the symptoms which remain are not infrequently those of muco-membranous colitis. In other cases the remaining subacute catarrh is limited to the cecum, a condition of true catarrhal typhlitis. Also as the severity of a well-marked case of "membranous colitis" subsides, the symptoms become those of an ordinary slight catarrh of the bowel. Then, again, we may meet with patients who are passing typical "membranes" in the stools, who have few or none of the symptoms of muco-membranous colitis. Again, it does not seem possible to draw any true distinction between the typical mucous colic of Nothnagel and the more frequent membranous colitis as described by the same writer.

The attacks of colic in the latter condition closely resemble those of the former, and the symptoms of mucous colic seem to