GEORGE E. BREWER, M.D. "The Etiology of certain cases of Left-sided Intra-abdominal Suppuration—Acute Diverticulitis." *Amer. Jour. Med. Sciences*, October, 1907.

Intestinal diverticula are divided into two classes, the congenital and the acquired. The former, represented by Meckel's diverticulum, is single; has a rectangular implantation into the free border of the terminal portion of the ileum, generally in the neighbourhood of the ileo-cæcal valve; it is made up of all the coats of the intestine; it is generally more than 2 cm. in length; and has a terminal filament which may be free or attached to the abdominal wall, the mesentery, or another part of the intestine. The acquired diverticula are, as a rule, multiple; small, thin-walled, round or ovoid in shape, they may be found in any part of the intestinal canal, but are more frequent in the left colon and rectum, and are in reality hernial protrusions of the mucous membrane through the separated fibres of the muscular coat; and are situated most frequently along the mesenteric border of the bowel. Congenital diverticula have been known since the early part of the eighteenth century to be the not infrequent cause of strangulation of the bowel, and, during the last fifty years to be the occasional cause of peritonitis from perforation. During the past half century pathologists have reported specimens showing inflammation, necrosis, perforation, with or without fœcal concretions, of these false diverticula of the left colon, and have clearly demonstrated the relationship between these lesions and a general or localized peritonitis. These communications, however, have, for the most part, been buried in the transactions of pathological societies or have appeared in periodicals not largely read by clinicians. These circumstances and the rarity of the condition will easily account for the fact that the disease is not described in our clinical text-books, nor generally recognized by the profession. The disease occurs most frequently in middle adult life. The onset and cause of the attack resemble appendicitis so closely that the writer seriously considered the possibility of transposition of the viscera, the symptoms being limtied to the left lower quadrant. Perforation may give us a localized suppuration or a diffuse peritonitis, and the treatment is that of incision, drainage, and closure of the perforation when possible. Six cases are reported, in four of which the connexion between a perforated false diverticulum and the condition at operation, though not demonstrated, was highly probable, while in the last two such connexion was positively shown to exist. Over-distension of the rectum and sigmoids resulting from constipation would appear to be a factor in the formation of the false diverticula, while the usual finding of a fœcal concretion would suggest the prob-