

that it was only thirty per minute. He was so faint and low for days that the least attempt at movement induced faintness and a sense of impending death. In two out of these three cases the acute attack was followed by a subacute stage, in which mucus characteristic of the muco-membranous colitis was passed for a time, and the over-action of the muscular coat of the bowel was noticeable, as well as the tenderness and pains.

SUBACUTE AND CHRONIC CATARRH OF THE COLON.

It is to the symptoms of simple subacute and chronic catarrh of the colon to which I desire especially to draw attention in this paper.

1. With regard to the first of the four primary symptoms already mentioned (namely, the presence of mucus in the stools), I have already spoken at some length. I am inclined to lay rather more stress on the slight amounts of mucus occurring in constipation than some writers do. For the occasional presence of hardened masses of mucus in cases of constipation ought to suggest the presence of colon catarrh, and lead to its early recognition, while it is yet in an easily curable stage. Also, as we shall see when we speak of treatment, the presence of mucus in constipation ought to make us very careful as regards the use of the foods with indigestible residue, which are usually the most effective means of curing habitual constipation.

MUSCULAR IRRITABILITY OF COLON.

2. As regards the evidences of muscular irritability which are seen in colon catarrh; in cases of acute and subacute catarrh where the bowel is not too tender to admit of gentle palpation a peculiar condition is noticeable which I am at a loss to explain, except at some hitherto almost undescribed form of muscular activity. I believe that under certain kinds of inflammatory irritation the fibres of the muscular coat of the large intestine become hard in the extended position, instead of in the contracted position as usual. A sort of active extension of the muscular fibres takes place, thus holding the bowel open and keeping its walls rigid—a sort of spasmodic dilatation of the gut. I believe the same kind of tonic extension of the muscular fibres takes place in the case of the muscles of the abdominal wall in peritonitis, for I do not see how any true contraction of the muscles could produce the hardness with convexity which we see in that condition.

The first case which brought this condition strikingly under my notice was one which I saw eleven years ago. It was sup-