

She had for days a slight elevation of temperature, 99 degrees to 99 1-5 at 6 p.m., the remaining part of the 24 hours temperature being normal or sub-normal. She lost her appetite completely, and consequently failed in flesh. The dominant symptom, however, was pain, a constant dragging, drawing, boring pain, almost altogether on the right side, but tenderness all over the abdomen on pressure.

She was brave and did not complain without good reason, but the pain became so severe that we had to resort to morphine hypodermically to give her rest at all. She now insisted upon my opening the abdomen again, which I did on December 29th. Opening the abdomen through the right rectus, with the aid of my assistant, Dr. Margaret C. Calder, I made a very careful exploration of the whole abdominal cavity, but could find no abnormality, excepting the vascular veil. I found the caecum quite free where I had divided the membrane previously to remove the appendix. I now divided the membrane towards the lower part of the ascending colon, and proceeded in a leisurely and orderly manner to strip off the membrane along the whole ascending colon. A large portion of the membrane I could strip off with gauze wipes. At a few points of its attachment a little oozing of blood demanded clamping and ligaturing, but most of the vessels stopped bleeding spontaneously with a little pressure. I then removed one of the fatty tags or enlarged lymph glands for microscopical examination. After the constricting membrane had been detached completely, the oozing points controlled, I washed off with hot normal salt solution, returned the bowel to the abdomen and closed as usual. The operation had been prolonged, and the patient suffered severely from shock for 48 hours. After this, however, she rallied nicely, wound healed by primary union. There was a little tenderness along the line of incision for two or three weeks, but not more, I think, than might be expected in any abdominal wound. Patient began to recuperate two days after operation, appetite returned, began to gain in flesh, and from that day to this the patient has not known an ache or pain. She is now the picture of health.

The symptoms of this condition as enumerated by Jackson are pain, tenderness, constipation, mucous discharge from rectum, gaseous distension of abdomen, particularly in exacerbations; loss of weight and tone, gastric symptoms and neurasthenia.

My patient had never been constipated up to the time she was admitted to the hospital. This was probably due to the fact that the pericolic membrane had not yet contracted sufficiently to constrict the colonic circuit.

When the pain became worse towards the last, however, constipation set in. Jackson refers to the article by Arbuthnot Lane, of