

ordinary diarrhœa, and very often an opiate or a dose of castor oil with opium will relieve the symptoms of distress, but if ulceration be present these remedies will not be curative.

If the disease progresses unchecked, after a time, the patient will suffer pain after each stool, this is usually of a dull, throbbing character, the straining and tenesmus is increased, a constant fulness in the rectum is experienced, and the discharges of pus or mucus mixed with blood become more abundant and more frequent. It will also be noticed by the patient that whereas he was formerly able to go about his usual avocations with comparative comfort, walking or standing will increase the distress. As the case advances other symptoms will become apparent. The bowels will be more irritable so that the patient may have frequent calls to evacuate their contents. Each time he goes to stool the evacuation will be unsatisfactory and will be followed by tenesmus. He becomes dyspeptic, cannot eat his food, from failure of the appetite, his sleep is not refreshing, his rest at night being disturbed by pain of a shooting character in the bowel or most intolerable itching about the anus, he also experiences reflex lumbar pains, and pains down the thighs and legs. As the disease advances the ulceration will extend up the bowel, sometimes reaching to the sigmoid flexure. Thickening of the submucous tissue and muscular coat occurs, and contraction of the lower portion of the gut ensues from partial healing or cicatrization of the ulcers. The bowel loses its contractile power, and a state of stricture of the gut at the point of cicatrization results. In this state fluid fæces will come away spontaneously, because the sphincter loses much of its power to retain the contents of the rectum. Solid masses remain in the rectum unless washed away by enemata, or until forced through by fresh accumulations from above.

In some instances the passage of the fæces over the ulcerated surface will occasion griping pain with a sensation of faintness or actual vomiting. When stricture is actually present the patient will experience an uncomfortable fulness about the bowels, this being the distension accompanying constipation, in a day or two he will have an attack of diarrhœa, and will pass