

the abdominal wall, nor to any contiguous loops of small intestine. Instead it resembles more closely than anything we can describe a thin pterygium. In recent cases the membrane is quite free and produces but limited restriction to the underlying colon. In more advanced and characteristic cases it seems to bind the colon to the abdominal wall and produces such marked angulations and convolutions as to practically produce a stricture of its lumen. In fact, in one case seen in autopsy, when a stream of water was caused to flow into the caecum through the ileo-caecal valve, the caecum distended almost to bursting, and yet none of the fluid would pass through the ascending colon and past the hepatic flexure until it was milked through with the fingers. The angulation of the colon is generally most marked at the hepatic flexure. There is always a very loose space where the membrane can be easily picked up at the outer angle where it passes from the colon to the outer parietal wall."

On September 15th last I was called to see A. G., aged 20 years.  
*Family History.*—Negative.

*Personal History.*—Previous illness, none, excepting mastoid disease, for which I operated on her five years ago. Complete recovery.

Present illness began last March, the first symptoms being the occasional passage of a few drops of blood in the stool. During the spring and summer she suffered at times from a dragging, drawing sensation, sometimes amounting to pain, along the right side of the abdomen. She was a stout, hearty, athletic girl, not given to complain unnecessarily, and did not consider her condition sufficiently serious to consult a physician. The first week in September she entered the training school in Victoria Hospital, London, to train as a nurse. She was there only a week when the pain became so bad that she was forced to give up the work, and her mother brought her home to Wingham.

When I called to see her I found her with a normal temperature, normal pulse, suffering severe pain along the right side of the abdomen. This pain radiated through to the loin behind; in fact she complained of about as much pain in the back as in front. The right side of the abdomen, too, was quite tender to the touch. During the next few days I found her temperature and pulse normal always. Her prominent, and in fact her only marked symptoms were pain and tenderness, which grew severer. One morning her mother remarked, "Doctor, do you think Annie has appendicitis?" I replied that she might have a chronic appendicitis, but that I was convinced that there was some further trouble in addition.