

not had such an opportunity myself, I have nothing to add to the published accounts of post-mortem appearances,<sup>1</sup> in acute simple colitis, or in what is called muco-membranous colitis.

The correctness of the name "catarrh" is suggested by the absence of the more pronounced types of inflammation, such as ulceration or suppuration in such necropsies as have been recorded, and only in very chronic cases does it lead to chronic inflammatory thickening or distinct damage to the wall of the bowel.

As typhlitis, apart from appendicitis, is not usually fatal, I know of no report of a necropsy on such a case, and I doubt if it would give any more tangible results than those made in cases of muco-membranous colitis.

*Character of the Mucus.*—With regard to the mucus passed by the bowel this shows very great variety. In cases of acute catarrh it has its usual characters and appears as clear or slightly opalescent viscous masses and occasionally is in abundant jelly-like masses, sometimes of a slightly yellowish tinge, or yellow "like the yoke of an egg." In the less acute stages of the disease, and in the numerous cases where the disease commences subacutely, the mucus assumes a more solid and opaque form, and is passed in coherent more or less membranous and semi-solid masses, which retain their form and not infrequently consist of more or less complete casts of portions of the interior of the bowel. This solid form of mucus, as has been pointed out by Dr. Boas, of Berlin,<sup>2</sup> can be imitated artificially by the treatment of ordinary intestinal mucus with certain astringents such as tannin, and he gives this as the explanation of the well-known fact that mucus of the same membranous type is apt to follow the use of certain astringent enemata in patients in whom such a symptom otherwise did not occur. This observation seems to show that the appearance of membranes with the feces in cases of colon catarrh may be due to the presence of some abnormal substance in the secretion which leads to the coagulation and accretion of the intestinal mucus, and so forms the membrane-like masses characteristic of this disease. With regard to the form the masses take, the mucus may appear as small membranous shreds less than an inch across. This occurs in the slighter cases or where the symptoms are passing away. When more copious it appears in the form of rolls or twists of membrane from a few inches to several feet in length, and in thickness varying from that of a piece of thick string up to that of a lead pencil or more. These twisted pieces come presumably from some distance up the bowel, and show the effect of the peristaltic action on the intestinal contents. It is possible that some