

MEMBRANOUS PERICOLITIS.

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My attention was first vividly drawn to this condition during my annual visit to the Mayo Clinic, in July of last year, by Dr. W. J. Mayo. Dr. Jabez N. Jackson, who, I believe, was the first to describe the condition as a clinical entity (*Surgery, Gynecology and Obstetrics*, September, 1909), was visiting the clinic at the time, and gave us an address at the Surgical Club one afternoon on the pathology, symptomatology and treatment of the disease. Although I had previously read his article in *Surgery, Gynecology and Obstetrics*, his graphic description of his gradual elucidation of the symptomatology impressed itself upon my mind. For the benefit of any who may not have seen his original paper, I may quote him as follows:

“The transparent, vascularized veil appearance of the membrane strikes one’s attention very forcibly, with the parallel bright red vessels, running with the long axis of the ascending colon. In some instances it appears as though the membrane came on to the colon from the lateral parietal wall just above the caecum and courses directly upward to disappear beneath the liver on the superior layer of the transverse mesocolon. In other instances it seems attached like an adhesion to the under surface of the liver wall anterior to the normal peritoneal reflection. Again in other cases it appears as though it had begun above and descended on the colon to its termination, usually just above the caecum. Again we have seen it pass across and upward to the transverse colon, which in one instance was apparently drawn down by the membrane practically paralleling the ascending colon to the level of the caecum. In this case the gastric symptoms were marked as a result of the mechanical gastropnoxis thus produced. In one instance this membrane was so dense as to lose entirely its apparent vascularity and transparency, and looked like a solid sheet of organized fibrous tissue, beneath which the ascending colon was so lost that it could not be seen at all until the membrane was divided and brushed aside, when an apparently normal, though contracted, colon became evident. In no instance does this membrane resemble our ordinary conception of an adhesion. It is never adherent to