

all however with no effect. Symptoms of enteric inflammation supervened on the 10th day. Drs. Widmer and Hallowell in consultation. Great tenderness of the abdomen, chiefly in the course of the colon. He was bled from a large orifice, in the upright posture, till symptoms of syncope were apparent, and afterwards immersed in the warm bath. The pain was slightly relieved in consequence. 11th day, 9 A. M. He was lying upon his back perfectly incoherent—constant moaning—surface cold and clammy; vomiting at intervals of bilious matter and stercor—bowels unrelieved—pulse very feeble 130. Ordered an enema of cold brandy and water, and to take brandy by the mouth in moderate quantity. 3 P. M. was conscious, pulse 120 and much firmer—lying upon his face—countenance expressive of most intense anxiety—retching constant—ordered a pill composed of a grain each of calomel and opium every 4th hour, and a bolus of 8 grains of the inspissated ox-gall every second hour. To take nothing else by the mouth, excepting an occasional sip of cold water, and to have an injection of a quarter of a pint of strong beef-tea and port wine every three hours.

12th day—passed a small amount of pale fluid fæces about 7 o'clock last evening; to day he has had several evacuations of the same character, amounting in the aggregate to one quart and a half. Less anxiety of countenance, pain on the decrease; pulse firm 115; urine in larger quantities; stomach much less irritable. To continue the medicines—the gall at intervals of three hours.

13th day—Has had two evacuations of a dark greenish colour—pulse 96. Still a good deal of tenderness about the umbilicus. To take a little beef-tea by the mouth, and to discontinue the enemata. The rest of the medicines as before.

14th. The bowels have been freely relieved, the fæces passing abundantly in a pulpy form—no pain whatever—pulse 80—thinks he is well enough to walk about. To discontinue the remedies, and to take an ounce of castor oil.

15th. Feels perfectly well—but rather weak—ordered tonics.

From this time he rapidly recovered.

A few remarks may not be out of place here. The obstruction was undoubtedly caused by impacted fecal matter. It was probably in the small intestine, for there was no evidence afforded by manipulation of the abdominal parietes of any mass of a size sufficient to obstruct the large cylinder of the colon. This is moreover shown to a certain extent by the easy introduction of the flexible tube, and the ejected enemata being perfectly untinged by fecal matter. We have a valuable diagnostic sign in the quantity of urine excreted, as pointed out by Dr. Barlow, of Guy's Hospital. Speaking of the quantity as indicating the situation of obstruction in constipation, that gentleman observes, that in those cases "where there existed a perfect obstruction in the upper part of the small intestines, there was almost a total suppression of urine\*"; where there was a diminution in the calibre of the canal in the same situation, the urine was diminished in quantity; and where the small intestines were free, and the obstruction was

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\* Dr. Stokes, in his work on the Practice of Medicine, has called the attention of Pathologists to the fact that, in ileitis, suppression of urine was one of the most prominent signs.