

cessfully with opium, to the exclusion of other means.

Although experience may decide us to abandon the frequent repetition of purgatives, it sanctions the occasional exhibition of a saline aperient,—as the sodæ potassio-tartras, in the state of effervescence, which salt in the dose of one drachm, often proves grateful, and tends to liquefy the feces; but even this should not be repeated oftener than once in twelve hours, as, independent of other reasons, salts produce distressing thirst.

In obstruction from feces impacted in the cæcum, there being seldom so much irritability of the stomach, purgatives are more admissible, and conjoined with calomel and opium, constitute the main treatment. Here, however, saline aperients are particularly valuable; and it does happen that the stronger purgatives of senna, salts, and jalap, are efficacious. Yet, as the impacted mass requires time to be liquefied, purgatives should not be pressed too assiduously. When feces are impacted in the rectum, the mass requires to be broken up and extracted by mechanical means. When the symptoms lead to the inference that the obstruction is either from internal strangulation, twist of the bowel, or intus-susception, we recognize here invincible obstacles which forbid the use of purgatives in any form or dose. All the resources which medicine can supply avail nothing. Under these desperate circumstances, with no other prospect than prolonged torture and inevitable death, desperate remedies are justified, may we not say demanded? The obstruction admits of relief if the parts involved could be got at, and surgery has made the bold attempt. My friend Mr. Hilton has opened the abdomen twice, though unsuccessfully, and has had occasion to regret the omission of the operation several times, once in the last summer, where a post-mortem examination proved the diagnosis to have been correct.

However hazardous to life wounds of the peritonæum may be, the dread which formerly deterred surgeons from making incisions into the abdomen no longer exists; they are of constant occurrence in operations for hernia, and recovery after them is common. Dr. F. Bird has made small incisions into the abdomen in eighteen cases as a means

of diagnosis or relief, and in no case did a bad result ensue from such incisions. Nor is recovery unfrequent after the incisions of great extent in the modern operation of ovariectomy. On this ground then, need we hesitate? That which makes men unwilling to risk an operation, is the doubt which involves every case as to the exact seat and nature of the obstruction. But doubt will ever remain. Weighing all the circumstances, and judging as best we may of the seat of the obstruction, and an operation having been determined on, is it advisable to open the abdomen at the particular spot? In cases where the nature of the obstruction is clearly indicated, the incision may be made as near as practicable to that spot; but where the point of obstruction is well defined, if the abdomen is opened on one side, and the cause of obstruction proves to be on the other, the operation will have been performed in vain; and the probability of such a result is great. Only within a few weeks two of my friends differed in opinion, the one thinking the obstruction was near the cæcum, and the other in the sigmoid colon. The same difference of opinion existed between Recamier and Dupuytren, two eminent men. How then decide? In the midst of such difficulties would not the large incision on the median line, as practised in the Cæsarian section and in ovariectomy, be preferable? Would it not afford the best chance of discovering and removing the cause of obstruction, wherever seated?

This proceeding my own opinion would countenance; it has been practised on various occasions by eminent surgeons—by Messrs. Hilton and Erichsen recently, and is recommended by Mr. Phillips, but its propriety must be decided by experience.

Of the treatment of obstruction from scirrhus of the rectum much need not be said. Nor can relief be hoped for from attempts directed to the stricture itself, which force might lacerate, but could not dilate, and surgeons wisely desist. It may, perhaps, be possible to pass a gum-elastic catheter through the stricture, even when high up, though I have seen the late Sir Astley Cooper make the attempt and fail; but, supposing this accomplished, it would be hazardous to inject fluid with a view to liquefy