

ing of the muscular tissue, rendering the part friable and liable to give way by slight force applied to it.

II. In another class of cases of ileus, a physical obstruction exists at some point of the intestinal canal, interfering with the free descent of the matters, as in stricture of the bowel—*intus-susceptio* or pressure of a tumour on a portion of the intestine, diminishing its area. Under all these circumstances we not merely find the diameter of the bowel contracted at the seat of obstruction, but the superior portion greatly distended. It seems to be a law in the animal economy, that when an obstacle is formed in any part of the intestinal canal, faecal matters are not only arrested in their course, but gas is generated to a greater or less amount in that part of the tube. This takes place even in newly-born infants, when a congenital obstacle exists to the ejection of matters from the bowel as an imperforate anus.* When the obstruction is of recent occurrence, and great, that is to say diminishing the diameter much at a particular point, the distention of the part above is rapidly produced, and its contractility speedily affected. But when the obstruction is partial and the more severe attacks occur occasionally, it is surprising to what extent the dilatation of the bowel may proceed before its muscular energy is lost, or inflammation sets in, and we often observe a relative connection between the great dilatation that exists above, and the smallness to which the stricture is reduced, before the functions of the intestines are completely destroyed. A case is mentioned of a patient aged forty-one years, who for eighteen months had been liable to obstruction of the bowels, with great distension of the abdomen. A constriction of the intestine was ascertained to exist about eight inches up the rectum, and to be relieved chiefly by passing bougies, which gave vent to a large accumulation of gas; during a more severe attack than usual, this remedy also failed to give relief. The smallest sized flexible catheter could not be made to pass the point of obstruction—anodynes had no effect in mitigating his sufferings, and he sank under the disease. The abdomen after death measured more than five feet in circumference. On a post mortem inspection of the parts, whilst reflecting the walls of the abdomen, the incision having reached about half an inch above the umbilicus, there was a sudden explosive report, accompanied with the expulsion of feculent matter and gas, and an immediate subsidence of the whole abdomen to about half its original dimensions. The colon which was out of place, had been enormously distended, and was found to have given way on losing the support of the abdominal parietes, after which it measured eighteen inches.

* Dublin Quarterly Journal of Medical Science, No. 67, page 205.