

great diversity in the situation of the colon, and of other abnormalities in the cavity of the abdomen.

The treatment of obstruction of the intestines will depend much on the opinion formed of its cause. Should a strangulated hernia be discovered, the established remedies leave no doubts as to the course to be pursued. Should the symptoms favor the belief that the obstruction is caused by an accumulation of feces, the question at once arises,—What, and to what extent, purgative medicines should be administered? a question to be determined partly by the acute character of the symptoms and partly by the manner in which purgatives are borne by the stomach.

In any case it may be proper, at the outset, to give purgatives in strong doses, as colocynth, calomel and opium, followed by senna and salts, the dose to be repeated in six hours. But these proving ineffectual, are we to persist in the further and frequent use of them?

The presence of fecal obstruction seems so naturally to call for the aid of purgatives, that one is tempted almost irresistibly to persevere in their administration, even though the stomach reject them; and such has been the too general practice. But observation and experience teach us to pause in this course, so frequently do we find that the strongest purgatives, resolutely administered, are not only given in vain, but have a prejudicial effect, which compels us to desist; and yet, by and by the bowels act and the patient recovers. To what extent then are we called upon to prescribe purgatives? My own experience decides in favor of limiting their use, and the experience of the profession is fast tending in that direction.

It must be remembered, that often the intestine above the obstruction is itself making the most powerful efforts to overcome the obstacle, as is evidenced by the striving action of the convulsions attended with acute suffering. Can good, then, arise from urging the intestine to greater efforts? We may truly answer—No. On the contrary, serious harm; for the irritation of purgatives may aggravate the tendency to inflammation, a tendency always present; and certain it is, that they aggravate the irritability of the stomach, encourage and increase the vomiting, and combine

with the disease to exhaust the powers of the patient. This they do by exciting not merely more frequent vomiting, but by actually inducing a secretion from the stomach and upper portion of the intestinal canal to an extent which drains the blood of its more fluid constituent, exactly as does the Asiatic cholera. The continued use of purgatives, then, is objectionable on this score, besides that it is ineffectual.

On what remedies then are we to rely? Calomel may be admissible once in twelve hours, in full dose, if the stomach do not reject it; but the remedy that gains favor by experience, and promises the best results, is opium, crude in the first instance, afterwards in the form of salts of morphia.

The criterion of the extent to which opium should be given is the degree and frequency of the pain, and on this we may fairly rely. Opium in the dose, first of a quarter then of half a grain, and later the acetate of morphia in the dose of a quarter of a grain, may be repeated every four hours so as effectually to relieve the pain; and, if it should narcotize the patient in any slight degree so much the better.

A very instructive example of the propriety of this treatment occurred at Tiverton, in January, 1850, my friends Mr. Jervis and Dr. Paterson, in conjunction with myself, being in attendance. In this case purgatives were given with perseverance till their ill effect in keeping up the vomiting and aggravating the throes of pain was so obvious, and the powers of life were sinking so rapidly that we were of one mind as to the necessity of suspending them and relying on opium. This course having been adopted, the vomiting diminished, the morphia soothed the pain, the patient slept during the night, and the obstruction yielded the following day.

In another case to which I was called in consultation, some years ago, every resource had been tried, feculent vomiting was present, and the powers of life were at a low ebb, and all treatment was abandoned, morphia excepted, which, in doses of a quarter of a grain, was exhibited as the throes of pain returned. On the tenth day the obstruction yielded and the patient recovered. Very lately also, a case of obstruction has been treated at Guy's Hospital suc-