

*operandi* may be discussed, as I think they throw some light on the subject. The question to be decided in the use of belladonna for obstruction in the bowels, or ureters, or uterus, is this: Is the relief due to relaxation of circular fibres, or is there also a peristalsis set up by it? Let the following case speak for itself. A few years ago the captain of a ship arrived in South Shields far advanced in strangulated hernia. The late Dr. Heath operated on him, with relief of the symptoms of strangulation, but the patient remained without any action of the bowels for ten days after the operation, by which time stercoraceous vomiting and other symptoms of obstruction set in. When I saw the patient the abdomen was immensely distended, the skin shining from tightness and reddened by turpentine and other applications. The pulse was like a thread, the countenance anxious, and there were great exhaustion and almost constant vomiting. Taking advantage of the almost excoriated abdominal surface, I applied a piece of lint, 20 inches square, spread with extract of belladonna slightly attenuated with vaseline. In three hours the most decided atropism was developed, and that same evening a copious and continuous action of the bowels took place, with relief of every symptom. Did this relief come from relaxation of some tightly contracted portion of gut? Or was there added to this a setting up of very active peristalsis? Or is it possible that there was no spasm at all, but simply an exhausted passive state of the bowel, which was removed by the peristaltic effect of the belladonna? At any rate I think one may infer from the very severe action which took place that something more than relaxation of fibres was produced and that the intestines were roused from their dormant inactivity into violent action by the drug. Against this view there have been seen cases where belladonna has failed to cause an action of the bowels until an enema came to its aid and where most remarkable effects have been produced in apparently hopeless cases of obstruction by administration of an ox-gall enema. Let it be noted, however, that I have seen the ox-gall, the most powerful of all enemata, fail until atropism was set up in association with it; to obtain the best results, therefore, in these cases one ought to induce full atropism and then give the enema. An additional argument in favor of the propulsive action of belladonna is to be found in those cases of renal colic to which I have referred, where toxic doses of belladonna send the stone down the ureter into the bladder and then out of the bladder *per urethram*.

5. *Typhlitis*.—A question which often presents itself at the bedside is this: "Shall I give a purgative—say castor oil, guarded