

Pain and tenderness, upon pressure over the affected region, are very seldom experienced by the patient; but, tapping on it or jarring the spine in any way, is commonly attended with more or less suffering, and a sponge wet in hot or cold water, and applied to it, usually produces pain. Any disagreeable impression imparted suddenly to the back, causing a violent contraction of the spinal muscles, has a similar effect. Placing the patient upon his stomach across a narrow bench or stool, is one of the various methods that may assist, in addition to those above mentioned, in forming a correct diagnosis where doubt in a case exists. In this and various other positions of the body the patient will usually evince more or less suffering, even before any degree of excurvation of the spine is detected.

INTESTINAL OBSTRUCTION : AMUSSAT'S OPERATION : RECOVERY.

Thomas B. Bott, M.D., Surgeon to the Dispensary, Bury, publishes in the *British Medical Journal*, for November 19, 1870, the following case :—

James Walkden, aged 28, brickmaker, in the summer of 1868, whilst climbing a bank, fell back, and the handle of his spade, which was upright in the ground, came into collision with the parts about the anus. He had severe pain at the time, and was driven at once to stool. No blood or anything abnormal was evacuated. He suffered pain in walking for many days. Subsequently, he occasionally had gripings in the lower parts of the abdomen, which caused him to go to stool at once.

Three or four weeks before coming under my care, he noticed that his motions were narrow—not much thicker than a tobacco-pipe stem. He generally went to stool twice a day; but he was rather irregular as to time.

Early in February, 1870, he was seized with violent pain in the bowels. The bowels were not evacuated. He called in the parish surgeon, who gave him purgatives. He had a motion somewhat resembling barm on Saturday, February 12th, 1870. The bowels had not again operated; but the pain increased.

I was called to him on the evening of Thursday, February 17th, 1870. He lay supine. His face was rather shrunk and anxious. He had no sickness now. He suffered from a feeling of tension of the abdominal parietes. The abdomen was very hard to the touch, but not tender on pressure; it was tympanitic, more or less, except in the hypogastric and iliac regions. The left iliac region was especially dull,