

Impaction of faeces in the caecum may be recognised by a distinct circumscribed tumour in the right ilio inguinal region, in conjunction with a costive habit; accumulation in the colon by a solid feel in the course of the gut, with dulness on percussion; impaction in the rectum by urgent tenesmus, verified by digital exploration.

Scirrhus disease at the termination of the colon in the rectum, may form and exist without any other symptoms than those of dyspepsia, attended often with a diptheritic or aphthous state of the mouth—a suspicious sign; the action of the bowels, formerly regular, having become difficult and uncertain, the dejections at the same time being scanty, soft, and very offensive; followed sooner or later, by complete obstruction. Pains of a neuralgic character in the abdomen and about the trunk of the body are the frequent attendants of organic disease of the intestine, tending to occlusion of the canal.

The symptoms described may excite suspicion, and suggest the necessity of examining the gut itself, in doing which fact is required, for if the course of the rectum be followed the finger will be lost in the hollow of the sacrum. To reach the colic extremity of the rectum the index finger should be introduced up to the knuckle, and direct across the pelvis from the coccyx to the projection of the sacrum. Not holding in mind these particulars, two persons failed to detect scirrhus in the case of a gentleman who had been under my care, and in whom these symptoms led me to suspect disease, which, on examination, I was just able to detect with the tip of the finger at the colic extremity of the rectum. On this being announced a consultation was desired, and another physician was called in. He failed to reach the disease; upon which a surgeon was requested to meet us. It happened that the surgeon, not being able to keep his appointment, visited the patient alone, and, having made an examination, assured him that there was no disease. Next day we all met, when both these gentlemen were able to satisfy themselves of the existence of a scirrhus stricture.

The existence of spasm as a cause is indicated by intense exacerbating pain, restlessness, the absence of febrile movement and of the other symptoms of

inflammation, and by the successive development of the signs of obstruction.

The signs common to all obstructions are constipation, pain, vomiting, and depression of the powers of life; and in direct proportion as these are sudden and violent, so is the danger. So tight sometimes is the strangulation from a diverticulum, that gangrene and death will ensue in less than forty hours. The violence of the symptoms may in some degree assist our diagnosis. In the obstructions from fecal accumulation the countenance does not betray extreme suffering, nor is the general aspect that of imminent danger; accordingly, these cases will hold on day after day, yielding at length on the fourth or sixth, or as late as the tenth day.

A sign of some interest, and in part diagnostic is the powerful peristaltic action often observed, so powerful as to be obvious to the touch and sight, like a snake coiling and moving in the abdomen. This effort of nature to overcome the obstacle is a sign common to most obstructions where the cause is mechanical; with the exception, however, of strangulation, in which, as in enteritis, there is a perfect stillness in the abdomen. This differential sign, if verified by others would determine between obstruction from strangulation and from other mechanical causes.

Tenesmus and resistance to the passage of enemata point to the rectum or sigmoid colon as the seat.

Blood voided per alvum indicates invagination.

Tumour, deep-seated resistance to the touch, with dulness on percussion and pain and tenderness, indicate the point of obstruction; also the point is indicated when injections reach a certain spot and there stop, and the intestines propel their contents downward to the same spot and no further. It is said that the vomiting and pain is more severe when the obstruction occurs in the small than in the large intestines, and there may be some truth in the remark, but the exceptions to the rule are many. It has also been said that if the urinary secretions be copious the obstacle must be far removed from the stomach, and *vice versa*: but the exceptions to this rule are also many.

With every aid that our present knowledge can supply, the diagnosis will often be perplexed in consequence of the