

easy. But when the strong peristaltic action returns, the flatus which had been generated, on being arrested in its descent distends the walls of the intestine—stretches the muscular fibre, and then the pain amounts almost to tormina. At this moment, coils of intestine may often be distinctly felt rising through the parietes of the abdomen. And the first relief is obtained when the smallest quantity of flatus is permitted to overcome the cause of obstruction, and finds an exit from the bowels.

Ileus bears a great resemblance to hernia as regards the pain, sickness, vomiting, and obstinate constipation of the bowels; and the post mortem appearances are often not dissimilar. There may be contraction of a part of the intestine, with dilatation of the portion immediately above, on which marks of inflammation in various stages of its progress may be observed. But in other cases of ileus, post mortem examination reveals appearances entirely different. There may be no contraction discovered in any portion of the intestine, but a great and general distension existing throughout the whole. Under what circumstances, then, it has been asked, does ileus occur, and what constitutes the nature of the disease?

I. In ileus there is a class of cases where a great and general distension of the intestines exists, and no contraction can be discovered in any part of the tube. It appears that gas has been generated to a large amount within the cavity of the bowel, and in passing along the convolutions overdistends the part, weakening and impairing its functions, and when inflammation sets in attacking the muscular tissues, its contractile power becomes still more affected, and death is the result. This is the manner in which ileus is produced, and proves fatal in those animals to which we have referred, where a large amount of gas is generated in the stomach or intestines, and no contraction at any part of the canal can be discovered after death, and the same principle undoubtedly obtains, and the same cause operates in man. As post mortem examination reveals similar appearances, some of these cases are recorded by Dr. Abercrombie in his work on diseases of the bowels. In case LVIII a man aged forty, he says, "I saw the patient on the morning of the third day of the disease. He was then extremely exhausted; perspiration standing in drops on his forehead; extremities cold; pulse 160 and feeble; abdomen much distended and tympanitic; it was somewhat pained when pressed, but not acutely tender; some vomiting continued; bowels moved several times; stools dark, watery and scanty; every attempt was made to rally him without effect; he died early in the afternoon."

"INSPECTION.—The whole tract of the bowels, to the very extremity of the rectum, presented one continued state of great tympanitic disten-