

irregular peristaltic action; a complete obstruction takes place, which neither strong purgative medicine, nor the employment of enemata can overcome, and no remedy can prove effectual except it prevents the formation of the gas, or procures its removal, when, if the distention has not been carried too far, the bowels may gradually regain their tone, and recovery be effected. 2nd. A portion of intestine is strongly contracted—reduced to a very small calibre, preventing the farther descent of matters along the gut, and if remedies are not adopted to subdue the morbid action of the part, the disease is rendered still more complicated, by the distention of other portions of the bowels, and the constantly recurring spasmodic action, and death is the result.

But in both of these forms, inflammation may supervene, at an early period of the disease, attacking the muscular tissue of the bowels, and accelerate the fatal event.

Under the last category we may include stricture of the gut—of not unfrequent occurrence. The diameter of the bowel is diminished at a particular point, interfering with the free descent of the matters along the canal, and the part affected goes on contracting till it may be so small as “scarcely to admit of the passage of a quill.” On examination of the parts after death, the intestine immediately above the structure is found greatly distended, and sometimes gangrenous.

When inflammation commences early and with much severity during an attack of ileus, it may not only involve the muscular tissue, but extend to the peritoneum, and by the effusion of lymph, produce great agglutination of the bowels.

These preliminary observations will enable us more clearly to understand the nature and pathology of ileus as it occurs in man.

Ileus commences with severe pain and twisting in a part of the bowels, generally about the umbilicus, sometimes it extends across the abdomen, and occurs in paroxysms. There is obstinate constipation, and the patient feels sick and inclined to vomit. Pressure over the part does not increase the pain as in acute peritonitis. The pulse as first is not much affected, but afterwards may become small and frequent. If relief is not obtained vomiting commences, and may return at intervals, till stercoraceous matters are ejected from the stomach; the bowels remaining completely obstructed. The abdomen becomes swollen, hard, and tympanitic—great prostration ensues, and the patient succumbs under the disease.

A circumstance worthy of observation, is that in ileus, the severity of the pain does not depend on the mere constipation of the bowels, for during the interval of the paroxysms the patient remains comparatively