

has imposed on us for all these centuries, is a task worthy to be classed with the emancipation of slaves, or Magna Charta itself.

If by any chance, this suggestion should, even in the remote future, lead to such a desirable result, it will be only another of the boons conferred on a somewhat ungrateful public, by a profession, whose humblest member has for his motto,

“ PRO BONO PUBLICO.”

### INTESTINAL OBSTRUCTION.

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In these days when surgery is making such immense strides in the treatment of abdominal diseases, which only a few years ago were deemed beyond the resources of our art, it may not be without interest and profit that the subject of intestinal obstruction should be brought before this Association. Under this head it is our intention to review briefly the various diseases which lead to obstruction of the bowels, with the exception of course of hernia, which obviously belongs to a different class of cases. Much of that which I have to offer will be derived from the writings of different authors, especially from the Jacksonian prize essay of Mr. Frederick Treves. I have myself, however, met with seven cases of acute intestinal obstruction during the last five years,—two of which were seen in consultation; and if I should judge from my own experience during the last fifteen years, I should consider cases of this disease to be more common than idiopathic peritonitis, with which I fear they have been too often confounded. From a clinical standpoint, cases of obstruction may be best divided into two groups, viz., acute or subacute, and chronic. Many of the latter, however, have an acute ending.

Under the first division may be arranged—1st. Cases of strangulation by bands; 2nd. Cases of volvulus; 3rd. Cases of acute intussusception; 4th. Some cases of obstruction by foreign substances. *Chronic* cases include: 1st. Stricture of the intestine; 2nd. Fæcal accumulations; 3rd. Chronic intussusception; 4th. Some cases of obstruction by foreign bodies.

Strangulation by bands or through apertures give rise to symptoms which are typically *acute* in their courses, and which resemble closely those

of a strangulated hernia. The similarity is rendered more marked by the fact that in both it is usually the small intestine that is involved.

Under this variety of intestinal obstruction may be placed:—1st. Strangulation by peritoneal adhesions; 2nd. Strangulation by cords of omentum; 3rd. Strangulation by Nuckel's diverticulum, the vermiform appendix, the pedicle of an ovarian tumor, and the like; 4th. Strangulation through slits in the mesentery or omentum, or through membranous adhesions.

The varieties of the foregoing class are so numerous that for practical purposes it must suffice to say that the constricting cords are of various lengths and sizes, some being found long enough to form a knot in which the gut is included, while others are so short that scarcely room enough is obtained for the application of a ligature, the lumen of the intestine being closed as in one of my cases by dragging upon the contiguous loops. Furthermore, these bands may be attached to every conceivable part of the bowel or abdominal wall. According to Treves, this form of acute obstruction occurs more frequently in males than females, the proportion being about 3 to 2. As to age, most cases are found between 20 and 40 years, being very rare before 10, and comparatively infrequent after 40. In 68 per cent., there was a previous history of some trouble which would be likely to have produced causes of obstruction. In about half of the cases this was peritonitis; in others a history of hernia; and in some few a history of accident.

In only a small proportion of the cases analysed (12 per cent.) was there any evidence of previous symptoms of obstruction, the attack reported being the first suffered from.

*Volvulus*, the 2nd form of acute obstruction, includes two varieties, one in which the bowel is twisted on its own mesentery or on its own axis, and another in which two coils of intestine become intertwined. The most frequent seat of volvulus is the sigmoid flexure of the colon, two-thirds of the cases reported having been found to involve that portion of the intestine. It occurs much more frequently in males than females, the proportion being 4 to 1. The great majority of cases falls between the ages of 40 and 60. Very often a previous history of constipation has been noted in this class of cases.