

The antiperistaltic theory was abandoned then for the hydraulic theory, which counted many partizans, though later it was contradicted by Morgagni, Haller, and Van Swieten.

Antiperistaltic movements have been undeniably demonstrated by many authors, and they have been observed without occlusion; thus fæcaloid vomiting has occurred in hysterical cases.

Thus in ileus fæcaloid vomiting may proceed from any point in the intestine where the current of the contents has been interrupted either by a mechanical obstacle, or from muscular paralysis, or from both causes combined.

The detention of the matters in the intestine gives rise to a urinary symptom of considerable diagnostic importance. According to Jaffé indicanuria and phinoduria occur only in those cases in which the occlusion is found in the lower part of the ileum. The meteorism contributes sometimes, by its form, to aid the diagnosis of the lesion.

The general symptoms result from reflex phenomena, or from the phenomena of auto-intoxication. Besides the pain at the seat of obstruction there supervenes by the sympathetic nerves a series of peculiar reflexes which are manifested in the innervation and vascularisation of the region concerned, and in the cardiac activity. Hence, also, the origin of the collapse, of the hypothermia, of the cutaneous ischæmia, of the facies abdominalis, of the tachycardia, and small pulse. Hence is derived, also, the albuminuria, or the anuria, also the respiratory difficulties, which may also be caused by the meteorism, the chills the cold sweats, and, in fact, the great part of the symptoms.

The nervous symptoms consist in local or general contractures, delirium, coma, and a variety of tetanic accidents, such as are exactly analogous to those observed in certain ovariotomies. It is to be noted that many of these nervous symptoms may be referred to disturbances of the circulation, giving rise to cerebral anæmia, or to the phenomena of stercoræmia.

The penetration into the lymphatic or blood vessels of the putrid products which arise from the arrested intestinal contents is favored constantly by the necrotic processes which may supervene at the site of the obstructed fold of

intestine, and which produce in such case a species of autointoxication quite comparable to that of typhic cholera. There generally exists a notable descent in the watery element of the blood, which may explain in part, as in cases of cholera, the difficulty of the circulation, and the weakness of the cardiac contractions. This diminution of the water of the blood results from the vomiting and from a hypersecretion from the intestines. Malgaigne studied a type of this under the name of herniary cholera; then Moreau and Hanan demonstrated that section of the branches of the mesenteric nerves determined a considerable afflux of liquid into the intestine. Cohnheim sees in this an example of paralytic hypersecretion. The investigation of such symptoms will permit of making a diagnosis, of distinguishing ileus from the divers affections which may simulate it, such as the accidents due to utero-ovarian lesions, the inflammation of an incarcerated testicle in the inguinal canal, the enteralgia and enteritis, and especially the perityphlitis and peritonitis which may be accompanied by a paralysis of the intestinal fibres.

The diagnosis proposes then to demonstrate the situation of the occlusion. In such sense it is suitable to note that when the occlusion is situated in the upper part of the small intestine the abdomen is retracted, and that in the other case the belly presents an increase quite uniform with depression at the level of the ascending and descending colon. Moreover, when the occlusion is at an advanced period the tumefaction of the intestinal folds produces characteristic abdominal eminences.

The duration of the strangulation before the explosion of the accidents and the tardy appearance of fæcaloid vomiting, likewise the gradual onset of the reflex symptoms indicate in general that the lesion occupies a lower part of the intestine.—*La Cronica Med.*

#### FOR UTERINE HÆMORRHAGE.

R.—Extract of Indian hemp 7½ grs.

Fluid extract of ergot 15.

Fluid extract of hamamelis,

Tr. of cinnamon aa ½3.—M.

Sig.—One teaspoonful three times daily.—*Revue de Thérapeutique—Medical Chronicle.*