

The post-mortem appearances, revealed here, present us with some interesting points for reflection, the suddenness of the attack, its exciting cause, its progress, and the singular and erroneous opinion given as to the pathological cause of death, are all satisfactorily explained. It is evident that an internal strangulated hernia had taken place, the spasmodic or peristaltic action of the intestine, which was excited by the unfortunate young man's favourite amusement, must have been the cause of forcing the portion of the intestine into the loop which had been formed by the adhesion of the vermiform appendix to the meso colon, this, from the difficulty met with in its detachment, and the fact of its having suffered from a severe attack of ileus, 6 weeks previous to his death, was of an old date, by this means the intestine was completely invaginated and could not possibly have been released, except by a surgical operation, the strangulation had taken place, in all possibility, on Sunday, at the time he was so suddenly seized with pain, the further progress of the case, viz: the bilious vomiting, the tympanitic condition of the bowels, the irregularity and cessation of the pulse, the sunken and altered condition of the features, the retention of his mental faculties and voice up to the moment of death, are all accounted for by the appearances which I have enumerated.

From the obscurity that must necessarily exist as to whether the phenomena of ileus be produced by intussusception or some other cause of obstruction, as in this instance it is a difficult matter to recommend any appropriate treatment. Should it be diagnosed or suspected, cathartics must, of course, be very questionable remedies. Blood-letting, both local and general, hot stupes, calomel with full doses of opium, with the warm bath, enemata of different kinds, administered by means of O'Beirne's long tub, as it is called, metallic mercury, cold water dashed suddenly on the abdominal parietes, have all, at different periods, severally had their advocates, and have proved successful in many instances. Where these have failed in affording relief, and evidence has happened to be very strong as to the existence of obstruction, either by intussusception or invagination, the operation of separotomy or cutting down upon the supposed seat of the structure, with the view of relieving the invaginated portion of the intestine has been recommended, but it has been wisely discontinued by most practical Surgeons. This expedient is feasible, in those cases only, in which the obstacle is situated near the termination of the large intestine, i. e. in rectum, or in the lower part of the descending colon, for here only can we ascertain with anything like certainty the exact place of the impediment, and the colon be pierced without much injury to the peri-