

Persistent constipation, pain and vomiting are the three salient features of such an attack.

Referring to the first of these, the pain differs with its cause.

That due to an accumulation of fæcal matter is slight at first, but becomes more intense as time goes on. Pain caused by strangulation, whether such is due to constricting bands, hernia, or from pressure by some new formation, is apt to be severe from the start with periods of partial relief only when the pressure is reduced by the passage of some liquids or gases through the constricted portion.

When the onset of the obstruction is acute the pain is severe from the first, and the general symptoms are those of shock. The pulse rate may not be altered or it may even be lessened. Respiration is labored, the skin clammy, and the temperature may be lowered unless the obstruction is accompanied by an inflammatory condition.

The pain may be in any part of the abdomen, and is due to the peristaltic action of the intestines in the effort to overcome the obstruction. It may be colicky or continuous and is fairly easily differentiated from that due to simple inflammation of the appendix vermiformis. Tympanitic distension of course increases the pain and varies with the seat of the obstruction, as, when the impediment is high up the distension is usually not great, but if it is low down, tympanites is well marked and a source of great distress, and yields but slightly to medical treatment.

Vomiting is, as a rule, an early symptom and the higher in the intestinal tract the obstruction takes place, the more marked it is. The character of the vomited matter is distinctive. At first it consists of stomach contents mixed with ordinary secretions; afterwards bile appears, and, if the obstruction is low down in the large intestines, fæcal matter may actually be expelled from the mouth, causing the greatest distress to the patient through the taste and offensive odor.

The dark green contents of the small intestines, of a liquid consistency and having a fæcal odor, which often follows the bilious vomit of the earlier period of the attack, may not be confounded with the actual fæces appearing when the obstruction is low in the large intestine.

Constipation is absolute after the bowels have been emptied below the seat of obstruction, though a little mucus and blood may be passed.

I wish to refer to a few cases to illustrate my topic, and to serve for a basis of discussion, but first would remark that early operation offers the best hope in these cases, which in my experience have been helped by operation in proportion to the early date of surgical interference.

I do not wish it to be understood that I advocate an operation until a very thorough investigation has taken place, and a complete diagnosis