

1. That the husband is and always has been free from venereal taint.
2. That the mother was previously a healthy woman, now is syphilitic.
3. That no third party could have inoculated the children, especially the girl.
4. That the trouble existing in the children was syphilitic, and that antisyphilitic treatment caused the symptoms in the surviving child to disappear.
5. That there is an apparent exception to Colles's law.

44 QUEEN STREET, E.

Selections.

ILEUS.

TRANSLATED BY DR. R. B. NEVITT.

Leichtenstern, at the German Medical Congress, defines ileus as follows :

"A grave array of symptoms following intestinal obstruction, determined either by a mechanical obstacle or by a paresis of smooth muscular fibres of the intestine." Thus ileus may be divided according to its manner of production into mechanical and paralytic. Yet account must be taken of the fact that the paralytic and the mechanical ileus often co-exist ; indeed it may be said that in the majority of cases these two methods of production concur in the genesis of the diverse phenomena of the table of symptoms proper to this disease.

The stenosis, which may have begun in a mechanical manner, or by a paralytic process, may be manifested suddenly after some occasional cause,—as, for example, the passage of a large biliary calculus, and may present thus a mode of invasion, whose symptoms are those of acute ileus. Still the sudden appearance of the symptoms should not lead us to suppose necessarily the sudden formation of the stenosis likewise, since this may be manifested in a progressive way, and even persist for a certain time without the health being apparently altered. Until the moment in which a determining unforeseen cause destroys the compensation which results from the muscular hypertrophy arising in that part of the intestine situated above the stenosis, this may indeed remain latent, since the contraction of the smooth fibres above the

stricture may be sufficient to permit the flow of the fæcal matter. Amongst the causes which may be the point of departure of the stenosis, latent for a time, may be cited peritoneal bridles, fixations of the appendix, diverse alterations of the uterus and its appendices, etc., set forth in all treatises relative to intestinal occlusion.

Occlusion, or acute strangulation, is always accompanied by paresis or inertia of the intestinal fibres, and consequently ileus is never purely mechanical.

The symptoms of ileus are local and general, and may appear suddenly or slowly, according as the stenosis is more or less suddenly impassable, and also according to the situation occupied by the lesion in the intestinal tract.

Fæcaloid vomiting received in the Galenic school an interpretation based upon the theory of antiperistaltic movements. Morgagni contributed to the reception of this idea by demonstrating that in their color the intestinal matters were then normally as deprived of liquid as at the moment of exit from the rectum. He admitted afterwards that the matter of fæcaloid vomiting was formed by substances, which, detained in the small intestine, underwent there, by virtue of their stagnation, a putrid fermentation, to which was due the fæcaloid character observed after their expulsion. Kuhne and others observed in the vomited matters in cases of ileus the presence of products chemically determined and perfectly referable to the action of a putrid fermentation. The investigation of the bacteria of putrefaction has also given, of late, results which concur with those of chemical analysis.

There should then be a distinction drawn between fæcal vomiting (which is extremely rare) and fæcaloid vomiting, which consists not in the expulsion of true fæcal matter, but of intestinal contents, fermented by reason of their detention above the occlusion, or impregnated with an odor analagous to them but arising in the small intestine not in the large. The vomiting may become fæcaloid even when it proceeds from the upper part of the ileum or jejunum, as Kahler, in Germany, has demonstrated. Certain authors calculate from the precocity of the fæcaloid vomitings the higher or lower elevation of the lesion.