

that the condition of the nervous system should be carefully considered. Cannon also made some observations on the influence of the emotions on the motility of the stomach, which are worthy of note in this paper. He found that in all states of anxiety and worry the peristaltic movements of the stomach stopped, but as soon as an animal was relieved of all sources of irritation the normal movements of the stomach began again. With regard to the influence of emotions on the small intestine, there is some difference of opinion. From the fact that the extrinsic innervation of the stomach and small intestine are practically the same, one would think that the movements of the two viscera would be alike. Cannon found this to be true in some animals. On the other hand, Esselmont and Fubini found that fear excited peristalsis in dogs; and Darwin observed that in the same animal excitement may cause uncontrollable voiding of the gut. This observation is in keeping with the well-known fact that excitement in some individuals may result in uncontrollable evacuation of the bowels.

The explanation of this want of unanimity among observers on the influence of emotions on the intestine is that the small gut receives its motor supply from the bulb, whereas the large intestine is supplied partly from the bulb and partly from the sacral cord. The extrinsic innervation of the latter is similar to that of the bladder. Under emotional disturbances, therefore, it is possible that evacuation of the bowels may occur without excessive peristalsis of the small gut.

The close anatomical and physiological relationship between the stomach and the small intestine has an important bearing on the etiology of ileo-stasis, for one should expect that both viscera would be affected alike by nervous disturbances. We recognize that gastric atony is very common and due to a great variety of causes, of which worry and anxiety over business difficulties and asthenia following infectious diseases and other constitutional disorders, are the most important. It is probable, therefore, that similar agents produce atony of the small intestine. This is the view held by Lane and Jordan. That such is the case I should like to present the following clinical evidence:

1. In a considerable proportion of cases of ileo-stasis there is a history of marked improvement during periods when the patient has been on a vacation.

2. A large proportion of cases of ileo-stasis can be cured without surgical procedures.