

in circumference at its widest point, and in no place less than fifteen inches. The small intestines were also greatly enlarged, but remained *in situ*. The intestines appeared universally softened, being easily torn when handled, and giving way with the least force applied. A stricture of a scirrhus nature was found situated in the rectum, about eight inches above the anus, at which point the intestine was reduced to an inch and a half in circumference, and the tube itself was narrowed nearly to the diameter of a quill.\*

In this case it will be observed that the intestines continued to perform their function though imperfectly till a short period before death, as the patient on being relieved each time that the more severe attack of obstruction occurred, continued to enjoy tolerable health during the intervals. And we cannot suppose that at this early period of the disease, inflammation had attacked the muscular tissue of the bowels, but that it was the over distention of the intestine with the accumulated gas, from which he chiefly suffered, and that during the last attack in addition to the great dilatation of the bowels, inflammation set in producing softening of the tissue, and the patient sunk under the disease.

Many cases of a similar nature may be adduced. We have seen somewhere a portion of the bowel, on being surrounded by tumour, become so reduced in diameter, that on post mortem inspection it would scarcely admit the point of the little finger. The patient had suffered from repeated attacks of obstruction, occurring at considerable intervals, and at last on a more severe attack, sunk under the disease. In all these cases, there is great distension of the bowel immediately above the strictured part, which condition accelerated the fatal result; and still more if accompanied by inflammation.

III. There is a class of cases where the patient dies with all the symptoms of ileus, as nausea, vomiting, severe pain of the bowels, occurring in paroxysms, obstinate constipation and tympanitic distension of the abdomen—and on inspection after death we find a portion of intestine much distended with gas, and exhibiting marks of inflammation, but immediately below this point the tube remaining partially patescent, and yet neither the flatus nor liquid faeces had descended along it. From which it has been supposed by some pathologists, that the dilatation was produced independently of any obstruction in the passage. But in strangulated hernia, when the omentum alone is contained in the sac, similar effects are witnessed;† the pressure or strain which the gut then sustains

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\* North American Medico-Chirurgical Review, March 1859, p. 309.

† Syme's Surgery, page 415.