

can only be effected by the matters and gas which it contains, being arrested in their course,—exerting a pressure from within. The loss of the muscular power is the consequence of the distention of the bowel—not the cause of it.

If that hypothesis is not applicable to the distention of a portion of the intestinal canal, we do not see how it could explain these cases when a great and uniform distention existed throughout the whole. It is not easy to understand how the whole of the tube could lose its muscular power at once and then become distended; or if it took place by degrees, how it could be affected, except by the gas contained within its cavity.

If we are permitted to argue from analogy, it will be seen that in other cases of ileus attacking adults, the contraction of a portion of the bowel is intimately connected with obstruction existing at the part. Why should it not be admitted in the cases, now under consideration?

In the case of a post mortem examination, the patient aged 20, having died of ileus—strangulation of the intestine, after undergoing a severe operation. \* \* \* “The omentum was cut through transversally about its middle, and the intestines below exposed, which were greatly distended with gas. Where were found to be portions of the ileum, the coils of which were more or less adherent to each other, to the mesentery, omentum, and to the neighboring organs, by bands of chronic lymph. The adhesions were now carefully torn through, the gut liberated, and traced downwards. Exactly five feet and a half from the cœcum, above and to the left of the umbilicus, the intestine was constricted by a band of lymph, as if a ligature were tied round it. Above the constriction the gut was distended to about the size of the wrist; below it was collapsed to the size of the little finger. Air could be passed from the superior portions into the inferior, but the passage of water poured from above was completely checked at the seat of stricture. All the intestines above the stricture were greatly distended with gas; those below it, including the cœcum, colon, and rectum, were small and collapsed.\*

In another case, where a man aged 29 died of ileus, after nine days, illness, there was obstinate constipation of the bowels, which no medicines could overcome, distention of the abdomen—and feculent vomiting. The post mortem appearances—“Redness of the mucous membrane lining the stomach and upper part of the ileum; the transverse arch, and descending portion of the colon to the sigmoid flexure, distended

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\* Edinburgh Medical and Surgical Journal, No. 167—page 302.