the passage of the *faeces* is not diverted. Case 2 shows that after the presence and situation of a growth have been ascertained by the endoscope, its nature can be estimated by the simple procedure there adopted—viz., by removal of a small portion of it by means of a lithotrite for microscopical examination. As complete extirpation of the tumour would probably have been impossible (*forsarcomata*, especially when sessile, usually extend deeply infiltrating the muscular coat), the information gained by the endoscope was an important factor in deciding against operative interference. Case 3 illustrates the value of the instrument as an aid in prognosis.

Manchester.

CASE OF PRIMARY TRIPLE AMPUTATION AT LEFT ELBOW, LEFT FOOT, AND RIGHT LEG; RECOVERY.

By T. W. J. ALLEN,

HONORARY SURGEON TO THE GRIMSBY AND DISTRICT HOSPITAL.

W. E—, a boy aged eight years, was run over by a locomotive engine on May 21st. 1888. The right leg, left foot, and left forearm were hopelessly crushed. There were also compound fracture of the second and third metacarpal bones of the right hand, a lacerated contused wound on the forehead about three inches long, and two cuts on the back of the scalp of about an inch each in length, with much bruising of the face. He was brought to the hospital suffering from shock and hæmorrhage, but quite conscious. Assisted by Dr. Damian, the house surgeon, I proceeded to operate, and, chloroform having been administered, rapidly amputated in succession at the left elbow joint and at the upper third of the right leg, and performed a Syme's ampu-

tation of the left foot—Dr. Damian taking charge of each stump, securing vessels, applying sutures, &c., immediately the limbs were separated. The whole operation lasted about thirty minutes. The right hand was cleansed, dressed with iodoform gauze, and put on a splint, and the other injuries dealt with on ordinary principles. The morning after the operation there was great swelling of the eyelids, and very considerable subconjunctival extravasation.

The case was one of uninterrupted recovery. For the first week the effects of shock and hæmorrhage were very marked. The right hand made a good recovery, with the exception of a partial loss of power to extend the middle finger. The patient left the hospital on July 24th, having gained flesh considerably, and being then and at the present time in robust health. (See engraving.)

To account for the nature of the boy's injuries, I suppose he must have fallen with his feet across one metal and his hands partly stretched over the other.

Grimsby.

CAN PNEUMONIA BE CUT SHORT BY ANTIPYRIN?

By H. E. COUNSELL.

Most people, I should say, are sceptical as to the power of any drug cutting short such a disease as pneumonia, the question naturally arising when such a subject is broached being much the same as suggests itself when "cures for cancer" are mentioned, Was it the disease at all?—and the conviction of the reality of the disease those who have seen it will always have great difficulty in imparting to those who have not; still, I think the following history ought to be almost conclusive.

The patient, aged twenty-one, has had two previous attacks of pneumonia: the first one four years ago; the second last winter—a very severe attack, in which I attended him. On Feb. 25th he went to his work at 5 A.M., feeling perfectly well; at 6 A.M. he commenced to shiver, was then sick, and felt so ill that it was with difficulty he reached home. He then went to bed. At 3 P.M. pain in the left chest and cough came on, and he expectorated some rusty sputa. I saw the patient at 5.30 P.M.; he had then constant short cough, complained of pain in the side, and felt very ill. Temperature 102.6°; respiration 24; pulse 120. On examining his chest, resonance was good in front, with rhonchus under the left nipple. Behind, over the left side, the resonance was high pitched, and from the angle of the scapula downwards there were well-marked fine crepitations. He was ordered fifteen grains of antipyrin at once, and poultices. Next day he told me that after the powder he slept well. The cough and pain became much less troublesome; he still had both, but felt much better. Temperature 98.4°; respiration 18; pulse 70. The condition of the lung was the same as on the previous evening. On Feb. 27th he was much better, and slept well all night. He coughed very little, and had scarcely any pain when he did so. The resonance was the same on both sides of the chest. On taking deep inspiration, crepitations could still be heard over the same area, and loud rhonchus under the angle of the scapula. Temperature normal. On the 28th he was quite well.

Was this a case of pneumonia? Does true pneumonia ever abort without treatment? These questions I leave others to decide, my own feeling upon the matter being that the next time I am called to a pneumonia sufficiently early I shall once more try antipyrin.

Liss, Hants.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Mort.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

TWO CASES OF ACUTE INTESTINAL OBSTRUCTION SECONDARY TO PERITONITIS; REMARKS.

(Under the care of Mr. MARCUS BECK and
Mr. A. E. BARKER.)

THESE two cases are of interest from the occurrence in both of mechanical obstruction of the small intestine secondary to peritonitis. In Case 1 the peritonitis spread from an abscess around a gangrenous vermiform appendix, and the distended intestine was found strangulated by a band. In Case 2 the peritonitis followed rupture of a caseous iliac gland, and an adherent coil of ileum had become twisted upon itself and mechanically obstructed. Such a complication as obstruction of the intestines secondary to a peritonitis is extremely rare, and most of the points in each case are fully dwelt upon in the remarks. Disease of the appendix is probably the commonest cause of a peritonitis, which may produce a condition of serious obstruction (but this is usually at a later period) from