side of the penis we find a small, slightly indurated, brownish spot, about the size of a five-cent piece, covered with fine epidermic scales, much like a patch of psoriasis. The patient is quite unable to say how long this has been present. He noticed it several months ago (at least two or three), but inasmuch as it did not give him the slightest discomfort or inconvenience he paid no attention to it; thought it some skin trouble entirely unconnected with venereal disease. This apparently insignificant lesion, gentlemen, I present to you as a somewhat rare but characteristic variety of the *initial lesion* of syphilis, which may be termed *the dry, scaling patch*. It is not raised above the surface of the surrounding integument, and hence is not visibly a papule; yet its base is distinctly stiffened with a sort of parchment induration, as it is usually termed, due to a superficial cell deposit.

From the distribution of the lymph vessels of the skin (just underneath the epidermis, where this form of lesion is always found), we may understand the superficial character of the induration. This has not, as we can see, been sufficient to cause an erosion, nor even to prevent the evolution of the epidermis; but nutrition has been interfered with to the extent of producing the unhealthy desiccation of the epidermal layer, as observed in the present instance. This is but a simple and natural variation from the forms of initial lesion previously presented, and will help to impress upon you the important fact that the initial lesion of syphilis has no stereotyped form, but may assume any appearance between a prominent and dense hyperplasia, either intact or excavated, and a minute cell aggregation in the skin or mucous membrane so small as to defy clinical observation.¹ In whatever degree present, the infection may go on, as in this case it has evidently done, through the various early stages, until the characteristic papular eruption of syphilis is developed, as here seen.

(To be continued.)

PUNCTURED WOUND OF THE ABDOMEN AND COLON.

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THE following case, occurring in the practice of my friend, Dr. George T. Perrin, at the time practicing in the country a short distance from this city, and with whom I saw the case during its treatment, seems of sufficient interest to place on record.

¹ Bäumlér in speaking of variations in density, of the indurations associated with the initial lesion of syphilis, says: "From these cartilaginous indurations to the flat, paper-like thickenings of the mucous membrane, where the increased resistance is perceptible only in feeling of it sideways, all imaginable intermediate stages occur, *the one thing common to them all being the dense cellular infiltration of the tissue of the cutis or mucous membrane.*" (Ziemssen, vol. iii. p. 112.)

During the Christmas holidays of 1875, C. H., a well-developed negro man, about thirty-five years of age, in a drunken fight was stabbed in the right inguinal region with a large-sized pocket-knife. The cut, an inch and a half in length, was a little to the outer side of the centre of a line extending from the anterior superior spinous process of the ilium to the umbilicus, and at right angles to this line, penetrating the abdominal walls, and cutting diagonally into the ascending colon about seven eighths of an inch. No omentum came out, the intestine protruding in a mass as large as a goose egg. The external hæmorrhage was very little, owing probably to the hernia, which, pressing upon the edges of the wound, prevented it. No hæmatemesis or passage of blood per rectum. After cleansing the protruded mass of intestine, which had become covered with sand and dirt during the fight, the intestinal wound was closed by three interrupted sutures. Appreciating the value of animal ligatures in such cases, and the facility with which they would be dissolved and absorbed, a strand from an untwisted "violin E string" was used for this purpose. While the intestine was being sewed up, the man, from his drunken, excited state, was very unruly, his movements and peristaltic action, which was plainly visible, keeping up a constant discharge of fæcal matter from the wounded gut, which, however, did not enter the peritoneal cavity. After another washing the intestine was replaced, and the abdominal wound closed by three sutures with another piece of violin string, adhesive plaster, and compress. In passing the sutures through the abdominal walls care was taken not to penetrate the peritonæum, but to pass above it, and these sutures were all absorbed, excepting the knots, by the eighth day. Upon first seeing the case, shortly after the fight, the patient was given thirty drops of tinctura opii, which was repeated after his wounds were dressed. Cloths wet with cold water were ordered to be kept on his abdomen, and to be changed every fifteen minutes, or oftener if they became warm, and twenty-five drops of tinctura opii to be given three times a day, so as to restrain all movement of the bowels and keep the man quiet. The case progressed well, with no acceleration of pulse or temperature, until the morning of the third day, when some febrile excitement was noticed. Five grains of sulphate of quinine were immediately given, and repeated three times a day for three days, which controlled the fever, and there was no return. The man was kept in bed, lying on his back, a little inclined to the right side, for eight days, his diet during that time consisting of milk, beef, and chicken broth, with a little tea and coffee. By the eighth day, the external wound, save its lower end, had healed. At this point a small abscess had formed in the subserous areolar tissue, which was opened, and about an ounce of pus evacuated. This was dressed with Labarraque's solution, one ounce to the pint of water, for several days, and

gave no farther trouble, the patient being up and about his house and yard on the ninth day. The bowels remained unmoved until the ninth day, when a large enema, introduced gradually and in small quantities, produced a full and free evacuation, with no trouble, the bowels regaining their normal action afterward. For a while after the man recovered there was a tendency to hernia at the wound, which was effectually and permanently relieved by a graduated circular compress, kept in place by a strong bandage around the abdomen. At the present time, nearly four years after the accident, the man is perfectly well, and able to do the hardest kind of manual labor, such as quarrying rock, etc., his injury never giving him the least trouble. Besides the abdominal wound, the man received four other stabs in different portions of his body, all of which healed kindly. It may be of interest to state that this case was seen in a negro cabin among a crowd of drunken, excited negroes, and his wounds dressed by the aid of a "light-wood torch."

The extreme fatality which attends penetrating or punctured wounds of the abdomen and intestines renders this case, which ended in recovery, of some interest. And it is worthy of note that at no time was the abdomen at all tympanitic or tender upon pressure save immediately around the wound, and that only for a short time. The animal ligatures in these cases cannot be too highly praised, and in conclusion I think we may, in part at least, attribute the successful issue of this case to them and the cold compresses.

Since preparing this case for publication, in looking over some "medical and surgical papers," by Prof. L. A. Dugas, of this city, I noticed a very similar case, which was successfully treated by him, and reported in the *Southern Medical and Surgical Journal* for July, 1852.

CASES OF INTUSSUSCEPTION.

BY JAMES O. WHITNEY, M. D., PAWTUCKET, R. I.

THE case of ileo-cæcal intussusception related in the *JOURNAL* for September 25, 1879, by Dr. Starr, so nearly resembles one which I saw that I am induced to give it.

April 10, 1872, I was called to a little girl of this town. I found my patient to be a bright child of six years. She did not want to see me, "for he is like all the rest; he will do no good," she said. She was in the last stages of exhaustion, and lived but six hours. Her condition was notable in the extreme: lying upon the left side, with a pain every few minutes that closely resembled those of a woman in the last throes of labor, and to complete the resemblance, with a large tumor below the navel, but a little to the left of the median line of the body. The illness began two months before, and had not varied in its material feat-