

attaches itself to the result. It was confidently expected by the physicians that a lesion of this character would inevitably result in an abscess, yet the urine showed at no time any unusual amount of pus. The recovery in this case must, I believe, be attributed largely to the almost complete surgical rest obtained through the intelligent co-operation of the patient, there being neither active or passive motion of the patient's body for twenty-one days. I was asked by the patient what result the accident would have upon the course of his kidney disease. I told him that I did not think it would aggravate the disease in any marked degree. Indirectly, it has been of some benefit, since it has impressed upon his mind the importance of proper care in his general mode of life; and for the past six months he has been nearly free from his usual attacks attributable to the kidneys.

INTUSSUSCEPTION AND RUPTURE OF THE INTESTINE; LAPAROTOMY AND DEATH.¹

BY F. B. HARRINGTON, M.D.

A MALE child, five months old, was sent to the Massachusetts General Hospital by Dr. G. W. Mills, of Medford, and Dr. T. M. Rotch, who saw the case in consultation, with a diagnosis of intussusception or of twist of the intestine. The child came under my care during the temporary absence of Dr. M. H. Richardson. Five days before entrance, having been previously healthy and without antecedent constipation, he was seized with sharp abdominal pain, which was shortly followed by a discharge of mucus and blood. On the following day there was vomiting, and several more discharges of blood appeared. Dr. Mills did not see the case until the third day, when he at once suspected the condition, and gave enemata of warm water.

When admitted to the hospital, two days later, after having been seen by Dr. Rotch, he appeared a robust child, but evidently suffering from severe pain, having the expression of those ill with peritonitis. The abdomen was somewhat distended, and there was frequent vomiting. A mass could be felt distinctly, lying midway between the spine of the ilium and the umbilicus. The temperature was 103.2°, the pulse was 150.

Ether was given, and a pint of water was injected at an elevation of three feet, and was at once discharged on removal of the syringe. Water was again injected with a pressure of four and one-half feet of elevation. The bowels were then gently kneaded, the water being retained by means of pressure upon the anus. This produced little or no apparent effect, and the water was at once discharged.

The abdominal cavity was then opened by an incision in the linea semilunaris. There was an escape of water, showing that an opening existed in the intestine. Coils of comparatively healthy intestine were found presenting. Below these a mass of intestine was found, which presented its mucous membrane, being an inverted tube with an apparent length of four or five inches. At the end of this tube of inverted intestine was an opening, which admitted a probe for a considerable distance, showing that the intestine was doubled upon itself, and that the condition was an intussusception which had escaped through a rupture

in the intestinal wall. The intussusception was, with considerable difficulty, reduced. It was found to consist of the cæcum and the colon, the latter containing a longitudinal slit, an inch and a half long, which had apparently existed for some time.

The appendix cæci was in a sloughing condition and was removed, there being a distinct line of demarkation, the result probably of pressure. At a short distance from the tear in the colon was a surface from which blood oozed and which was so thin that the serous walls were sewed together with several stitches.

On examination of the small intestine a tight constriction was found two inches from the cæcum. Above this point the gut was distended. There was no escape of gas or faeces after the reduction and firm pressure caused only the escape of minute amounts of gas through this constriction. This constriction made it necessary to open an artificial anus above that point. The edges of the ruptured colon were sewed to the edges of the abdominal wound. The small intestine was attached above the constriction to the abdominal incision, and when all was tight, an opening was made and a small amount of gas and faeces escaped. Before closing, the abdominal cavity was hastily washed with warm water.

The operation was long and difficult, the abdominal cavity being open for more than an hour.

The child died one hour after being taken back to the ward.

The following is a demonstration of the specimen by Dr. R. H. Fitz, after its removal from the body:

The mucous membrane of the colon, for five inches below the valve, was extensively, uniformly and deeply injected. The lining membrane of the ileum, for two inches above the valve, was also injected, though not so intensely as that of the colon. In the cæcum, near the origin of the vermiform appendix, was an elevated, button-shaped patch of thickened, necrotic mucous membrane, a third of an inch in diameter. Four and a half inches below the valve was a line of sutures in the intestine, one inch long, and a short distance above it was a linear thinning of the intestinal wall, perhaps a half-inch long, apparently the result of a rupture of the muscular coat. A longitudinal rent through the bowel, two inches long, began twelve inches below the valve. Its edges were slightly everted, the mucous membrane along the rent deeply injected, and at the lower end was a gangrenous patch separated by a narrow bridge. The peritoneal surface of the colon along the rent showed a narrow margin of false membrane. There was also a linear cut, an inch long, in the ileum, some four inches above the valve, without everted edges or adherent false membrane.

The appearance of the specimen suggested that the invagination was ileo-colic, the cæcum being forced into the colon, and the strangulation affecting the upper part of the colon.

— The German correspondent of the *Medical Press* gives the following remedy for tapeworm, recommended by Dr. Numa Canopi. In the evening a dose of castor oil. The following morning eight grammes of thymol divided into twelve doses are to be taken, a dose every quarter of an hour, and after the last dose of thymol, a dose twenty grammes of castor oil. A few minutes after the last dose of castor oil is taken the tapeworm is expelled entire.

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