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-

ure, that is, paroxysmal pain in the abdomen, but how long it had had the expulsive character could not be ascertained. A variety of opinions had been given as to the nature of the sickness, and of course medication had varied accordingly. I explained to the parents interlap of the bowels, and illustrated with my glove fingers what had happened to their child, and that the tumor they had been told was a gathering abscess was the large bowel stuffed with other portions of the intestinal track. I found that the little sufferer had eaten *snow* inordinately, and to this I attributed the intussusception.

Accompanied by Dr. George A. Stanley, I made a post-mortem examination, and all the views advanced were verified. The descending colon contained the ascending, transverse and a part of itself with the small intestine. Had she lived a few days longer, no doubt the tumor would have appeared at the anus, as a portion of it was but an inch above that orifice. There had been no inflammation. The clinical facts led me to think that the telescoping began at once, and had been continuous two months, however much we may theorize that readjustment takes place for a few hours or days before the permanent entrance occurs. Dr. Starr seems to hold an opposite view on this point in his case. Colicky pains (spasms of the intestines) no doubt are the immediate preceding conditions or causes of intussusception; but from the moment when we can fix the pain to a given point in the abdomen, we must conclude that interlap has taken place, and *paroxysmal pain* is the great distinguishing fact in this variety of mechanical obstruction of the intestinal tube. There was no "stoppage" in the case I have so briefly related, and from this fact my opinion was derided prior to the autopsy. Readjustment no doubt takes place, and perfect restoration to health follows; but may this fail, agglutination occur, and life continue? I believe it may, although authors do not mention it that I am aware of.

In November, 1865, I had a patient who had all the rational and physical signs of intussusception of the transverse colon to the extent of an inch or a little more; there was the characteristic pain, the tumor, sudden in its appearance, five fearful days of "stoppage," abdominal distention, the tumor now submerged, as it were, then its reappearance upon the subsidence of the inflammation, and the subsequent health of the party, which all go to confirm this view. About two years since an abscess formed and pointed three or four inches below the tumor, which is not now to be felt, but there is a fistulous track leading up to its former site.

A few years ago I had a little boy who had all the signs of agglutinated interlap at the ileo-cæcal junction to the extent of four or five inches. I am unable to report the subsequent health of this patient, but the last time I examined him the tumor was present. There may be a doubt in this case, but none whatever in the other, that neither

slough nor readjustment took place. Eating snow seemed to be the cause in the first case, imperfect mastication by reason of the removal of all the teeth in the female alluded to, and the boy was in the habit of devouring large quantities of peanuts and other fruit calculated to produce colicky pains in the intestines.

Some forty years since a fatal case of intussusception took place in Attleboro', Mass., in the practice of the late Dr. P. Savery. The patient was a boy fourteen years old, and eating large quantities of green chestnuts was the attributed cause. Telescoping of the bowels often takes place in cows and sheep, causing a fatal "stoppage," and these deaths are the most frequent in that part of the year when farmers feed upon, or allow their stock to feed on, uncooked potatoes, turnips, and such kinds of vegetables. My patient of 1865 often promises that I may make an autopsy if I outlive her, but from present appearances it is as likely that some one other than myself may do that. However, her loyalty to the science of medicine and to me is worthy of being noted. This case was read before the Providence Medical Association, and as I have full notes of it at a future time it may be given in detail to the readers of the JOURNAL.

UNUSUAL EFFECT OF A HYPODERMIC INJECTION OF MORPHIA.

BY AUG. M. TUPPER, M. D., ROCKPORT, MASS.

ON the morning of the 22d ult. I was called to see Mr. G., who was stopping at one of our hotels. I found a healthy-looking young man, about thirty years old, suffering from lumbago, confined to his bed, and in considerable pain, aggravated very much by movement. Applications of mustard and an anodyne liniment were prescribed. In the evening I called again, and as the relief was slight decided to inject some morphia directly over the seat of pain, a method I have found very efficacious in similar cases. Accordingly I injected nine drops of a solution of sulphate of morphia, one grain to a drachm of water, into a spot midway between the spine and crest of the ilium. As is my custom, the solution contained one drop of carbolic acid, which I added in order to keep it. In five minutes he expressed himself as feeling relieved, and sat up in bed to show us the improvement. I told him to lie down and keep still awhile, and he did so. We chatted pleasantly for perhaps five minutes longer, when, turning towards his wife, he said, "I think I am going to vomit," and turned to the side of the bed. I noticed that he looked a little pale, and before Mrs. G. could get the basin he grew deadly pale, his eyes rolled up in his head so that only the whites were visible, the jaws were clenched, the head was