

perceptible at the wrist. The extremities were cold in spite of every applied means to restore warmth. We considered his case hopeless—in fact he was in a state of collapse at the time—and nothing to what had been resorted to in the case could be added. There was a faecal odor from the last ejecta from the stomach. We gave him half a grain of morphine and ordered brandy every half hour, which he could not keep down, as I learned in the morning. From his condition at this time, we did not think it possible for him to last another twelve hours.

I saw him in the morning, Friday, Drs. Thorburn, Powers, and Gould, seeing him with me during the day. His condition was very much changed since last night. He was now perfectly easy, not having any pain even on manipulation. Extremities warm; stomach quiet; heart's action easy and natural; pulse 90 and perfectly regular, its intermittency having ceased with the cessation of pain. As he was in such a comfortable condition, we decided to let him alone for the day, which we did, and see him next morning (Saturday).

This morning, as the bowels were much distended and tympanitic, we decided to give him a much larger injection than he had as yet. Two gallons were slowly passed up, the anus being aided in retaining it by a napkin firmly pressed against it. With this quantity of fluid in the bowel, we raised him into a perpendicular position, heels up. While gently rubbing the bowels before letting off the injection, we had the satisfaction of seeing him make a start as if something had given way. Pressure being removed from the anus the fluid came away as if driven by a force pump. With the last of it there were a couple of faecal casts and a quantity of dark grumous matter. There was a distinctly gangrenous odor from the expelled contents. We repeated the injection in two hours. This likewise carried away a quantity of the same well pronounced gangrenous matter. We left him and returned at night to find him sinking. He had had a couple of motions, principally grumous matter and blood since morning. He passed a quiet night and lived till two o'clock on Sunday afternoon. He is the fourth of the same family that has fallen a prey to this intractable affection. Two sisters and two brothers (and also a son of one of the sisters), died from intussusception.

*Autopsy*, 42 hours after death. Abdomen very much distended, upon making usual incisions found tissues perfectly healthy. Upon raising ileum found indications of disease about 12 inches from the ileo-caecal orifice. This part of the small intestine was empty, as also the large intestine; above the diseased portion the small bowel was filled with fluid faeces. Removed the implicated portion, which we afterward found to be by measurement 18 inches. On the outside of the incarcerated part and for some four inches above and two below, the whole surface was intensely engorged with blood. The sheath over the invaginated part was just five inches long; on the caecal side of injury there was a ruptured band of about one-half inch in width. This was evidently what had given way during the injection; on the upper side there was a firm band one inch in width. This band was very firm and directly above the commencement of the sheath.

Slitting the bowel up from the lower extremity to the upper limit of the sheath we found a loop of bowel completely encased. This loop of intestine measured nine inches. The mucous coat of the bowel was engorged till it seemed a mass of blood. There were a number of gangrenous patches, one of which was much more advanced than the others.

The patient just lived 100 hours from the commencement of the attack; mind perfectly clear to the last.

REMARKS.—The only benefit that treatment had given in this case, which the autopsy revealed, was the rupture of the lower encircling lymph band. The quantity of water (two gallons) passed up at one time, in order to accomplish this, may give a proximate idea of the quantity required to be of any use in similar cases. It will be observed that with this quantity the ileo-caecal valve was passed by a sufficient quantity to distend the ileum between this valve and the obstruction.

Attentive consideration of this case prior to and after death has satisfied me that we have nothing successful to hope for, from any treatment short of operation, and if a second one of this peculiar nature should come under my care I shall promptly cut down at the earliest possible moment, after which I am satisfied of the nature of the trouble. An operation to be of any use must be resorted to, before the lymph bands have become organized.

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