

border about one inch to the left of the left mammary line.

The day following the patient was taken to the hospital; after four weeks' sojourn there, left apparently well. Five days after leaving the hospital he fell dead while in the act of lifting a heavy weight.

The autopsy showed the wound in the skin perfectly healed. The wound in the parietal layer of the pericardium was also found healed, with adhesions to the walls of the thorax. The pericardial cavity was filled with dark blood. A gaping wound half an inch in length was found leading into the left ventricle. The edges of the wound were thickened, and the outer layers of the surrounding muscular tissue were softened, slight fatty degeneration having taken place. There was subacute endocarditis.

We have here a case of healed wound of the left ventricle of the heart, from which, however, the patient died because of overtaxing the heart at too early a period. The cicatrix was too recent and tender, and the endocarditis had not yet passed off, and because of this the effort of raising a heavy weight raised the blood pressure in the ventricle too high, and as a consequence the cicatrix gave way.

Up to the present time seven per cent. of wounds of the heart have healed. —*Dr. D. W. Montgomery, in Pacific Medical Journal.*

#### RECTAL INSUFFLATION OF HYDROGEN GAS IN THE DIAGNOSIS OF INTESTINAL WOUNDS.

Dr. N. Senn, in his remarkable paper on the above subject (*The Medical News*, May), comes to the following conclusions:

1. The entire alimentary canal is permeable to rectal insufflation of air or gas.

2. Inflation of the entire alimentary canal, from above downward, through a stomach tube rarely succeeds, and should, therefore, be resorted to only in demonstrating the presence of a perforation or wound of the stomach, and for locating other lesions in the organ or its immediate vicinity.

3. The ileo-cæcal valve is rendered incompetent and permeable by rectal insufflation of

air or gas, under a pressure varying from one-fourth of a pound to two pounds.

4. Air or gas can be forced through the whole alimentary canal, from anus to mouth, under a pressure varying from one third of a pound to two and a half pounds.

5. Rectal insufflation of air or gas, to be both safe and effective, must be done very slowly and continuously.

6. The safest and most effective rectal insufflator is a rubber balloon, large enough to hold four gallons of air or gas.

7. Hydrogen gas should be preferred to atmospheric air or other gas, for purposes of inflation in all cases where the procedure is indicated.

8. The resisting power of the intestinal wall is nearly the same throughout the entire length of the canal, and, in a normal condition, yields to a diastolic force of from eight to twelve pounds. When rupture takes place, it either occurs as a longitudinal laceration of the peritoneum on the visceral surface of the bowel, or as multiple ruptures from within outward at the mesenteric attachment.

9. Hydrogen gas is devoid of toxic properties, non-irritating when brought in contact with living tissues, and is rapidly absorbed from the connective tissue spaces, and all of the large serous cavities.

10. The escape of air or gas through the ileo-cæcal valve, from below upward, is always attended by a blowing or gurgling sound, heard most distinctly over the ileo-cæcal region, and by a sudden diminution of pressure.

#### BRADYCARDIA.

Dr. F. Grob, in *Deutsches Archiv f. klin. Med.*—The term bradycardia is here used by Grob to distinguish a series of phenomena associated with a slow pulse, bradycardia having been proposed by Eichhorst as a suitable term in contradistinction to tachycardia, where we have a very rapid pulse.

Grob considers cases to come within the scope of the term bradycardia, in which, during observations extending over a series of days, the pulse did not reach, on more than one occasion, the rate of sixty beats per minute. Employing