

membrane, and a Lembert suture in the serosa and sub-mucosa. The cavity was wiped out with a sponge. The abdominal incision was closed with silkworm gut, rubber tissue applied over line of incision, and a bichloride dressing applied. After operation the course was uneventful, temperature having never arisen above 100°, or the pulse above 96.

April 7th: Primary union in the abdominal wound.

8th: Semi-fluid movement following an enema.

11th: Small movement.

12th: Large number of scybala removed.

Daily removal of these until the 14th of April.

May 1st: Has had daily voluntary movements. Sat up.

7th: Up and about the ward.

This case is of interest because of the happy recovery after enterectomy for carcinoma of the intestine combined with a double invagination, as well as being the first case of this kind performed here. To me it seems to be the method for enterectomy, especially in such cases as the above. The rapidity with which it can be done and the easy command one has over the hemorrhage seem to be the two great points in its favor.—*N. Y. Med. Jour.*

CROUPOUS PNEUMONIA CAN BE ABORTED.—

F. Gundrum, M.D., Escondido, Cal., writing to *The Medical News* of Oct. 22, says: SIR,—I read with considerable interest the article by Thomas J. Mays, M.D., in *The Medical News*, Sept 24, 1892, page 348, headed, "Can Croupous Pneumonia be Aborted?" My experience goes to show that this question can be answered most positively in the affirmative. I could give many more cases than the one here reported, but deem it unnecessary to occupy your valuable space with repetitions. About the middle of April, 1872, I was called to see Miss M. E., nineteen years old, a rather tall, slim blonde, one of a number of dining-room girls at the Revere House, in Iona, Mich. She was pretty sick for two weeks with a rather severe remittent fever, which left her much prostrated. On the sixteenth day I discharged her, leaving a prescription for a good stiff tonic, stock ale, and a generous diet. Two days later, at about 6 p.m., I was sent for in great haste to see my patient again. The evening before, while the

proprietor and his family were at supper, the girl got out of her bed, slipped on a light wrapper, and sat in a rocking chair, in order to agreeably surprise her friends when they returned. The evening was cold and blustery, and she became much chilled before she went back to bed. At 5 a.m. on the following morning she was seized with a severe chill. The proprietor of the hotel, having been an army nurse, set to work to get her out of this condition. She was quite ill all day, and in this condition I found her. She was pillowed up in bed, lying on her back, as she could breathe better in that position; her face, but more especially her cheeks, were livid; the finger-nails were inclined to look bluish. The respirations were 46, the pulse 130, and the temperature 106°. A short, hacking, "choky" cough was present. On physical examination, nearly the whole of the left lung was found to be involved in a process of acute inflammation. The crepitant râle could be heard over nearly the entire lung posteriorly. I knew well enough that the patient could not live in the debilitated condition in which she then was, if the disease followed its usual course; so the only chance was to abort the disease, if such a thing were possible. Fortunately, I had received, a few days previously, Niemeyer's "Practice" and, more fortunately, I had read the article on pneumonia, from which, for the first time, I had learned of the idea that pneumonia might be aborted by cold applications to the chest.

With the consent of the patient and her friends, I was allowed to try the "new treatment." A large tub was obtained, filled half full of "chunks" of ice, and then nearly filled with water. This was stirred rapidly until the temperature of the water came down to 50° F. A large double woollen blanket was wrung out of this water, and the patient was then wrapped in it from the chin to the toes. It was changed every thirty minutes until the temperature reached 104°, when the cold pack was not allowed to come below the middle of the thighs. At 1 a.m. the temperature fell to 102°, when only the chest and upper part of the abdomen were enveloped; by 6 a.m. the thermometer stood at 98°, the pulse at 60, and the respirations at 16, with the face pale. The patient was then thoroughly rubbed, put into warmed blankets, hot bottles applied to her feet, and a