

killed by the necropsy. She had known him to remain in a cataleptic state all day, and recover. The coroner was therefore summoned to investigate the circumstances of his death. The two attending physicians and the physician who made the necropsy were held to bail to await the result of the inquest. A second necropsy was made by experts, and the brain was minutely examined. A hæmorrhagic effusion was found at the origin of the pneumogastric nerve of sufficient extent to cause immediate death, in the opinion of those who testified. The other organs were healthy. Dr. Spitzka, a very reliable authority on the anatomy and pathology of the brain, stated at the inquest that hysterocatalepsy was very rare in America; he had known but two cases on record where minute hæmorrhage at the base of the brain was discovered after death from catalepsy. In each of these cases the lesion was the same as in this case, and the death was the same. This made the third case, and the cause of death on the certificate was, in his opinion, correct. The physicians who assisted at the necropsy were all of the opinion that life was extinct at that time. The verdict of the jury was "Death from coma." The physicians were exonerated from all blame, but were mildly chided for being over-zealous in making a necropsy so soon after death.

SUCCESSFUL RESECTION FOR RUPTURE OF INTESTINE.

On the morning of Wednesday, May 22nd, Mr. Croft operated on a boy aged fourteen for ruptured intestine without external wound. The case promises to be completely successful. Fifteen hours and a half before Mr. Croft saw the boy the latter had been kicked by a horse in the region between the umbilicus and pubes. Acute septic peritonitis was diagnosed, and laparotomy was immediately performed. A rupture of about three-eighths of an inch in diameter was discovered in the small intestine. It was believed to be in the lower end of the jejunum or upper part of the ileum. The contusion about the rupture was nearly an inch across. The opposite wall of the gut was also contused. The parts were

bathed in feculent inflammation products. A segment of the bowel was cut out; this was about two inches and a quarter long at its unattached border, and about half an inch at its mesenteric border. An enterorrhaphy was carefully completed, Lembert's sutures in a single row being employed—about thirty-five sutures in all. The peritoneal cavity and all tainted surfaces were carefully purified with warm boracic solutions. The abdominal incision was closed in the usual manner. The temperature before operation had been 103.6°; it fell in three hours to 98.2°, it rose during the night to 100.4°, and afterwards steadily declined. Since the night of the second day it has been normal or subnormal. The sutures were removed from the abdominal wound on the seventh day, when the boy was taking an ounce of fluid nourishment by mouth. He may now be pronounced convalescent. We believe that this is the first successful case of operation for this description of injury on record, and congratulate the surgeon on his success. Our readers will recollect that we drew attention to a case (*vide* THE LANCET, vol. i. 1887, p. 537) in which Mr. Croft operated for a similar condition, and an artificial anus was formed, but the operation to cure the fistula some weeks later proved unsuccessful, and a fatal result ensued. The success of this operation depends largely on the early diagnosis and prompt treatment of the rupture. It is unnecessary to comment on treatment other than by operation; the injury is almost invariably fatal.—*Lancet*.

THE TREATMENT OF PERITYPHLITIC ABSCESS.

Dr. Robert F. Weir, in a paper read before the Medical Society of the State of New York (*Medical News*, April 27th), urges, from his own experience and study of recorded cases, that in the large majority of cases the abscess, which is due to inflammation or perforation of the cæcal appendix, is *intra-peritoneal*. His conclusions are given as follows, and are stated to be "based on observations of 100 post-mortem examinations, and from thirty-two personal operations for so-called perityphlitic abscess."