plained of pain in the abdomen. On examining the abdomen, a distinct, hard, oblong tumour, about two inches and a half long and an inch and a quarter wide, and painful on palpation, was discovered in the right iliac region, about the situation of the ileo-cæcal valve. A second smaller tumour was also present, about one inch to the left of the umbilicus. He was ordered milk and lime-water, hot fomentations to the abdomen, and an enema of soap and water. The enema was soon returned, mixed with blood and mucus, and smelling very feculent; but there was no feculent matter. My suspicions were now confirmed that this was a case of intussusception at the ileo-cæcal valve. He was ordered four minims of tincture of opium every four hours while in pain.

July 15th. The tongue was coated; vomiting was incessant; there were borborygmi and great thirst. The tumour was larger and painful. The skin and pulse were natural. After elevating his pelvis and depressing his shoulders, I injected a quart of water mixed with oil, and then tried to dislodge the invaginated bowel by friction towards the diaphragm. The enema returned, and was again mixed with blood and mucus. In the evening, I made a second attempt to disengage the bowel by manipulation; and this time the enema brought away a lump of feces of the size of a walnut. The smaller tumour had disappeared.

July 16th. As there was no improvement, a third attempt was made to reduce the bowel, but without success. Finding that the obstruction still continued, all hope of displacing the intussusception by manipulation was now abandoned. I now trusted to opium, fomentations, and nutrient enemata; and ordered his thirst to be relieved by a little iced water (he would not take ice).

July 17th. The vomiting now became distinctly fecal, and signs of prostration began to set in—sunken eyes, feeble pulse, etc. The abdomen was swollen to an enormous size, so that one could count in tiers the coils of intestines.

July 17th to 22nd. He continued much in the same state just described, but gradually became weaker. The enemata were retained for two or three hours, and then returned. They had a fecal odour, but there was no feculent matter.

July 23rd. The vomiting began to diminish. The child looked much better. The abdomen was less tympanitic, and flatus was passed *per anum*.

July 24th. He was still improving. The swelling was nearly gone; the tumour was just perceptible. There was no vomiting, and a small loose evacuation took place without any blood in it.

July 25th. He had four copious pale motions. With the last there was a lump of fleshy-looking substance, which, upon examination, was found to be a foot of large bowel turned inside out, with the vermiform appendix attached, which also was turned inside out. On slitting open the ascending colon, it was found to contain nine inches of small intestine, showing that the intussusception commenced at the ileo-cæcal valve. The whole of the separated bowel was quite black and gangrenous.

The boy was now fed on beef-tea and farinaceous diet. He gradually improved; his bowels acted naturally daily, but this was preceded by a little pain for about a week. He is now (September 30th) quite recovered and strong.

I ought to point out that there was absence of inflammatory symptoms, except the pain. The separation did not take place until the *tenth* day, and its expulsion not until the *twelfth* day. I think it is also remarkable that the length of sphacelated bowel measured twenty-one inches.

SUDDEN DEATH: PERFORATION OF THE SUPERIOR VENA CAVA.

By R. E. POWER, L.R.C.P.,
Medical Officer to the Invalid Convict Prison, Dartmoor.

THE following case is an instance of an unusual cause of death.

W. S., aged 49, went to bed in apparently good health, and was found dead in his bed the following morning. On inspecting the body, I noticed that there was not any disturbance of the bed or bed-covering; the body was on its back, the legs semiflexed in an attitude of repose, both arms bent, the hands nearly touching the respective ears. The face was calm; the mouth slightly open; the lips free from blood, froth, or mucus. The entire appearance conveyed the impression that death had taken place during sleep. Rigor mortis was complete; the body still warm.

POST MORTEM EXAMINATION in twenty-six hours.—The body was well nourished and muscular. On opening the chest, nothing abnormal

was presented; but, on making pressure at the apex of the right lung, venous blood welled out freely, and, on the removal of the contents of the thorax, flowed in large quantity into that cavity, previously to the division by the knife of any of the vessels. On separating the pleura from the adjoining tissues beneath the clavicle, a quantity—eight or ten ounces—of unhealthy grumous purulent fluid discharged itself. It resembled the digested contents of the stomach, for which it was first mistaken, the œsophagus having been divided; it was of a greyish colour, less consistent than pure pus, and less flocculent than the contents of a strumous abscess. On searching for its origin, no pyogenic surface or sac could be discovered. It had apparently formed the contents of a diffused intercellular abscess above and outside the pleura in the region of the inferior triangle of the neck, chiefly amongst the cellular tissue that forms the superior thoracic boundary; it had dissected for itself a cavity at the back of the sterno-mastoid muscle, reaching to within about an inch of the mastoid process; but thence and from elsewhere it had flowed without leaving a trace of its origin other than that the surrounding tissues were soft and blood-stained; the superior vena cava especially so. In this vessel, about half an inch from the junction of its factors, was a perforation about the diameter of a split-pea, from which the blood had oozed. A noticeable fact was that there was no internal hæmorrhage during life; all the blood that flowed being during the *post mortem* manipulation; no doubt, the lesion being outside the pleura, the tissues prevented any hæmorrhage, which would have been passive had there been an exit for it. Death, too, apparently was caused by syncope at the moment of perforation of the vein, so that the cessation of *vis à tergo* was instantaneous. The lungs were healthy, and free from adhesions, but were both gorged with blood. Some fluid blood was found in the heart, but not any fibrinous clots. This organ was flaccid, but otherwise healthy, and the valves perfect. The trachea and œsophagus were also both free from any appearance of disease. The previous medical history of this man, so far as is known, was a healthy one.

I have never heard or read of a similar cause of death.

CASE OF PTERYGIUM CRASSUM IN BOTH EYES, TREATED SUCCESSFULLY BY LIGATURE AND SUBSEQUENT IRIDECTOMY.

By H. PENFOLD, M.R.C.S.,
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OF the various ways of operating for pterygium, the ingenious mode by ligature, as suggested by Szokalski, was the one adopted with complete success in the subjoined case.

A robust man, a farm-bailiff, sixty-five years of age, consulted me in November last, suffering from serious impairment of vision in both eyes, particularly in the left, which had compelled him for six months or more to give up his occupation. He resided in a very bleak district in the South Downs, and his duties necessitated his being out of doors a good deal on horseback and on foot; and, as a consequence, he had been exposed at times to boisterous winds and inclement weather. On such occasions, his eyes had become weak, irritable, and bloodshot, especially at their inner canthi.

On examination, a thick fleshy and vascular growth was very obvious at the inner angle of each eye, particularly in the left, where the pterygium was rather more developed. These symmetrical pterygia were fan-like in shape, and their apices encroached very nearly to the centres of the corneæ, and covered more or less the corresponding pupils. They were very dense; and their attachments to the sclerotic and corneal structures were somewhat firm in places and loose in others, whereby the free movements of the eyeball were in a measure impeded. He had used various eye-washes for years past, with no other result than a steady and gradual increase of the pterygia, local discomfort, and impairment of sight.

A few days afterwards, I effected a removal of the pterygia by ligature, in the manner adopted by Szokalski. I inserted two small curved needles, armed with the ends of a fine silk thread, perpendicularly beneath them; then cut off the needles and firmly tied each portion. The effect of the ligatures was to cause considerable local pain and chemosis, and required the diligent application of cold water-dressing; but at the end of a week all these symptoms subsided, and I was enabled with a pair of forceps to remove the strangulated portion of the growth.

He now went home for a month, when he returned to me for further examination, and I noticed a great diminution in the pterygia; but there remained two or three small vascular growths, which I easily

snipped off, and in each cornea, near its centre and in front of the corresponding pupil, a considerable opacity, which no doubt very much interfered with good vision. I therefore made a moderate-sized iridectomy downwards in each eye, and was pleased to find that the result fully answered my hopes and expectations, as the patient has been enabled since March last, by the aid of lenses suitable to his age, not only to resume his occupation, but to read any ordinary type.

THERAPEUTIC MEMORANDA.

A RESPIRATOR VEIL.

It must be admitted that the ordinary respirator is but a partial safeguard against the inhalation of injurious atmospheres, and it is also

greatly objected to by ladies on account of its disfigurement. Equal objection is made to silk gauze or gossamer veils, or to Shetland veils, on account of obstruction of vision. Lastly, the so-called invisible respirator is very unsatisfactory in practice. I have for some time recommended a veil which, simple as it is, appears to answer all purposes and to meet all objections. It consists of an ordinary piece of blonde (that without spots is best, for ophthalmic reasons) about twelve inches deep, over the lower four of which is sewn a double thickness of silk gossamer. By wearing this as a veil, mouth, nostrils, and ears are sufficiently and equally protected from cold, the external atmosphere being warmed in the chambers formed by the layers of gossamer. To prevent the veil from becoming unpleasantly damp by the moisture of the breath, that portion which comes over the nose and mouth may be stiffened with a layer of very thin wire-gauze, so as

to stand away from the face; and it may be prevented from blowing up by a piece of elastic braid threaded through the lower hem. These veils are also useful as a protection against dust. They are quite easily manufactured at home. Messrs. Marshall and Snelgrove have long kept them in stock for me, and supply them at a very moderate price.

LENNOX BROWNE, F.R.C.S. Ed., Senior Surgeon
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JABORANDI AS A GALACTAGOGUE.

DR. MUNRO stated, in the BRITISH MEDICAL JOURNAL of October 28th, that an ointment of Calabar bean applied to the breast had in his practice increased the secretion of milk where this had failed: I may, therefore, mention what will be found a safer agent than applying a poisonous ointment where it might readily, by carelessness or forgetfulness, come into contact with the infant's mouth. Jaborandi, in doses of five grains of the powder, infused, and taken three times a day, has had a very decided effect in increasing the secretion of milk in several cases where mothers have had scarcely any flow, and have in consequence been unable to suckle their children. After taking the above-mentioned powders, the flow has very soon been much more satisfactory, to the surprise of the patient, and somewhat to that of the doctor, as I have not hitherto had much faith in galactagogues. It is, however, necessary, if the breasts be not well developed, and therefore do not readily take to their secreting function, to continue the drug for some time, as the secretion will probably again fall off if the powders

are discontinued too early. The resulting milk, I need scarcely say, agrees quite well with the infant, the jaborandi having no unfavourable effect upon its quality. The drug itself is said to have no such action upon children as upon adults. The above property was indicated, and the earliest accounts of the effects of jaborandi published, by Dr. Ringer and others, by whom it was noticed that it increased the secretions of the skin and of the salivary and mammary glands. In giving any galactagogue, however, the necessary materials for the supply of good milk, in the shape of a liberal diet, should be administered at the same time; for in some persons having a difficulty in nursing, one could almost say *ex nihilo nihil fit*, the mother being badly nourished herself, and therefore having little pabulum to spare for her offspring, though no doubt by some mothers milk is secreted abundantly, while they are themselves very indifferently nourished.

R. S. FEART, M.D., etc., Tynemouth.

CLINICAL MEMORANDA.

SHOULDER-JOINT FRICTION.

FRICTION-SOUND, of respiratory rhythm, produced in the shoulder-joint, may be sometimes heard in the supraspinous fossa. It often deceives students, and occasionally more experienced auscultators are led by it to diagnose local pleurisy. Once suspected, its source is so obvious that it has probably often been recognised, although I have not chanced to meet with a description of it. It is dry and rubbing in character, usually single, and most commonly heard only during inspiration. It may be heard over the whole supraspinous fossa; but becomes louder on passing from within outwards, and is loudest when the stethoscope is placed over the shoulder-joint. It is evidently due to a movement of the two articular surfaces, one upon the other, produced by the movement of the thorax during respiration. It may be produced by slight movements of the arm, the thorax being fixed, and may be removed by placing the arm in some different position, as raised above the head. It may often be heard during ordinary breathing, but is louder on deep inspiration. No doubt it is conducted by the bone to the supraspinous fossa. I have not heard it beneath the spine. In the cases in which it is heard, there is perhaps some deficiency of synovial fluid in the joint.

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CASE OF AORTIC ANEURISM, WITH REMARKS.

JOHN WALSH, aged 42, was admitted into the Leicester Infirmary, under the care of Dr. Crane, on April 8th, 1873. He stated that, two years previously, he observed his voice begin to fail him; shortly afterwards, he was seized with severe pain over the upper part of the sternum, cough, and occasional attacks of dyspnoea; he could not trace his disease to any particular cause. There was no history of syphilis. On admission, he complained of a throbbing sensation over the upper part of the sternum and sternal extremities of the right clavicle; severe cough of a peculiar ringing character; the voice was reduced to a whisper. He was frequently aroused during the night with great difficulty in breathing, and a feeling of immediate dissolution. He had lost flesh considerably. The right radial pulse was weaker than the left. Both pupils were equal, but much contracted. The jugular and superficial veins on the right side of the chest were dilated. On inspection, a swelling was observed at the upper part of the sternum, extending to the sternal extremity of the clavicle on the right side. On palpation, a heaving impulse and very distinct thrill were detected, with dulness on percussion over the seat of enlargement. On auscultation, a loud murmur, corresponding with the heart's systole, was heard from the fourth costal cartilage to the clavicle on the right side. A belladonna plaister was applied over the swelling, and a mixture of dilute hydrocyanic acid and camphor administered, and the most perfect rest insisted upon. For three days, the urgent symptoms continued gradually to diminish, but with no apparent alteration in the size of the tumour. On April 13th, an increase was observed, attended with severe neuralgic pain extending through the sternum and back. The patient remained in much the same condition till the evening of the 27th, when he was seized, whilst sitting up in bed, with a severe attack of dyspnoea, and shortly afterwards expired. On *post mortem* examination, an aneurismal sac presented itself, about twice the size of the closed fist, situated near the junction of the ascending and transverse divisions of the aorta, partially filled with laminated fibrin. The internal lining of the artery could be traced distinctly throughout the whole interior of the sac, perfectly intact. On dissection, the right pneumogastric and recurrent nerves were found, not