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.,
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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