Clinical Notes

The stomach and intestines down to about ten inches above the ileo-caecal valve were slightly congested, but otherwise normal. From this point down to the valve a well-marked, sausage-shaped intussusception of the ileum was found, dark blue in colour generally, but grey in places. On carefully dissecting this mass, which was almost circular in shape before being removed from the body, the usual layers could be traced. It was almost solid to the touch. The layers were with difficulty peeled away, and when incised a quantity of bloody fluid escaped. The bowel was in a state of gangrene. The layers of the invaginated portion of intestine were well agglutinated, and on the outer layer a fine, sandy, granular appearance presented itself. Owing to the extreme congestion it was impossible to say whether the lumen of the bowel was completely blocked at the time of death. Certainly, medicines given by the mouth a few days before death appeared to have acted on the lower bowel. The intussusception was immediately above the cecum, which was in no way implicated and, together with the appendix, was normal in appearance. The large intestine, including the rectum, was more or less congested and filled with a dark, tarry, and offensive fluid. No solid matter was found in any part of the alimentary canal. There was no ulceration in any part, and the whole intestinal canal was carefully searched for this condition; neither was there any sign of old ulceration. The other organs of the body presented nothing to note. The liver was normal in weight and structure.

Remarks.—This case is of interest as presenting during life the symptoms of chronic dysentery in a young adult, which did not improve under prolonged dietetic and medicinal treatment. The cause of death was evidently acute obstruction of the bowels, and the results of the post-mortem examination prove beyond doubt that there was a well-marked intussusception of ileum into ileum, and no signs of ulceration in the great or small intestine. The case appears to be one of some rarity, and I do not know if a similar one has been recorded.

REPORT ON A CASE OF MALIGNANT NEW GROWTH OF THE TIBIA, FOR WHICH AMPUTATION OF THE THIGH WAS PERFORMED.

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No. 6746 Private J. Pusher, 1st West Riding Regiment, was admitted to the Royal Infirmary, Dublin, on January 20th, 1902, as a transfer from Mullingar.

History.—The patient, whose age was 19 years and 8 months, and service five months, stated that while at the depot of his regiment (at Halifax,
Yorks), in August, 1901, he fell downstairs and knocked his left leg below the knee-joint, and that owing to pain in the part he was on light duty for a few days. In October, 1901, he came to Mullingar, and on the 16th of the same month he was examined as to his fitness to undergo a course of gymnastics, but owing to pain in the left leg he was excused and put on light duty. About this time he noticed a swelling at the inner side of his left knee, and which, since then, continued to increase in size. He was in hospital at Mullingar for a few days in November, 1901, and in December, 1901, for the same trouble.

**Condition on Admission.**—The patient was thin and debilitated; there was an ovoid, diffuse swelling over the inner tuberosity of the head of the tibia (left), measuring about 4 inches in a vertical direction and involving the inner and posterior aspects of the bone; the swelling was firm, but tending to soften in parts, somewhat elastic, slightly tender to deep pressure, and presented dilated veins over its surface. The circumference of the leg below the tubercle of the tibia was 14½ inches (on January 28th, 1902). A diagnosis of "periosteal sarcoma" having been made, the patient was advised to undergo amputation of the thigh, but he refused and wished "to wait and see how he got on." On February 12th, 1902, the circumference of the leg below the tubercle of the tibia had increased to 15½ inches, and the patient's health had further deteriorated; however, he still refused the operation. On February 18th, 1902, the patient's consent having been now obtained, amputation of the thigh at the junction of the middle and upper thirds was performed (by postero-external and antero-internal flaps of the skin and subcutaneous tissues, and circular division of the muscles and bone higher up). Union of the flaps by first intention took place, and the patient made an uninterrupted recovery from the operation and was allowed up on crutches on March 4th, 1902, with a firmly-healed wound and a stump quite satisfactory as to the position of the scar and the absence of pain and tenderness on manipulation. He was recommended to be supplied with an artificial limb, and was invalided out of the Service.

Examination of the tumour showed a typical sarcomatous growth, very highly vascular, invading and eroding the bone deeply and encroaching on the surrounding tissues.

**Subsequent History.**—It was ascertained that on June 18th, 1902, this patient was admitted to St. Mary's Infirmary, Highgate Hill, London, suffering from symptoms of undoubted secondary infection of the lungs. I was indebted to Civil Surgeon Meldon for kind assistance at the operation.