

the admonition to look around in order to see the monumental success that the curator has achieved.

From Dr. Flint I learn substantially that in considering the physical relations of his collection he has arranged the animal products according to the zoölogical position of the animal from which the drug is derived, following the usual classification, and beginning with the *class* Mamalis, *order* Carnivora. The vegetable products are classified to the botanical affinities of the plant furnishing the drug. Products of fermentation and distillation, including the products of the acetous and vinous fermentations, and the derivatives, chloroform, ether, and the like, as well as distillates, such as carbolic acid, pyroligneous acid, etc. Inorganic products are arranged according to their fundamental elementary constituents, following the classification of the chemical elements.

As a whole the collection already represents the principal drugs in most of their commercial varieties in present use among civilized people, including most of the new remedies that have lately been introduced to the notice of the profession.

Without going into further details regarding this interesting collection, we may summarize what has been accomplished. The organization of the *Materia Medica* section of the Museum is complete; the classification has been established in its details; over 5000 specimens have been received, examined, and registered, and most of them bottled and arranged according to the classification; the whole collection has been provided with temporary labels, and over 600 specimens with permanent labels, each requiring a study of the specimen and of the literature regarding it; illustrations of most of the medical plants have been obtained and more than 500 of them mounted and on exhibition; a medical herbarium has been commenced and its development is assured; a complete catalogue of this collection has been made, by means of which any specimen on exhibition may be readily found, and a considerable library of reference has been formed; the Pharmacopœas of nearly all nations have been obtained, and half the work of compiling a compend of sixteen of them is done.

In the future development of this section of the Museum a wide field is open for valuable work. The collection as it now stands includes samples of the great majority of the drugs found in the commerce of the country, as well as many specimens of rare drugs or varieties known only to foreign medical practice. It remains now to make use of the prestige of the scientific institution with which the Museum is connected, and of the ready means at the disposal of the National Government, through the naval and consular services, supplemented by personal correspondence with importers and their agents, and foreign scientists and

travellers, to gather materials and information that shall be rare and valuable. Much is still to be learned regarding the source and mode of production of many of our standard drugs, and new remedies of doubtful origin are constantly appearing in the market. For the increase of our knowledge of these substances, for the investigation of these questions of doubt, no more favorable conditions can be conceived than those here existing, namely, a great Museum under the patronage of the Nation, associated with a scientific institution of world renown, having correspondence with all parts of the world and friendly relations with scientific establishments in all countries.

R.

Migration of Foreign Bodies.

Dear Sir:—THE JOURNAL for January 19 contains a notice of the "Migration of a Needle." The strange coincidence of reading about this case, and having passed through some little experience coming under the same head, I take pleasure in presenting the facts in the case for the information of your readers. The literature on foreign bodies found in all parts of the body is so profuse and general, that it necessarily requires something more than the ordinary daily routine of cases to be of sufficient interest to place the facts upon the pages of some medical journal.

The history of cases is generally shrouded in doubt and uncertainty. It is always well to listen to the details, and then digest the facts. One case of an ordinary pin escaped the closest examination in the throat of a woman for *eleven years*. The case was subjected to repeated and minute inspection at the hands of able and competent practitioners. The patient had repeated and severe attacks of trismus, lasting for days; the salivary glands were swollen, deglutition was difficult, thirst urgent, and sometimes a high grade of irritative fever. An abscess subsequently formed in the sublingual gland, from which, after an incision, I removed the pin, heavily coated with the ordinary deposit peculiar to the secretion of the gland.

Another case of a portion of a needle traversing the body of a man for seven years, and upon one occasion, in withdrawing his arm from his coat, the movement was suddenly arrested, accompanied with an attack of pain. The needle had protruded through the skin and caught in the lining of the coat; its removal was prompt and easily accomplished.

In the case of a fat, healthy baby sliding over the floor, after several days' crying and fretting, with repeated severe applications of the mother's hand to the very part of suffering, a close examination revealed the presence of a foreign body. With a bistoury passed through a fold of integument I withdrew, with a pair of forceps, a full

No. 7 needle, much to the comfort of the child, to the surprise of the lookers-on, and a certain rebuke to a very unkind mother.

The case to which I specially desire to call attention is the following:

In the afternoon of January 19, 1889, Miss S., æt. 18 years, was taking a lesson in dancing. While moving over the floor to the strains of the waltz music she was suddenly seized with the most violent excruciating pain in the right iliac region. She was carried into the adjoining room in an unconscious condition. The lookers-on describe her appearance as terrible and alarming. After the lapse of ten or fifteen minutes a transfer was ordered, and by a slow process of movement she was conveyed to her home. I saw her at 6 P.M., lying upon a lounge, with her limbs so decidedly flexed upon her body that I at once suspected either peritonitis or a hernia. She could not be touched, her pain was so intense. I insisted upon the removal of her clothes and the placing of hot poultices over the abdomen, gave $\frac{1}{4}$ gr. morphia internally, directing the mother to send for me after she had been placed in bed, and especially if any evidence of a swelling was visible. I was summoned to her home at 8 P.M. I at once completed my examination; seemed to feel a sigh of relief when I discovered that it was not a hernia. Immediately over the ileo-cæcal region I found a small prominence, which to the touch evidenced a foreign body. In moving the finger downward a sense of relief was imparted to the patient, and any movement in the opposite direction gave rise to intense pain with loud screams from the patient. The proof seemed so positive that we had a foreign body and its prompt removal was beyond any doubt, that I at once began a series of questioning as to what it might probably be. The patient had no knowledge of ever having swallowed anything like a pin or a needle—was positive no needle had ever entered any part of her body. The location left no doubt in my mind that it was evident that it had escaped from the bowel. If this surmise was correct, what did it mean—certainly a great risk of traumatic peritonitis. Having a full knowledge that the *laparotomies in our county* had not been blessed with very flattering results, I explained the case in all its bearings to her family and suggested a consultation with some of my colleagues. I called to my aid Drs. G. T. and G. S. Carpenter, who coincided at once with the full nature of the trouble and the importance of prompt surgical interference.

The patient was placed under the influence of chloroform, the necessary details of antisepsis were brought into requisition, and after making an incision, immediately over the projection, through the fatty tissue, and gentle manipulation with a pair of forceps, a portion of a needle was withdrawn—black and thoroughly corroded—measur-

ing one and three-eighths inches in length. The wound was sutured, dressed antiseptically, and the patient placed in bed.

The patient had $\frac{1}{8}$ gr. morphia with $\frac{1}{4}$ gr. of calomel every two or three hours, as required. No bad symptoms supervened. The wound healed kindly, and at this writing the patient is perfectly well.

We have no evidence as to how or when this needle entered the body of the patient.

I have the record of a number of minor cases, the removal of pins from the upper part of the larynx, from the ears, etc., which are commonplace items for the general practitioner, so I will not intrude them upon you. Very truly,

D. W. BEARD, M.D.

Pottsville, Pa., Feb. 5, 1889.

The Necessity of a More Careful Study of the Pulse.

Dear Sir:—There are many reasons why a careful study of the pulse demands the attention of the general practitioner of medicine at this time. Among these permit the writer to name the following:

1. The pulse is disturbed by almost every departure from a normal state of health.
2. The pulse is recognized as a symptom in every abnormal manifestation.
3. To examine the pulse and determine its value as a symptom is one of the first duties of the physician at the bedside of the sick.
4. The large number of deaths from heart disease have alarmed the public, and magnified the importance of every means for diagnosing diseases of this organ, and intensified the necessity for every man who practices medicine to understand the different modes of examining the pulse, and how to apply the information derived therefrom in determining the condition of the great central organ of the circulation.
5. The conditions that affect the pulse and the nervous manifestations through which the pulse is modified are not thoroughly well known, and the same pulse may be the result of different causes.
6. The pulse as a symptomatic phenomenon, can only be valuable as a means in diagnosing different pathological conditions and abnormal manifestations, by determining the cause that produces the different modifications in the character thereof. A weak, quick pulse, from *stenosis* of the left *ostium venosum* cannot be accepted as a symptom of scurvy, or the numerous diseases where this same pulse is to be met. Nor can a small hard pulse resulting from *stenosis* of the *aortic ostium* be taken as an evidence of the different inflammatory conditions, remote from the heart that produces the same kind of a