

VI.

REMARKS IN RELATION TO THE USE
OF THE TROCAR IN PARACENTESIS
ABDOMINIS.

By JABEZ W. HEUSTIS, M.D., of
Alabama.

WHOEVER has performed the operation of paracentesis of the abdomen with the trocar in ordinary use, must be aware of the degree of difficulty attending it. The operation is simple and unimportant itself, but when the trocar is pushed against the parietes of the abdomen, considerable force is required to make it enter. This comes partly from the abrupt bluntness of the trocar, but principally from the resistance exerted by the canula; the surrounding parts closing upon and embracing the perforator, and thus refusing admission to the instrument without the use of considerable force. Having uniformly experienced these difficulties in the use of the trocar, of which I have used those of the best construction, I have, for a considerable time, laid this instrument entirely aside in all cases of ascites requiring puncturing. As a substitute, I make use of the common thumb lancet; in the distended state of the abdomen this is introduced without the least difficulty, and, contrary to what happens with the trocar, causes little or no pain. For a canula, to conduct the water, I make use of a quill cut off at both ends. A silver canula, with one end closed, and a small opening on each side, would be more elegant, but not having an instrument of this description, I have found the quill answer every purpose. The superior advantage and facility of this mode of operating, need only

to be tried to be fully appreciated. I claim but little merit in the plan here prescribed, presuming that others may have previously adopted the same,—being a practice that would obviously suggest itself to every one who has had any share of experience in paracentesis abdominis.

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VII.

CASE IN WHICH A NAIL WAS SWALLOWED BY A CHILD SIX YEARS OLD.

By J. W. HEUSTIS, M.D., of Alabama.

ON the ninth of November, I was sent for in haste to visit a child six years of age, who, I was told, had swallowed a shingle nail. On my arrival, I found the child apparently well, complaining of no pain or uneasiness, though I learned that his throat had been considerably scratched by the passage of the nail, which was rusty, and a little crooked at the point. I remained all night; but no unfavorable symptoms occurring, I did not think proper to exhibit any medicine with the view of producing the expulsion of the nail, concluding that the more quiet the stomach and bowels could be kept, the greater probability would there be of its passing off without producing any injury. No unpleasant symptoms took place for about a week, when, very early one morning, the child was suddenly seized with pain and great sickness of the stomach—and in the effort of vomiting he threw up the nail he had swallowed, which had undergone little or no change from its lodgment in the stomach. The danger to be apprehended was, that, by getting

entangled in the mucous coat of the stomach and intestines, it might have brought on dangerous and fatal inflammation. And it would appear a little singular that so rough a substance should have remained so long in contact with the delicate lining of the stomach, without giving rise to any unfavorable symptom, or even occasioning any painful sensation. The probability is, that in attempting to pass into the duodenum, it met with some obstruction at the pyloric extremity of the stomach, and, producing irritation, gave rise to the effort of vomiting which caused its expulsion. Had the stomach failed in this effort, which we might consider as very possible, we may readily suppose that dangerous symptoms would have speedily ensued.—*Ib.*

VIII.

FŒTAL SKELETON IN UTERO.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—A few weeks since, the keeper of a small market, in this city, desired me to examine a tumor, discovered by him in cutting up the carcase of a fat ewe. Its connexion with the rectum convinced me, at first sight, that it was the uterus, but completely imbedded in fat. The good condition of the body was an indication of the excellent health of the animal. On laying open the tumor, about the size of a man's fist, I was astonished to discover the entire skeleton of a fœtal lamb, divested completely of all

the flesh, tendons, and the like appendages, and resembling bones that have been macerated. I have carefully preserved the whole in a glass receiver.

Remarks.—Probably the ewe was severely injured, just before the period of parturition, by a blow, that induced a high degree of inflammation, and finally adhesion of the sides of the vagina. Nature then went to work with the absorbents, and had conveyed everything extraneous away but the skeleton, which would undoubtedly have disappeared within a year or two, had the animal been permitted to live. In the course of my professional life, I have been consulted by a woman, in whose womb was the skeleton of a child, which had then been retained there sixteen years, in consequence of the adhesion of the walls of the vagina, owing to the bad management of a midwife. A fistulous opening was made through the muscles over the ischiatic notch, and a constant fetid discharge was kept up. Hair, nails, occasionally bones of the fingers, &c., were forced out. A large opening must have been made on the back side of the fundus of the uterus, in order to allow the exit of so much matter as was continually oozing from the organ. In the first volume of the Medical Intelligencer, a further and more particular account of this extraordinary case may be found, drawn up by me about six years ago.

Very respectfully,
JEROME V. C. SMITH.

Health Office, Boston.
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