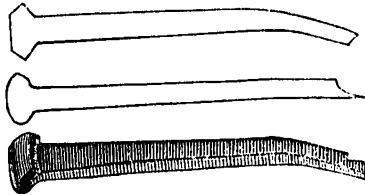


only on his right side, his head very high, or occasionally for a short time he would lay directly on his face.

The accompanying drawings will give you the exact size and length of the nail, with two or three different aspects to show its crook and broken end. Its measure is good 1 inch and 7-8; its weight, 55 grains.



That there is not a similar case, as it regards form, weight, &c., of a child so young having received such a substance into his lungs, and thrown it up by coughing, I will not venture to assert; but if such a case has occurred, it has escaped my notice, if reported.

A few practical inferences may perhaps be drawn from the foregoing case, and its, thus far, result.

Various instruments may, again and again, and repeatedly, for the space of one whole hour, be introduced through an artificial opening in the trachea, into the lungs, or rather into the bronchial tube, without taking life.

It shows that a substance of most unpromising form, and great weight (in reference to its bulk), may be thrown up by coughing.

It further confirms the safety, and *expediency* (because of its safety), of the operation, when light substances are received into the trachea, which being easily moved by air, would more likely produce immediate suffocation if remaining, and are almost certain to be removed directly, when the operation is performed.

CALVIN JEWETT, M.D.

St. Johnsbury, Vt. Feb. 13th, 1837.

CASE OF UTERINE HYDATIDS.

BY CHARLES HOOKER, M.D., OF NEW HAVEN, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. C., aged 26, was confined with her first child about two years before the time of her death. From that time her health was never good. She had frequent serous and mucous, and sometimes colored discharges from the vagina, and her menstruation never became natural. About six months before death, she had symptoms of pregnancy—enlargement of abdomen, fastidious appetite, nausea, vomiting, enlarged mammæ, *secretion of milk*, &c. Examination per vaginam detected enlargement of the uterus; but the stethoscopic signs of pregnancy being absent, I dissented from the full conviction of the patient and her friends in regard to her being pregnant. Three months before death she was attacked with flooding, and after severe labor pains a mass of hydatids, weighing 6 or 7 pounds, was discharged. A lochial discharge con-

tinued about a week, as after parturition. Vomiting, diarrhœa, and general derangement of health, succeeded, with great pain and some fullness in the pelvic region. About a week before death she had a sensation "as though something had torn off," in the left iliac region; and from this time she rapidly declined, with the ordinary symptoms of peritoneal inflammation.

Post-obit examination discovered the ovarium adherent to the mesentery, and in that region an abscess had burst into the peritoneal cavity—probably occasioning the above-mentioned sensation. Around this, to a considerable extent, there was much peritoneal inflammation, with a deposition of pus, serum, and concrete lymph. The uterus was enlarged, and its cavity was lined with a thick, firmly adherent membrane of a dark livid color, and attached to this membrane, about the fundus, was a mass of fungous vegetations projecting into the cavity of the uterus. There were several small similar fungous protuberances on the external surface of the uterus, beneath its peritoneal coat.

GLASS EMBEDDED IN THE FOOT.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called in, as I was passing the house of one of my townsmen, to examine the foot of his son, which had been lame and sore for about two or three months, and had been discharging matter from an opening on the instep, nearly over the centre of the arch, for several weeks. On examination, I found something approaching the surface of the opening, which was hard, and somewhat loose, resembling a spicula of bone, which I supposed it to be. I seized the offending body with a pair of common forceps, and after considerable of a struggle, succeeded in extracting a piece of window-glass of a triangular form, 1 inch in length, and 3/8 of an inch in breadth, with the base downwards; the glass was covered with adhesive matter, which gave it rather a white appearance. I then inquired of the child, and his parents, to know whether he had previously been injured in that foot with glass, and also to get their opinion respecting the supposed cause of the present lameness. They all told me that some two or three months before, he had a horse step on his foot, which gave him some considerable pain at the time, but did not break the skin at all, and immediately the trouble commenced; and they also stated that about two years before, while playing, he stepped on to something which made quite an incision in the bottom of the foot, from which they extracted at the time a piece or several pieces of window-glass. It will be understood that from the time, or about the time, of the extraction of the first piece of glass, till the present, or till the horse stepped on the foot, which was two years at least, the foot was perfectly well.

Query.—Was this glass introduced two years before, and the passage through the foot (occasioned by the pressure in walking) so gradual as not to disturb the boy? or was the glass introduced from above? and if the latter, how came the broad end down? H. A. SMITH.

New Haven, Vt. Feb. 21, 1837.