angle of the orbit. This was partly healed and showed a trace of purulent discharge, whilst the whole orbit seemed to be partly filled by a hard, firm mass, in which no fluctuation could be detected. A probe at once revealed the presence of a foreign body lodged in the inner wall of the orbit. Chloroform having been administered, I enlarged the wound and carried another incision upwards and inwards from its lower end towards the root of the nose so as to turn back a triangular flap and dissect down on to the foreign body, which lay embedded in, and with its outer extremity almost level with, the upper part of the inner wall of the orbit, just behind the lacrymal bone. By breaking away a little of the orbital plate of the ethmoid I was able to seize the foreign body with a vulsellum and a pair of dressing forceps and to withdraw it. Examination showed that it was the upper part of a wooden penholder, measuring $2\frac{1}{2}$ in. in length and $\frac{1}{4}$ in. in breadth. The wound was syringed out with corro-

sive sublimate solution and a drainage-tube was inserted; it was then dusted with iodoform and a pad steeped in corrosive sublimate solution was applied. On May 24th the temperature was 99.2° F. and there was no pain. On the 25th the temperature was 99.2° . The discharge was very slight and the proptosis and swelling of the lids were less. On the 26th the temperature was 98.4° . Attempts were made to move the eyeball up and down. On the 29th the drainage-tube was shortened as the wound healed from the bottom. The pupil was dilated and fixed, but there was slight movement upwards and downwards. On the 30th there was a trace of haziness at the lower part of the cornea. A drop of eserine was instilled. On June 7th there was a small ulcer at the lower part of the cornea, which was slow in healing. On July 2nd the drainage-tube was removed. The ptosis disappeared, but there was very slight proptosis. The pupil reacted slowly and the mobility of the eyeball was gradually returning. The corneal ulcer had healed. On the 27th the patient was discharged from hospital. There was no ptosis and no proptosis. There was a slight defect of the superior and external recti, but the other muscles were acting well. The pupil was mobile and regular, but there was a small nebula at the lower part of the cornea. The wound healed, but a slight hardness and swelling remained at its site. When the boy was last seen, on Sept. 15th, 1892, the eye was in normal position, with good movements in all directions except upwards, where it was still slightly defective. There was a small corneal nebula. The pupil was active and round. Vision was equal to seeing fingers. The optic disc showed signs of atrophy. In all probability the foreign body lay in the body of the sphenoid, though, taking into consideration the small size of the sphenoidal sinuses in children and the length of the piece of wood, with its position and the direction of its axis (backwards, upwards and inwards), it is conceivable that it had penetrated and lay within the cavity of the cranium.

Hornsey-road, Holloway.

A CASE OF TRACHEOTOMY IN WHICH A DANGEROUS COMPLICATION ENSUED UPON THE USE OF A DOUBLE CELLULOID TUBE.

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A BOY aged three years and a half was admitted into King's College Hospital under the care of Dr. Lionel Beale on Tuesday morning, Sept. 12th, when tracheotomy was performed for diphtheria with laryngeal obstruction. The boy progressed favourably until Friday night, Sept. 15th, when, some blood being noticed in the expectoration, it was thought to be advisable to replace the silver bivalve tube by a slightly softer instrument. A celluloid double tube was therefore chosen, this being the first trial given to this kind of tube at this hospital. Everything was satisfactory until the next morning, when at 7.30 A.M. it was noticed that an attack of dyspnoea was not permanently relieved by the removal of the inner tube. This led to a careful examination, and it was discovered that the outer tube had become detached from the

guard piece (not broken off). On the removal of the latter the top of the tube could not be seen at the bottom of the wound and therefore it must have been sucked down into the lower part of the trachea. As the child became very cyanosed, with urgent dyspnoea, the wound was enlarged and the trachea was opened down to the fifth ring. The tube could not be felt with the finger or with a pair of dressing forceps (the only instrument at hand); the child was therefore inverted and forcible expiration was attempted by means of compressing the thorax. This resulted in the top of the tube being just felt by the little finger, which was introduced as far as possible into the trachea. The forceps were then introduced and with great difficulty the tube was extracted just as the child had ceased to breathe and was becoming pulseless. This resulted in the speedy restoration of the child, and though he was very collapsed for some time afterwards he was doing very well on Sept. 18th.

THE PHYSIOLOGICAL ACTION OF OXYGEN.

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IN the month of November, 1892, I had in my possession a cylinder of compressed oxygen, in quantity about twenty cubic feet and of 93 per cent. guaranteed purity. In a spirit of mere idleness a friend and I tried the effects of large inhalations of the pure gas; but quickly entering into the spirit of scientific accuracy we altered our methods and inhaled for a considerable period an atmosphere of nearly pure oxygen. We were both in perfect health and our observations, complete in our case, must not necessarily be supposed to be the same as in a state of disease. The results were most surprising to me; my friend had no medical knowledge and did not know what to expect and had, therefore, no preconceived opinions, and this gives more value to my report, as his experiences were the same as mine. Breathing the oxygen in a confined space, so as to inhale as little natural air as possible, and taking deep inspirations, I found that there was no flushing of the face or feeling of quickened vitality, as was shown by the absence of any exhilaration; there was no quickened pulse-rate and, as far as I could judge, there was not the slightest rise in temperature. These were the negative observations. The only positive result that we could see was a distinct diminution of the frequency of respiration. The intervals between the respiratory acts were greatly increased and there was a feeling that there was no urgency to repeat it; the *besoin de respirer* was entirely abolished for the time being. As far as I could judge the lengthening of the respiratory intervals balanced the increased supply of oxygen to the lungs, and therefore to the blood, in an automatic manner. I write this account of my experience of the inhalation of oxygen as my observations were confirmed at the meeting of the British Association at Nottingham. I was much struck with the facts at the time, and I only awaited confirmatory experience to publish my notes.

Crawshawbooth, Manchester.

OPENING OF A NEW HOSPITAL AT BUDNEIRA, INDIA.—On July 8th an interesting ceremony took place in the town of Budneira, which consisted in the opening of a hospital which has been provided for the inhabitants of the district by the munificence of Mr. Jehangir Hormusji Mody, a wealthy merchant of Bombay. The function was graced by the presence of a large number of influential visitors, both English and native. Not the least interesting part of the event was a speech delivered by Mr. Mody, in which the circumstances connected with the founding of the charity were fully set forth. Colonel Mackenzie, in declaring the building opened, spoke of the gratification which would be afforded to the Resident by the act of the generous donor, and the benefit the surrounding populace would derive from the institution.

SUPERANNUATION IN THE POOR-LAW MEDICAL SERVICE.—Dr. W. Woodward, late medical officer of the third district of the Worcester Union, has been granted a superannuation allowance of £50.—Dr. King, formerly medical officer for the Eltham district of the Lewisham Union, has been awarded a pension of £28 5s. per annum.