worse occurred. The abdomen became enormously distended and coils of intestine could be seen through the abdominal walls. My partner, Mr. Dickinson, very kindly came and saw the case with me and we decided to puncture the intestine. Accordingly we selected the most resonant spots and introduced a large hypodermic needle, and were able to give vent to a large quantity of flatus, which greatly relieved the patient for the time being, but for the time being only. The punctures were repeated three or four times with varying success, the child gradually becoming weaker and weaker until it died on July 27th.

In my examination Mr. Dickinson made a post-mortem examination when the following condition of things was revealed. On opening the abdomen he found the small intestines enormously distended with flatus and containing a fair quantity of fluid faeces. The seat of the strangulation was easily detected. It was at the most usual point—the ileo-cæcal valve. About two inches of small intestine had passed into the cæcum, forming a tense sloughing mass which quite occluded the lumen of the large gut. Adhesions had formed between the peritoneal surfaces of the entering and returning layers. It was seen that no amount of traction or squeezing would reduce the inversion—at least, no amount that could have been used with safety during life.

Remarks.—This case is interesting, if only from the length of time the child lived from the time symptoms of gangrene set in—four weeks. The cessation of urgent symptoms and the subsequent occurrence of stools for ten days after the passing of such a small slough certainly led me to hope that recovery was likely to take place by natural means, rare as that is; but the supervention of peritonitis complicated matters so much and put such a severe strain on the child's already over-taxed vitality that it succumbed before the remaining slough had time to separate.

Southfields, S.W.

UNUSUAL OCCURRENCE IN LITHOTOMY.

BY SURGEON-MAJOR D. CHARLES DAVIDSON,
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ON Feb. 9th last a Hindoo (male) aged about twenty-three was admitted into the Civil Hospital, Satara, suffering from the usual symptoms of vesical calculus, and on the sound being used the ordinary evidence of stone in the bladder was elicited. The man stated that about four months previously a small twig had been inserted into his urethra and that in attempting its withdrawal it broke, and a portion still remained in the urethra. On Feb. 11th lateral lithotomy was performed by me and the foreign body removed from the bladder. What had given out the ordinary sound of a vesical calculus was found on examination to consist of seven inches and a half of a small twig about the thickness of a No. 5 catheter, doubled up several times and forming the centre of an elongated calculus, chiefly phosphatic. The patient made a good and uninterrupted recovery. The manner in which the foreign body had been introduced, or the reason for its insertion, could not be clearly elicited from the patient, and I had reason to doubt his statement regarding the length of time it had remained unremoved. Such cases are somewhat rare, this being the first of the kind met with by me in a large number of lithotomy cases.

HERTS CONVALESCENT HOME.—At the annual meeting of the friends of this institution, held last week at Elsenham Hall, Bishop Stortford, a favourable report was presented by the hon. secretary. During the past year 616 patients were admitted into the Home, showing an increase of 40 over the number receiving aid during the previous year. The income, including fees derived from patients, amounted to £2464.

HOUSE SANITATION.—At the Marylebone Police-court, a few days ago, the owner of a house in Dartmouth-park-road was charged before Mr. Hannay with allowing the premises to remain in an insanitary condition. The tenant had occupied the house since June last, and several of his family had suffered from ill-health owing, it was alleged, to defective drains. This condition was verified by tests applied by Dr. Sykes, the medical officer of health. The magistrate inflicted the penalty of £5, and required the defendant to proceed with the necessary repairs at once.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

RETRO-PHARYNGEAL ABSCESS IN A CHILD; TRACHEOTOMY;
INCISION; RECOVERY.

(Under the care of Mr. ALBERT CARLESS.)

THIS case serves to draw attention to the advantages of the incision first practised by Professor Chiene and brought by him before the annual meeting of the British Medical Association some two years ago. All surgeons are not agreed as to the advisability of employing this incision, for we read in Heath's Dictionary of Surgery:¹ "The simpler plan of opening it in the mouth has the advantage of easily allowing a sequestrum to be removed. The writer does not think the advantages of the external method commensurate with its difficulty of performance and more serious character." It is very difficult to satisfy oneself before opening as to the extent of these abscesses, especially when there is cervical caries, for they not infrequently extend into the posterior mediastinum, and we have published a case in which the cavity of the abscess extended down to the diaphragm.² To open these bone abscesses through the mouth increases the liability to a fatal result, if it does not directly induce it. We have also published notes of a case under the care of Mr. Gray,³ in which a retro-pharyngeal abscess was complicated with and obscured by subacute laryngitis. Tracheotomy was performed for the relief of the latter before the former was discovered. In many cases the dyspnoea will probably be relieved when the abscess is opened, and no further laryngeal complications be met with. Mackenzie, however, describes a case in which secondary disease of the cricoid developed. These abscesses may require treatment at any age. Schuppert and Hambursin met with them in infants of three months old, and we have recently seen one opened by the method which Mr. Carless employed (only on the right side of the neck as first performed by Professor Chiene) in a man aged sixty-seven.

D. C.—, aged one year and seven months, was admitted on July 18th, 1892, at 11.30 P.M., suffering from urgent dyspnoea. The history given was that the child had recently been an in-patient at another hospital for a bad cough, that it had only been discharged a few days, and the mother thought it had caught cold and assigned this as a cause for the present symptoms. There was also some discharge from the ears and a swelling had been noticed a few days previously just below the left ear. It was supposed that the dyspnoea was due to a blocking of the pharynx by much enlarged and inflamed tonsils; but the house surgeon, Mr. Ramsay, on looking at the throat, found a large median swelling completely blocking the fauces, and on examining this with the finger it was found that the posterior pharyngeal wall was bulged forwards by a soft elastic mass, evidently an abscess. Tracheotomy was at once performed to relieve the dyspnoea, the child, however, ceasing to breathe as the operation commenced. Artificial respiration was commenced as soon as the tube was in place and maintained for a few minutes, when the child breathed naturally and easily and the cyanosis disappeared.

July 19th.—Mr. Carless saw the child at 3.30 P.M. It was then breathing comfortably in a tent, the air of which was warmed and moistened by a steam kettle; the physical condition at the back of the pharynx remained unaltered. The abscess was opened under chloroform by Professor Chiene's method. An incision was made behind the left sterno-mastoid an inch and a half in length, extending downwards from a little below the apex of the mastoid process. Several enlarged glands presented and one or two were removed; the tissues were much matted together by inflammatory exuda-

¹ Vol. i., p. 346.

² Taylor: THE LANCET, vol. i. 1876, p. 74.

³ THE LANCET, vol. ii. 1876, p. 46.