out to the Blue-jackets on the morning this happened, at different distances on cloth &c. The boy's trousers were used and on firing at a distance of two inches there was an irregular tear produced in the cloth with no charring; at a distance of three inches the fabric was charred and at twelve inches it was fired. On placing a piece of the cloth in front of a turnip and firing at a distance of two inches a tear was produced in the cloth and a cone-shaped hole in the turnip, some two inches in depth, with traces of uncharred powder round about, very similar to the hole produced in the boy's thigh. I have no doubt that the wound was caused by the firing of a blank cartridge from a Martini-Henry rifle, the nozzle of the rifle being within two inches of the boy's body.

Government Civil Hospital, Hong Kong.

A PEBBLE IN THE EAR FOR EIGHT YEARS WITHOUT THE PATIENT'S KNOWLEDGE.

By W. R. H. STEWART,

AURAL SURGEON TO THE GREAT NORTHERN CENTRAL HOSPITAL, &c.

A SINGLE lady, kindly sent by my colleague, Mr. Macready, consulted me for deafness on the left side, which had lasted off and on for some years. It had become much worse the week or two before coming to me and there was a rather distressing "hammering" noise in the ear. I found the left meatus plugged with a mass of hardened wax. On using the syringe for its removal out dropped a pebble, evidently from the sea beach. In shape it might be called an irregular cube, measuring on its longest side five-sixteenths of an inch, the other sides being three-sixteenths and one-eighth. The patient had no idea the stone was in the ear and as she had not been to the seaside for over eight years it must have been in the ear all that time. The case is, I think, interesting, for it is strange that so large a pebble had remained all those years in the ear without the patient's knowledge. It also confirms the opinion that a foreign body may lodge in the meatus for a considerable time without producing mischief, provided no injudicious instrumental attempts have been made to remove it.

Devonshire-street, W.

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 compare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

CASES ILLUSTRATING THE TREATMENT OF RECURRENT PELVIC PERITONITIS BY ABDOMINAL SECTION; REMARKS.

(Under the care of Dr. CULLINGWORTH.)

WE commence this week a series of cases recently under the care of Dr. Cullingworth, in which it was necessary to perform the operation of abdominal section. The cases described had a number of points in common which render them of very great interest; in all there was a history of attacks of abdominal pain due to pelvic inflammation and its consequences and in all there was much disease, which could only be cured by the removal of the diseased structures. It is worthy of note that in nearly all of them the operation was one of considerable difficulty and it was necessary to employ drainage of the pelvis afterwards. The results of the treatment are most satisfactory.

CASE 1.—P. B—, aged twenty-five, single, a dressmaker, was admitted into the Adelaide ward on March 2nd, 1892, complaining of abdominal pain and swelling. She had enjoyed good health till three years ago, when she was laid up for three months with an attack of rheumatic fever. Two years and a half ago she was confined to bed for several days by an attack of pelvic inflammation following gonorrhœa. She has since been liable to similar but less severe attacks of pelvic pain. Menstruation has been regular and normal till the first week

in December, 1891, when her last period occurred. A fortnight later—i.e., in the third week of December last—she was suddenly seized at midday, while at work, with severe pain in the abdomen and legs. She left her work and went home to bed. The pain in the abdomen continued. A doctor was called in and discovered a swelling in the lower half of the abdomen. The patient had not been conscious of the presence of a tumour in the abdomen till it was noticed by her medical attendant. She has remained in bed ever since; poultices and leeches have been applied with little relief and hypodermic injections of morphia have been administered every night or very often in the morning, on account of the pain and restlessness. She has lost a good deal of flesh and her bowels have been very constipated.

On admission the patient, a thin, highly intelligent, anæmic woman, complained of continuous abdominal pain and swelling of eleven weeks' duration. On examination the abdomen was somewhat resistant and considerable pain and tenderness were complained of, especially in the left iliac region. A smooth tense swelling was defined occupying the left lower half of the abdomen, extending upwards as high as the umbilicus. On the right side was a smaller swelling, its upper limits reaching a point midway between the pubes and umbilicus and extending outwards as far as the outer third of Poupart's ligament. A distant sulcus could be felt between the two swellings superiorly. Both were absolutely fixed and on the left side there was indistinct fluctuation. On bi-manual examination the lateral and posterior fornices were found depressed. The cervix was high up and almost obliterated and the external os closed. Two rounded swellings could be felt through the vaginal roof separated by a distinct sulcus; the smaller one on the right was smooth, soft and rounded and apparently continuous with the cervix, any movement imparted to it by the external hand being directly appreciated by a finger placed on the cervix. The uterine sound was not passed. A hard crescentic mass was felt in Douglas's pouch.

On March 10th, eight days after admission, abdominal section was performed. There had been no material alteration in the physical signs, except that fluctuation had become more evident in the swelling in the left side. Maximum temperature since admission 99° F. On opening the abdomen two suppurating ovarian cysts were discovered; the larger one on the left side contained over a pint of greenish-yellow, inoffensive pus, which was withdrawn by trocar and cannula. The contents of the smaller cyst on the right side were of a similar character. Both cysts were intimately adherent to surrounding parts and especially to the rectum. The body of the uterus, normal in size, was pushed forwards behind the pubes. The broad ligament partially enveloped the cysts anteriorly. There was no cellulitis. The Fallopian tubes were thickened and elongated, but otherwise normal. The operation was somewhat protracted and rendered extremely difficult by reason of the number and density of the adhesions. The right cyst was ruptured during its separation from the neighbouring parts and its purulent contents escaped into the peritoneal cavity. The abdomen was freely douched with boracic-acid lotion, a glass drainage-tube inserted and the wound sutured with silkworm-gut sutures. The patient was returned to bed in a collapsed condition. Temperature 95.6°, pulse almost imperceptible at wrist; cardiac pulsations 154. She gradually rallied and convalescence was afterwards rapid. The sutures were removed on the seventh day; the indiarubber tube, which had replaced the glass tube, was discarded on the twelfth day. The patient got up on the sixteenth day and left the ward on April 22nd, the wound having been healed for ten days. She reported herself a month later in good health.

CASE 2.—E. C—, aged thirty-two, married, was admitted into the Adelaide ward on March 8th, 1892, complaining of severe pain and swelling in the lower part of the abdomen. She was married at the age of nineteen and had never been pregnant. She had menstruated regularly till six weeks ago, when her present illness began. Up to this time she had enjoyed good health. No history of gonorrhœa. Six weeks ago the patient was suddenly attacked in the early morning, while lying in bed, with acute pain in the lower part of the abdomen. She got up for an hour or so, but was compelled to go back on account of the increasing severity of the pain and tenderness of the abdomen. No rigor or vomiting. The pain gradually diminished, but a week later she began to vomit and this has continued more or less severely up to the present. She has also complained of difficulty and pain in micturition. Three weeks ago the