was said not to have appeared for five months. The urine was very albuminous; it was free from sugar. The body was enormously swollen and in a state of advanced ascites. As I was convinced that the patient was suffering from dropsy arising from inflammation of the kidneys, accompanied with rather severe albuminuria, I decided to let off the fluid by means of laparotomy. Under the influence of chloroform at first and later of ether I made a long incision in the abdomen, introducing at the same time into the two breasts, by means of two capillary tubes, a solution of tepid salt water with a small quantity of sodium bicarbonate. During the whole operation the anaesthesia was not interrupted in any way, nor was the action of the heart enfeebled, which was mainly owing to the introduction of the salt water into the system. After opening the abdomen and letting an immense quantity of water rush out I found the liver, spleen, and kidneys very swollen and in a state of extreme hyperaemic inflammation; the suprarenal capsules, uterus, and ovaries were in a natural state; the parametrium and perimetrium, as well as the general peritoneum, were free from any inflammatory matter. After having removed from each side of the incision wound (which was 18 centimetres long) a strip (15 centimetres broad and 40 centimetres long) of the very much expanded peritoneum I united the remaining edges of the peritoneum with a row of catgut stitches to which I joined the muscles and fasciae and then closed the abdomen with 12 silk stitches. On the fourth day after the operation and every following day until the forty-second the patient received on an empty stomach a pill containing gamboge, while the diet was light and free from fat and albumin. This removed the congestion of the liver, spleen, and kidneys, and it became evident that the patient's bilious complexion was giving place to a fresher colour. The motions of the bowels were also regular and spontaneous after medication ceased, whereas they had before been very constipated. The secretion of urine, which had been very scanty and albuminous before the operation, was now plentiful and showed no trace of albumin. On the fifteenth day after the operation the external silk threads could be removed and a week later, on April 2nd, the patient was able to leave the hospital completely cured and without a trace of ascites in her body. For over nine months she has enjoyed perfect health and needs no further medical treatment. At the last examination of the patient, which took place two months ago, I found the abdomen soft, the liver non-resistant, the spleen in a normal condition, the wound well healed (without hernia of the bowels), the urine free from albumin, the motions daily and spontaneous, and the general health good. The patient informed me that she had accomplished a walk of about ten English miles in three hours when carrying a heavy weight without any inconvenience whatever. I must not omit to mention that six weeks after the operation menstruation caused severe pain, in consequence of which I undertook a slight dilatation of the cervix uteri and after this it came on regularly and painlessly.

From the success of the preceding case I arrived at the conclusion that by the operation of laparotomy the disordered abdominal organs had been greatly relieved, that the patient's life was saved, and the permanent relief from ascites of the *soi-disant* incurable patient was due entirely to the operation of laparotomy, whereas the tapping of the abdomen practised previously by other hands was altogether without effect. It would be interesting to learn whether the same experience has been met with in similar cases in other hospitals. This example tends to show at all events that laparotomy is to be preferred to tapping or puncture in cases of severe ascites.

Dresden.

PRESENTATIONS TO MEDICAL PRACTITIONERS.—

Mr. G. Gardner Oakley, M.R.C.S. Eng., L.R.C.P. Lond., of Halifax, has recently been the recipient of a case of pipes from the members of a men's ambulance class whom he has instructed in first aid.—Mr. John Twiname Gardner, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., the chairman of the Ilfracombe band committee, was presented on April 1st, at the last fortnightly concert which he had arranged during the winter months, with a silver cigarette, match, and sovereign combination case and an illuminated address containing the names of 130 subscribers and recording the appreciation of his efforts in providing during the past winter high-class concerts which had been greatly enjoyed by the residents and the visitors.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF NASAL CALCULUS WEIGHING 48 GRAINS.

BY A. J. HELM MONTAGUE, M.D. DURH., L.R.C.P. LOND.,
M.R.C.S. ENG.,

SURGEON TO THE WORKSOP VICTORIA HOSPITAL;

AND

RICHARD LAKE, F.R.C.S. ENG.,

SURGEON, ROYAL EAR HOSPITAL.

A MARRIED woman, aged 36 years, was seen by Mr. R. Lake, in conjunction with Dr. A. J. H. Montague, on August 4th, 1902. She complained of an offensive discharge from the left nostril, a disagreeable taste in the mouth, and inability to breathe through the nose. The above symptoms had existed for five years. On examination a large calculus was found firmly imbedded in the left nasal cavity. Mr. Lake removed it with forceps, under cocaine, with much difficulty. The calculus weighed 48 grains. The outer crust consisted of earthy carbonates and phosphates and the nucleus consisted of a cherry-stone which when crushed revealed the kernel intact. The patient was given an antiseptic nasal douche and on August 23rd all symptoms had disappeared and she was able to breathe normally through the nose.

Remarks by Dr. MONTAGUE.—The points of interest in the case appear to be, firstly, the size of the calculus; and secondly, the fact that the patient had no symptoms until five years ago and that she had no idea how the cherry-stone got up her nose. On careful inquiry it was elicited from the patient that she distinctly remembered, when a small child, living in a house in the country to which was attached an orchard containing several cherry trees. Doubtless one of her playmates, or she herself, pushed the stone up her nostril, the stone remaining quiescent for many years.

NOTE ON A CASE OF MACROPEDIA.

BY DR. R. KUTSCHERSKY.

(Translated for THE LANCET.)

THE patient in this case is a beggar-woman who is 60 years of age and has an abnormal development of the right foot. Not much information as to her past history can be obtained from her; she says that she was born with her foot in this condition, that it grew with her growth, and that there never have been any instances of malformation in her family. Her body is in other respects well developed; her muscles are of average strength; the subcutaneous fat is scanty. Her height is 163½ centimetres (5 feet 5 inches); on several parts of her body there are small cutaneous ulcers of unknown origin and not attended with pain; in other respects her body presents nothing abnormal. The right foot is considerably larger than the left one and makes with the leg a much greater angle than the left foot does; its anterior half is strongly curved, so that the toes do not touch the ground but point upwards. The conformation of the toes at once attracts attention, especially that of the great toe and the second and third toes; they are enormously large and thick, strongly curved upwards, and extremely divergent from one another. These three toes are ankylosed in all their joints, so that they are not capable of either active or passive motion, although no thickening whatever is to be found in their joints. The great toe and the second toe are simply extended upwards in a marked degree, whilst the third toe is dislocated upwards and backwards; the two other toes (the fourth and fifth) are hardly noticeable where they project from under the third one and by contrast they seem to be smaller than normal. The toe-nails are proportionately enlarged without any anomalous feature. The following measurements were taken: the length from the heel to the extremity of the second toe is 30 centimetres (11·8 inches) in the right foot and 24 centimetres in the left one.