a general anesthesia with complete relaxation is indicated. Spinal anesthesia is ideal for strangulated hernia and for acute intestinal emergencies in the lower abdomen. It is bound to have a wider field of application in the future.

There was nothing new or original in the treatment of any of these cases. The successful outcome in most of them was due, in the first place, to early operation where early operation was possible. In the late cases of obstruction where the condition was desperate, with distention, reverse peristalsis, etc., the cardinal principle of securing drainage first, and repair later was well exemplified.

I am unable to advance any cause for the mesenteric thrombosis in Case 5.

I. SUCCESSFUL PASSAGE OF AN UNUSUAL FOREIGN BODY THROUGH THE INTESTINAL TRACT OF A CHILD. II. THE IMPORTANCE OF THE X-RAY IN THE DIAGNOSIS OF OBSCURE FRACTURES IN CHILDREN.

BY W. P. COUES, M.D.

I. IF a list was made out of all the strange and curious objects that children have swallowed or attempted to swallow, it would be a long and interesting one. When these objects become impacted in the esophagus, trachea or bronchi, the throat specialists extract them with their deft fingers and cleverly made instruments. When the foreign body has passed to the stomach, its further passage through the body is usually successful.

The subject of this note is a boy about five years old, and was brought to the Accident Ward of the Massachusetts General Hospital during my service as accident ward surgeon. The father, much disturbed in his mind, brought the boy in with the following history. While playing, a short time before, the boy had put the object in his mouth and suddenly swallowed it. It was a japanned tin case, containing a leaden image of the Saviour, about $1\frac{1}{4}$ inches long by $\frac{1}{2}$ inch wide. The boy was in perfectly good condition, breathing easily, and the successful passage of the case to the stomach was demonstrated by a loud rattling noise in the stomach when the boy was shaken to and fro, which could be heard across the room. The noise was caused by the image rattling around in the case inside the boy's stomach.

The father refused to have the boy admitted, although the dangers of possible obstruction from such an object were carefully explained to him. A few days later he triumphantly returned with the leaden image in the case, which the boy had passed per anum. The fact that this tin case so easily passed through the pylorus was of great interest to me. I am not sure now of the exact size the pylorus can stretch to at five years.

The case seems to teach a lesson that after the foreign body is safely in the stomach, it may be best to let nature take its course.

II. That the certainty of diagnosis, made possible by a good radiograph, in all cases of questionable fracture, has made some careless in their diagnosis by older methods is true. At the same time, it must be remembered that there are

certain types of fracture, especially in children, in which the diagnosis is sometimes impossible without the x-ray.

Henig and Lowenstein were the first to call attention to the subperiosteal variety of fracture. In my clinic of late we have paid especial attention to these obscure fractures in children and have found many previously unrecognized. The danger of future deformity and weakness of the extremity, rather than any immediate trouble, is the reason for placing stress on the importance of their recognition.

It is true that careless physical examinations are made of obvious fractures because of the x-rays, but this does not alter the case that certain types of fracture cannot be diagnosed without them and were formerly called sprains and bruises. Almost all cases do show, on careful examination, signs that make one who is used to seeing this class of cases almost certain of the diagnosis, although the general signs of fracture are absent. When a child, after ever so slight a traumatism, complains of local pain or simply of pain on pressure over a definite area of a long bone, a radiograph should be taken if possible.

Reports of Societies.

NEW ENGLAND PEDIATRIC SOCIETY.

The sixteenth meeting of the New England Pediatric Society was held at the Boston Medical Library on May 13, 1911.

DR. WILLIAM P. COUES read the following papers;

- (a) THE SUCCESSFUL PASSAGE OF AN UNUSUAL FOREIGN BODY THROUGH THE INTESTINE OF A CHILD.¹
- (b) THE IMPORTANCE OF THE X-RAY IN THE DIAGNOSIS OF OBSCURE FRACTURES IN CHILDREN.²

DISCUSSION.

DR. W. H. PRESCOTT: I have seen two cases in which children have swallowed foreign bodies which were rather peculiar. One of them was a part of a toothbrush, and the course of that was seen by the radiograph almost from hour to hour, and no trouble came from it. The other was in my own child who was playing with her sister at taking temperatures with a pin which was about $4\frac{1}{2}$ inches long and a head about the size of a shoebutton, when it slipped down. We knew nothing about it until ten days afterward when she was at her cousin's house and had pain in the rectum, and the cousin removed the pin from the rectum. How the pin ever got through the intestines, — whether it got turned around, and so forth, and what had happened, we never knew, — but the pin was swallowed and it was removed from her anus ten days afterwards.

DR. J. S. STONE: It seems to me that in the diagnosis of fractures in children there are certain definite things which ought always to be borne in mind. The points are localized tenderness, particularly localized tenderness encircling the bone, impairment or loss of function, and consistent history. With these three points clearly in mind I will disagree with Dr. Coues in saying merely that you think there is a fracture; I think you can go farther and say there is a fracture.

¹ See JOURNAL, p. 132.

² See JOURNAL, p. 132.