the wire came away complete, it seemed to have been broken in the bone by the force exerted in extraction. With my finger-nail I scraped off the exuberant granulations, and with a probe examined the wound. Dead bone could not be detected, although the appearance of the small wound led me to suspect its presence. The fracture looked, on the whole, to be fairly united, and the patient was dismissed, with strict orders to return weekly for dressing and examination.

Thirteen weeks have elapsed since the date of operation, and the wires were perfectly bright on removal, the wounds having been kept antiseptic throughout. The man has gained in weight, and improved much in appearance. On leaving hospital boracic lint was used as dressing. The small wound remained open for twelve months, when the dog's bone, reduced to about half its size, came away, after which the wound healed completely. The radius appears to have fallen in somewhat towards the ulna, leaving a slight deformity.

D. M.—, wearing a leathern support around the forearm, resumed his former occupation, at which he is still engaged. He called on me some weeks ago, and remains in perfect health, and retains a very useful arm. Thinking of Ollier's experiments with the periosteum, of the transplantation of skin from an amputated limb to ulcers, and of the transference of the mucous membrane of the rabbit to the human eye, I had some hope that the strange bone might have found a new home for itself in the human arm; failing which I knew it would secure perfect alignment of, and steadiness in, the ulnar fragments. Should a similar case occur again, I should adopt the same process, still hoping that the two bones might become one.

Glasgow.

A CASE OF EXTREME DISTENSION OF THE LOWER BOWEL IN A CHILD.

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MISS C—, aged eleven years, was brought to me by her aunt—her guardian—on the 6th of May, 1878. The aunt said the child had been suffering from obstinate diarrhoea for more than three months, notwithstanding medical care and nursing. The child was thin, pale, and shrunk, having a withered aspect. She had a hacking cough, with night perspirations, but there were no signs of lung disease. The heart-sounds were most remarkable for their great irregularity, both in power and frequency—now full and bounding, as high as 120, and then small and feeble, as low as 48, with extreme pallor and faintness; the face becoming suffused with cold perspiration, the recumbent position had to be at once assumed. This faintness would happen several times during the day. The bowels were at first relieved from twelve to fifteen times in the twenty-four hours, sometimes oftener, and always attended with great pain and straining. Now and again blood was intermixed with the evacuations, but never in any great quantity. No solid faecal matter had passed during the last three months. The sphincter power of the bowel had been lost for more than three weeks, the motions passing involuntarily both by day and night. The child had continued and urgent thirst, but no appetite; no pain except during and immediately preceding an attempt at defecation. There was an ovoid fulness in the left iliac region, having a doughy feel, and painful when manipulated, simulating pelvic cellulitis.

The little patient being placed on the couch on her left side, the perineum was seen to be fully distended, much in the same way as by a descending head. The rectal orifice was dilated as large as a shilling, having a thin sharp margin or rim. Pressing upon this opening was a large condensed mass of faecal accumulation. Every now and then the peristaltic action of the bowel pressed down the accumulation, dilating the rectal orifice and stretching the perineum exactly in the manner of an ordinary labour, each contraction being accompanied with a discharge of mucus stained by its contact with the contents of the rectum. This phenomenon I had the opportunity of observing, and, to my mind, it completely explained the "involuntary" action of

the bowel, as well as the pain which "accompanied and immediately preceded an attempt at defecation."

In the after-part of the day I visited the patient at her lodgings in order to relieve her of her discomfort, if possible. The finger and injections were alike useless; the handle of an iron spoon was necessary to break down and remove the hard clay-like mass, which extended up to the "ovoid fulness in the left iliac region" before mentioned. The operation—a very unpleasant one to both parties immediately interested—occupied more than half an hour. After the bowel had been well washed out, a sedative was given to procure sleep, which had been greatly disturbed for several weeks. Castor oil was to be given early in the morning, and repeated if necessary.

May 7th, 5 P.M.—Slept well during the night. The bowels had been copiously relieved by the oil. Little or no thirst. Appetite better. In all respects greatly improved. The castor oil to be repeated every morning for the present; syrup of iron, quinine, and strychnia twice daily. A nutritious diet, but no stimulants.

10th.—Bowels well relieved twice daily. Sleeps without sedatives. Appetite good; no thirst; tongue clean and moist. Pulse regular and quiet, 94. The hacking cough has ceased. Has much improved in appearance; the old withered look having passed away. Having placed the patient in the lithotomy position, and separated the labia majora, it was observed that the triangular cushion of cellular tissue which constitutes the perineum had been completely removed, the recto-vaginal septum being reduced to a mere membrane; indeed, it had the appearance of a perineum which had been ruptured by labour, or other violence, down to the sphincter ani. There was no cicatrix; hence it may be supposed the cushion had been absorbed—the probable effect of continued pressure. I am specially careful to call attention to these facts, as they have a most important medico-legal interest. If this child had been the subject of violence, and I had been called upon to certify to her condition, it would have been most difficult to say that she had not been violated. In drawing the aunt's attention to these facts, I asked if the child had been kept under personal observation. She assured me that this had always been the case. Chester-square.

A FILTH-POLLUTED SOIL.

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(Concluded from p. 506.)

THE influence of the soil in the production of malarial fevers scarcely needs comment, and perhaps the subject hardly comes within the scope of this paper; for malarious districts are, as a rule, thinly populated, and when towns arise the soil is drained, and the evil influence wholly or partially removed. Nevertheless, we know, on the authority of Sydenham, that before the great fire of 1666 in London, when the streets of the city were mostly unpaved, and drainage was almost unknown, malaria raged as a plague. Kings and rulers were not exempt from its effects. James I. and Cromwell are numbered among its victims. It is interesting also to find that by persistent neglect of sanitary precautions a naturally non-malarious soil may become productive of the disease. In the Mauritius, for instance, in 1866, a severe epidemic of malarial fever occurred, although the disease as a local growth was before unknown in the island. There coincided, says Dr. Parkes, accumulated impurity of the soil, lower subsoil water, consequent increased access of air, and a heightened temperature. From these conditions, it must be confessed, we should rather have expected the disease to be typhoid fever, than one purely, and in the restricted sense of the term, malarial.

The influence of the soil in the production or propagation of yellow fever, overwhelmingly strong as the evidence appears to be in support of such a conclusion, cannot here be discussed in detail. It may be noted, however, that in the history of this disease in all parts of the