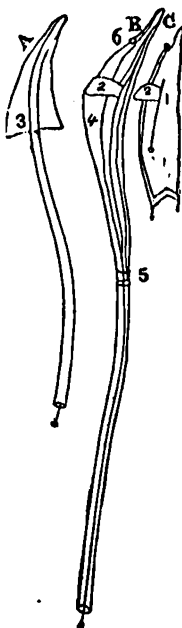


swallowing anything but liquids. The stricture was gradually increasing, and threatened death by apnoea or starvation. It could be reached by the point of the finger, and admitted the passage tightly of a common-sized bougie. The indications were to remove the stricture, which I attempted by the introduction into it of the bill of a curved (Physick's needle) forceps, and then by forcibly separating the handles to stretch and tear the stricture, which succeeded in some degree, with very little pain or hæmorrhage. I then dilated the stricture by frequent forcible introduction of an instrument A, made by wrapping the end of a common bougie, with a stout wire inside, with strips of cotton cloth covered by smooth leather and securely fastened on, and of a conical shape. This dilated the stricture enough to pass the end of the finger, by which I ascertained that the constricted part was three fourths of an inch wide, callous and firm. Not being satisfied with partial success, I improvised a rude but effective instrument for cutting the stricture, B. On a common bougie, with a stout wire inside to give it a curve and strength, I attached the blade, 2, of a spring lancet projecting through a piece of leather wrapped around and fastened to the bougie, and then, to guard the sound or non-constricted parts from injury by the lancet, I fastened a crooked steel spring at 6, and wrapped it loosely at 5 to let it slip when pressed on by the stricture standing at rest nearly level with the point of the lancet 2, but lying flat on the instrument C at 1, with the lancet freely exposed to cut when pressed on by the stricture. I then measured the distance from the upper front teeth to the stricture, tied a string around the instrument at same distance, and passed the lancet through the stricture, but not deeply. It gave little or no pain, and there was only slight hæmorrhage. After this I used the dilator A rapidly, because its introduction interfered with respiration, and with some force repeatedly. The opening is now from three fourths of an inch to an inch in diameter, admitting the easy introduction of a large stomach-tube.



The patient professes great relief, and says he can now breathe as easily as he ever did in his life, and can swallow solid food—bread, meat, &c., *ad libitum*. In addition, I advised the patient to use the dilator every day himself, to take iodide of potassium in a decoction of sarsaparilla, and to apply daily to the stricture, by means of a small sponge-probang, one grain of extract of belladonna and a portion of tincture of iodine, alternately.

From being greatly afflicted and constantly growing worse for two or three years, the patient is now hopeful of recovery. He is certainly comfortable when compared with his previous condition of torture and despair.

He had been advised to go to some city for surgical aid, upon the ground that there were no surgeons in the country competent to undertake his case.

VIGILANCE TREATED WITH CHLORAL.

By D. F. LINCOLN, M.D., Boston.

A LADY, æt. 40, suffering from nervous prostration, the result of over-fatigue and anxiety. Sleeps only two or three hours, toward morning. Says she went a whole week without sleep, except an hour one night. Opium is said to produce obstinate wakefulness; valerian to have no effect. No perceptible effect was obtained from the use, on different nights, of tinct. lupulinæ ʒij., ext. cannabis (Squibb's) gr. i., ext. hyoscyamin (Allen's) gr. iij., gr. vi. and gr. xii. Finally, a scruple of hydrate of chloral (Markoe's) was given, and the patient slept seven hours; and on the next night enjoyed a tolerable amount of sleep without taking any medicine whatever. As uneasy feelings in the head seemed to follow the use of this agent, the dose was reduced to fifteen grains, and the latter quantity has now been taken on eight evenings, invariably giving a full night's rest of seven or eight hours, and leaving no perceptible unpleasant results of any sort. The relief is immense, and the effect upon the general health is very beneficial, as might be supposed.

PERITONITIS AND ULCERATION OF GALL-BLADDER, FOLLOWING A KICK.

By N. L. FOLSON, M.D., Portsmouth, N. H.

W. F., of this town, a boy 12 years old, perfectly healthy, was kicked by a man on the 12th of June, 1869, and died on the

25th of the same month. The kick on his right side left a mark an inch in diameter on the upper edge of the ilium and an inch above. That mark and surroundings became black and blue, and remained so to his death. After getting away from the man, he laid down under or beside a fence, in great pain for a quarter of an hour, and then went home, an eighth of a mile.

He was restless that night, and had profuse diarrhoea the next morning, with a distressing bearing down at the time of the operations. [This diarrhoea continued, more or less, during his life.] He attended church the next morning, and went to school most of the time. He also played hoop, ball, jumped from fences, wheeled a wheelbarrow with fifty pounds of bone in it, and run and played in various ways with other boys. He complained but little of pain in his side, but laid around the stove and in the sun often; he acted somewhat dumpish a part of the time, looked pale, ate little, and would take no warm drinks as he used to do, but wanted cold water.

On the 25th of June, at ten o'clock in the morning, he had trembling and distress; in a few hours he had vomiting and spasms, which continued from time to time until he died, about twelve o'clock the following night.

The physicians who made the *post-mortem* examination, next day, said there was discoloration of the surface of chest, abdomen and side to a considerable extent; also, that there was a rupture of the gall-bladder and effusion of bile into the cavity of the abdomen; considerable peritonitis; inflammation and softening of the mucous membrane of the stomach.

The man who inflicted the injury was tried for manslaughter, and the jury disagreed. Three were for manslaughter, and nine for assault.

Did the kick kill the boy? Did it rupture the gall-bladder?

No physician attended him during his sickness.

HORNY TUMOR OF THE EAR.

By J. P. WHITTEMORE, M.D., Haverhill, Mass.

I NOTICED in a former number of your JOURNAL an account of a horn growing upon the eyelid, and the reading of it brought to recollection a circumstance of similar nature which occurred to a townsman and patient of mine, some fifteen or twenty years since, while practising in the town of Chester, N. H. It was this. Mr. B. was a contrac-

tor and builder upon the Ogdensburg railroad at the time of the accident, and previous to my acquaintance with him; and being one day uncomfortably near some of his men who were blasting rocks, a small fragment struck him from the rear and perforated the cartilage of the right ear about three eighths of an inch from the rim near the top. The hæmorrhage, he states, was very profuse and continuous; but the wound soon healed, and the occurrence passed into forgetfulness, until about six months after, when he discovered a hardened excrescence rising upon the rim of the ear, just above the wound. This continued to grow until it attained a length of nearly half an inch and a diameter of about one fourth of an inch, when its size caused it to be troublesome and often much in the way, occasioning tenderness of the soft tissue at its base. About one year, I think, from the time of the accident, I removed the horn by carefully separating the soft from the hardened tissues; when again I had free hæmorrhage from a small artery which seemed to have become the source of supply to the horn. Upon examining the growth, it was found to consist of regular layers or laminæ, which resembled in every particular the horns of the lower animals, and had it been removed from such it would have excited no unusual curiosity.

Selected Papers.

SPINA BIFIDA. OPERATION AND REMARKS.

By B. ROEMER, M.D., Kanawha Saline, W. Va.

I was called in the night of July 20, 1869, to visit Mr. James H——, an operative at one of the salt furnaces in this valley. Found him suffering under cholera morbus consequent on the use of strongly acidulated beer, of which he had partaken at dinner. His wife, having gone nearly to her full term of gestation, was taken in labor a few hours before I arrived, "the waters having broken" suddenly, while endeavoring to wait upon her husband. Satisfying myself of the vertex position of the child's head, I left her in charge of a midwife and gave my attention to the more urgent case. Delivery took place about four hours after the first rupture of the membranes, by which time Mr. H. was sufficiently relieved to allow me to inspect the female infant, at the request of the woman who had taken charge