

passed for sixteen hours, and then only about half a pint, of similar character to that of the previous day. The child was given mercury with chalk (four grains) every four hours, as no motion had been passed for twenty-four hours; a solid motion of normal appearance resulted. She now lay apathetic, scarcely conscious, the body surface being cold. The pulse was 110, respiration 30, and the temperature 98°. On the 9th the bowels acted four times, each motion being small in amount and of normal appearance, but not offensive. The child was said to cry out and start in her sleep. On Aug. 10th there were six motions, semi-solid; about half a pint of urine was passed during the day, being lithatic and albuminous. There were inspiratory moist râles, with impairment of the percussion note and breath sounds at both bases. The liver formed quite a prominence in the upper half of the abdomen and was tender. The pulse was 140, very feeble. On Aug. 11th the child died; no necropsy was obtained. The case was attended in conjunction with my partner, Mr. A. E. Garrett.

Anæmia in slighter and more chronic forms is not uncommonly met with as a result of constant inhalation of vitiated air; the marked feature of this case was the profound degree of the anæmia. To cardiac failure from this cause I attributed the enlarged and tender liver, the congestion of the bases of the lungs, and the albuminuria and diminished secretion of urine.

Church-road, Rickmansworth.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

BONNET-PIN IN THE MALE URETHRA.

BY J. H. SIMPSON, M.D. ABERD.,
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MEDICAL OFFICER TO RUGBY HOSPITAL.

A MAN forty-five years of age was admitted into Rugby Hospital suffering from intense pain in his penis, which on examination was found to be erect; externally there could be felt a hard pin-like body running down the whole length of the urethra. He stated that he usually smoked in bed before getting up and kept by his side a bonnet-pin to clean out his pipe with, pushing it into the mattress at night, and that on getting up suddenly that morning the pin had run into his penis. He also said that he had tried to extract the pin by drawing back the penis over it, and had failed. I inserted into the urethra a fine pair of forceps, but could only grasp the shaft of the pin, as, in his attempts at extraction, the point had pierced the wall of the urethra and could be felt externally near the frenum. As I could not by pushing the pin further back free the point I forced it through to the outside of the penis, drew it out up to the head, then turned it backwards and pushed the head through the meatus, and so extracted the whole pin. Beyond a little soreness on micturition for a day or two no further trouble ensued.

Although I closely questioned the man he persisted in his statement as to the cause of the accident. The pin measured five inches in length, and the head, which was inserted first, measured nearly a quarter of an inch in diameter. The head appears in the illustration as a ring, but was really the ordinary solid circular glass bead.

Rugby.

ARREST IN DEVELOPMENT OF THE FŒTUS (EXOMPHALISMUS) COMPLICATING LABOUR.

BY H. M. MACGILL, M.B., C.M. EDIN.

I WAS recently called to attend a married woman. On my arrival I found that the patient had been in labour for a short time, and that half an hour previously the midwife had discovered intestines protruding from the vagina. On examination I found that the whole vagina was filled with coils of small intestine, which evidently were connected with the fœtus and were not maternal. I was unable to feel any other presenting part. On getting my hand into the uterus I encountered a solid substance (which subsequently turned out to be the foetal liver), and on pulling slightly on this a leg came within reach, and I was then able with some difficulty to complete delivery. The placenta was larger than usual. On examining the fœtus—which was stillborn—the following was noticeable. The left leg was altogether absent except for a minute tubercle close to the anus. The left innominate bone was also absent, as was the left half of the abdominal wall from Poupart's ligament to the diaphragm, thus allowing a free escape to the abdominal viscera. Above the diaphragm the child was perfectly formed and appeared to be at full term. The umbilical cord was inserted at its normal position at the free edge of the incomplete abdominal wall. The genitals appeared to be abnormal, but require further dissection. The patient is a primipara aged thirty and had been four years married, with a doubtful history of a miscarriage.

York-road, West Hartlepool.

CASE OF BELL'S FACIAL PARALYSIS IN AN INFANT.

BY R. CLARK WAKEFIELD, M.D. BRUX., F.R.C.S. EDIN.

AN infant fourteen months of age was brought to me, his mother stating that he had been fretful and feverish on the previous day. He had two upper and two lower incisor teeth. When he cried his left eye remained widely open, his mouth being drawn to the right side; his left cheek was motionless and all expression was lost on that side of the face. For a week after the onset his left eyelid remained open when asleep; after that time he almost closed it when sleeping. His temperature was normal throughout the attack. He had no discharge from the left ear, and he apparently heard well, for he distinctly noticed a watch when it was held near the ear of the affected side. From the first appearance of the facial paralysis he could use his left arm and hand well, also his leg. I have been induced to send this short note on account, I believe, of the rarity of Bell's paralysis in a child so young without any apparent cause, there being no history of injury, total absence of any ear trouble, no infantile paralysis, no syphilitic history, or any cause except the attack of one day's illness, probably arising from a slight cold. Under the interrupted current for a few minutes daily the face became almost well; the eyelid, however, does not quite close when he cries.

Lancaster-road, 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 comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

RUPTURE OF THE VAS DEFERENS; CASTRATION; REMARKS.

(Under the care of Mr. ALBERT CARLESS.)

THE statement with which the article by Mr. Birkett on Rupture of the Vas Deferens in "Holmes's System of Surgery" opens is as true to-day as it was when written: "Injuries of the excretory duct of the testis, or vas deferens, are not noticed by surgical authors." With the exception