

body. I at last caught, however, in the hollow of the sacrum, with the edge of *my* nail what I took to be *an* edge of a nail. I said: "There is a nail here." "Yes," answered the sufferer; "I drove a nail into one end of the plug so as to be better able to pull it out!" By dint of a little manipulation I managed to hook down this nail, and then, using my finger and thumb, drew out the formidable affair. The length of the "plug" from the head of the nail was 7 in.—i. e., 5 in. of wood and 2 in. of nail. The circumference measured 5 in. in the middle, and $4\frac{1}{2}$ in. at each end. The nail belongs to the class "tenpenny," and would measure before its insertion into the wood $3\frac{1}{2}$ inches.

My patient began to mend almost from the very instant after I had relieved him of his "plug." He was vastly improved the next day; and out the next day but one, and was at work as if nothing whatever had been wrong with him.

Is it not astonishing what nature will endure? Just fancy this man wearing for eight days in his rectum a tenpenny nail and a five-inch plug! That the mucous membrane of the intestine should have so long resisted the pressure of the nail—resting as it did in the second portion of the rectum—and of the wood, appears to me most marvellous.

Chesterfield, Jan. 1868.

UNUSUAL QUANTITY OF FLUID IN ASCITES.

By CHAS. WEBB ILIFFE, M.R.C.S., L.R.C.P.

THE following case of paracentesis abdominis may be interesting to the profession from the large quantity of fluid contained in the peritoneal sac:—

Mrs. G—, aged fifty-one, widow, mother of six children, consulted me in October last respecting her case—ascites. Her gait and general figure on entering the room resembled much that of the man who carries the big drum in a brass band: the protuberance in front was something enormous. About six years ago she first perceived some enlargement of the abdomen, which has gradually increased in size. Until within the last six months she has experienced little inconvenience or constitutional disturbance, but has latterly complained of dyspnoea and inability to retain food on the stomach, and is evidently suffering from emaciation.

After a careful examination, and finding the case one of pure ascites, I determined to operate, and did so on Nov. 5th, when I drew off the immense quantity of forty imperial quarts of fluid. There was no syncope during the operation; she recovered with scarcely a bad symptom, and ten days afterwards was able to walk about, being steadied by assistants. Of course all the dyspnoea, sickness, &c., has disappeared. I may here mention that after the evacuation of the fluid the ensiform cartilage and the cartilages of the false ribs were found to be forced outwards and upwards, the ensiform cartilage presenting a peculiar hooked appearance.

I have ordered an apparatus to be made something similar to swimmers' drawers, extending as high as the fourth rib, to be padded, and to lace up in front, that the loose integuments may be supported and gentle pressure maintained.

Wednesbury, Staffordshire, Feb. 1868.

ON

A CASE OF RUPTURED IRIS.

By THOMAS JOYCE, M.D. EDIN.

LUCY A—, aged three years and a half, was brought to me on the evening of the 24th of December, her father stating she had been struck on the eye by a spent shot an hour before. I found a small contused wound in the centre and at the extreme edge of the upper lid, the whole lid tumid, and the conjunctiva much injected. A cold compress was applied, and the child sent home.

On examining the eye next day, I noticed a marked flattening of the upper segment of the pupil; and, on elevating the lid, a rent of the iris from its attachment came into view. The rent was about a line and a half in length; the edge of the torn iris sharply defined and jagged; contraction of the

iris widened the aperture; extreme dilatation rendered it invisible. The cornea was uninjured. A small coagulum of blood lay in the anterior chamber, and slight conjunctivitis existed.

The treatment consisted in keeping a cold compress over the eye, obtaining constant dilatation of the iris by the atropine solution, so that the torn edges might approximate each other, and a calomel powder at bedtime. At the end of a week the coagulum had become quite absorbed, the conjunctiva was clear, the pupil still remained flattened, and the rent in the iris was unaltered. Vision was in no way interfered with.

The Parsonage, Rolvenden, Feb. 1868.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY

IN THE
HOSPITALS OF LONDON.

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.

A CASE OF ULCERATED STUMP AFTER AMPUTATION.

(Under the care of Sir WM. FERGUSSON.)

AMONG the operations which we witnessed at King's College Hospital on Saturday last (March 7th) was one which Sir William Fergusson followed up by some interesting remarks that deserve to be recorded. The patient was an elderly man whose foot was amputated four years since, on account, it is believed, of frost-bite. The amputation was either at, or immediately above, the ankle-joint. If Syme's operation was the one performed, the flap from the sole must have sloughed away, for the stump presented at its extremity a large ulcerated surface. The limb had been useless to the patient ever since the operation. He had never been able to bear the pressure of an artificial extremity.

Sir William made a couple of flaps, and removed about two inches of the bones. He remarked that of late it seemed to him that such instances of imperfect stump had been becoming more common than they were, say, fifteen years ago. In the days of the circular amputations they were very common; but when it became usual to amputate by flaps one very rarely, in comparison, met with these inconvenient results. In the course of the past year he had seen seven or eight of such cases at the hospital, one of them being a case of his own. The circumstance seemed to him to indicate an important point of inquiry as to the ultimate results of those operations which the late Mr. Teale of Leeds and Mr. Carden of Worcester had especially advocated of late years, and of which he (Sir William) had had numerous cases: he referred to the formation of skin flaps. Formerly it was thought that we could scarcely leave too much or too solid tissue for the making of a flap. The idea was to leave a soft cushion in which to envelope the end of the bone. To be sure he did remember once seeing a case in which this principle was clearly overdone. The surgeon, amputating a leg a few inches below the knee, made his posterior flap of the whole calf down to the tendo Achillis. The result was, that so impracticable and unwieldy was this that a second operation had to be performed for the trimming of the stump. The modern idea was to have the flaps of skin and tendon only. There could be no question, he thought, that great immediate advantage was thus gained. We thereby avoid, to a large extent, those extensive collections of matter running up among the muscles which were formerly very apt to occur. There was little or nothing left in which inflammatory action could be set up, and so a very satisfactory result was at once obtained. We had yet, however, to see—and he (Sir William) did not say that it would be found to be so—whether with these skin flaps there was a greater danger of such a result as that which had just been observed than formerly obtained. In the present instance he thought the ori-