

## VI.

REMARKS IN RELATION TO THE USE  
OF THE TROCAR IN PARACENTESIS  
ABDOMINIS.

By JABEZ W. HEUSTIS, M.D., of  
Alabama.

WHOEVER has performed the operation of paracentesis of the abdomen with the trocar in ordinary use, must be aware of the degree of difficulty attending it. The operation is simple and unimportant itself, but when the trocar is pushed against the parietes of the abdomen, considerable force is required to make it enter. This comes partly from the abrupt bluntness of the trocar, but principally from the resistance exerted by the canula; the surrounding parts closing upon and embracing the perforator, and thus refusing admission to the instrument without the use of considerable force. Having uniformly experienced these difficulties in the use of the trocar, of which I have used those of the best construction, I have, for a considerable time, laid this instrument entirely aside in all cases of ascites requiring puncturing. As a substitute, I make use of the common thumb lancet; in the distended state of the abdomen this is introduced without the least difficulty, and, contrary to what happens with the trocar, causes little or no pain. For a canula, to conduct the water, I make use of a quill cut off at both ends. A silver canula, with one end closed, and a small opening on each side, would be more elegant, but not having an instrument of this description, I have found the quill answer every purpose. The superior advantage and facility of this mode of operating, need only

to be tried to be fully appreciated. I claim but little merit in the plan here prescribed, presuming that others may have previously adopted the same,—being a practice that would obviously suggest itself to every one who has had any share of experience in paracentesis abdominis.

*New York Med. Journ.*

## VII.

## CASE IN WHICH A NAIL WAS SWALLOWED BY A CHILD SIX YEARS OLD.

By J. W. HEUSTIS, M.D., of Alabama.

ON the ninth of November, I was sent for in haste to visit a child six years of age, who, I was told, had swallowed a shingle nail. On my arrival, I found the child apparently well, complaining of no pain or uneasiness, though I learned that his throat had been considerably scratched by the passage of the nail, which was rusty, and a little crooked at the point. I remained all night; but no unfavorable symptoms occurring, I did not think proper to exhibit any medicine with the view of producing the expulsion of the nail, concluding that the more quiet the stomach and bowels could be kept, the greater probability would there be of its passing off without producing any injury. No unpleasant symptoms took place for about a week, when, very early one morning, the child was suddenly seized with pain and great sickness of the stomach—and in the effort of vomiting he threw up the nail he had swallowed, which had undergone little or no change from its lodgment in the stomach. The danger to be apprehended was, that, by getting