FATAL RESULT FROM SWALLOWING A HALF-PENNY TO A BOY AGED TEN, SIX MONTHS AFTER THE ACCIDENT.

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MOST works on the practice of medicine are singularly barren of information on the subject of foreign bodies in the stomach; hence the notion is very prevalent that, when an obtuse body like a small coin finds its way into that viscus, it need give rise to little anxiety, as it is generally passed *per anum* without giving further trouble. It ought, however, to be borne in mind that fatal results do occasionally ensue from the presence of even small coins in the stomach; and that the practitioner should be upon his guard not to grant a clean bill of health until the foreign body has been extruded, nor to lessen his exertions towards attaining that object, however favourable the case may appear. Numerous cases have been recorded of children swallowing coins without producing much inconvenience; and I have got a case myself at present of a boy aged 9, who swallowed a penny on October 28th, 1878, which has never since given rise to the slightest inconvenience.

In Dr. Neale's *Medical Digest*, I find an excellent index to a great variety of foreign bodies which have found their way into the human stomach, and which have been recorded in different periodicals; the most common being buttons, nails, coins, pins and needles, stones and fruit-stones, pencil-case, bars of iron, brass buckle, spoons, knives and forks, portion of horse-shoe, dominoes, door-key, slugs, fish-bones, rosary with seven medals attached, false teeth, etc.; and, of all such substances swallowed, small coins appear to be regarded as the most harmless.

The following case, however, proves an exception to the rule, and may, on that account, be worth recording.

J. M. W., aged 10, a robust little boy, of healthy parents, accidentally swallowed a halfpenny while playing on January 9th, 1879. It stuck in the pharynx for a short time, but slipped down during his efforts to get it up again before I arrived, about half an hour after the accident. At first, he complained of pain at the pit of the stomach, a metallic taste in his mouth, with loss of appetite, and afterwards of pain on taking food, which now and then was rejected about an hour after his meals. He was immediately ordered to have a diet of porridge and milk, which was varied from time to time with bread and milk, rice, and suet-pudding, with occasional doses of castor-oil, which, however, failed to carry off the foreign body. On January 30th, all uncomfortable symptoms ceased, and he appeared to enjoy tolerably good health; his appetite returned, but it was observed that he was gradually losing flesh, and never regained his former vigour, though he had recovered so far as to be able to return to school, and to appear as if nothing were the matter with him.

On July 15th, however, I was hastily summoned at 8 A.M., as an alarming attack of vomiting of blood had come on without any warning. This hæmorrhage had evidently come from the stomach, as it was dark coloured and coagulated; and the absence of chest-symptoms and mæna left little doubt as to its source. The hæmatemesis was easily subdued by the internal administration of ice, gallic acid, aromatic sulphuric acid and ergot, the diet being restricted to occasional tablespoonfuls of nearly equal parts of milk and lime-water.

On the morning of the 16th, at the same hour, the hæmorrhage recurred; and, as it was now evident that complete rest for the stomach was indispensable, all fluid and solid nourishment by the stomach was prohibited, and the strength supported by nutritive enemata, ice only being allowed by the mouth. During this time, the pulse continued quick and thready, 104 beats per minute, falling to 88 in the afternoons; but the temperature remained normal, and, singularly enough, no pain or uneasiness was complained of anywhere, except slight restlessness a few minutes before each hæmorrhagic attack.

He was treated in this manner up to the morning of the 22nd, with the exception of very small quantities of ice and milk. On that date, he was allowed a little gruel in addition, as he was to all appearance making rapid progress, and spoke quite cheerfully, complaining of no pain or uneasiness, but feeling very hungry. At five o'clock on the evening of the same day, while drinking a small quantity of milk out of a cup, his hand suddenly became unsteady. He remarked that he felt queer, and shortly afterwards fell back pale and pulseless, and died in a few minutes of syncope from internal hæmorrhage, the fatal termination having been preceded by a few convulsive twitches.

Unfortunately, a *post mortem* examination could not be obtained. Consequently there is no certainty as to the exact pathological changes which took place; but, reasoning from the history and symptoms of the case during life, and the mode of death, I am inclined to believe that

the coin never left the stomach; that its continuous presence and pressure in the folds of the mucous membrane caused softening and ulceration; and that death took place before complete perforation had been accomplished.

Now, as regards treatment, it must be admitted that our best efforts must be more or less of an expectant nature. I would entirely deprecate the use of emetics. In this case, free emesis took place without dislodging the foreign body. At the same time, in similar cases, I would be inclined, if ever I should happen to have another, to continue the soft diet for a prolonged period, placing the patient in a prone position for a couple of hours after each meal, for the purpose of causing the foreign body to gravitate towards the pyloric orifice of the stomach, with a gentle inclination towards the right side; and, when hæmorrhage occurred, as in this case, not to permit any food, fluid or solid, by the mouth, but to support life entirely by nutritive enemata.

MEDICO-LEGAL MEMORANDA.

FATAL RUPTURE OF COLON, WITHOUT EXTERNAL BRUISE.

THE following notes of a case may render it interesting, medico-legally, by showing that rupture of the intestine, as a result of external violence, may occur and prove fatal, without being accompanied by any outward evidence of injury.

W. S., aged 32, was, about 4 P.M. on April 24th, kicked by a horse on the left side of the abdomen, the force of the blow being such as to throw him three or four yards from the spot on which he stood. After several hours of waiting, he was conveyed, a distance of over ten miles, by railway, and afterwards walked nearly a mile to the local hospital, whence, temporary treatment having been administered, he painfully dragged himself (with the assistance of his brother) a further distance of two miles to the Union Infirmary, where, on his arrival at 2.30 A.M. on the 25th, he received every attention from a skilled nurse. Perfectly sensible, complaining but little of pain, and being almost free from vomiting, he gradually sank at 9.45 A.M., nearly eighteen hours after the receipt of his injury. When seen by me at 11.45 A.M., the body showed cadaveric lividity at the back of the neck; but over the chest and abdomen there was not the slightest appearance of discoloration.

On the 26th, at 4 P.M., the face was much swollen and discoloured, bloody fluid oozing freely from mouth and nostrils. The abdomen was much distended, and there was discoloration from the neck to the fusiform cartilage.

On the 28th, at 1.15 P.M. (seventy-five hours and a half after death), a *post mortem* examination was made. With the exception of the presence of an ounce of sanguineous fluid in the pericardium, nothing abnormal was observed in the chest. The stomach was much distended by gas. The liver, spleen, kidneys, and bladder were normal in appearance. A rupture, about the size of a florin, was found on the posterior aspect of the descending colon, about one and a half inches above the sigmoid flexure. There was observed in the peritoneal cavity (left) a small quantity of uncoagulated dark blood, and as slightly rejected from the colon and omentum. With the exception of the jejunum, in which there were several small lumps of food, the intestinal canal was devoid of contents more solid than flatus.

Comment upon this case is unnecessary, beyond what has been made by Mr. Tompsett upon a somewhat similar case recorded by him in the *JOURNAL* of October 4th.

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KICK FROM A HORSE: RUPTURE OF THE SMALL INTESTINE, WITHOUT MARKS OF EXTERNAL INJURY.

On Saturday last (April 19th), I was hurriedly called to go to a stable and see a man who had been kicked by a horse. The history was that the man had been engaged in shoeing the animal, and that the brute—alive evidently to the fact of its being subject to somewhat coarser treatment than usual, on account of the man's being partially intoxicated—showed resistance, and flung out its hind legs, both of which, according to the statement of a companion, struck him on the abdomen.

I found, on arrival, the man lying on his right side on some sacks placed on the ground, under the influence of shock, with a pale and anxious face; his thighs were flexed on the abdomen. He complained of severe pain in the abdomen, mostly on the left side, and had vomited twice, once before and once after my arrival. Suspecting the possibility of rupture of the bladder, which at that time I ascertained to be requiring depletion, I asked the patient to micturate, which he did