the sixth day of the outbreak, the fluid in the vesicles was evidently drying up, and the whole eruption just beginning to subside.

CASE XVII. *Hydroa in association with Erythema Nodosum in a Child: Eruption chiefly on Lower Extremities.*—Patrick Haffenie, aged 4, was brought as an out-patient to the Hospital for Diseases of the Skin, Blackfriars, July 17, 1870. On the front of each shin was a patch of redness of skin, with slight cedema and very painful to the touch, exactly resembling patches of erythema nodosum. Scattered over the legs and thighs were numerous papules, and papules with more or less vesication on the surface. Each spot was quite distinct from its neighbour, and there was no tendency for any to coalesce. The spots were much fewer on the backs of the legs and thighs than in front. There were no papules, etc., on the hands, but there was one group on the back of the right fore-arm, below the elbow, resembling the so-called "herpes iris." There was one vesicle on the side of the back. There was no eruption to be seen on the fauces, but his mother said that his throat had been sore. The eruption began the week previously. He had been noticed to be rather ill and fretful before it came out, and he seemed decidedly ill and feverish when seen, and he had lost his appetite. One week later (July 26) the rash had quite disappeared, his appetite had returned, but he still looked pale. He had simply been ordered a little alkaline medicine.

FOREIGN BODY IN NASAL CAVITY: REMOVAL AND SUBSEQUENT RHINOPLASTY.*

By J. H. BARTLET, M.D.,
Surgeon to the East Suffolk Hospital.

HENRY GOODMAN, aged 29, sailor, living at Chelmondeston, was admitted into the East Suffolk Hospital on January 5th, 1864. He was shooting on the river Orwell, when his gun burst and smashed in a portion of the frontal bone; and a large piece of the gun-barrel lodged in the frontal sinus between the orbits. He was then attended by Mr. Bullen, who extracted two pieces of metal weighing five ounces. For some days his life was despaired of; but at the end of five weeks his health so much improved that he was able to leave his bed. During the seventeen weeks that he was in the hospital, seven pieces of bone came out of his head.

He left the hospital on May 3rd, 1864; but he was unable to commence work until December. From that date he continued to work with a handkerchief over the opening between the orbits until December 8th, 1869, when he was readmitted to the hospital for the purpose of having the remaining portion of dead bone removed. On admission, the supposed dead bone could be felt, quite movable, both through the opening between the orbits and through the nostril. There was a small quantity of purulent discharge from the nostril, which kept up constant irritation. The sight of the left eye was quite destroyed by the accident. Through the frontal opening, which was about one inch in diameter, the substance was easily grasped by a pair of forceps; but all attempts at removal failed. It was decided, upon consultation with my colleagues, to attempt to crush the substance, which, to the astonishment of all, we found, upon drilling, to be a piece of iron.

On January 10th, 1870, chloroform was administered, and the opening between the orbits was enlarged; but, it being found that the foreign body could not be extracted, a V-shaped portion of the nasal bone was sawn through, and the opening still further enlarged by bone-forceps. The substance was then grasped by a pair of very strong forceps, and was extracted. It proved to be the breech and screw of a large duck-gun, and which weighed three ounces and six grains. The man went on well after the operation, and was discharged.

On April 13th, 1870, he was readmitted in order to have the opening in the nose closed by a rhinoplastic operation. His general health had much improved since he left the hospital.

On April 16th, the shape of the flap was marked out upon the forehead with tincture of iodine, in an oblique direction, to avoid twisting the neck of the flap. Chloroform was administered; a thick flap was dissected from the forehead, and secured to the pared edges of the opening by half a dozen sutures; the edges of the wound on the forehead were brought together by two hare-lip pins; and the whole was dressed with lint covered with cotton-wool slightly carbolised. The room was kept at an even temperature night and day. The patient was supplied with beef-tea, brandy, eggs, sherry, etc. On the sixth day, the pins were removed from the forehead; and the wound had healed by first intention. Some of the sutures were removed from the flap, which was warm, healthy, and uniting. From this time all went on well, with the excep-

tion of one side, which soon healed, after having been touched with a hot probe. The patient was discharged from the hospital with the aperture completely closed. He is now in better health than he had been for the six years since the accident.

CLINICAL MEMORANDA.

FRACTURE OF THE SKULL: TREPHINING: RAPID RECOVERY.

WM. H. CLAYTON, aged 8, a factory operative, in passing through a passage in a mill on July 11th, 1870, climbed up a ladder and put his arm around a shaft (as if to ride on it) which revolved rapidly at about eight feet from the ground and three from the ceiling. He was quickly spun round it, and must have described two revolutions at least, when he was dashed with great force against the flags beneath. When I saw him, about twenty minutes after the accident, he was completely insensible, bleeding from the nose, and the right side of his body was violently convulsed. The pupils were dilated. The surface of the body was cold and beginning to assume a livid appearance, but presented no wound. On examination of the head, I found a fracture (without any wound of the scalp) in the left side, running through the parietal bone and extending forwards as far as the root of the nasal bone; how far backwards I could not exactly trace, but the superior middle portion of the parietal bone, through which the fracture ran, gave a sensation as of a depressed spot; and, on pressing this with the fingers, the convulsions were very much increased. I shaved the affected side of the head, and raised a V-shaped flap of the scalp directly over the point of depression. The bone was not at all depressed, although convulsions still presented themselves on pressure. I proceeded to trephine; and when the bone was removed I replaced the flap, fixed it with a few interrupted points of silk suture, and applied cold water dressing. I left with orders to be informed if any change occurred before the time appointed for my return. Four hours afterwards, I found him sleeping, but uneasily. The convulsions had ceased a quarter of an hour after the operation. The pupils were less dilated. He spent a restless night, and was still unconscious next morning. He passed a quiet day, sleeping most of the time. After this, he gradually improved, and on July 16th was allowed to get up at his own request. From this day he continued to improve so rapidly, that on the 21st he wished very much to walk a distance of five or six miles. To this I would not consent. In about three weeks, he resumed his work in the mill, and has continued at it, in good and unimpaired health, up to the present date, October 16th.

REMARKS.—This case is remarkable for the positive symptoms of compression pointing decidedly to a certain spot, where, on laying bare the bone, no depression of it was found, either in the external table or in the internal table after trephining, nor was there any extravasation of blood beneath it to account for such symptoms. That the boy might have recovered without the operation, I am led to think, from the appearances presented by the parts operated on. But what surgeon would not be induced to operate under such circumstances on a patient almost moribund, with a view to relieve symptoms so significantly pronounced?

CHARLES W. THORP, Todmorden.

FORMATION OF UREA IN THE LIVER.—Dr. Cyon of St. Petersburg has published in the *Centralblatt für Medizin. Wissenschaft* an account of some researches made by him, from which he infers that urea is formed in the liver. Blood withdrawn from the carotid arteries of dogs was rapidly defibrinated; part of it was placed in an apparatus arranged for propelling it through the liver by mechanical pressure. Three cannulae were introduced, one into the inferior vena cava, a second into the hepatic vein, and a third into the portal vein. The first of these was connected with an aspirator consisting of two cylinders partly filled with mercury; the other two were connected with the vessels containing blood. The blood was now allowed to flow through the liver; and, after it had flowed through the organ several times, the quantity of urea was determined by Liebig's method, and compared with that in the ordinary blood of the animal. The blood which had passed through the liver was found to contain the larger quantity of urea. In 100 cubic centimetres of blood sent twice through the liver of a moderate sized dog, there was 0.14 gramme of urea; in the same quantity of blood not so treated, the amount was 0.09 gramme. When the blood was sent through the liver four times, the amount of urea in 100 cubic centimetres was 0.176 gramme; that in a similar quantity of the ordinary blood of the animal being 0.08 gramme.—*Wiener Medizin. Wochenschr.*, October 29th, 1870.

* Read before the East Anglian Branch.