familiar to those whom I have the honour of addressing. I shall not, therefore, trespass longer upon the time of the Association; but shall be happy to reply to any question, or supply any further information which it may be in my power to afford.

A STEEL RING IMPACTED FOR 13½ YEARS IN THE NASO-PHARYNGEAL FOSSA OF A CHILD: DETECTION BY THE RHINOSCOPE, AND REMOVAL.

By WILLIAM HICKMAN, M.B., F.R.C.S.,
Surgeon to the Western General Dispensary.

THE following case is interesting, in connection with that related by Mr. Lowndes in the JOURNAL of September 7th, and as showing how long a foreign body may remain undetected without a very careful examination.

Caroline M., a delicate and intelligent looking girl in her sixteenth year, was brought to me at the Western General Dispensary in the autumn of 1866, supposed to be suffering from a polypus of the nose. She could not blow through the left nostril at all, and the mucous membranes of both appeared thickened and red, but no actual polypus could be discovered. On looking into the mouth the soft palate was seen to be much swollen, especially on the right side, and a small fistulous opening was apparent just above the origin of the uvula. A rhinoscopic examination was now made, and a wide, square-outlined, black object was at once seen in the naso-pharyngeal space above the soft palate, completely imbedded in the swollen mucous membrane which projected into the space from the walls around. To the probe this was found to be quite hard; the tip of the finger could only just reach it and push it slightly away or to one side. An ineffectual effort was made to push the foreign body down into the mouth by means of an instrument introduced through the nostrils, but on this failing, guided by the history of the case and the appearance of the foreign body, I made a hook with a long probe bent into three curves, and passed it up behind the palate; and after some time and considerable trouble, and with the assistance of the forefinger of the left hand I managed to pass the hook through the ring and bring this away on the probe. The ring was a wide steel one (completely blackened and rough from its lengthy sojourn), which had belonged to one of the old-fashioned long purses; it measured nearly three-fourths of an inch in diameter, and nearly half an inch in width.

The following history was obtained from the mother. Thirteen and a half years previously, when not quite two years old, the child was seized with a choking fit whilst at play, and ran to her mother endeavouring to attract attention to her throat; the mother thrust her finger into the child's mouth and felt distinctly the circular outline of a ring, but it immediately escaped from her touch and she could not bring it out, and, as the choking symptoms subsided, she concluded it must have been swallowed. It was never detected in the motions, however; and in the course of a week or two a brownish discharge took place from the nose, so the child was taken to a medical man, and afterwards to several others, but all assured the mother there was nothing lodged. From that time the child had been always ailing, and was with difficulty reared, a delicate strumous-looking girl. The discharge from the nose diminished and became colourless, but continued; the nose became quite impervious to air, so that the mouth was noticed to be always open; she became very deaf, lost the sense of smell, and was continually having attacks of sore-throat, and at last the breath became so offensive that she was not allowed to attend school, and could get no other children to associate with her. During all this time she was constantly being taken to different medical men, and was treated for sore-throat, ulcerated throat, enlarged tonsils, fissure of the palate, polypus of the nose, etc., etc.—the mother's account of the accident with the ring being made light of, until at last, as she said, she was almost ashamed to relate it. The child remained a month in one of the provincial infirmaries and had one of her tonsils excised; the other was also to have been removed, but that she was obliged to return to London with her parents.

Since the extraction of the ring she has improved in health in every way; the discharge has ceased, the breath is no longer offensive, the hearing and sense of smell are restored, and she has gained flesh and strength;

the swelling of the throat has gone down, so that the right arch of the palate is now much contracted (from loss of substance), and the uvula pushed over to one side; the small fistulous opening has become a large smooth hole close to the margin of the palate; the tonsils are still enlarged, but only sufficiently so to fill up the gap left in the soft palate during the act of deglutition. In a further examination of the posterior nares by the rhinoscope, in which Sir Duncan Gibb very kindly assisted me, we found that the back part of the vomer, and of the turbinated bones on each side, had been quite absorbed.

For some time afterwards, the girl was much annoyed by the constant regurgitation of fluids through the nose during the act of swallowing, but this was at last relieved by cutting through the border of the aperture in the soft palate, the hole being too large to be treated by the cautery, and the outer limiting tissue being too narrow to admit of any plastic operation.

CASE OF STAB: CHEST AND ABDOMEN PENETRATED: INTESTINE WOUNDED.

By W. MICHELL CLARKE, Esq.,
Surgeon to the Bristol General Hospital.

AT about midnight, on the 7th of October of last year, a quarrel arose between two men who were leaving a public-house in Bristol, the result of which was that one of them drew his knife upon the other, whose name was James White, and stabbed him in the right side of the chest and of the abdomen. He was taken to the General Hospital, and was received and attended to by the resident medical officers.

I saw him at about mid-day, at which time he was lying on his back, but breathing with great difficulty; his face looking oppressed and blue. He was a short, stout man, of general healthy appearance, and aged 32. The wound in the chest was rather more than an inch long, and had evidently been made by a sharp instrument; I was told that there had been considerable hæmorrhage from it, so much as to have led to the supposition that an intercostal artery had been struck, but the wound had been closed with lint, and the bleeding had ceased. The whole of the right side of the chest was unnaturally resonant. The abdominal wound was situated about midway between the umbilicus and the crest of the ilium; it was small, but evidently deep, and larger internally than externally; at the time of the man's admission, a small piece of intestine and of omentum protruded from it. When I saw him, the intestine had been returned, and the wound was closed by a single stitch of silver wire, and everything about it appeared to be quite satisfactory.

I was told that immediately upon the receipt of the first wound he had fainted; that he was sick at the time of his admission, and for some time afterwards; he had taken one grain of solid opium every four hours, and also ice, and the sickness had ceased, so that, at the time of my visit, he only appeared to be suffering from the difficulty of breathing, which was considerable. I directed that he should be removed from the general ward into a warm room; that he should be supported by a bed-chair; that he should be bled if the breathing became worse; and that he should have a mixture containing nitrate of potash, tincture of digitalis, and liquor ammoniæ acetatis.

On the day after his admission (Oct. 8th), his breathing had improved; but the right side of the chest remained unnaturally resonant; he had an anxious haggard look, was thirsty, and the tongue was dry. The pulse was 120. He had continued the opium, but not regularly, and his mixture, but had not been bled. The mixture was omitted, but an occasional dose of opium continued. His food consisted chiefly of gruel and arrowroot.

On the third day (Oct. 9th), his pulse had dropped to 98; his tongue was moist and clean, he looked less anxious, and appeared altogether to be doing well; but it was noted that there was a swelling of some firmness under the abdominal wound. His sickness had almost ceased, but he felt somewhat sick when the abdomen was pressed. He had taken no opium, but continued the ice.

On the 10th (fourth day) the pulse had again dropped, and was now only 84. The tongue was moist and clean, and the expression natural. The right side of the chest still remained morbidly resonant, and there was an absence of respiratory murmur; he had also a slight cough, but, with the exception of these symptoms, his condition seemed to be altogether favourable, and everything about the abdominal wound was perfectly quiet.

On the following day (Oct. 11th, fifth day), however, his condition had altogether changed, and from a state of apparent safety he had passed into one of imminent danger. The symptoms due to the abdominal wound now, and from this time, predominated, and gave great and important interest to his case. He had an anxious expression, and

his cheeks were sunken, especially under the eyes. The pulse had risen to 96; the tongue was becoming furred and red, and he was almost continuously sick. The abdomen was swollen, painful, tense, and tender. The bowels had not been moved since his admission. It was evident that some very serious mischief was taking place at the abdominal wound; and, having the opportunity, I had at once the advantage of a consultation with my colleagues, at which the principal question discussed was the propriety of opening up the wound in order to see what was the cause of the untoward symptoms, which certainly seemed to point to the probability of strangulation of the intestine. It was, however, thought that, as there had been no evacuation of the bowels since his admission, the symptoms might be due to that cause, and we agreed to give him ten grains of calomel, to be followed by a turpentine injection four hours afterwards should there be no action of the bowels; and we arranged to hold another consultation in the evening. At that time he appeared to be materially worse, was constantly sick, and looking almost in a state of collapse. No satisfactory result had ensued from the pill or the injection, and it was now judged best to explore the wound, which I proceeded to do.

Upon removing the stitch and opening the wound, a small piece of omentum at once appeared, and it was evident that this was nipped between the edges of the wound in the muscles. I now passed my finger into this somewhat tight aperture, and divided its edge freely, upon which there gushed from the wound, first a considerable quantity of matter, and then a very large quantity of the contents of the small intestine. Upon now introducing the finger further, it evidently went through a wound of the intestine into its cavity; and it also appeared that the intestine was dilated, and adherent by the edges of the wound to the abdominal wall. I cut off the piece of omentum which had been entangled in the wound, and applied two ligatures to its bleeding vessels. A linseed-meal poultice was applied to the right side of the abdomen; and he was directed to take beef-tea or arrow-root every two hours with sherry, if he should not rally as he ought.

On the following day (October 12th), I found that he had been almost continuously sick; he had been unable to take beef-tea, but had taken arrow-root and five ounces of sherry; his general condition appeared to be somewhat improved, but he was still extremely ill; there was a profuse discharge of intestinal contents from the wound. He was directed to take one grain of opium at once, and again at night; also to have five grains of quinine, with two ounces of mucilage and water, as an injection, every four hours. The linseed-meal poultice was continued.

During the night of this day, he was much worse; his pulse became very frequent and feeble; but no difference was made in the treatment, except to add sherry to the injections of quinine and mucilage.

At my visit on the next day (October 14th), he had rallied somewhat; the sickness had ceased; and the tension and tenderness of the abdomen had remarkably subsided. The same treatment was continued now for many days; and, as the condition was one of gradual improvement, I need not linger over the details. His progress was once interrupted by an attack of phlebitis of the right arm, which was caused by a scratch received in the quarrel; but, on the whole, he recovered very rapidly. The discharge continued for several weeks—at first profuse, but gradually diminishing as the wound healed. The ligatures came away from the omentum on October 22nd; and the wound was completely healed by November 14th. He left the hospital quite well on December 16th; but wearing a truss to prevent protrusion of the intestine.

I have not much comment to make upon this case. But for the rarity of such in civil practice, and but for the fact that an important point of treatment was involved, I should not have thought it worthy of notice. This point was the one that arose at our consultations when the man so strangely passed from a state that appeared quite satisfactory into one apparently hopeless. The course that was pursued was undoubtedly the right one, and saved the man's life; namely, a careful exploration of the wound. It led to the discovery that the intestine was wounded at the time of the injury. I can have no doubt that this was so; and that the wound in the intestine being deeper-seated than the small coil that was protruded, was concealed by it. Of course, if this wound had been detected at the time of the patient's admission, the house-surgeon would have kept the external wound open; and the serious symptoms that arose subsequently would probably have been prevented; but it is very easy to be wise when the whole course of events has been made clear, and I cannot even now think that, at the first treatment of the wound, any other course should have been adopted than that which was pursued. It is quite unnecessary for me to lay further stress upon the apt illustration that this case affords of the necessity for a careful exploratory operation in cases of this kind—a proceeding which can scarcely produce any injury, but which may lead, as in this instance, to very unexpected discoveries and very satisfactory results.

ABSTRACT OF A PAPER ON THE PHENOMENA OF LIFE AND MIND.*

By ROBERT DUNN, F.R.C.S. Eng.

MR. DUNN began by observing that Life and Mind are problems which belong to the same category, and that, in respect to their abstract essence or nature, they are alike inscrutable to us. We know nothing of Life apart from an organism, and we have no evidence of Mind independently of a brain and nervous system. A living organism is required for the display of the vital phenomena, and a brain and nervous system for the manifestations of Mind. Life, he said, had accordingly been defined as the collective expression for a series of phenomena which take place exclusively in bodies that are organised; and Mind, as the functional manifestations of the living brain. But, be it remembered, he added, that matter and the physical forces of external Nature, which underlie all vital phenomena, and the changing states of consciousness, which constitute our mental life, are equally inscrutable to us. Matter and Force are co-relatives and co-existent; nor can we conceive of the one, but only in association with, by, and through, the other. The correlations of the physical forces point to an unity of force; nay, lead us, as Mr. Grove thinks, to the belief, that "the fundamental conceptions of matter and motion will be found sufficient to explain physical phenomena." Motion, indeed, may be regarded as a kind of common ground, upon which Nature, Life, and Mind, may be said to meet. But still the phenomena of Life and Mind are so antagonistic to, that they are not to be identified or confounded with, nor can they be included under, mere physical phenomena. The fact, indeed, cannot be denied, that the agency of matter and physical forces is as essential to the manifestations of Life, as Life itself is to the display of intelligence. Still the vital and mental forces are not to be confounded with the physical; for the truly vital phenomena—the processes of formation, growth, and multiplication—occur in living beings only; whereas the development of light, heat, and electricity, whether they occur in living organisms or in inanimate matter, are purely physical phenomena. The living germinal matter of the organism is alone the seat of vital actions; and Life in its mysterious association with Matter is transmitted from one living organism to another. The vital part of the impregnated egg consists of living matter, and which results from the living matter of the beings which produced it. All attempts to give vitality by means of the physical forces to inanimate matter have been vain and futile. Not the slightest approach has been made towards the formation of anything having the properties of the lowest and simplest forms of living matter. Nay, every attempt, by synthesis, at the formation of albumen or fibrine, or even of starch or the cellulose of the very lowest vegetable organisms, has been unsuccessful. Every living particle comes from a previously existing living particle.

As to Mental Phenomena—Mr. Dunn, in considering the Phenomena of Mind, of which Consciousness is the exponent, began by remarking, *in limine*—from the first moment that the primordial cell of a human organism comes into being, and is launched upon the ocean of time and space, the entire individual is present—an organised entity exists, fitted for a human destiny; and, from the same moment, Matter, Life, and Mind, are never for an instant separated—their union constituting the essential mode of our present existence.

The Mind, like the Body, passes through its phases of development and growth. In the primordial cell are potentially contained the vital, nervous, and mental forces; for inherent in it are the powers of nutrition, development, and growth, under which, *in utero*, duly supplied with the nutrient pabulum, the bodily fabric is evolved and built up, in accordance with all the subsequent wants of the future man. Among others, the nervous system also, upon the vascular matter of the encephalic ganglia, of which the Mind is dependent for the manifestation of all its phenomena throughout the totality of Life. As soon as embryonic life is passed, the nascent consciousness becomes awakened. Our outer life begins with consciousness, and with consciousness it ends. This nascent consciousness, purely sensational at birth, emerges gradually, step by step, from self-consciousness to world-consciousness, and, through the ideational and emotional, up to its highest phase of intellectual development. Consciousness itself, as the exponent of Mind, is an ultimate fact in animal life, and implies mental existence. It is the universal condition of intelligence; for it is involved in every sensation which we experience, and in every mental act which we perform, in feeling, perceiving, thinking, and willing. It is one and indivisible. We can best

* Read in the Department of Anatomy and Physiology, at the meeting of the British Association in Dundee, September 1867.