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.,
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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.,
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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