These extended to the valve, beyond which only one or two pieces of tin foil were found.

At the inquest it appeared from the evidence of the deputy of the lodging house where he had resided off and on for three years, that he was in the habit of wagering to eat the plate his food was on, and then proceed to do so. He was also said to have eaten bottles and other articles. He was not known to have done so recently.

REMARKS.—The obstruction appeared to have been determined by the string and cotton becoming entangled around the corks, which were closely wedged together, and close to them eight of the nine copper coins were piled one upon another. The lower of the hooks attached to the piece of leather was entangled in this mass, while the hook at its opposite end had perforated the wall of the bowel, the intervening portion of intestine being drawn together and intussuscepted in the manner described above. It may be noted that the foreign bodies were found at the point where impaction usually occurs—namely, just above the ileo-cæcal valve—and that the large intestine was free, indicating, of course, that a foreign body was voided if it has passed the valve.

Among the many remarkable and almost incredible instances of large foreign bodies which have been swallowed, and have safely traversed the stomach and some portion of the intestine, may be mentioned two, preserved in the Museum of the Royal College of Surgeons. One of these is a dessert spoon 7 inches in length, its bowl measuring $1\frac{1}{2}$ inch across, which became fixed in the cæcum of a lunatic. No immediate ill-effects followed, but he ultimately died with ulceration of the cæcum and ascites. The other is a large earthenware egg cup, which was found impacted within the ileum of a man, aged 60, also of weak mind. For ten weeks before death he had suffered with what was regarded as dysentery, and was admitted to a workhouse for symptoms of obstruction. There was a large old inguinal hernia, which was almost completely reduced without relief to the symptoms. The man refused operation, and died. Two inches above the part of the intestines strangulated by the neck of the hernia was the egg cup with its broken stem projecting through the bowel.

One word, in conclusion, in regard to the use of cocaine anæsthesia for exploratory laparotomy in cases of intestinal obstruction in which the patient is *in extremis*. In the case above related anæsthesia was doubly contraindicated, either on account of the great embarrassment to the respiration which existed, and chloroform on account of the pulse. I have on several occasions observed that when ether is administered, even in cases in which no respiratory difficulty exists, after a short time the patient becomes cyanosed, cold, and not infrequently the engorged and weakened right side of the heart never recovers itself. The amount of cocaine necessary to render the abdominal parietes completely anæsthetic is exceedingly small. In this case about one-half to three-quarters of a grain only was required for the first incision. The patient when admitted was evidently suffering from intense toxæmia, and the operation was only undertaken as a forlorn hope. From the condition of the abdomen I suspect that the perforation had occurred four days previously, at the time he was attacked with the severe abdominal pain.

I am indebted to the House-Surgeon, Mr. L. Hill, for the notes of the necropsy.

AN ANALYSIS OF TWENTY-FOUR CASES OF ENTERIC FEVER IN CHILDREN.

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DURING the years 1892 and 1893 there have come under my notice twenty-four cases of enteric fever occurring in children under the age of 13 years. Of these cases, three terminated fatally; one from pyæmia, one from perforative peritonitis, and one from exhaustion.

Temperature.—In all cases there was elevation of temperature, but rarely as high as 104° F. There were no relapses.

A not uncommon occurrence, after the temperature had become normal, was a slight rise for a day or two on first adding semi-solid food to the diet, but this subsided, and was not accompanied by any further cause for anxiety.

Spleen.—Enlargement of the spleen, discoverable by palpation, occurred in 8 cases.

Rash.—Typical typhoid (rose) spots were seen in 15 cases.

Bowels.—(a) Constipated, 10; (b) typical stools (that is, corresponding to the typhoid “pea-soup” motion of the adult, in 3 cases only; (c) apparently normal, 3; (d) loose and offensive but not typical of anything, 8. Enemata had to be given during the acute stage in 7 cases, and during convalescence in 7 cases also.

Cause of Death.—The causes of death in the three cases mentioned above were as follows:

Pyæmia (girl, aged 13 years) secondary to acute necrosis of the terminal phalanx of a finger; the form of pyæmia being innumerable superficial abscesses.

Perforative Peritonitis (boy, aged 12).—Symptoms coming on one hour after the administration of a glycerine enema, the child dying forty-eight hours afterwards. The *post-mortem* examination showing a small perforation at the base of a typhoid ulcer 2 inches above the cæcum; general acute peritonitis; the gut much thinned for some distance from the perforation; 10 or 12 ounces of sero-purulent fluid in the general peritoneal cavity.

Exhaustion (girl, aged 8).—The temperature kept high—104° F.—for about a fortnight, in spite of the usual antipyrexial treatment. The *post-mortem* examination showed many typhoid ulcers of the lower part of the ileum; some healing, some extending to the peritoneal covering, and some commencing.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

A SIMPLE MEANS OF PREVENTING THE ENTRANCE OF BLOOD INTO THE TRACHEA DURING OPERATIONS ABOUT THE MOUTH.

IN the BRITISH MEDICAL JOURNAL of March 24th are recorded the deaths of two children from the entrance of blood into the trachea while they were under chloroform, for, in one case, an operation for harelip, and, in the other case, for the removal of adenoid growths from the pharynx. To guard against such accidents in future I am anxious to draw attention to a very simple means by which they can be prevented. For many years back in such operations I have adopted the simple expedient of placing the patient's head over the end of the operating table, letting it fall below the level of his body. By this means it is impossible for the blood to enter

the trachea; and such operations as those for cleft palate, harelip, removal of tongue, jaw, tonsils, etc., can be readily done without the least risk of any blood entering the air