case, sitting down on a workbag in hot weather was supposed to account for the presence of the ivory handle of a crochet needle in the bladder.

I believe that hunger and want were the remote causes of the accident in the last case. I know that she had been in the receipt of parish pay some time before, and that this was stopped because she had a son who was able, although unwilling, to support her. It is probable that, on the memorable Sunday, having somehow or other an opportunity to eat the giblets, she either found them unusually good, or was in great want of food, or perhaps had some other reason for making a very rapid meal; and thus she swallowed everything that came in her way. All the soft tissues had been digested from the bones in their passage through the alimentary canal, but the bones themselves had passed quietly through the valves, and along this tortuous course, without producing any irritation until they arrived at the outlet.

WORCESTER GENERAL INFIRMARY.

CASE OF MESENTERIC HERNIA.

Under the care of J. MALDEN, M.D.

[Reported by ERLIN CLARKE, M.B., House-Surgeon.]

THOMAS WILLIAMS, aged 46, was admitted into the Worcester Infirmary, August 30th. He was a farm labourer, and said that he had always enjoyed good health, a statement which his general appearance bore out. The only illness which he could remember suffering from, was an attack of what he called colic, seven or eight years ago: he said that he then suffered from vomiting, severe abdominal pains, and constipation, for a period of four or five days: this state was relieved by treatment, and he soon recovered his usual health.

During the week or two preceding his present attack, he drank a good deal of cider daily, at his work, and eight days before his admission (Aug. 22) he was suddenly seized while at work, with acute pain in the umbilical region; he bowels had been costive for some days previously, and the following morning vomiting came on. He stated that he found pressure on the abdomen relieve the pain to a great extent, and that after two days it entirely left him; the vomiting of all food, however, persisting, and the bowels refusing to act.

These symptoms continued unchanged till his admission on the eighth day of his illness. It was then found that the vomited matter was faecal in character, and the abdomen was carefully explored for some evidence of hernia; none, however, was found. The belly was soft and almost painless, without distension, and in external appearance perfectly healthy; his countenance was free from anxiety; tongue slightly furred, pulse 80, soft and full; urine normal in quantity and quality; but the constipation was of eight days duration; and the vomiting recurred on every attempt to take food. He got a mixture of tincture of opium, sulphate of magnesia, and infusion of roses; a turpentine enema, and ten grains of cathartic extract at night.

This plan was continued up to the 2nd of September, without improvement in the symptoms; the pulse was somewhat more feeble than before, but not more frequent; and the tongue was dry at the edges; still his general strength had suffered so little that he was rather displeased when his request to be allowed to go out into the town to get shaved was refused. He was now placed in a warm bath, an O'Beirn's tube was passed eight or ten inches up the rectum, and warm water freely injected till the colon was considerably distended: the fluid was returned almost uncoloured.

As there was no pain nor tenderness over any part of the abdomen, croton oil was given in doses of one drop with five grains of compound extract of colocynth every two hours, and the enema was repeated in the evening.

September 3rd. He was weaker, and complained of great thirst; the urine was scanty, and the fecal vomiting more frequent; tongue dry and brown. He had brandy and beef-tea in small quantities frequently repeated, with an acidulated drink, containing sulphate of magnesia, to be taken freely; a large dose of calomel was given, which was followed by a cessation of the vomiting for twelve hours.

September 4th. There was no action of the bowels; abdomen soft and without fulness; repeated vomiting; the calomel and another enema were given, but without effect. He died on the evening of the 5th.

Necropsy sixteen hours after death. The absence of distension of the belly was remarkable. On opening the cavity, the small intestine was seen congested and distended with flatus and fluid faeces; many of its coils were matted together by recent lymph, of which, however, there was only a small quantity, and no appreciable serous effusion. On tracing the small intestine downwards towards the caecum, it was found that some four or five feet of the lowest part of the ileum had passed through an opening in the lower part of the mesentery, near its termination, and that this structure had so far compressed the bowel as to close the passage. The strictured portion of bowel was contracted, and did not appear to have been the seat of any inflammatory action, it was easily drawn through the mesenteric opening, and the impression of the constricting edge seemed due rather to the bowel having habitually lain in its abnormal position, than to any tendency to ulcerative action. The large intestines were pale and collapsed, containing only a few hard scybala. The other viscera were healthy.

REMARKS. At the onset of this case, the symptoms were those of colic, and after the first two or three days, the absence of pain and distension were very remarkable; there was no evidence of inflammatory action, and no indication for either general or local depletion. The necropsy showed that gastrotomy alone would have afforded a chance of relief, and would, probably, have been sufficient at an early period, but the nature of the symptoms scarcely justified the resort to so extreme a measure till the time for its successful performance was passed; that is, during the last twenty-four or thirty hours. At present the indications for the performance of so formidable an operation are very obscure, and it is only by the comparison of a large number of cases bearing upon it that this obscurity can be cleared up. Hasty generalisation is useless, but the faithful record of cases cannot but prove serviceable.

Hospital Cleanings.

NEW MODE OF OPERATING IN RESECTION OF THE ELBOW:
VIEWS OF CONTINENTAL SURGEONS ON RESECTIONS IN
GENERAL: DIFFERENCE AS REGARDS RESULTS IN
HOSPITALS WHERE THE UPPER AND LOWER
EXTREMITIES ARE AFFECTED.

A VERY interesting case is now in St. Bartholomew's Hospital, under the joint care of Mr. LLOYD and Mr. PAGET. Previously to the operation, it was very instructive to find what the experience of the continental hospitals has been as regards this particular subject. One of Mr. Paget's colleagues, who joined in the consultation on the case, had just returned from Paris and Vienna, where he had made inquiries on the success or failure attending on resections; while another very eminent surgeon from Berlin happened also to be visiting the hospital, and suggested a very obvious and novel improvement—a mode of operation now followed at Berlin in a very great number of cases, and which, as recommended by M. Langenbeck, was adopted by Mr. Paget.