remained as a plug, preventing the escape of much blood, until loosened and detached by ulceration on the ninth day, when the syncope came on, coeval with the total cessation of pain. Something then stopped the hæmorrhage for a time, until the second and fatal outbreak. It is remarkable that the pain was uniformly felt, not at the injured part, but some inches lower, in the situation of the stomach. I regret not having thought of examining the condition of the pneumogastric nerves at the wound until it was too late. I think it likely one of them was implicated, and being irritated by the presence of the bone, occasioned pain to be referred to its distal extremity. What would have been the result of the introduction of a probang? Feeling assured that if a foreign body had been swallowed, it had passed into the stomach, where it was beyond the reach of instruments, of course such a proceeding was not adopted. But supposing the symptoms and the conviction of the patient had indicated its lodgement at the spot where it really existed, and led me to make the experiment, what would have followed? I *may* have dislodged it successfully, and permanently relieved her. On the other hand, an immediate and fatal hæmorrhage may have followed, or the bone may have been pushed in further, and the mischief have appeared to be caused by the instrument, with the not very comfortable reflection that I had been the means of my patient's death. The practical question then arises. In such a case, where a foreign body, sharp, and penetrating the tissues, lodges low down in the œsophagus, out of reach of the finger or extracting instruments, is it safe to endeavour to push it into the stomach, or would it not be better practice to leave it alone, trusting that nature will in time detach it, as I believe generally happens?

The unfortunate issue of the present case is a mere exception; nor do I see that it militates against the practice which I conceive to be the most correct,—viz., not to interfere instrumentally.

I should feel obliged to any gentleman of experience for his opinion upon this question, as it is one of much importance, and one not yet settled. Many practitioners, I believe, pass a probang as a matter of course in all cases, whether the foreign body be sharp and penetrating, or smooth and merely impacted.

PRACTICAL OBSERVATIONS.

By EDWARD JOHN SPRY, Esq., Truro, Surgeon to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South-Western Branch of the Provincial Medical and Surgical Association, held at Exeter, July 18th, 1849.)

CASE OF PARTIAL DISLOCATION OF THE CERVICAL VERTEBRÆ, WITH FRACTURE OF THE OS HYOIDES.

On the 17th of July, 1848, I was requested to visit a miner, residing at St. Agnes, who was reported to have "broken his neck." No other particulars were given, and on my journey I was contemplating the

amount of paralysis induced, and how the difficulties of his situation might be best overcome. My surprise was proportionably great when, on arriving at his house, I found him sitting and blowing the fire. I was at first inclined to be angry, considering that I had been brought eight miles to see a case which had been misrepresented, but on hearing the man's narrative of the accident, I was satisfied of the correctness of his assertion, that he had "*put out his neck.*" He was a tall muscular man, 60 years of age, and had been for many years employed as a dresser of tin at Wheal Budnick, in Fenan.

His head was bent forward, and inclined to the left side. There was a considerable projection on the right side of the neck, which, after a careful examination, appeared to me to be occasioned by a displacement of the right cornu of the os hyoides. He had not been able to swallow anything since the accident except a little water, and that with much difficulty, of which I satisfied myself by desiring him to repeat the experiment in my presence. I then embraced the throat firmly with my finger and thumb, and made steady pressure on the swelling until it yielded, which it did after a short time, with a distinct feeling of crepitus; the natural appearance of the throat was restored, and he could immediately swallow some milk and water without much effort, declaring that the lump was removed from his throat which had hindered him from "clunking fitty." I examined carefully the cervical vertebræ, but could not detect any fracture of the spinous processes. There was a general soreness and stiffness of the neck, which caused him to move his head with great caution. I now revert to the nature of the original accident, and to the means taken on the spot to counteract its effects.

He stated that as he was standing on the edge of the "buddle pit" cleaning the buddle, he overbalanced himself, and fell into the pit, which is in shape a parallelogram, about four feet deep. By the circumstance of the buddle falling with him, he was thrown into an angle of the pit with his head first, and there, would soon have been smothered if some of his comrades near at hand had not fortunately observed the accident, and run to his rescue. On drawing him up, and finding that his head remained on one side, and that he was insensible, they considered he had broken his neck, and immediately proceeded to make extension; and the three men engaged in the process, who are well conducted men, and worthy of credit, assert that they felt the neck "slip in." Soon after this his consciousness returned, he felt some confusion and lightness of his head, but was able with their help to walk a short distance to the counting-house, from which place he was conveyed to his home in a cart.

He informed me that he recollected falling into the pit, and that he fell on his head; that he felt a sudden snap in his neck, and a pain down his back, as if a sword had passed through it; that he had just time to say "my neck is out," but recollected nothing more until he heard one of his comrades say "all right," when he found himself on the ground in their arms.

August 5th.—He states that he went to work on the

eight day after my visit, and that he has continued to do so to this date, as a dresser of tin; that he has no pain or difficulty in swallowing, but has had pains in his head occasionally, with drowsiness. He can move his head a little from side to side, but if he attempts to do so beyond a certain point, he has immediately a fulness in the fore-part of his head. The throat has retained its natural form, and the right cornu of the os hyoides is in its proper position.

This person told me that he knew two cases similar to his own, in which the parties recovered perfectly after the head had been pulled back; one, a lad of 14, who made a summerset when jumping off a hedge on some straw; and the other was a mason, aged 24, who fell off a high boiler which he was surrounding with brick work.

June 20th, 1849.—This man visited me at Truro, on account of some trifling ailment, which afforded me the opportunity of seeing that he was in very good health. He is a very temperate man, and still works at Wheel Budnick.

THE BALSAM OF PERU AS AN APPLICATION TO INDOLENT ULCERS.

I wish to mention that I have found the *balsam* of very great use in several cases of indolent ulcerations of the legs and other parts of the body. Lint soaked in it is to be applied to the surfaces every morning, a piece of oiled silk of corresponding size is placed over this, some soft rag to fill up the hollow, and a well-applied roller over the whole. In one case especially, of old ulceration of many year's standing, which surrounded two-thirds of the leg of a man who came into the infirmary for the purpose of having his leg amputated, and which, in the opinion of some of my colleagues could not be saved, the *balsam* excited the growth of granulations over the whole surface so rapidly as to surprise us all, the deep sharply-defined ulcer filled up, and with a little modification of treatment from time to time, proceeded very favourably to cicatrization.

An obstinate case of lupus or *noli me tangere* was very much benefitted, and finally healed, under similar treatment.

CASE OF HORNY EXCRESCENCE FROM THE PREPUCE, CURED BY APPLICATION OF THE SESQUICHLORIDE OF ANTIMONY.

A miner, aged 37, applied to me in January, 1849, for the relief of a most troublesome and inconvenient growth of horny excrescences from the prepuce and glans penis.

The prepuce was retracted, and from two-thirds of its circumference there arose a number of acuminated growths of horny matter, varying in size from the ordinary warty fissure to the length of large grains of the *secale cornutum*, (the slight incurvation of which they very much resembled,) presenting a most formidable *chevaux de frize*. The prepuce itself was covered with flattened patches of the same horny material, so that I could cut off slices of the induration in several places.

The poor fellow stated that he had a phymosis from

childhood, probably congenital, but that it occasioned him no inconvenience until September, 1847, although he had then been married about ten years. That he then first observed a warty growth on the upper and outer part of the prepuce, which caused inflammation of it, and suppurative of its tissue. That this swelling remaining obstinate, and more warts making their appearance, he applied to a surgeon, who very properly slit up the prepuce, and in due time excised the warts. That about a month after the healing of the surfaces warts again made their appearance, and grew very fast, so that he submitted to excision a second time. That after the second operation the surfaces never healed, but that the warty excrescences waxed larger and longer, until they presented the monstrous dimensions above described.

He begged I would do something "to kill the growths" of these troublesome appendages, but at the same time declared he would not be cut any more. I then told him that if he would bear the pain I could apply something that would burn them down, to which he readily assented, and I proceeded to apply with a brush the sesquichloride of antimony, commonly called butter of antimony, and a most powerful escharotic it is. It occasioned, of course, severe pain for fifteen or twenty minutes after its application, but the effect of it was almost magical; several of the largest growths fell off after the first use of it, and three or four paintings sufficed to reduce the whole to a smooth surface, with which state of things he was very much delighted. He seriously affirmed that he never had contracted a gonorrhœa, and that the morbid growth was spontaneous.

[We have invariably found the application of corrosive sublimate in fine powder (for a few minutes, after the expiration of which it is to be carefully washed off) more efficacious than any other remedy; indeed, in our hands, it has never failed.—ED. J.]

CLINICAL REMARKS

ON A CASE OF ASCITES,

IN WHICH PARACENTESIS WAS PERFORMED WITH
A SUCCESSFUL RESULT.

By P. MARTIN DUNCAN, M.D., Physician to the
Essex and Colchester Hospital.

CASE.—Susan Wildman, aged 19, unmarried, had been an invalid for eighteen months when I first saw her as an in-patient at the Colchester Hospital; previously she had had tolerably good health, but the catamenia had never appeared.

The first symptom she complained of was a darting and frequently dull and prolonged pain over the left ovary, with general *malaise*; after awhile the pain became constant, was increased by pressure, and by her standing perfectly upright. In spite of remedial measures her abdomen began to swell inferiorly, but not, as far as she can remember, more on one side than on the other. In this state she presented herself as an out-patient at this hospital. After a lapse of time the