

children, or even appearing to unkindly blame them for this trouble, has a most evil effect on their buoyancy of temperament and character.

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STRANGULATION BY A SOLITARY BAND: OPERATION: RECOVERY.

W. J., aged 20, a heavily-built farm labourer, came on August 10th complaining of pain in the belly and a feeling of nausea. He had felt uncomfortable for two days, his bowels being last open on August 8th. On August 11th he was sick and restless, and in a good deal of pain referred to the umbilicus. His temperature was normal, respirations 20, somewhat shallow, and pulse 90. He had passed flatus during the night but no *fæces*. A large plain water enema was given; the major part was retained the returned portion being tinged yellow. He was given nepochin $\text{m} \nu$ every four hours. At 7 A.M. on August 12th, the pain was more severe, the vomiting incessant but not *fæcal*, and no flatus had passed; the pulse 114, of fair strength and not wiry. The peristaltic movements of distended coils of intestine were seen under the abdominal wall. The belly was round and prominent; there was no dullness, but a spot of slight tenderness just below the umbilicus.

At 2 P.M. the pulse was 116, the temperature 99° , and the respirations 20. He was sweating and weaker but not at all collapsed. After consultation with my partner, Dr. Wilson, the abdomen was opened in the middle line, and distended coils of small intestine bulged out. A band was felt on the anterior abdominal wall just to the right of the incision, in front of which was a loop of small intestine (ileum). This band was followed up, and felt to terminate about $1\frac{1}{2}$ in. above the umbilicus, where it merged into the round ligament of the liver. It was tied at the junction with the round ligament and cut through; it was also attached to the belly wall, about 1 inch below and 2 inches to the right of umbilicus for about $\frac{3}{4}$ inch by adhesions easily broken down. Beyond this adhesion the band became much smaller and rounded into a cord, which went down behind the junction of ileum and *cæcum*; no trace of appendix was seen. About an inch above its termination it was twisted in a loop, through which a double coil of small intestine had slipped and become tightly constricted. The band was cut through at its inferior attachment, and the gut which was not adherent freed. The total length of the band was 15 ins. The abdomen was closed in the usual way. The vomiting ceased immediately and did not return, and flatus was passed the same afternoon.

The bowels opened naturally on the third day and the stitches were removed on the 6th. The recovery was uninterrupted, and there have been no attacks of pain or constipation since.

The previous history was very indefinite, but for two years the patient has been subject to attacks of bellyache and constipation, accompanied by nausea and vomiting. The attacks varied in severity, lasting from one day to seven days. They had always given way to purgatives, and he attributed that to indigestion as they came on more frequently if he ate very much or drank cold things. He did not remember any blow or injury to the abdomen.

Haverfordwest. Y. H. MILLS, M.B.Lond., F.R.C.S.Eng.

UNIVERSITY OF VIENNA.—The total number of students registered in the University of Vienna during the winter semester recently ended was 6,697. Of these 1,382 were ordinary, and 260 extraordinary students of medicine. There were, besides, 654 entered for special courses, of whom 102 were Americans.

The report for 1898 of the Yarrow Convalescent Home, at Broadstairs, established for the children of middle-class people who are in reduced circumstances, has just been issued. The Home has accommodation for 50 girls and 50 boys, who are admitted between the ages of 4 and 16, and 4 and 14 respectively. The steady progress of the institution is indicated by the increased number of children admitted each year since its opening in August, 1895. For the seventeen months ending December, 1896, the number admitted was 661, for the twelve months ending December, 1897, the number was 601, and for the twelve months ending December, 1898, the number was 947.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

THE ESSEX HOSPITAL: COLCHESTER.

A CASE OF STONE IN THE BLADDER WHICH HAD FORMED AROUND AN ORDINARY PIN AS ITS NUCLEUS.

(Under the care of Dr. B. H. NICHOLSON.)

[For the report of the case we are indebted to PERCY D. BARKER, M.R.C.S., L.R.C.P., House-Surgeon.]

S. H., a strong, healthy lad, aged 17 years, was admitted into this hospital on February 6th, complaining of pain in the lower part of the abdomen, greatly aggravated by riding in a cart or jumping about. He suffered also from pain at the end of the penis, and frequency of micturition with sudden cessation of the stream. These symptoms had persisted on and off for a period extending over three years. On admission a sound was passed, and two stones were quite easily detected. The urine was alkaline, of normal specific gravity, and contained a deposit of phosphates but no blood.

The bladder was washed out daily with a warm boracic solution, and on February 10th Dr. Nicholson performed suprapubic cystotomy, and removed the two stones, which are shown in the photographs to be three-quarters of their natural size. The urine being still alkaline, it was deemed advisable to insert a drainage tube into the bladder. This was left in for a week and the wound allowed to granulate. The patient made an uninterrupted recovery.

Upon making an examination of the two calculi, which were composed of phosphates, it was found that in the centre of the larger and mushroom-shaped stone was an ordinary pin, the point being enveloped by the larger end, the stem of the

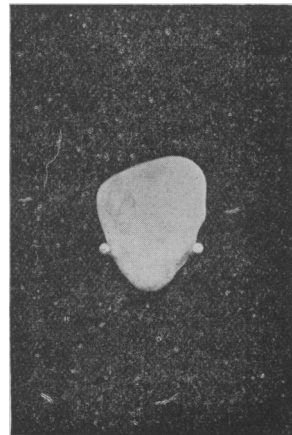


Fig. 1.

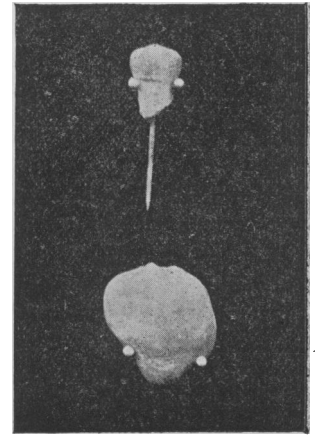


Fig. 2.

pin forming the stalk, whilst the head was enclosed in the smaller end of the stone. The patient denies all knowledge as to how the pin found its way into the bladder, but says that five years ago he was operated upon for an abscess in the abdomen, the scar of which is plainly visible slightly above and to the right of the umbilicus.

This case appears to be especially interesting from (1) the possibility of the pin having in the first instance been swallowed, afterwards perforating the intestine, and setting up the abdominal abscess for which the patient was operated upon five years ago; (2) the extreme rarity of an ordinary pin forming the nucleus of a vesical calculus.

AMERICAN MEDICAL ASSOCIATION.—The American Medical Association will hold its annual meeting this year at Columbus, from June 6th to 9th. Among the subjects proposed for general discussion are Specialism in Medicine; Advertising and the Medical Profession; and the Medical Service of the Army and Navy.