

Towards the contro true ossification had taken place. We have to consider it, therefore, to be an osteochondroma.

Those interested in the history of this operation I refer to a valuable contribution of Dr. Stephen Rogers, of New York, in the *American Journal of the Medical Sciences*, October, 1868.

A BLIND DIAGNOSIS.

BY F. O. TICKNOR, M. D.

The following case, curious in itself, will serve to illustrate the value of a little care in diagnosis, and add, perhaps, an instructive paragraph to the great *undited* volume of medical blunders.

Nettie B—, brought from a distance, was submitted to my care, as a sufferer who had exhausted the resources of the medical science, and was seeking only relief from pain for her few remaining days.

The case came labeled by my brethren of the faculty as one of "*Blind Piles*."

I found the patient a mere anatomy, in a necklace of *buck-eyes*, and surrounded by representatives from every other known and unknown pile remedy.

"How old?"

"Forty!"—apparently sixty.

"Your trouble?"

"Constant tenesmus, something in my bowel that I cannot pass off!" Add, hectic fever, &c.

"Has your bowel been examined?"

"Never. The doctors all said 'blind piles,' but nothing has ever done me any good."

"Any children?"

"That is my youngest." (A lusty screamer of six months.)

Examination of the rectum revealed nothing beyond so much irritation as might arise from such topical applications as *sulp. cupri.*, which she had been instructed to use assiduously by enemata.

But outside of the rectum, and anterior to it, the finger