

or four days, by application of fluid extract of ergot, and fluid extract of hamamelis).

Case IV.—Female, aged 65. Erysipelas of face and scalp. Pursued its usual course unaffected. Disappeared from head in about ten days. Much constitutional depression. The inflammatory blush then appeared on thigh, buttock, and back; was unaffected by application of the paint; dry sloughs speedily formed and patient died.

Case V.—Female, aged 22. Erysipelas of face and scalp. Ran its usual course, unaffected by the treatment. Recovered in about ten days; patient being left completely bald. On removing the paint, the comedones on the upper lip, around the nose and on the chin, were so apparent that patient looked as though she had a close-cut beard.

Case VI.—Female, aged 60. Two days after application of paint to cheeks and brow, the parts so covered were greatly better; but the disease was spreading peripherally. Applications were continued and extended, and in a couple of days recovery was established.

All of these cases took internally, concurrently with the external applications, twenty minim doses of tr. ferri. mur., and one drachm doses of sulphurous acid every two hours, except two of the milder ones, who took the iron only.

FOREIGN BODY IN THE RECTUM.

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On the 28th of April, I was asked to go as quickly as possible to see G. L., who was supposed to have sat down on a "sliver." Taking my pocket case, a little carbolic acid, and some adhesive plaster, I hurried off to his house. Enquiring of the patient, who was lying on the bed, dressed, the situation of the sliver, he placed his hand over the umbilical region, and said,—“Here it is.” I felt a hard mass a little above and to the left of the umbilicus. It was slightly movable and very suggestive of malignant disease. Questioning the patient, he told me that the stick ran up the bowel

forty-eight hours before, that there was no pain for at least twenty-four hours, but that he had not got any sleep the second night, and for fear of having to endure the pain and loss of sleep, he mentioned the matter to his wife, who sent at once for assistance. Introducing my finger into the bowel, I found a piece of wood extending up into the rectum, and evidently terminating in the mass in the umbilical region. The lower end was packed well back into the hollow of the sacrum, so much so that it required considerable force to pull it as far forward as the anus. As my dressing forceps were not designed to remove “slivers” of such proportions, I was at a loss how to proceed for a moment or two. By hooking the index finger behind the lower end of the stick, and pulling it well forward, I was able to bring it as far forward as the anus; at the same time with my left hand over the upper end I made pressure downwards and backwards, when suddenly it slipped out. It was only after repeated efforts that it was accomplished. A couple of pairs of forceps or pincers, borrowed from the neighbours, were of no use. The patient looked very sheepish as it came away, and merely smiled when asked why he placed it there. It measured ten and a half inches in length, and the circumference from three to three and a half inches; the upper end was partially rounded off, the larger or lower end cut squarely across. It had been whittled down to the above size, but it was not very smooth. Next day he was as well as usual. Why he put it there the family were unable to tell me, for he was very reticent about it. The man is certainly not a lunatic, nor has he had any rectal or abdominal trouble. He is 75 years of age, and in comparatively good health. He sometimes gets on a spree like a great many pensioners, but had not been drinking for some weeks previously.

Such cases occur occasionally in insane asylums, but I have no recollection of seeing one of a similar nature reported as occurring among private patients.