

without unfortunate consequences. A boy, 3 years old, swallowed a needle,  $2\frac{1}{2}$  or 3 inches in length, which a month later penetrated the skin, near the sternum, from beneath the pectoral muscle. A boy of 4 years of age, swallowed a large pin with a big head, the head going down first. On the third day after there was pain in the right side, about the region of the pylorus and duodenum. On the eighth day the head was removed from the anus, only an inch of the pin being in connection with it.

## II.—UROPOIETIC AND SEXUAL ORGANS.

1. *Stones in the bladder in Hungary, (Allgemeine Wiener Medicinische Zeitung, 1858, No. 13).*—Of 135 cases of stone in the bladder, treated by Prof. Balassa, of Pesth, twenty-one occurred in persons under 7 years; thirty-two from 8 to 15 years. Besides, forty-nine children have been treated for the same disease in the children's hospital of Pesth, during the years 1843–1855. Children in early life and with coarse diet are most subject to stone; this fact Prof. Balassa explains by inadequate food, children, after having been weaned, being nourished with herbs, potatoes, etc., which contains a large quantity of carbon. Thus, carbon forms the principal part of urinary calculi in Hungary. The majority of Balassa's consisted of oxalic salts. Of twenty stones having a nucleus differing from the mass, the nucleus was of oxalates in twelve, of uric matter in eight, wherefrom the conclusion may be drawn, that oxalates and urates give the impulse to the formation of stone, phosphates only increasing its bulk. The sound produced by the probe is of some diagnostic importance; the sound being sharper with oxalic stones, which are harder; duller with phosphoric stones, which are less hard and dense.

2. *A cystiform expansion of the right ovary, by extravasated blood, in a stillborn child of seven months was reported by B. Schultze (Monatsschrift für Geburtskunde und Frauenkrankheiten, 1858, xi. 3, p. 170).* The tissue of the ovary was torn and broken, in some parts scarcely perceptible, by blood both fluid and coagulated, and fibrous coagulations.

## III.—ACUTE EXANTHEMS.

1. *Acute exantheas combined with traumatic injuries.*—It is but natural that acute exantheas, when following, or combined with acute inflammatory, and febrile diseases, should be of a highly dangerous character. But merely local inflammations also, which have been produced by local influences, apparently of no importance, seem to give a bad prognosis, when followed by an acute exanthem. Some cases, which elucidate this assertion, have been published by Dr. Pasch, (*Journ. für Kind.*, March and April, 1858, p. 208.)