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SELECTED ARTICLES

IMPALEMENT BY BROOM HANDLE THROUGH THE RECTUM

Dr. W. B. Chase reports a case of unique character, and unusual. It was in the person of a young girl between girlhood and womanhood, about thirteen years old. The accident happened while visiting on Long Island. In going upstairs there was an ordinary carpet-sweeper lying on the steps of the stairs, but at a little different angle from the stairs themselves, and in a playful way, as it was in her way going upstairs, she pushed it to one side with her foot, lost her balance, and fell back in such a manner that the handle of the sweeper, which was about the size of an ordinary broom, entered the rectum, tearing the sphincter and pushing its way through the sigmoid flexure of the colon, and upward into the right abdominal cavity; so that, as near as I could learn from the sister who was by, she said it required a large amount of force to extract the broom-handle, the girl lying on the floor at the foot of the stairs. It must have been, I think, fixed in position, on account of the contour of the pelvis, resting on the coccyx, under the arch of the pubes and over the sac-

rum. This happened at twelve o'clock noon. I saw her at six in the evening, six hours after it happened. She had been in violent pain, and was seen first by a practitioner of sectarian medicine, who left some pellets, and thought she would be all right. The doctor with whom I saw her, Dr. Samuel Nutt of Newhaven, was under the impression that the peritoneal cavity had been opened, and had given her an anodyne which made her comfortable. At this time the temperature was 102.5 degrees F., and she had rallied from the shock. His diagnosis was correct. I had her sent to the Bushwick Hospital and operated at eleven o'clock, eleven hours after the accident. She was not well developed, and therefore her pelvic cavity was not much larger than a male of that age. I made a median incision, and on reaching the peritoneum and opening it—there was a little doubt—I thought I should have entered the peritoneal cavity, but did not do so, and on careful examination I found the omentum adherent to the peritoneum of the abdominal wall. On carefully separating that, pus was apparent and discharged in quite a quantity from the incision. Of course, it was perfectly evident that the pelvic cavity must have been infected with the bacillus coli communis.