Union occurred by first intention and the dressing was removed on the eighth day, the joint being supported by wool and a light bandage. Movement of the limb was allowed in bed after the fourteenth day, and at the end of three weeks the patient was allowed to stand up and to bear some weight on the limb. Passive movement of the joint was begun and gradually increased. The patient was allowed up and to move about with the aid of sticks after the fourth week, and was discharged from hospital on August 30th, 1904, being then able to walk well without the aid of a stick, the muscles of the leg being in good tone and the movement of the joint very fair, though some stiffness remained, and was daily improving. The anaesthetic was duly administered by Civil Surgeon D. Ritchie, and I am indebted to Colonial Surgeon W. A. Arnold, who was kind enough to assist me at the operation.

FOREIGN BODY UNDER THE COSTAL CARTILAGES.

BY LIEUTENANT-COLONEL W. DICK.

Royal Army Medical Corps.

The following case presents features of interest from a medico-legal aspect.

A soldier, when bathing in a pond in Singapore, on May 19th, 1904, struck something hard whilst diving. He thought he had hit his chest against the root of a tree. He came sick the next day, with a small punctured wound of the chest between the fifth and sixth cartilages, half an inch to the right of the sternum. The wound was healed by May 26th. On June 7th the cicatrix broke down and commenced discharging pus, and a sinus was found to run underneath the sternum. The wound gave no definite indications on probing, but it continued to discharge. On July 10th, Captain Sheehan, R.A.M.C., the officer in charge of the case, had a consultation with Major Ritchie, R.A.M.C.; the man was given chloroform, the wound enlarged, and a piece of necrosed cartilage was removed. The wound, however, continued to discharge and the sinus persisted. On August 13th I went over to the island of Blakan Mati to see the man, and decided to open up the wound again. This I accordingly did on August 16th. The wound was thoroughly explored, but nothing was found; but as there was evidently something keeping up irritation, I cut through the sixth cartilage, and in a pocket behind it, found a piece of bottle glass triangular in shape with each of its sides rather over half an inch in length. The wound was thoroughly explored with the finger and nothing else found. In August the wound is still open, but seems to be in a fair way to healing. The glass was quite behind the cartilage and was not felt by the probe.

The interest in the case, I think, lies in the fact that had this man
been found drowned, it would have been a case in which foul play might have been presumed; as here was a man with a punctured wound of the chest, found at the bottom of a pond. Of course, a post mortem would have cleared up the case; but still the fact would have remained that he had been stabbed with a piece of glass and afterwards drowned.

NOTE ON THE ADMINISTRATION OF IPECACUANHA IN ACUTE DYSENTERY.

By Major R. J. Windle.
Royal Army Medical Corps.

Many of us who have served in India have an implicit belief in the efficacy of pulvis ipecacuanha in doses of from 20 to 30 grs. in the treatment of acute dysentery. The difficulty in its retention, the distressing vomiting and depression produced, are the great objections to its use. The following method of administration has been very successful in my hands, and I venture to bring it to the notice of my brother officers, who may not have tried giving it in this way. The patient, who has been kept without any fluids for two hours, is warned that he is going to have a sleeping draught, and that just as he is going to sleep he will be given a second draught.

No. 1.
Liq. opi. sed. . . . mxx.  Musilag. tragacanth. q. s.
Syrup aurant. . . . 5i.  Aq. chloroformi . . . 5i.
Aq. ad . . . . . . . . . . . . 5i.

No. 1 draught is given, and usually takes effect in from ten to fifteen minutes. When the patient is just asleep he is sufficiently aroused to take No. 2. It must be shaken up in a phial and poured out just before being taken. In many cases the patient will, after this treatment, sleep from three to six hours, and wake without experiencing any inconvenience.

In some cases the ipecacuanha does produce sickness in spite of the chloral draught, but in these I have not known it to come on in less than one and a half hours, and in no case did the vomit contain ipecacuanha, showing that it had already been absorbed.

SARCOMA OF LIVER AND PANCREAS.

By Major C. W. R. Healey.
Royal Army Medical Corps.

The following case is of interest, owing to the fact that it is a condition very seldom met with; Osler states that Segre made 11,492 autopsies and only found sarcoma of the pancreas in two. He also states that primary sarcoma of the liver is very rare.