

A CASE OF HAT-PIN IN THE DUODENUM.

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ON the 22nd of November, the patient, a Hindu boy, aged five years, swallowed a hat-pin about $3\frac{1}{2}$ " long with a porcelain head, while playing with three other boys, of whom he was the youngest. The boys held a meeting and proposed to do something by which they could get rid of their stern parents. The strange idea of committing suicide struck them, and they thought of putting an end to their lives each in his own way. One thought of drowning himself, another of taking opium, the third of strangulating himself, while our hero who had the pin in his hand thought of swallowing it, and putting an end to his life which was a burden to him. He went so far as to put the pin into his mouth, and tried to swallow it. The pin stuck at the back of his throat when suddenly finding life had become too dear the boy ran to his sister, a girl of eight, to assist him in removing the pin from his throat. Their effort to withdraw the pin caused it to slip further down the throat instead. The parents of the child did not believe the story and taking the matter lightly paid no heed to it. The boy was then quite well for 5 or 6 days, after which he complained of pain in his epigastrium, which gradually became worse and caused the child to take to bed. He would not allow the part to be touched nor the dhoti to be tied round his waist. On the 8th of December (after 16 days) the patient was brought to the Medical College Hospital and admitted under the care of Major C. Stevens, I.M.S. An 'X' ray examination showed the pin lying obliquely in the right hypochondriac, epigastric, and umbilical regions with the head downwards.

On the 10th of December, Major Stevens operated on him under chloroform. The abdomen was opened by an incision about $3\frac{1}{2}$ " long, $2\frac{1}{2}$ " being above the umbilicus and the rest below it. It was found that the pin had made its way downwards by the blunt end through the œsophagus, stomach and pylorus and was caught at the bend of the duodenum. As the 'X' ray examination showed the head was lying downwards, a small linear opening was made into the duodenum anteriorly and the pin was extracted head first. The opening in the duodenum was stitched by silk sutures and the abdominal parietes closed as usual. The child was allowed no food for the first 24 hours. The next 24 hours rectal alimentation was given. For the subsequent five days the child was on liquid diet only, after which he was given his usual meals. The parietal stitches were removed on the 12th day after the operation, and the child was finally discharged on the 4th January 1912, perfectly cured.

A ROUGH AND READY FIELD STERILIZER.

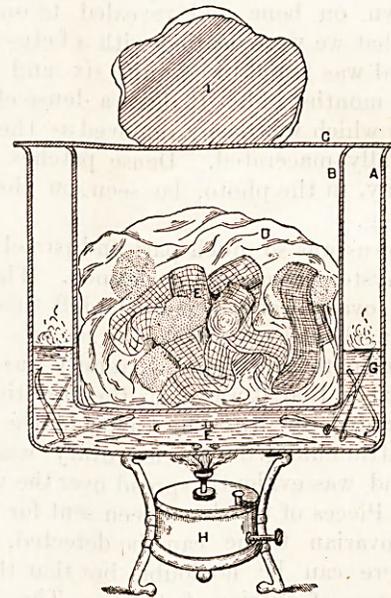
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I HAVE recently used the impromptu field sterilizer described below, with excellent results.

One places the instruments required in the bottom of the largest of a set of ordinary aluminium cooking *degchis*, and covers them with water containing a little soda. The sponges and dressings, loosely enclosed in a piece of plain lint or bandage cloth, to prevent any active chemical antiseptics they may contain, e.g., biniodide of mercury, from attacking the aluminium, are pushed into the smallest *degchi*



- A = the big outer "degchi."
 B = the smaller inner "degchi."
 C = the "degchi" cover.
 D = plain lint or bandage cloth.
 E = dressing and sponges.
 F = instruments.
 G = boiling water.
 H = the lamp or fire.
 I = the stone on the "degchi" lid to raise pressure of steam.

of the same set, which is then floated on the water in the bottom of the large *degchi*. Next one closes the large *degchi* with its own lid, and on top of the lid one places a large stone to raise the pressure and temperature of the steam in the *degchi* when the water boils. The large *degchi* is now heated over a stove, lamp or fire, and, when the water has been boiling for a quarter of an hour or twenty minutes, the instruments and dressings are ready for use, and the dressings are dry or very nearly so.

I append a diagram to illustrate the apparatus, which, at any rate, has the merits of simplicity and ready availability.