

The same treatment was continued through the next day; but he gradually sank, and died on the 30th. There was no expectoration throughout.

**AUTOPSY**, twenty-one hours after death. The sternal end of the clavicle was found to rest entirely on the upper bone of the sternum, the interarticular cartilage being carried with it. The left pleural cavity contained a pint or more of bloody fluid. The lung was collapsed, and almost black. On its posterior surface were two lacerations, neither of them large. The third, fourth, fifth, sixth, and seventh ribs on this side were broken near their angles, projecting sharply and roughly into the pleural cavity. The sixth rib was also separated from its cartilage. The fourth and fifth ribs on the right side were broken about midway between the sternum and their angles. The pleura on this side was not injured, and the lung itself was healthy. Both condyles of the humerus were broken off; but there was no other injury, the radius and ulna being intact and in proper position.

## Original Communications.

### ON THE TREATMENT OF THE LOCAL IRRITATION CAUSED BY CONTACT WITH CERTAIN SPECIES OF ACALEPHÆ.

By EDWARD HEADLAM GREENHOW, M.D.

THE perusal of Dr. Barker's paper, in the *BRITISH MEDICAL JOURNAL* of December 22nd, 1860, on the production of urticaria by handling the larvæ of some kind of insect, suggests to me the publication of an almost forgotten bit of experience, which, perhaps, throws some additional light upon the subject he has so well inaugurated, and may not be unacceptable to some of our maritime associates. It also, I think, definitively negatives the supposition that the troublesome affection of the skin caused by touching some kinds of acalæphæ is altogether attributable to mechanical irritation.

Having formerly passed some years on the sea-coast, it used to happen that I was sometimes consulted by persons who had been stung whilst bathing by some of the acalæphæ with which the ocean abounds at certain seasons. The immediate effect produced by touching the filaments of one of these creatures is a sensation of stinging, which extends up the affected limb for some distance from the point of contact. Presently the part becomes red, swollen and tender; and occasionally, especially in young females and children, the entire limb in the course of an hour or two becomes much swollen, red, and exceedingly painful. The redness and swelling sometimes terminate in a well defined border resembling that of a wheal, but in other respects the ailment does not bear any resemblance to urticaria. These symptoms usually subside spontaneously, if allowed to do so, in the course of three or four days, but meanwhile they often cause considerable suffering, render the affected limb more or less useless, and as they have a formidable appearance, often produce needless anxiety, especially to persons unacquainted with the nature of the injury. Having previously found spirits of hartshorn, when applied early, a very effectual application for preventing the irritation caused by mosquito bites, I was led to try an alkaline and stimulating lotion, consisting of a solution of bicarbonate of potass, sesquicarbonate of ammonia, and spirit of hartshorn, in these cases, with a most satisfactory result. I do not recollect the exact form of the lotion, but believe it consisted of one drachm of each of the salts, and half an ounce of spirits of hartshorn to six ounces of camphor mixture. This application, if freely used soon after the injury, affords almost immediate relief; and although

the benefit is more tardy if it be not applied until the effect of the injury has been thoroughly developed, yet even then its use rarely fails speedily to mitigate the suffering and swelling, and to remove them almost entirely in the course of a few hours.

London, December 22nd, 1860.

### FOREIGN BODIES IN THE AIR-PASSAGES.

By GEORGE PADLEY, Esq., Surgeon, Swansea.

THE following two cases of the above-named accident occurred to me in 1855. As the subject appears to have attracted more attention of late than formerly, and as the cases themselves contain, I think, some points of practical interest worth recording, I now forward them for publication. I have abstained from doing so at an earlier period, in order that I might watch the progress and result of one of them, and report, after a long interval of time, the effect, if any, of the accident, and of the serious consequences which followed it, upon the future health of the patient.

**CASE I.** I was sent for April 6th, 1855, to attend Master J. P. M., a delicate boy, about 8 years of age. He was suffering from active febrile disturbance, pain in the posterior part of the chest, cough, and dyspnoea. There were unmistakable auscultatory signs of pneumonia below the inferior angle of the right scapula. The fever assumed a remittent form, the patient being better in the morning, the paroxysms returning each day about noon, and continuing the rest of the day. Copious perspirations broke out, especially at night. He became extremely weak and emaciated; and had, in short, the general characters of acute phthisis, with hectic fever. During the progress of these symptoms there were clear indications of the formation of abscess in the lung, in the situation above-named—dulness on percussion over the seat of pain, gurgling, with pectoriloquy and mucopuriform expectoration. The apices of the lungs were quite free, and there was no evidence of pulmonary affection in any other part. The period comprised in this description extended from April 6th to the third week in May.

During this period, at first antimony, with salines, dry cupping, and subsequently blisters over the affected part, formed the treatment, under which the more acute inflammatory symptoms subsided; afterwards, cod liver oil, chiefly by frictions, as the stomach would not bear it, together with steel tonics and counter-irritation. The boy improved somewhat under this treatment; and in about a month was taken out in a chair, or for a gentle walk. The hectic and other symptoms, however, continued, and his case was looked on as extremely precarious.

The age and spare condition of the patient were favourable to stethoscopic examination; and the physical characters were well marked, and quite corresponded with the symptoms, so that the diagnosis—circumscribed abscess of the lung—was not difficult, and was pronounced before the following unlooked-for event confirmed its accuracy, and sufficiently explained the cause of the disease, and the imminent danger to which it had reduced the patient.

Early in June a severe paroxysm of coughing occurred, followed by free puriform expectoration. This in a short time subsided. Two hours afterwards he was taken to see a day exhibition of a panorama; and, while somewhat excited by the scenes displayed, was seized with a violent choking cough, and filled, as I was informed, four or five pocket-handkerchiefs with the abundant expectoration that followed. He was taken home much exhausted, but shortly recovered. The same evening, while laughing at the gambols of some children, he suddenly sprang up with a feeling of suffocation, grasped his throat, and appeared for the moment on the point of choking. Immediately afterwards he brought up a