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

Twelve-twenty-one hours after death. The sternal end of the clavicle was found to rest entirely on the upper bone of the sternum, the intercartilaginous 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 con- dyles 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 ACALEPHA.

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 larvae of some kind of insect to me the impression of an old 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, definitely negates the supposition that the troublesome affection of the skin caused by touching some kinds of acalaehe 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 acalaehe 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, with a certain amount of heat, spreads 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 wheel, but in other respects the ailment does not bear any resemblance to urticaea. 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 musquito bites, I was led to try an alkaline and stimulating lotion, consisting of a solution of bicarbonate of potash, 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 dram 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.

One case 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, worse at night, and now and then a slight paroxysm of violent choking with dyspnoea. On the 10th April it broke out, especially at night. He became extremely weak and emaciated; and, in a short time, the general characters of acute phthisis, with hectic fever. During the progress of these symptoms there were clear indications of the formation of abscesses in the lung, as shown by percussion of the chest, and the situation of the pain.

The periods of remission were not during the day about noon, and continuing the rest of the day. Copious perspirations broke out, especially at night. 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. At the end of this period, at first antimony, with salines, digitalis, and subsequently bitters over the affection, assisted him to recover. In the beginning of June he improved somewhat under this treatment; and in the middle of the month was sent to take the air 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 corresponding with the symptoms, so that the diagnosis—circular pneumonia—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 some what excited by the scenes displayed, was seized with violent choking cough, and felled, as I was informed, four or five pocket-handkerchiefs with the abundant expectoration that followed. He was taken home much exercised, 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