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 clavicles 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 ACALEEPÆ.**

By Edward Headlam Greenhow, M.D.

The perusal of Dr. Barker’s paper, in the British Medical Journal of December 32nd, 1860, on the production of utricaria by handling the larvae of some kind of insect, led me to the examination of some 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 negatives the supposition that the troublesome affection of the skin caused by touching some kinds of acacelpæa is altogether attributable to mechanical irritations.

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 acacelpæa 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, if the limb be raised up off 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 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 followed 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 potass, sesquicarbonate of ammonia, and spirit of hartshorn, in these quantities, 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.

One 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. He threw up a 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 abscesses in the lungs, and the situation of these, when percussion over the seat of pain, gurgling, with peculiar loquy 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.

In a second 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 a month or six weeks was taken once 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—cirsomicuchia—was easy of detection. The lungs were free of bowel—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 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 excited, and died shortly afterwards. The same evening, while laughing at the gambols of some children, he suddenly sprung 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
substance, with some matter and a little blood, exclaiming, "There's what I swallowed." This was followed by an abundant puriform discharge, described as equal to a large cup-full. Making every allowance for an exaggerated estimate, I should think, from the account given, that he must have brought up about a pint of matter that day, during the three periods mentioned. The substance ejected may be to be portion, an inch and a quarter long, of a japoanned metallic penholder, which had passed into the air-passages the previous February, but which he and his parents, to whom he mentioned it at the time, supposed he had swallowed. After giving him a little medicine, nothing more was thought of the circumstance, in the belief that the substance had been swallowed; and there being no idea that it was in any way connected with the symptoms which afterwards appeared, it was not mentioned to me.

I was now informed that about the middle of February he was biting the penholder, when the end broke off and slipped down his throat. He was immediately seized with a violent paroxysm of coughing. About that time he had had occasional fits of cough, increased on lying down in bed, which were connected with but little expectoration. It so continued for a few days, gradually getting less troublesome. At the same time there was an uneasy sensation about the right mammary region, more evident during laughing, etc., and some difficulty of breathing. He continued in this way until he attempted in his usual pursuits, or affected in his health, until, about seven weeks after the occurrence of the accident, when he was attacked by the febrile and other symptoms I have described; the pain in the chest being not only increased in severity, but situated lower down and more posteriorly than it had been.

The expectoration of the substance he progressed most favourably; the cough and expectoration diminished, and his health rapidly improved.

Near the end of July, after some exposure, he had a return of symptoms—pain in the same part, dyspnoea, puriform offensive expectoration, from which he did not recover for about five weeks. He had a second relapse, with similar symptoms, but to a less degree, about one year afterwards, both before and after which time there was much coughing; and he was examined in the beginning of 1859, i.e., after an interval of more than two years, the pain being each time at the same spot. He has been free since that time from any return, beyond a slight pain in the part after "taking cold." I examined his chest a few months ago. The percussion sounds over the settled part was not quite so clear as on the opposite side, and a small quantity of sputum was heard during the breathing, especially during deep inspiration. He now (November 1860) takes active exercise, there does not appear any shortness of breath, and his general health continues good.

Case II. Dennis Keefe, while holding a shilling and a sixpence in his mouth, accidentally let the latter fall back, and it was drawn into a sudden inspiration into the trachea. After the first efforts of coughing he became more quiet; but, feeling the sixpence still in the throat, he came to me about midnight in great alarm. By forcible expiration the coin was driven upwards and excited cough; he could feel it moving in the trachea, and afterwards passing down into the right bronchus; the sound of its movement could, at the same time, be heard through the stethoscope. There was but little distress in the breathing. I prepared the patient's mind for tracheotomy, but thought I would first try inversion of his body. For this purpose, placing the legs of one end of a long stout kitchen-bench upon the sofa, I directed the patient to lie back upon the inclined plane thus formed, supported by his knees, which were flexed over the upper end, the body being thus in the supine position. No sooner had he done so than he felt the sixpence pass through the glottis into his mouth. He immediately rose up, chiefly by his own effort, the knee acting as a fulcrum, and dropped the coin into his hand.

Remarks. This form of accident appears, as I have stated, to have attracted more notice lately than in former years. This arises probably, not from its greater frequency, but from its more ready recognition in cases the symptoms of which were formerly ascribed to other causes. It was stated by Mr. Porter that "many children were carried off by this accident who have been supposed to die of croup"; and even now, as Dr. Watson observes in relation to the subject, "it is more than probable that fatal cases happen, the nature of which escapes detection." The first of the cases here given forcibly illustrates the latter observation. If it had proved fatal without the expulsion of the foreign body, did no prior morbid symptoms have been present?; if the substance had been lost sight of in the copious expectoration, and the patient had died, as most have done, from the disease it had set up—it would have been recorded as a case of pulmonary abscess, the result of lobular pneumonia—how or why induced there would have been no means of ascertaining. There is little doubt that this accident, which has been rarely seen, is of disease thus induced has been involved in mystery, which might have been cleared up if this possible cause had occurred to the mind. Such a case, for example, is that related by Dr. Duncan (Lancet 1845), in which a gentleman suffered from troublesome chest-symptoms, varying in intensity, for four years. The source of all these symptoms was discovered to be a small foreign body, which had been coughed up from the trachea during dinner. It had produced the usual paroxysm of coughing at the time, with pain below the clavicle, and expectoration of a little bloody mucus. These having subsided, the occurrence was forgotten. The patient, after nearly four years suffering, went to Edinburgh for advice, and was treated for a bronchitic affection with little success. On being informed of a violent fit of coughing, two pieces of bone were brought up, and the obstinacy of the case was explained. The symptoms were relieved, and the patient recovered. Some of the symptoms here might have excited suspicion in a mind alive to the chance of such an accident; and one question would probably have revealed their cause. But the patient being a foreigner, and not having the means of communicating his idea to me, no caution was given to prevent similar accidents.

Since the article by Dr. Stokes (Dis. of Lungs, 1837)—about the first systematic account of the accident), many cases have been recorded, extended statistics having been given by Mr. Porter, the account of which was published in the British Journal, 1841, of a little over 400 pages published. Among all these, the instances are but rare in which recovery has taken place after phthisial symptoms with pulmonary abscess have supervened, even though the offending substance may have been expelled. Cases of this usually fatal consequence of the accident have become still more rare, now that the importance and success of early relief by tracheotomy have been generally recognised. By far the largest number of cases of the accident recorded of late are those in which this operation has been performed, and the mortality thus reduced to a comparatively small proportion. In one or two recent instances, however, the treacherous mildness of the symptoms, or the long periods of repose following an occasional paroxysm, or the alleviation of acute symptoms by treatment, have lulled the apprehensions of patient and practitioner, and encouraged the adoption of a most unsafe expectancy. It is worthy of notice how short a period may sometimes suffice to set up slow yet fatal disease, as in a case mentioned in Cooper's Dictionary, in which the foreign body (a pebble) was expelled through an opening in the trachea three weeks after its admission, yet the patient (a child) died phthisical eight months afterwards.

A case was published in the British Medical Journal, Dec. 12th, 1857, somewhat similar to the first I have
In cases of intubation, where the intruded substance appears not to have advanced beyond a primary division of the bronchus, in the one I have described it either made its way far into the lung, if we may judge by the change of position, the site of the lesions, etc., in the seventh and ninth ribs, and there produced inflammation and abscess in the pulmonary tissue by which it was surrounded; or it may have excited these processes by irritation extending downwards from the bronchus, as in a case by Dr. Gilroy.

Hass (Pathol. Anal.) quotes a case in which the foreign body had penetrated to a position, which was very nearly with the one I have named, and was there discovered after death. It is that of a girl, aged 5 years, who died twelve months after an iron nail had fallen into the trachea. "The nail was found impacted in the fourth or fifth division of the right bronchus, the lung containing several deposits of pus commencing in bronchial lymphatic glands. This is the only instance I have met with in which the precise situation of the body within the substance of the lung has been indicated. While in the primary divisions of the bronchus it may remain a very long time without producing serious symptoms of pulmonary disease; as in a case related by Dr. Wood, in which a piece of nut-shell was coughed up after four years, the local symptoms having been at no time severe, although the general health at one time suffered much. The child recovered. The shell was presumed to have been fixed in the right bronchus. This result does not always follow. Dr. Houston gives an instance in which the right lung was hemiparetic from a tooth in the bronchus, where it was found after death, which took place in eleven days; and the case by Dr. Gilroy, with which I have referred, is another instance of pulmonary inflammation and abscess thus induced. Much will, of course, depend upon the form and nature of the intruded substance. During the time my patient continued his ordinary pursuits, a period of more than six weeks, the piece of wood was probably lodged in the bronchus, or one of its primary divisions, without any uneasiness in the mammary region. It was only when the pain was felt lower down in the infrascapular region that pulmonary symptoms were developed. The case may be considered encouraging, when we reflect upon the extent of disease which must have existed; and with the restorative powers of the cod-liver oil, it is to be hoped that, where abscess from this cause occurs, a more fortunate issue may be expected than has happened in the majority of cases hitherto.

It is remarkable how little appears to have been known respecting these cases so lately as the early part of the present century. It was believed, even by men of eminence, that such an occurrence could not take place and the patient recover. A case is related by Mr. Howship, in his Practical Observations in Surgery, etc. (1816), in which a nail slipped into the windpipe of a man (it was distinctly felt by him to do so), and remained in the air-tubes more than four months, producing "incessant irritation, pain, and cough, spitting up a good deal of frothy sputum," and "worn away to a skeleton." Spitting of blood recurred at intervals. He could cover the exact spot of pain with his hand, which was over the lobe of the right lung. In spite of this history, and the symptoms which marked the case, all the faculty who were consulted, among whom were Dr. Pitcairn and Mr. Cruikshank, assured the patient that the nail which "had disappeared from his mouth, must have gone down into the stomach, and passed off through the bowels," feeling convinced (so it was reported of them) that had such an occurrence (respiration into the air-tubes) taken place, it must quickly have proved fatal. They also said that "what he experienced arose from the irritation when in the stomach, but that it was not in the lungs, as he imagined or suspected." Those who were consulted pronounced the case hopeless—"he was consigned to certain death." At the end of four months, after copious spitting of blood, the nail was coughed up. This occurred in 1804. In 1815 the man enjoyed pretty well, then he experienced, as he supposed, no abscess in the stomach, and a painful sensation precisely in the old spot. I have stated some of the particulars of this case somewhat in detail, to show how much in the dark our predecessors appear to have been as to the capabilities of the air-passage to sustain the irritation of foreign bodies, as to the effects of these, and consequently as to the anxiom question, with the practice, whether, notwithstanding such instances of success, a surgeon would be justified in attempting the same means, and incurring the risks against which such warnings are pronounced. If an opening into the trachea could be safely avoided in any case, it would certainly be a desideratum. The point is not how it is iathered. For example, or in any body whose shape and nature would render it not likely to become impacted in the larynx, the attempt may not with comparative safety be made, the surgeon being prepared to restore the patient to an upright position the instant the excessive effort has been made, whether successfully or otherwise. The excited spasm would be that of the foreign body remaining in the larynx. Would the degree of such risk be sufficient in any future cases to prohibit the trial? In the above case I acted upon the negative of this question, and prepared for tracheotomy if the attempt should have proved unsuccessful, and the effects of it such as to preclude its repetition. The tracheotomy was adopted on the 19th, and had passed into the trachea. In some remarks prefixed to a case of Mr. Hilton's (Medical Times and Gazette, 1852), after referring to Mr. Liston's case, the following occurs—"It may be concluded then, that in all cases in which the size of the body swallowed is not so large as to pro-
The probability of its expulsion, the first measure tried should be the shaking of the patient’s body with the head in a dependent position.*

In the statistics compiled by Dr. Gross, inversion of the body alone is said to have been successful in five cases and in both of them it was a shbling that entered. After tracheotomy, prone inversion would, perhaps, be best, so as to favour expulsion through the mouth, if the substance should fail to pass the glottis. If, however, the easier operation of laryngotomy be performed, as recommended by Mr. Lee, in order, not so much to allow of the exit of the substance through the wound, as to prevent spasm of the glottis, and thereby enable it to pass through the natural opening when the body is inverted — then, if the view here taken be correct, the supine position would be the one most likely to attain that end.

In some cases of doubtful diagnosis, this procedure would probably assist to clear up the doubt. Such an instance, I think, was that already quoted from the British Medical Journal, in connection with Case I., in which, from the comparative quiescence of the patient, a doubt existed in the mind of the surgeon as to whether a foreign body was in the air-passage or not.

In explaining the much more frequent entrance of foreign bodies into the right than into the left bronchus, Dr. Stokes, while properly attributing the chief influence on both to the position of inversion, adds that “another explanation, founded on the different directions of the two tubes, the right being more vertical than the left,” and the statement is repeated in the Lectures of Dr. Watson. This does not seem correct anatomy. The right bronchus, passing off directly into the lung, takes a nearly transverse course. The left, in order to descend as nearly as possible along the border of the heart, has to take a more vertical direction in order to reach its destination. The point is, perhaps, of but little moment, yet worth correcting, especially when endorsed by such eminent names. Mr. Bryant, in the last number of Guy’s Hospital Reports, says that when a foreign body has passed into the bronchi, the left is its most common seat. This is not, I believe, in accordance with general experience.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By Augustin Prichard, Esq., Surgeon, Clifton, Bristol.

* Continued from p. 908 of volume for 1860.

V.—OPERATIONS ON THE EYE.

I have arranged the operations on the eyes under the fifth general division of my operative cases; but, upon looking over them for the purpose of further classification, I find that they are so numerous that any particular account of each case is quite out of the question. They are probably more in number than all my other operations put together; and since, according to my own experience, the tabular form does not give a reader any inducement to persevere in his studies, I have avoided it, and have written most of them out seriatim, as briefly as possible, merely indicating the sex by the letters M and F. Many of the cases may appear trivial to my experienced readers; but they shall be very short, and are comparatively few; for the greater number of the minor ones have escaped any accessible record. I have in these papers been anxious to give a true idea of our surgical proceedings in connection with a provincial hospital, and have therefore included slight as well as severe, and unsuccessful as well as successful cases.

It is necessary to subdivide my ophthalmic cases into ten groups; and, even with this classification, it has been requisite to omit all the little tumours of the lids, serous cysts, operations for pterygia, and fistula lacrymalis. The groups are, the Extraction of Cataract (in one eye and in two — first the successful, and then the un-