The original title reads:

**Original Communications.**

**On the Treatment of the Local Irritation Caused by Contact with Certain Species of Acalæphæ.**

By Edward Headlam Greenhow, M.D.

The purport of Dr. Barker’s paper, in the British Medical Journal of December 32nd, 1860, on the production of urticaria by handling the larvae of some kind of insect, is to me the reproduction of an almost forgotten bit of experience, which, perhaps, threw 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 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 tingling which, when it ends 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 followed soils 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 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 abjured 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, but worse every afternoon, sometimes on the 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 situation of the lungs was heard, through percussion, the sound of a liquid. The lungs were heard to gurgling, together with a pectoral 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.

A week or two after the period, at first antimony, with saline, dry cupping, and subsequently blisters over the affected part, formed the treatment, under which the more acute inflammatory symptoms subsided; afterwards, cold live oil, chiefly by friction, as the stomach would not bear it, together with steel tonics and counter-irritation. The boy improved somewhat under this treatment; and I was a member 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 corresponding with the symptoms, so that the diagnosis—circumscribed abscesses 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 some what excited by the scenes displayed, was seized with 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 worse, 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...
substance, with some matter and a little blood, excluding, "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 per day to be portion, an inch and a quarter long, of a japanned 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 cast away; 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. At first, he was unable to expectorate; his face became red, and he increased in lying down before his head, he was able to expectorate 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 manubrium region, more evident during laughing, etc., and some difficulty of breathing. He continued in this manner for some little time, interrupted in his usual pursuits, or affected in his health, until about 1860. At this period, 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, in the second part of the year 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 were normal, the affected part was not quite so clear as on the opposite side, and the movement of the lungs seemed a little increased during both 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 11. Dennis Keefe, while holding a shilling and a sixpence in his mouth, accidentally let the latter fall back, and it was drawn into his 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 importance, but from its more ready recognition in cases of 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 had 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, it is not certain that any medical advice would have been sought of 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 would have been no means of ascertaining. There is little doubt that in such cases the abscess would have been far more extensive and fatal, had the substance 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 the trouble seemed to be indigestion, but no improvement had occurred after swallowing some liquid or solid food 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 condition, without relief. Now, supposing by swallowing 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, even in cases presenting such symptoms, obstinate in character and obscure in origin, especially in children, and to direct our inquiries accordingly.

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 compiled. More than 400 cases have been above 400 pages published. Among all these, the instances are but rare in which recovery has taken place after phthisical symptoms with pulmonary abscesses 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 note 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
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Described, in which a piece of smooth glass, after producing bronchopneumonia of the right, and afterwards of the left lung, with phthisical symptoms, was coughed up after four months and a half. At the above date the issue was doubtful, as the lung was said to be very seriously damaged; and a fear was expressed of a termination in consumption. It would be interesting to know, three years having elapsed, whether this fear has been realised.

In most cases, 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 physical signs at the site of the injury, i.e., 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.

Hasse (Pathol. Anal.) quotes a case in which the foreign body had penetrated to a portion of which was very near 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 communicative to the bronchial mucous membrane. 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 nutshell 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 heparised from a tooth in the bronchus, which 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 pulmonic 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 injury to the bronchus was probably lodged in the bronchus, or one of its primary divisions, and the general dyspnoea or uneasiness in the mammary region. It was only when the pain was felt lower down in the infrascapular region that pulmonic 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 large quantity of sputum," and "was 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 (scept was reported of them) that had such an occurrence (the admission into the air-tubes) taken place, it might quickly have proved fatal. They also said that "what he experienced arose from the irritation 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 condemned to certain death." At the end of four months, after copious spitting of blood, the nail was coughed up entire. This occurred in 1804. In 1813 the man enjoyed provt, howard not have arisen from the irritation in the stomach, but that it was not in the lungs, as he imagined or suspected."

The chief point of interest in Case II is the success which attended the simple proceeding adopted for relief; but it more especially deserves consideration as involving a question of practice which it would be well to have more decisively settled. Mr. Erichsen, in his excellent and comprehensive Science and Art of Surgery, says, "It is the practice of some surgeons, on account of the danger of cutting the bronchus, to adopt an operation which had been done by the late Cooper, according to his directions, and which appeared to him extremely dangerous unless an opening were first made in the trachea." Now, there are several instances on record, in which the manoeuvre, without previous tracheotomy, has succeeded in causing the expulsion of the offending body, and without giving rise to any untoward symptoms. It becomes, therefore, an important question of medical 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 now thrown into a new light by the case of Mr. Cooper. His reference is to a young man, 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 expulsive 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 case 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. Previous tracheotomy seems not to be implied here; as in one of these cases (Dr. I.), until the patient was preoperatively adopted the plan successfully where a small bullet had passed into the trachea. In some remarks prefixed to a case of Mr. Hilton's (Medical Times and Gazette, 1821), 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 -
the probability of its expulsion, the first measure tried should be the shaking of the patient's body with the head in a depending position."

In the statistics compiled by Dr. Gross, inversion of the body alone is said to have been successful in five cases, but in both of them it was a shilling that entered. After tracheotomy, prone inversion will, perhaps, be best, so as to favour expulsion through the wound, 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 in the glottis and thereby enable it 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 proceeding 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-passages 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 in both to the fact that the right bronchus is more frequent in the adult than into the right bronchus, Dr. Stokes, while properly attributing the chief influence in both to the fact that the right bronchus is less elastic than the left, has proposed to place the foreign bodies in the left bronchus, as in the Bronchus, as in the case of a foreign body, it is more likely to find its way into the left bronchus. The right bronchus, passing off directly into the lung, takes a nearly transverse course. The left bronchus, on the contrary, descending in the hiatus from the left side of the trachea, has to take a more vertical direction in order to reach its destination. The point is, perhaps, of 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 Pritchard, Esq., Surgeon, Clifton, Bristol.

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 connexion 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 Excision of Cataract (in one eye and in two—first the successful, and then the

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