CLAIM TO PRIORITY OF THE
APPLICATION OF NITRATE OF SILVER IN
ULCERATION OF THE LARYNX.

By JAMES BEDINGFIELD, Esq., Surgeon, Stowmarket.
(Read at the Suffolk Branch Meeting, held at Hadleigh,
Friday, June 15th, 1849.)

In a recent number (May 16th, 1849,) of the *Provincial Medical and Surgical Journal*, there is a very interesting and instructive case of "Ulceration of the Larynx," from the pen of Dr. Fletcher, of Birmingham. In all its details, both prior to the dissolution of the patient, as well as in the appearances found after death, this case bears a very striking resemblance to some cases published by me, in the *London Medical Repository*, so far back as the year 1814, and afterwards in my "Compendium of Medical Practice," pages 81 to 93 inclusive. The remedy proposed for the cure of this formidable destructive disease is also the same as that suggested by me. This disease, I believe, proves uniformly, sooner or later, fatal; but this fatality is not to be attributed so much to the want of, or efficiency of, a remedy, as to the difficulty in its application. The mice, after a long consultation, proposed to put a bell about the cat's neck, and a most admirable device it was; but then there was great difficulty as well as great danger, in carrying this operation into effect. I suggested the application of nitrate of silver to the ulcers, and a most efficient remedy I am still inclined to think it would be found, but then there is great difficulty, as well as great danger, in performing the operation. The nitrate of silver, to be successful, must, I apprehend, be applied in substance, not in solution. To make an opening in the trachea, and apply the substance directly to the ulcers, as proposed by me, would be an exceedingly hazardous, although, considering the uniform fatality of the disease, when left to itself, not altogether unjustifiable proceeding; to apply it in substance in the manner proposed by Dr. Horace Green, of New York, will, I fear, be impossible. I ground my opinion of the inefficiency of the solution upon the little benefit I have derived from its use in uterine affections; but when applied in substance its effects have been almost magical. But even in a state of solution the nitrate of silver is said to afford great relief, and in so harassing a disease this is no trifling consideration. Instead of fastening the saturated sponge to a piece of whalebone, I would suggest that it should be attached to a hollow tube, pervious at both ends; for although an extraneous body thus introduced into the trachea must necessarily be very exciting, the introduction of an open tube would secure a free respiration. A large elastic male catheter, containing a piece of wire so bent as to give the instrument the requisite curvature, would probably answer the purpose. The root of the tongue might be depressed by a pair of forceps bent at right angles, with which I have frequently succeeded in removing extraneous bodies, both from the pharynx and meatus auditorius externus. The blades slightly separated, so as to pass on each side of the epiglottis, into the pharynx, would, perhaps, be found more

convenient than the rectangular spatula recommended by Dr. H. Green.

I shall conclude these observations by offering for your inspection a specimen of this disease; and which will convey a much more accurate idea of its formidable and destructive character than can be given by any verbal description. It is the case of Sarah Hopkins, which you will find in my "Compendium." The appearances are thus imperfectly sketched by me:—

"The rima glottidis was very much contracted, and the epiglottis abraded upon its sides and concave surface. An ulcerated surface, commencing at the superior and posterior part of the larynx, extended downwards to a small distance below the ventricles of Galen. The trachea was filled with purulent matter. Upon this being sponged away, an extensive and deep ulceration was discovered upon its posterior part, about half an inch below the inferior aperture of the larynx. About one quarter of an inch below this, upon the anterior part of the membrane, another ulcer was situate. This ulcer spread in a circular direction, and nearly embraced the whole circumference of the trachea, for the space of one-third of an inch. In short, the whole surface of the trachea was more or less destroyed by the disease to within half an inch of its division into the bronchi. Upon this small portion there were slight traces of inflammation, and its follicular structure was very apparent. The membrane lining the bronchi was highly vascular, but no disease existed in either the lungs, heart, or abdominal viscera."

With respect to the nitrate of silver. It is not a matter of high importance by whom its use, in ulceration of the larynx, was first suggested. That honour—if honour there be—is claimed by Dr. Fletcher, for Dr. Horace Green, of New York. Some German physician, whose name I do not at this time recollect, has recently proposed this method of treating the disease, and claims the proposition as originating with himself. Let dates decide the question. It was first proposed by me in the year 1814.

COMPOUND DISLOCATION AND REMOVAL
OF THE ASTRAGALUS.

By R. S. NUNN, Esq., M.R.C.S., Surgeon to the Essex
and Colchester Hospital.

(Read at the Suffolk Branch Meeting of the Provincial
Medical and Surgical Association, held at Hadleigh,
June 15th, 1849.)

On the 23rd of January last I was called by my friend, Mr. Symmons, of Bures, to see a patient of his who had met with an accident. I found on my arrival that he was a farmer, of stout strong build, with florid complexion, and having every appearance of robust health. On inquiry, I learned that he had been thrown from his cart, whilst travelling at a moderate pace, and had fallen upon the side of his foot, and that upon attempting to rise and stand, he found he was unable to do so. He was carried home, and Mr. Symmons, on visiting him, discovered the stocking protruding through a cut in a strong top-boot, just below the

external ankle. He cut the bone off, and removed the stocking, when the *astragalus* dropped into his hand, held only by a few fibres of the internal ligaments. These were easily divided by a pair of scissors, and the bone taken away. The wound caused by the dislocation of this bone extended from the anterior part of the ankle, running in a semi-circular form round to the back of the tibia, and left free room for the introduction of the fingers, and for the careful and complete examination of the joint. The vacuum occasioned by the absence of this bone was distinctly traced, and the ends of the *tibia* and *fibula*, with their attachment to each other, clearly felt, but there was no fracture of either *malleolus*, and no apparent displacement of the bones connected with that most complicated joint. There were at this time no constitutional symptoms, and but little pain or irritability. The leg was placed in a simple fracture box (the foot being restrained to the proper position,) a poultice applied to the wound, and a dose of calomel with a saline aperient administered; the lowest diet, and most perfect quiet were prescribed.

25th.—Had passed a tolerably good night; pulse 90; bowels freely relieved; but little pain in the injured limb; a slight appearance of inflammation round the wound. Apply twelve leeches and continue poultices, saline medicines, and barley water.

26th.—Has again slept well; but little increase of pain; healthy suppuration commencing, but still a slight blush of inflammation. Repeat the leeches; cold lotion to the leg, and poultices to the wound. To have a saline aperient, and continue the febrifuge medicine. Pulse reduced to a little more than 80.

I saw him again on the 28th, when no worse symptoms appeared, but the leeches were still applied daily, as occasional evidences of inflammation were present; but he suffered little pain, Mr. Symmons having visited him twice a-day, and himself watched the position of the leg, and applied the poultices, so as to insure the foot not being displaced during that operation. He continued to improve daily; and when I saw him again on the 28th of February, his health was perfectly good, all signs of inflammation had disappeared, the granulations of the wound were perfectly healthy, the suppuration sufficient and good, and he was able to raise his foot without assistance. The foot, however, was slightly bent inwards, but this was gradually diminishing, and the shortening of the leg proved that the healing process was going on, and that the approximation of the extremities of the *tibia* and *fibula* to the anterior portion of the *os calcis* was taking place. From this time to the present he has been gradually improving, and is now able, by the aid of sticks, to walk about the house, to get into his gig, &c. There is increasing motion in the joint, and he can bear almost the entire weight of his body on the injured part. The leg is shortened by an inch (just about the thickness of the *astragalus*); and I have no doubt that granulations have sprung up from the periosteal surface of the tarsal end of the *os calcis*, which are gradually becoming condensed, and which will form a semi-cartilaginous bed for the ends of the *tibia* and *fibula*.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by Mr. PETER HINCKES BIRD, late Resident Medical Officer.

CASE XXIV.

STONE IN THE BLADDER.

Francis Weaver, aged 5, was admitted into the Hospital under the care of Professor Sands Cox, on the 10th of March, 1847.

His mother states that he has been ill about eighteen months, labouring under symptoms resembling those now present, but not so severe. He has been under medical treatment for some time.

Present state.—He is emaciated, and his countenance is pale; he is constantly pulling the prepuce, which is elongated, and he complains of pain in the penis, to relieve which he rubs his belly against the bed. The pain is generally worse at night and causes him to scream out; his urine dribbles away at times, especially in the night. The urine, on examination, has an acid reaction, and presents nothing abnormal when examined microscopically. Appetite pretty good, bowels open, tongue clean. On the introduction of a sound a stone was at once detected.

R. Potass Bicarbon, dr. iss.; Infus. Gentianæ, oz. viij.; Capiat, oz. ss. ter die.

March 12th.—Seems rather better; pain is easier since he has taken the above medicine; appetite good.

15th.—The lateral operation was performed by Professor Sands Cox this morning and a small calculus was extracted in less than half a minute after making the first incision. The stone was of an oval shape, its exterior was rough, and of a light clay colour; it weighed two drachms. The little patient was placed under the influence of æther previously to the operation.

Nine o'clock P.M.—Feels pretty comfortable, the urine passes through the wound.

16th.—Slept well; complains of thirst; pulse 96; tongue furred; bowels open; wound looks healthy, but the urine still passes through it.

Sumat Mist. Salinæ, oz. ss., quartis horis.

18th.—Doing well; appetite returning; a small quantity of urine passed through the urethra this morning.

20th.—Most of the urine passes through the urethra; the wound is closing by granulation; sleeps well; health much improved.

30th.—Wound quite healed, appears quite well. Discharged.

Examination of the Calculus.—*Physical Characters*—The calculus was of an oval shape, and weighed two drachms, its exterior was of a clay colour and mammillated. Its section presented a nucleus and three dis-