I resolved to lay the patient upon her back, with her shoulders elevated, and her head a little depressed. I then introduced a pair of slightly curved polypus forceps down the right bronchus, about three inches from the external opening. The passage being obstructed, the attempt to expirate was so great that the stone was instantaneously driven with considerable force between the blades, but though I immediately and successfully closed them, it was only caught by the extreme points of the instrument. The quantity of frothy mucus that was ejected, or rather sputtered out, when either the stone was dislodged or an instrument introduced, and the short space of time that was allowed for each attempt, from the severe symptoms of suffocation and the violent action of the diaphragm, made the operation not only difficult, but extremely distressing to witness.

The edges of the external wound were brought together by a single suture and straps of adhesive plaster. The patient was immediately put to bed, with her head and shoulders considerably elevated, in which position she was perfectly easy, and in the course of an hour her breathing had become natural, pulse only 100, and skin moist.

Mixture of acacia, an ounce and a half;
Syrup of poppies, two drachms;
Ipecacuanha wine, twenty-five minims. A teaspoonful whenever the cough is urgent.

15. Has passed a tranquil night; slept two or three hours at a time; skin moist; a little mucus had forced its way through the external opening, on which account the lower strap was removed to allow a freer passage.

Evening: Appears composed; cough easier; pulse about 100; bowels relieved.

16. Bowels not relieved; breathes rather quicker; pulse 100; cough still continues troublesome, and more so when visited.

17. Morning: Not quite so well; slight pain a little below the right clavicle; pulse 120; breathes quicker; skin not so moist. Ordered a blister to be applied over the part, and the following medicine:—

Ipecacuanha wine, half a drachm;
Antimonial wine, two drachms;
Saline mixture, four ounces. A tablespoonful every third hour.

Ipecacuanha, one grain;
Chloride of mercury, four grains;
Prepared chalk, four grains;
Powder of acacia, two grains. Make into eight powders, one to be taken between each two doses of the mixture.

Noon: A considerable quantity of air and mucus escaped through the opening; dressings removed; wound looking well.

Nine, p.m.: Skin moist, and not so hot; pulse about 100; pain only felt during a paroxysm of coughing.

18. Better; skin moist; pain easier; bowels relieved by a senna mixture; expectorates more freely; less escapes by the wound.

Evening: Continues to improve; pulse about 100.

19. Gradually improving; bowels open; wound looking well.

20. Only a small quantity of mucus escapes through the external opening.

21, 22, 23. Going on well; pulse about 80; cough easier; wound closing fast; sits up in bed. The cough mixture to be continued, and the following medicine to be taken:—

Mixture of roses, four ounces;
Spirits of nitric ether, half a drachm;
Ipecacuanha wine, half a drachm. Mix. A tablespoonful three times a-day.

24 to 27. Up; wound nearly closed; no discharge of mucus; occasionally a short cough.

May 2. (Eighteen days after the operation.) Out; wound healed; cough nearly left her; pulse natural; appetite good; the girl in every respect looking well.

From this time the cough gradually ceased, and she still continues in the enjoyment of perfect health.

The stone was a small white pebble, of an irregularly oval form, weighing twenty-one grains, five-eighths of an inch in length, and above three-eighths of an inch across in its broadest part.

The clear and correct diagnosis here obtained by the use of the stethoscope, and its signal failure in Mr. Brunel's case, which occurred about the same time, the change of instruments necessarily had recourse to, and the depth to which the forceps required to be introduced before I could lay hold of the stone, the entire absence of hæmorrhage, with the few unfavorable symptoms, and the little or no suffering after the operation, render this case exceedingly interesting.

CASE

OF

RETENTION OF A FOREIGN BODY IN THE AIR PASSAGES

FOR NINE YEARS AND A HALF.

SUBSEQUENT EXPULSION AND RECOVERY.

By WILLIAM ROSE, Sen., M.R.C.S.

Rebecca Lovegrove, aged six years, in the month of November, 1812, was brought to me by her mother, who stated that the child, nearly a week before, had put a beech mast into her mouth for the purpose of cracking it, when it was suddenly drawn into the larynx, occasioning, as the mother described it, a sense of strangulation, which continued nearly three hours. At this time her breathing resembled, in sound and difficulty, that of a child laboring under croup. On making pressure upon the thyroid cartilage, she complained of a pricking sensation, and the conclusion was, that the mast, by its sharp, triangular edges, was transfixed in that part of the larynx, the concave figure of its sides admitting the passage of air; occasional attacks of coughing, with slight mucous expectoration, were the only accompanying symptoms; the appetite remained good, and no other function appeared disturbed. An emetic was administered without relief, the wheezing sound in respiration, whether asleep or awake, remained the same, and so continued for a year and a half. About this time her health became affected by loss of appetite and the frequent ejection of her food, when, during a violent fit of coughing, which had for some time become more than usually troublesome, the bursting of a vomica was evidenced by the discharge of pus and blood to the amount of half a pint, which at first threatened suffocation. *From this period the wheezing noise ceased* and her respiration became comparatively

free and easy. Cough and expectoration, more or less daily continued, but at the end of every ten days or fortnight, the cavity becoming full, "half a pint"* of purulent discharge, very fœtid, both in smell and taste, was coughed up, usually preceded by a sense of fulness about the bronchiæ; the discharge, from the quantity accumulated and violence of the cough, was in part forced through the nostrils to a considerable distance. It was observed that, on the intermediate days, the expectorated fluid was much less offensive.

The foregoing symptoms, with large periodical discharges of pus, continued from May, 1814, to the 14th of May, 1822, when, during a fit of coughing, the mast was ejected, having entered the larynx in the month of November, 1812, and retained nearly ten years. The figure of the mast is perfect, having a crack on one of the sides.

The physiological influence upon the constitution in this case is worthy of remark, growth and development having been arrested in their progress. At the age of sixteen not the slightest appearance of the mammæ was to be perceived; the points of the fingers and toes projected considerably beyond the extremities of the nails, presenting a very curious appearance. About a week after the mast was ejected she was able to walk the distance of seven miles without fatigue, and sang her evening hymn, which she had not been able to do since the accident, nor, as her mother assured me, could she walk the distance of a furlong without exciting violent coughing, difficulty of breathing, and a pricking sensation in her throat, with pain in both legs, which had become much tumefied. In the year 1821 she consulted a physician, and expressed to him her belief that the mast was still in her throat, as, during a fit of coughing, she could feel it sliding up and down, causing a sense of soreness in the larynx, and, to use her own expressive words, she felt "as if it was coming into her mouth, and thought she could reach it with her finger." From the supposed perishable nature of such a substance, she was assured of the improbability of its existence, as at so remote a period it must have long since decayed and been expelled. He expressed an opinion that it had caused ulceration of the lungs, and gave an unfavorable prognosis. It should be remarked, however, that she remained free from any other phthisical symptoms, such as hectic fever, night sweats, or diarrhœa. A few weeks after the ejection of the mast, the periodical discharges of pus gradually began to lessen both in frequency and quantity; I saw her three months after, when a fit of coughing came on in my presence, a tablespoonful of pus being thrown up, the usual quantity then daily expectorated.

About a year and a half following the expulsion, growth became visible, the mammæ showed marks of development, and in two years menstruation commenced. Four years after she had a severe attack of bronchitis, when, from the large quantity of purulent expectoration, the existence of a cavity could scarcely be doubted. She was married about ten years after the expulsion of the mast, and has now four healthy children. An interval of one or two years has since occurred, in which both cough and expectoration

had entirely ceased, but, on visiting her a few days since, not having seen her for several years, I found her with an infant at the breast, complaining of a return of cough and expectoration, which commenced and has continued since last Christmas, but without any other symptom than that of general debility, which may be accounted for from nursing, want of sufficient nourishment, and copious expectoration, the appearance of which confirmed my former opinion of the existence of a secreting cavity.

High Wycombe, Bucks, July 31, 1843.

CASE OF TRACHEOTOMY.

By THOMAS T. GRIFFITH, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—May I beg room for the insertion in your pages of the following case, which was to have been read at the Leeds meeting.

I remain, Gentlemen,

Your obedient servant,

Wrexham, Aug. 28, 1843. THOMAS T. GRIFFITH.

Sept. 5, 1841. John Fagan, aged five, whilst eating a small plum, suddenly fell down, apparently in a state of suffocation. On recovering, he said "the plum-stone had slipped into his throat." Previously to my seeing him, a probang had been passed and he had vomited, but nothing was seen or felt of the plum-stone. Shortly after this I found him with a turgid, anxious countenance, hurried and difficult respiration, and a hard, sonorous, and frequent cough. He pointed to the trachea as the seat of distress. Inspiration was easy and regular; expiration broken and noisy, particularly so at the upper and right side of the sternum. There was no sound of obstruction in the trachea. This state of things lessened, his feelings were soothed, and, with the addition of simple remedies, he soon became calm and easy, passed a good night, and on the following day was playing in the streets. My conviction of the presence of a foreign body in the chest led to his being removed to the infirmary, where he was kept in bed, and constantly watched. On the second day severe dyspnœa came on, and in my absence he was bled with some relief, and subsequently for the same symptoms leeches were applied. A temporary suspension of distressing symptoms succeeded, and as, from repeated examinations, I believed the plum-stone to be fixed, and as he was never left alone, I awaited the result.

On the morning of the fourth day violent and distressing paroxysms of dyspnœa came on, often menacing immediate suffocation, and attended with some degree of stupor and a turgid state of the veins and a rapid pulse. The question now fairly presented itself, whether these alarming symptoms depended entirely on the presence and situation of the foreign body, and admitted of no relief but from its removal—or whether tracheotomy, in preference to all other means, did not present the best mode of relieving and sustaining the respiratory process at a moment when its fatal arrest was threatened by spasmodic closure of the glottis, or the sudden propulsion of the plum-stone into that aperture? In anticipation of this state of things, I

* This quantity the mother repeatedly asserted was the amount.