

down to the opening; failing in this, the forefinger was carried down upon the tongue, the tongue depressed, the epiglottis pressed back, and a probe passed through the glottis with the design of starting the body down from the larynx; this, after repetition, proving ineffectual, a pair of forceps, slightly curved and of good length, were passed up the trachea through the opening, in hope of seizing the foreign body. Not succeeding, they were thrust up into the larynx with as much force as could be ventured, when, upon withdrawing them, the child gave a half convulsive cough, and out flew the foreign body from the mouth, striking with considerable force upon a door some three feet distant. It proved to be a kernel of Indian corn, swollen almost to bursting. Its dimensions were as follows: longest diameter, $\frac{9}{20}$ of an inch; shortest diameter, $\frac{7}{20}$ of an inch; circumference in direction of longest diameter, $1\frac{3}{10}$ inches; direction of shortest diameter, $1\frac{3}{20}$ inches.

For a few days the patient suffered considerably from the effects of inflammation preceding the operation, and, though the respiration was tolerably free through the glottis while he was at rest, immediately after the removal of the corn, it was fifteen days before the hoarseness and cough gave way, or the mucous matters could be safely discharged through it. No accident occurred to retard the progress of recovery, and, on the 16th inst., just twenty-five days after the operation, the incision was completely cicatrized.

December 20, 1859.

TALIPES EQUINUS, FROM INJURY OF THE CALF OF THE LEG.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case has nothing peculiar, either in the treatment or the success with which it was followed, but I think it may be interesting to your readers, from the singularity of its origin.

The subject of the deformity was a young man, 18 years of age. When a boy of 11 years, he was sent on an errand to a mill or factory. In looking about the machinery, he attempted to step over a shaft, which was turning very rapidly, and as there were some projecting bolts, near its coupling, his pantaloons were caught by them, and he was whirled round and round with the shaft, until the mill was stopped; when it was found that a great portion of the gastrocnemii muscles of the left leg had been torn off, and the bone laid bare for some inches. The father of the young man represented the part abraded or torn away as being as thick and as large as his hand.

The surgeons brought together the jagged fragments as well as they could, by stitches and adhesive plaster, but during the process of cicatrization the foot was not kept flexed, and the heel

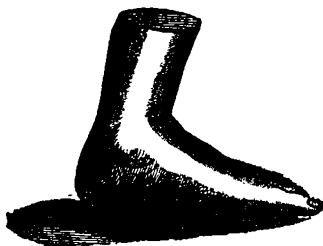
was drawn up, so as to make almost a continuous line with the tibia and fibula. The heel stood five inches from the ground, when I first saw it, and he walked entirely on his toes and the anterior ends of the metatarsal bones, which he had done from the time of the accident, being now seven years.

I operated on the foot the 8th of September, 1859, and in three weeks it had acquired its normal position, as seen in Fig. 2, with a free and complete use of the ankle-joint, and all the functions of the foot restored. When brought to me, the foot was as represented in Fig. 1. Although the foot in this case had regained its natural and relative position in three weeks, the young man did not return home until about six weeks from the time he came, as it was thought best to continue the application of the apparatus for that length of time.

FIG. 1.



FIG. 2.



It is now about eight weeks since he left this city, and he writes me that he walks and runs with perfect ease, and also skates. The leg exhibits a singular state of the gastrocnemii in walking. The different portions of these muscles which are left, seemingly act distinctly, but synchronously. There is a fasciculus of fibres on the inside of the leg, which remains entire from its origin to its insertion; then there is the tendo-Achillis, with a portion of muscle below the cicatrix, and there is another portion above, which has its natural origin, but no insertion, except an adhesion to the cicatrix and bone underneath. These separate portions of the original muscle all act in concert, and simultaneously, in walking.

Boston, Dec. 22, 1859.

JOHN B. BROWN, M.D.

Amputation of Limbs affected with Elephantiasis Arabum.—M. Mazaé Azéma, who practises at the Isle of Bourbon, advocates the removal of limbs affected with the above disease, and gives several successful cases. The author contends that such amputations "are not more perilous than those undertaken for other affections; that metastasis is not so certain as has been thought; and that the amputation may be performed immediately above the swollen parts and in tissues considerably infiltrated."

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