Case of Bronchotomy. By CALVIN JEWETT, M.D.

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THE following case is not presented as being new, it having occurred frequently in the United States, and the operation has been successful, in most, if not in all cases, when recourse has been had to it in due season. Doctor Jameson remarks, in Vol. vi. of the American Medical Recorder, No. 1. Jan. 1823, that, 'though there is no subject about which surgical writers more universally agree, than they do, as to the safety, the propriety, and the necessity of Bronchotomy;' yet the want of ready surgical aid, the fear and misapprehension of parents and friends, relative to the danger of the operation; has consigned many to an early grave, whose lives might have been saved by Bronchotomy.

Hannah Bayley, aged 3 years, having several beans and pieces of beans in her hand, while her mother was passing a loose garment over her head received a part of a large case-knife bean into the trachea on the morning of the 23d March, 1824. Immediate symptoms of suffocation ensued, attended with violent coughing. The more violent symptoms soon subsided, and she became apparently well, and excepting slight irritation, which was sometimes manifest, and two paroxysms of coughing, her play or rest was little disturbed until the 25th. At twelve o'clock this day I first saw her; her pulse were 120 in a minute, hurried breathing, face bloated, a livid countenance, a peculiar wildness and anxiety of expression in the features; rattling in the trachea and lungs, coughing frequent and severe.

I informed the parents of my conviction that there was some foreign substance in the trachea or bronchia, and that there was no probable relief to be obtained but by an operation.

The parents, like many others were deceived by the quiet which had succeeded to the first violent symptoms; anxious to avoid the pain, and imaginary danger of Bronchotomy, they were willing to attribute the symptoms to worms, or lung fever, not conceiving it possible, how such intervals of perfect ease could comport with the fact of a foreign substance in the trachea. In the evening more restless, with very laborious respiration.

26th. Had a very restless night, yet slept some towards morning. At 9 o'clock A.M. the symptoms became more alarming, incessant coughing, hurried breathing, pulse 130.

I advised a consultation, and Doctor Bartlett of Haverhill, N.H. was called. We were of opinion that the operation offered

the only rational means of saving the life of the child, and that this probability was much lessened by the period which had elapsed since the accident; and consequent irritation which had taken place in the lungs, which might necessarily lead to a fatal issue although the exciting cause should now be removed.

The operation was performed in the usual manner by dividing the skin and cellular substance in the line of the trachea with a scalpel; the sterno-thyroid muscles were now exposed and pushed gently to each side, the trachea brought to view, though with some difficulty (the more so, as the child had a Bronchocele of the largest size for one of her age, yet lawfully inheriting it from her mother.) An incision was now made downwards through the trachea and enlarged upwards so as to divide in part the cricoid cartilage. The air rushed out with much violence expelling blood and mucus, with great force, while the mouth and nose were closed by Dr Bartlett, to assist the expulsiatory effort. It soon became necessary to change the posture of my patient to prevent too much blood from passing into the trachea; she was now placed, her face downwards, her head lowest. After a little rest was given, search was made in the trachea with the hope of dislodging the offending substance, that it might be expelled or removed through the artificial opening; but in this search we were unsuccessful. She endured the operation well, with very little struggling, and no crying; made repeated enquiries if I was about to bleed her, and what I was doing.

During the progress of the operation, an enlarged branch of the lower thyroideal vein was divided, which occasioned the loss of two or three ounces of blood; it not readily subsiding by compression was secured by ligature. Further search at this time being judged useless, superficial dressings were applied, and an anodyne directed in case of restlessness.

27th. Rested better than the night previous to the operation, directed the bowels to be evacuated, some cough, pulse 120.

28th. Considerable irritation of the lungs, pulse as yesterday, much thirst, cough troublesome, directed a solution of tart. ant. to be given once in two hours; epispastic to the chest.

29th. Same as yesterday, treatment the same.

30th. 5 O'clock P.M. was called in haste, being informed the symptoms were such as when she swallowed the beans. I found her symptoms such as justly to excite alarm, almost in a moribund state. I removed the dressings, separated the edges of the incision which was easily done, introduced into the trachea a firm silver wire doubled and curved so as to resemble in form a single blade of the forceps for obstetrick, this I moved

steadily both upwards to the larynx and downwards in the trachea, it produced much irritation, and the convulsive effort was much greater when passing the instrument upwards than downwards. In my search I was not sensible of meeting with any foreign substance, but immediately after I desisted from my examination, an alarming effort to cough succeeded, she involuntarily brought her hands over her mouth and nose, and at the same instant the piece of bean was forcibly thrown at some distance through the artificial opening in the trachea—the irritation soon abated.

On examining the bean it was found to be an equal part of one half of a bean of very large size, (known here by the name of the case-knife bean,) divested of its involucre.

31st. Slept tolerably last night—slight cough; countenance much improved since yesterday.

April 1st. Slept well last night, pulse 100.

At 12 o'clock the difficulty of breathing and cough became violent, I was called, and judging from the symptoms that some foreign substance still remained, with my instrument I again renewed my search, and on separating the edges of the incision in the trachea the envelope of the bean already removed was presented at the orifice and easily removed. She soon became quiet and slept.

2d. Rested well last night—some cough, directed 2 gr. pulv. ipecac., to be repeated if necessary, pulse 90.

3d. Slept well, cough less, appearance of the incision healthy; very little air escapes through the opening, and that only when she coughs.

6th. Is running about the house in good health, except she appears to suffer somewhat from debility. No emission of air through the artificial opening since the 3d.

8th. Since the 1st April, the dressings have been with adhesive straps, and the progress has been very rapid to recovery of health, and complete healing of the parts, leaving only a small cicatrix, and this deformity, will be more than compensated for, judging from present appearances, by the lessening, if not the entire removal of the Bronchocele.

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Cases of Sore-throat and Fever. By E. HALE, Jr. M.D.

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ON the 26th of March last, I was called to attend upon a lady who had fallen into the fire in a fainting fit and was severely