

ance, I recognize that of a writer in the first medical periodical ever established in the United States, and tender him the homage of my respects for his exertions in medical science, and for his kind though unmerited notice of me.

The query respecting ergot was not proposed from any experience of my own, that it loses its virtues by age. But a medical gentleman, of high standing in his profession, in consultation on a case where it became necessary to use it, made the unqualified assertion that it lost its efficacy and became inert if kept over the year. I did not think at the time to inquire upon what foundation this opinion rested, and have not since had an opportunity. The gentlemen above named have proved that the gentleman referred to was mistaken, and that it does not lose its power on the uterus if kept for *ten*, or even *sixteen* years.

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TWO CASES OF ABSCESS IN THE LUNGS FROM FOREIGN SUBSTANCES IN THE TRACHEA.

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CASES similar to the following have been recorded in various publications, but may be regarded as uncommon, serious, and therefore interesting.

CASE I.—A., a healthy boy two years of age, in February 1829, while engaged with several other children in eating walnuts, suddenly fell upon the floor in running across the room, and was immediately seized with a severe coughing, which continued incessant, almost to suffocation, for several hours, during which time the child had several turns of vomiting. I saw the child about two days after the accident, and from the appearance of the frequent, harassing, dry cough, it seemed evident that some foreign substance was in the trachea. At the time of falling on the floor the child had a quantity of the cracked nuts in its hand, and there was little reason to doubt that he inhaled some fragment of a shell. A consultation was held to consider the expediency of tracheotomy; but from the symptoms it seemed pretty evident that the foreign substance was not now in the larynx—and as its situation in the trachea could not be determined, the operation was thought inadvisable.

The cough progressed, with scarcely any mitigation, attended with a general febrile excitement, and, within about five days after the accident, the child complained of pain in the left side. The case was treated with opiates, frequent small doses of calomel, and, when the febrile excitement was considerable, with small doses of antimony. After a few days, percussion elicited an obscure sound in the region of the root of the left lung—this gradually extended, until the whole left side of the chest yielded a perfectly dull sound, the respiratory movements of the left parietes of the chest becoming scarcely observable, and the stethoscope detecting no respiratory sound on this side. In the course of four weeks the patient had frequent chills, and there appeared a general protrusion of the left intercostal spaces, but without any distinct pointing of

the fluid, which was now evidently formed within the chest. The extremities became œdematous, and the patient seemed rapidly declining.

Within a little more than five weeks from the commencement of the illness, a great quantity of purulent matter was suddenly ejected by vomiting, and for the several succeeding days the alvine evacuations consisted principally of pus. A clear sound was now elicited by percussion, and *a distinct respiratory sound was audible with the stethoscope over the whole left side.*

The cough soon disappeared, and no symptom of thoracic disease remained, excepting a slight shortness and frequency of respiration, which was more especially observable after any severe exercise. This symptom, however, occasioned no serious inconvenience, and the boy became remarkably fleshy and robust.

In the summer of 1830, sixteen months subsequent to the above-mentioned occurrence, the boy was violently attacked with scarlatina, which produced a determination to the brain, and proved fatal on the sixth day.

On dissection, the whole left lung proved to have been destroyed by disease, excepting a roundish mass a little more than one inch in diameter at the root of the lung, which was enclosed with a firm smooth membrane covering the truncated terminations of the bronchiae. To compensate for the loss of the left lung, the right lung seemed hypertrophied, and had crowded the mediastinum, with the heart, far to the left, so as to nearly fill the left half of the chest. A very thick firm cicatrix was observed in the left wall of the œsophagus, one or two inches below the root of the lungs, indicating the place where the pus formerly escaped from the left cavity of the thorax into the alimentary canal.

CASE II.—G. N., a healthy infant boy, nine months old, was attacked with a severe dry irritative cough, in April 1833. This cough came on suddenly, while the child was playing with some green cedar boughs, some portion of which probably furnished the substance which entered the trachea. I first saw the child on the sixth day, when the existence of a foreign substance in the lower part of the trachea was unequivocally detected. With the stethoscope applied to the spine, over the root of the lungs, a circumscribed, distinct and loud hissing, whizzing or buzzing respiratory sound was heard, which varied from a simple hissing murmur, to a noise like that produced by the reed of a hautboy, according to the velocity of the passage of the air through the trachea. The foreign substance evidently appeared stationary, not ascending and descending with the respiratory movements, as occurs in some cases.

The case was left to nature, with simply an occasional opiate, to allay, as much as possible, the existing irritation. Within a few days a distinct crepitation indicated an incipient inflammation throughout the greater portion of the right lung, more especially about the root of the lung, the crepitating sound being most intense in the right interscapular region. By degrees the lung became so engorged that the respiratory sound entirely disappeared from the right side, the sound of percussion also being perfectly dull. During the progress of the inflammation, frequent small doses of calomel were given with the opium, which was administered in the form of laudanum, or Elixir Asthmat., combined occasionally with Tincture Sanguinaria. The inflammation, at two different times,

kindled up in the left lung, but subsided under a more free use of the calomel and sanguinaria.

About three weeks from the attack, a fluctuating tumor appeared just behind the inferior angle of the right scapula. This tumor evidently communicated with the interior of the chest, and could be pressed entirely away; but, on removing the pressure, it would reappear during the next succeeding expiration, with a gurgling noise indicating the presence of both air and a fluid.

After consultation, the operation of *paracentesis thoracis* was performed. An external incision, about one inch in length, was made in the middle of the tumor, and with a lancet a puncture was made between the sixth and seventh ribs. About a pint of pus was discharged immediately after the operation, and the air in respiration passed freely in and out at the orifice. To prevent the air from entering the orifice, a finger was applied to it during inspiration, and removed during expiration; a large quantity of air mixed with pus was thus expelled from the orifice by each expiration. This process was continued for many minutes, rendering it evident that the abscess in the lungs communicated freely with the bronchiæ, for much more air was expelled from the orifice than could have existed in the cavity of the chest previous to the operation. After the purulent discharge ceased, a compress was applied to the orifice, with a bandage around the chest to prevent the air from entering the orifice in respiration. This was removed once or twice a day to permit the purulent matter to escape. At least half a pint of pus was discharged every day for several successive days, and did not entirely cease for several weeks.

Directly after the operation a respiratory sound was found to have returned to some regions of the right side—corresponding probably to portions of lung which had been simply *compressed* by the fluid in the chest. The action of the diseased lung continued gradually to improve; but even now, six months after the operation, the respiratory sound on that side has too much of the dry, whistling, or bronchial character, with but very little of the healthy vesicular murmur. Percussion too does not give a healthy sound; and a disparity between the respiration and the pulse (that is, a morbid frequency of the respiration as compared with the pulse, the healthy ratio between the frequency of the respiration and that of the pulse being as 1 to 4½) indicates a want of integrity in the lungs.

Remarks.—The two preceding cases may be regarded as instances of secondary irritation, and consequent inflammation and suppuration, of the lungs, caused primarily by irritation of the bronchial membrane. What ultimately became of the foreign substance in the trachea, in either of the cases, is uncertain. It is doubtful, however, whether it ever entered the tissue of the lungs. In the second case, it was certain that almost the whole right lung was affected with inflammation, while the foreign substance was still in the trachea.

A case somewhat similar to this I saw, with Dr. Knight of this city, in the summer of 1832. A considerable portion of one lung was solidified from inflammation, in consequence of a piece of filbert-shell in the trachea. There was reason to believe that in this case the filbert-shell

never penetrated the lung, for it was eventually thrown up from the trachea in coughing.

In all such cases, if the stethoscope detects a whizzing sound in the larynx or upper part of the trachea, or if other symptoms indicate that the foreign body has not yet descended into the inferior part of the trachea, or the bronchiæ, there can be no question regarding the propriety of tracheotomy. On the contrary, if the foreign body has become fixed in the lower part of the trachea, or in a bronchia, the operation is commonly unsuccessful. In such cases the great indication is to *allay irritation*, for irritation is the primary cause of the inflammation, and the consequent destruction of lung, which ordinarily ensue. When inflammation arises, it is unquestionably proper to adopt some of the ordinary remedies for inflammation. Is there not, however, reason to apprehend that, in attending to the inflammatory symptoms, we commonly give too little attention to the primary irritation? And might not the serious results, to which such cases tend, be sometimes prevented by full doses of opium, and other ant-irritants, in the first stages? If the irritation were thus kept for a while at bay, either the foreign substance might insinuate itself to some region where it would cause less irritation, or from becoming accustomed to its presence, the part in which it is fixed would suffer less inconvenience.

In Case I., above related, being at the time but little accustomed to auscultation, I was led to suppose that a considerable portion of the left lung remained entire, after the purulent discharge from the chest, because a respiratory sound was audible on that side. This sound, as an experienced auscultator would readily apprehend, was unquestionably propagated from the right lung, through the air contained in the vacant left cavity of the chest—just as a respiratory sound may frequently be heard by applying the ear, or the stethoscope, to the abdomen, when the intestines are greatly distended with flatus.

In Case II. it is, perhaps, worthy of remark, that the air passed freely from the trachea into the abscess, and thence out at the orifice made by the operation; and yet no pus appeared to escape from the abscess into the trachea. Probably the communication between the trachea and the abscess was by a kind of valvular apparatus, which permitted a passage in only one direction.

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SIR CHARLES BELL.

THIS individual stands almost alone in his own country, and is scarcely rivalled in Europe, as an original discoverer in the science of physiology. From an article in a recent number of the *Lancet*, we obtain the following facts respecting his birth and the history of his life. John and Charles Bell, the former the author of the popular work on anatomy, which even