A SOVEREIGN IMPACTED IN THE LARYNX:

REMOVAL TWO MONTHS AFTERWARDS.

By A. LEITH ADAMS, M.B.,
SURGEON 22ND REGIMENT.

PRIVATE B—, 22nd Regt., aged twenty-three, a healthy recruit, during the night of the 24th of May, 1858, was drinking in a tippling-shop, and, anticipating a quarrel, put a sovereign into his mouth. Shortly afterwards he received a blow on the face from the fist of one of his companions, when, immediately afterwards, the coin slipped backwards, and although he made frequent attempts at that time and afterwards to expel it, by irritating the fauces with his finger, no relief could be obtained. He then proceeded to the barracks, a distance of two miles, coughing all the way. He continued employed at his duty for the two following days, although suffering from difficulty of breathing, and occasional fits of coughing. In consequence of the increasing severity of the symptoms, he was obliged to come to the hospital on the morning of the 27th of May, complaining of having "caught a severe cold." The symptoms appearing somewhat obscure, and the man preserving silence regarding the real nature of his illness, my attention was not particularly directed to his state at that time. Accordingly the case was remanded for further observation; when, in the course of the day, he confessed the cause, and gave me the history as above recorded. Having carefully examined the pharynx, an emetic was afterwards given, and the patient was several times placed with his head downwards, and beaten between the shoulders. These measures were followed by no good results. His breathing was loud, and resembled that of a person labouring under an attack of asthma; there was slight difficulty in deglutition, and his voice was hoarse and indistinct. The patient referred the position of the coin to a spot situated over the ventricle and vocal cords, on the right side of the larynx, where loud sonorous râles were distinctly audible, particularly during an expiration; only feebly heard on the opposite side. Examination of the organ externally failed to discover any abnormal symptoms whatever. He complained of occasional short fits of coughing. Apprehensive that the coin was somewhere in the upper part of the larynx, (Mr. Henry Jackson of Sheffield, Mr. Hooper, 10th Hussars, and my colleague, Mr. Adrien, being of the same opinion,) on the following day, May 28th, I placed the patient under the influence of chloroform, and divided the crico-thyroid membrane. Repeated attempts were then made to discover the foreign body by means of probes and curved instruments passed upwards into the larynx, but whenever they came in contact with the mucous membrane, or vocal cords, violent convulsive cough ensued, and rendered almost every attempt abortive. It was, therefore, deemed necessary to desist from further exploration at that time, and wait the result of treatment given with the view of allaying the intense inflammation in the organ. Accordingly, the patient was subjected to a mercurial course; and as a tube could not be induced, the wound was kept as open as possible. This treatment was followed by good results; yet he breathed with difficulty through the wound in the neck.

On the 10th of June, the inflammatory action having greatly subsided, on the appearance of ptyalism, I placed the patient on an inclined plane, with the head depended (somewhat roughly manipulating the larynx all the time). This measure was followed by no good results, and only increased the dyspnoea.

The day following (June 11th), I enlarged the wound downwards, dividing the cricoid cartilage and three rings of the trachea, and carefully examined the interior of the larynx and trachea by means of probes, which were passed freely upwards, even into the pharynx. I failed, however, in being able to discover the trace of a foreign body. The mucous membrane, although not so highly sensitive as on the previous occasion, was evidently still in a very inflamed state, and prevented the introduction of a tube, so that a piece of cartilage was cut out, in order to render the opening more patent. He passed a very restless night, and the dyspnoea increased.

On the morning of the 12th, an indurated swelling was visible on the left side of the larynx, between the hyoid and thyroid cartilages, and his breathing was much more difficult, so that on the following day (June 13th) the symptoms became alarming, and called for prompt measures to relieve the im-

pending suffocation. I lost no time, therefore, in obtaining the advice of two of the most eminent medical men of Manchester, my excellent friends Mr. Dunville and Dr. Wilkinson, to whom I am much indebted for their valuable assistance on this occasion. It was agreed that the wound should be enlarged downwards, so as to allow the introduction of a tube into the trachea, hitherto impossible in consequence of the extreme sensibility in and around the larynx. During the operation, repeated attempts were made to discover the foreign body, but without success. The tube was then introduced, and the patient breathed freely. On examining the back part of the pharynx with the finger, attention was directed to the escape of nearly an ounce of pure pus from the upper part of the wound. This occasioned various surmises, and whether the whole symptoms were not referable to the swelling on the left side. However, in the course of a few days the swelling disappeared, but on removing the tube and closing the wound the difficulty of breathing appeared even greater than before, and necessitated its introduction almost immediately after withdrawal. The loud, sonorous râles were still distinctly audible on the right side when the patient breathed through the mouth.

He continued in this state for the following three weeks; his strength, however, improved, and with the exception of the dread and discomfort caused by the tube getting occasionally obstructed, he was free from cough or any urgent symptoms. With the view of allowing air to pass through the larynx, an opening was made in the upper part of the outer canula, which enabled him to breathe partially through the organ; while every opportunity was taken to search the larynx by means of probes and bent sounds.

Having allowed the parts rest for eleven days, on the 22nd of July (sixty days after the accident) I removed the tube, and passed a small, bent, silver probe upwards into the larynx, when the rough margin of the sovereign was distinctly felt on the right side of the thyroid cartilage, and in close apposition with the mucous membrane, which seemed to cover its upper half. So firmly was it impacted, that considerable force was required before it could be seized and removed. The coin was not altered in appearance, although sufficient mercury had been taken to produce slight ptyalism. On the day following, the tube was removed, and the edges of the wound brought in close apposition, when the patient's breathing rapidly improved, so that a fortnight afterwards the wound healed up, and with the exception of a little roughness of the voice, and a sense of rawness about the throat, the man is now quite well, and almost fit for duty.

The symptoms during the first few days were by no means so severe as might have been expected from the presence of a foreign body, of the size of a sovereign, in an organ so very highly sensitive as the larynx; and the patient's disposition to conceal the real cause of his illness rendered the diagnosis at first embarrassing. The repeated failures in the attempts to discover the coin were owing in a very great measure to the extremely sensitive condition of the mucous membrane, which chloroform on the first occasion seemed only partially to allay; and in consequence of the dyspnoea increasing during its administration on the 11th of June, it was not given on any subsequent occasion. It must often be a difficult proceeding to discover a foreign body of such a conformation when lying flat on the side of the organ, impacted amongst the vocal ends or pouches, and either partially or wholly covered by the inflamed mucous membrane, as I have every reason to think was the case in the present instance when discovered on the 22nd of July. My own impressions are, that on passing the rima it became entangled about the upper part of the thyroid cartilage on the right side, where the stethoscope all along indicated its presence; and that after a time, as the patient breathed through the tube, and rest was given to the inflamed parts, the coin gravitated a little downwards on the inflammation subsiding. I have no doubt, however, that had he sought relief at once, instead of allowing nearly three days to elapse before any complaint was made, it might have been extracted without much difficulty. The swelling on the left side, which first became apparent on the morning of the 12th of June, was, I believe, caused by injury done to the internal parts during the efforts to introduce instruments on the previous day; and the pus visible on the 13th of June was an accumulation in the deeper-seated parts of the wound resulting from the first operation. I repeatedly attempted to discover a communication between the wound and the supposed abscess, but failed; and the difficulty of breathing continuing, even worse than before, after the swelling had entirely disappeared, seemed almost conclusive evidence that such could not be the case. In this

opinion I had the concurrence of my esteemed friends, Mr. Henry Jackson of Sheffield and Staff-Surgeon Moore, to whom I feel very grateful for their unwearied attention and able assistance during the most trying part of this very interesting case. Manchester, 1858.

ON THE

USE OF HYDROCHLORATE OF AMMONIA IN NEURALGIA.

BY HORATIO C. BRENCHLEY, Esq., M.R.C.S.,
SURGEON TO THE BRIGHTON DISPENSARY.

In the "Clinical Records" of THE LANCET of the 2nd inst., were a few remarks on the use of the hydrochlorate of ammonia in neuralgia. Having been for a long time, until lately, a great sufferer from this complaint, I have marked down a few observations on the action of this remedy which have fallen under my immediate notice.

The hydrochlorate of ammonia, although a very old medicine, has been very rarely employed internally. I cannot call to mind having once seen it so used during the whole time I have been in the profession. It has, however, as you observe, been long in use in Germany, though chiefly as an alterative and resolvent; but, recently, it has been much in repute in India for the cure of neuralgia. I can bear testimony myself to its great value in this painful affection.

The method of exhibiting it is in doses of half a drachm, in camphor-mixture or spearmint-water, every hour during the paroxysm, until the pain is relieved; and it is affirmed, that the prolonged use of it, in smaller doses, for a few days, produces immunity from future attacks.

In order that I may not occupy too much of your time and space, I will relate but one case:—A young man, aged twenty-three, unmarried, healthy, and without any other apparent complaint, had long suffered from very severe attacks of neuralgia of the face, coming on at intervals of about one month, and lasting from two or three days to a week. It sometimes came on on one side of the face, and at other times on the other side. During one of these attacks I saw him, and ordered him quinine and arsenic, which put an end to the attack for the time. After the lapse of a month or six weeks, he had a second attack, which was cured in the same way. A third attack, however, came on after a shorter interval. This time the quinine and arsenic failed to relieve him. On the third day, when I saw him, he was in great agony, propped up in bed, and unable to do anything from the severity of the pain. The left side of his face was swollen, flushed, and hot, the temperature considerably higher than on the right side; the heat also of the inside of the mouth was so great, that I expected I should find matter forming from decayed teeth; but, on examination, I failed to do so.

I now tried the much-vaunted remedy—the valerianate of ammonia, but without any effect. The usual remedies having failed, I gave him the hydrochlorate of ammonia, in doses of half a drachm, every hour, in camphor-mixture. I saw him three hours after he had commenced this treatment, and found he had been much relieved after taking the second dose; and, having taken the third dose, he was almost free from pain, and begged to be allowed to continue the remedy. The heat and flushing of the face had subsided, and the temperature of the mouth considerably reduced, feeling quite cool after the burning heat of its former state. He went on for three or four days with the remedy, in doses of fifteen grains, three times a day, although there was no return of pain. Three months have now elapsed, and he has had no relapse.

The *modus operandi* of this medicine is not very clear; but whatever other specific virtues it possesses for the cure of neuralgia, in this particular case it evidently acted as an indirect sedative, by lessening the arterial action; for the first and most striking effect of the medicine was the rapid lowering of the temperature of the mouth and face. From further observation, I have found that this remedy is most useful in those cases of neuralgia which are attended with heat and swelling.

From what I have seen of its action, I shall, for the future, always feel that we have, in the hydrochlorate of ammonia, an addition to our list of remedies for neuralgia which is most useful, safe, and efficient.

Lansdowne-place, Brighton, Oct. 1858.

ON A CASE OF

DISLOCATION OF THE ULNA AND RADIUS BACKWARDS.

REDUCTION AFTER FIFTY-TWO DAYS.

By W. PHILPOT BROOKES, M.D., F.R.C.S.

SARAH G—, aged seven years, fell down while at play in the yard of the workhouse, on the 15th of August, 1858, and met with what at that time was deemed an injury of the elbow-joint. On the 2nd of October, the surgeon of the house (who had been elected some days after the occurrence of the accident) called on me to examine the case. I immediately discovered the nature of the injury, and endeavoured by gentle manipulation to break down the adhesions, finding it useless at that time to endeavour to reduce the dislocation. We allowed the case to remain until Monday, Oct. 4th, intending on that day to give the child chloroform.

Oct. 4th.—I did not administer chloroform. I made extension with my thumb in the axilla, grasping with my hand the humerus. With the other hand I made counter-extension from the wrist, and bending the elbow-joint round my knee. This was kept up some five minutes or more. One or twice during the time I found the adhesions give way, and shortly afterwards I felt the sudden jerk of reduction. She could now perform flexion, extension, pronation, and supination perfectly. The olecranon had returned to its natural situation. The condyles of the humerus were also now in their true position.

The length of time—*fifty-two days*—since the occurrence of the dislocation, gives this case, in a practical point, some interest, Boyer having laid it down that such a dislocation is rarely, if ever, reduced after the fifteenth day. I believe Sir Astley Cooper succeeded, in a like injury, after a longer time had elapsed than *fifty-one days*.

Cheltenham, Oct. 1858.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proæmium.

ST. MARY'S HOSPITAL.

DIAPHRAGMATIC HERNIA, WITH SYMPTOMS OF PNEUMOTHORAX;

THE STOMACH, SPLEEN, OMENTUM, AND TRANSVERSE COLON LYING IN THE LEFT PLEURA; FATAL RESULT.

(Under the care of Dr. ALDERSON.)

THE extreme interest which attaches to the subject of displacement of the thoracic viscera, especially to such an occurrence as a diaphragmatic hernia—wherein the heart and lungs are compressed by the stomach and spleen—is so great, that were it not for the length of the following case, we should have devoted more space to its consideration. We glean from the history of the case that the patient had a severe fall two years ago, when, if the opening in the diaphragm were not congenital, the original rent may have taken place, and subsequently have become healed. In an elaborate account of this kind of hernia given by Nélaton,* this point is alluded to in the following words: "When individuals have not succumbed to the immediate effects of a wound or tearing of the diaphragm, they recover, the tear or wound heals, and it is not until some future accident occurs that fatal mischief arises." On reference to the many recorded cases of congenital diaphragmatic hernia,

* *Elémens de Pathologie Chirurgicale*, tom. iv., 1857.