AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Foreign Body of unusual kind in the Air-passages; Tracheotomy; Spontaneous Expulsion after Sixteen Days. By P. S. CONNER, M.D., Professor of Anatomy and Clinical Surgery in the Medical College of Ohio.

As a contribution to the literature of "foreign bodies in the air-passages" the following case is reported:—

During the afternoon of February 3, 1877, J., æt. 11, living on a farm fourteen miles from this city, was playing with a short cane blow-gun, the dart of which was a rudely-shaped piece of pine wood one and seven-eighths of an inch long, one-eighth of an inch wide, one-eighth of an inch in greatest thickness at the head, fastened to which was an ordinary pin projecting nine-sixteenths of an inch. Intending to blow with as much force as possible, the child made a full inspiration, during which the dart was suddenly drawn into the windpipe. The ordinary violent symptoms of suffocation at once manifested themselves. The family physician, Dr. Sparks, was sent for, and upon his arrival late in the evening despatched a messenger for me. When I arrived, at 4 A.M., the child was resting comparatively easily, and had had, I was informed, no suffocative attack for several hours. The respiratory sounds were clear and somewhat exaggerated over the entire left lung and the upper part of the right. Into the lower lobe of the right lung little or no air was entering. At 7 A.M. made tracheotomy, dividing the upper rings; the bleeding was very slight. The foreign body could not be reached even with the silver wire used in exploration, which readily passed for a considerable distance into the left bronchus and for a short distance into the right. The edges of the wound were held apart by small hooks fastened by a tape around the neck, and directions left as to the maintaining of a warm moist air in the room. The dart, having been drawn in with the blunt end downwards and pin-point upwards, was liable to catch in the mucous membrane at any attempt at being coughed up, and I regarded the probability of spontaneous expulsion as very slight, and the prognosis of the case consequently very grave.

Broncho-pneumonia was soon developed, and the various reports received from the case were more and more unfavourable up to the seventeenth day.

At that time Dr. Sparks informed me that on the previous evening, *sixteen days after the entrance of the foreign body*, after a violent fit of coughing, the child called to its mother that something was sticking in her mouth, and examination showed that the dart was lodged cross-wise with the pin-point caught in the mucous lining of the cheek. Removal of the foreign

body was followed by the speedy closure of the tracheotomy wound and rapid subsidence of all the inflammatory symptoms. In less than two weeks afterwards the child was up and about apparently as well as ever. The dart so fortunately gotten rid of is now in my possession, and its exact size and shape are shown in the accompanying wood-cut.

CINCINNATI, OHIO, Sept. 12.

A Case of General Transposition of the Viscera. By CHARLES KELSEY, M.D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York.

The following notes were taken from a case of complete transposition of the viscera, found in the dissecting-room of the College of Physicians and Surgeons during the course of 1876-77.

The subject was a female about thirty years of age. Cause of death and previous history unknown. The head had been opened and the brain removed at a previous autopsy. The liver occupied the left hypochondrium, extending by its lesser lobe into the right. The spleen and stomach were upon the right side, and the openings of the latter were transposed, the œsophageal being on the right and the pyloric on the left of the median line. The pancreas lay with its head to the left, embraced in the curve of the duodenum, and its lesser extremity pointing towards the right. The caput coli and appendix were in the left inguinal region, the colon ascending on the left and descending on the right. The kidneys, uterus, and ovaries presented nothing unusual.

The lungs on both sides were covered with old adhesions, but not so thickly as to conceal their divisions. Each lung consisted of two distinct lobes only, but in the left there was a shallow fissure marking off a rudimentary third lobe from the lower posterior portion of the upper segment. The relation of parts at the root of the lung was as follows: right side, from before backwards, vein, artery, bronchus; from above downwards, artery, bronchus, vein. Left side, from above downwards, bronchus, artery, vein; from before backwards, vein, artery, bronchus. Both right and left main bronchi divided into two branches of nearly equal size.

The heart was situated on the right side, and was normal in size. The thin-walled ventricle occupied the left of the organ and formed the greater part of its anterior surface; the ventricle from which the aorta arose made up the right side, posterior surface, and apex.

The pulmonary artery arose from the front of the left ventricle, and curved from left to right and from before backwards around the origin of the aorta, which it partially concealed, and behind which it divided into its two branches. The one to the left lung continued its course behind the ascending arch, the other passed in front of the descending aorta.

The pulmonary veins, four in number, emptied into the right auricle, the two from the left side having a common opening. The right innominate vein passed to the left of the median line to join with its fellow from the opposite side and form the superior vena cava, which emptied into the left auricle. The inferior vena cava, ascending on the left of the aorta, emptied into the same cavity.

The aorta arose from the right ventricle, curved from left to right, and descended on the right of the spine, gradually approaching the median line, which it reached at its bifurcation on the last lumbar vertebra. The iliac arteries on both sides were normal in length and position. The branches