

chief pressure over the left shoulder and under the left elbow with, of course, occasional turns round the body. The patient left the hospital in a few days. The shoulder was kept in this splint for five weeks and when the splint was removed at the end of that time the injured shoulder was found to be perfectly symmetrical with the other one and all the parts were in excellent position. Passive movements were then employed, with the rubbing in of liniments, and the patient now (Feb. 22nd) has excellent mobility in his left shoulder-joint and is able to use his arm well. It is probable that the superior and inferior acromio-clavicular ligaments, as well as the conoid and trapezoid ligaments, were ruptured.

Sidmouth.

A CASE OF SUBMAXILLARY ABSCESS FOLLOWED BY FACIAL PARALYSIS.

By JAMES C. MCWALTER, M.D. BRUX., F.F.P.S. GLASG.

So seldom is it that the relation of the seventh nerve to the chorda tympani and the salivary secretion can be pointed out as a cause of death that an account of a case where the connexion seems unequivocal may be worthy of record.

The patient was an infant, aged about five months, and the mother brought her to me for an ordinary scrofulous abscess situated under the jaw. The child was otherwise healthy and well nourished and the swelling was ordered to be poulticed. This instruction was carried out too faithfully by the mother, who continued it after the abscess discharged, neglecting to bring back the child meanwhile. When the raw surface began to heal she was alarmed by the extraordinary contortion of the child's features when in the act of crying, and coming to me in terror she was told that the child had facial paralysis of which all the typical signs were present. The contraction of the scar from the abscess had evidently involved some fibres of the facial nerves but treatment was now unavailing to restore it although continued for some weeks. Shortly afterwards symptoms of involvement of the secretory fibres became manifest and the infant commenced to waste away. The mother, believing that the breast milk was not agreeing with the child, fed her on cow's milk and the wasting became still worse. The infant seemed to lose the desire for nourishment, the power of sucking, and the function of assimilation, though without any evident lesion other than the involvement of the seventh nerve. She became gradually weaker and died apparently from sheer lack of nutrition.

Dublin.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Prooemium.

MIDDLESEX HOSPITAL.

A CASE OF FOREIGN BODY IMPACTED IN THE LEFT BRONCHUS; REMOVAL BY OPERATION.

(Under the care of Dr. W. PASTEUR and Mr. T. H. KELLOCK.)

A SCHOOLBOY, aged five years, was admitted into the Middlesex Hospital on Sept. 28th with the following history. On the 23rd he brought home a small glass stopper which he had picked up in the street and showed it to his mother. A few minutes later the father called her back to the room which she had just left to find the child lying on the floor "fighting for his breath." His face and lips were blue and his eyes were "starting." Guessing that he had swallowed the stopper she picked him up by the heels and shook him violently with marked relief to his symptoms, but the stopper did not reappear. He was at once taken to the hospital, x-rayed with a negative result, and as he was then

breathing quite quietly allowed to go home again. On the 27th he was seen by a local practitioner who discovered physical signs at the apex of the left lung which he attributed to impaction of the glass stopper in the bronchus leading to the upper lobe. On admission the boy looked ill. His temperature was 102.8° F. and his complexion was pale and slightly dusky. The respirations were 36 per minute but not laboured. The *alae nasi* moved slightly. There was no stridor during ordinary breathing but with cough or deep breathing there was a stridulous wheezing sound. The cough was loud, inclined to be brassy at times, and decidedly paroxysmal. The pulse was 110 and the urine was normal. On examining the chest there was marked loss of movement on the left side, which felt smaller than the right. The heart's apex beat was in the fifth interspace in the nipple line. The percussion note was a trifle short over the left upper lobe but there was no dullness. Vocal fremitus was impaired over the left front as low as the level of the fourth rib and behind in the suprascapular region and part of the interscapular region. The breath sounds were very weak all over the left upper lobe and had entirely lost the vesicular quality. The breathing was also much weaker than normal over the left base but more audible than over the apex. The voice sounds were audible but weak and distant all over the left chest. With the exception of an occasional rhonchus there were no adventitious sounds. The right lung was healthy. Dr. Pasteur saw the child on Oct. 1st and at once asked Mr. Kellock to see him. Mr. Kellock recognised the boy as having been under his care a few months before for an injury to the hand. At that time he was healthy and robust looking and Mr. Kellock was much struck with the change in his appearance. The child was again examined with the screen when it was noticed that there was practically no movement of the ribs on the left side in respiration. Dr. Pasteur and Mr. Kellock were unable to see anything in the region of the left bronchus but Mr. C. R. C. Lyster fancied he could detect a faint shadow in that situation. Dr. Pasteur and Mr. Kellock agreed that in the face of such a definite history and with physical signs so pointedly suggesting obstruction of the left bronchus an attempt to relieve the condition by operation should at once be made, the more so that the oscillating temperature and serious illness of the child made it probable that local inflammation and suppuration were taking place.

Operation was immediately proceeded with. Chloroform having been administered the trachea was opened below the isthmus of the thyroid, three of the cartilaginous rings being divided. As soon as air entered through the wound the child coughed a little but expelled nothing. On passing a probe downwards and into the left bronchus a foreign body was distinctly felt and on measuring the distance it was found to be about three and a half inches from the lowest part of the opening in the trachea. Attempts were made to dislodge it by means of the probe but they were unsuccessful as was also an attempt to grasp it by means of long forceps. A piece of silver wire twisted into a loop at the end was then tried, passed down to the foreign body, and rotated. Whilst this was being done the child rather suddenly coughed up about one drachm of thick pus. On the next attempt the wire evidently got beyond the foreign body and dislodged it, for it was seen with a good deal of mucus to emerge from the wound for an instant but was sucked back again at once on an inspiration occurring. Fortunately, it was found on examination to have returned to its original situation; a rather stiffer loop of wire was passed down to, and beyond it, on withdrawing which the glass stopper was delivered through the wound. The pus and mucus having been thoroughly cleaned away from the wound, the opening in the trachea was closed by fine silk sutures passed through the intervals between the cartilaginous rings but not entering the lumen, the muscles were brought together by one or two fine silk stitches, a small drainage tube was put in the lower angle of the wound reaching nearly to the sutured trachea, and the skin wound was closed round this by means of interrupted horse-hair sutures. A light dressing was applied and the child, who had borne the operation very well, was sent back to the ward. The neck was dressed on the second day and the drainage tube was removed; there had been very little discharge through it and the upper part of the wound had practically healed. Five days later, the wound having quite closed over, a little fulness was noticed at the lower part; this was reopened with a probe and a few drops of pus were let out and complete healing took place a day or two after this. There was never any escape of air