

his friends having got the impression, which is quite general among *the people*, that this article is given only in cases of "life and death," and then in very small doses. A messenger was sent "for the doctor," in great haste. It happened that I was attending another case at the time, and did not arrive till one hour and twenty minutes had elapsed after the accident. I found that state of mental excitement on the part of the patient and his friends, which naturally results from the apprehension of certain and immediate death. Here was a set of circumstances which, one would think, might give even the uninitiated a faint idea of the responsibilities of a physician. The first thing to be done was to allay the excitement. I said to the patient—"It won't kill you." This produced a calm, which enabled me to sit down for a moment and reflect what was to be done *physically*. I soon came to the conclusion that it was too late to trust to an emetic; and determined on giving mucilage to the extent of the stomach's capacity, and wait the result. In *eight hours* there was a *moderate* operation on the bowels. The evacuations which followed, occurred once in thirty minutes, numbering ten in all. The degree of prostration was not great. Not the first symptom of irritation of the stomach appeared. In five days after the accident, the patient was able to walk into another room.

The effect of this occurrence on the public mind, is that "*the oil cured him*;" which remark has about as much propriety in it, as if we should say of a man recovering from a fit of drunkenness—the "*liquor saved his life*."

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RECUPERATION.

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THERE is in the animal economy a principle of great value to a physician; and, if results be considered, of no less importance to the patient, which ought carefully to be studied and apprehended. I refer to the *recuperative* power of the system, by the agency of which an effort is always made to restore a suffering member or diseased body to its original standard of health.

In disease, this principle is always active and more or less obvious. When distinctly seen, it is a valuable and efficient guide; for a physician is but the handmaid of nature. His province is never to supersede, but to aid her. She has a language of signs, beautiful and distinct, by which her intentions are made manifest, and it is his duty to observe and expound them. In fevers, it is witnessed in the earnest appeals of a patient for water, "cold water," and in his oft inability to slake his thirst. It is not less observable in the delicious sensations arising from the free admission of pure air. It is seen in critical diarrhoeas, sometimes in profuse perspiration, often in bleeding at the nose, occasionally in the expectoration of blood, and generally in hemorrhage from the bowels. The following case illustrates the principle.

A young man, of about 18 years of age, in the beautiful town of Hubbardston, where I then resided, was suddenly attacked with pleuropneumonitis, apparently investing both surfaces of the serous membrane, and severely affecting the right lung. The disease was fearfully developed before I saw him, and was not arrested till near the end of the second week. After the crisis, his improvement was slight, indeed hardly perceptible, and he continued feeble beyond my expectations. A careful examination by physical signs revealed his true state. An empyema, or, as the sequel proved, a partially-encysted abscess, had formed in his right side; a condition usually fatal, though not necessarily so. At this time it was impossible to determine to what extent the lung was invested. He was "comfortable," however, and knowing that nothing but an operation could touch the case, I concluded to trust him to the efforts of nature for the present.

From the outset he had been troubled with cough, but with slight expectoration, and did not sensibly change in this respect for quite a length of time. But pus began to appear, gradually increasing in quantity for some months. If he now turned upon his left side, a position he exceedingly disliked, violent paroxysms of coughing ensued, accompanied by an almost continuous stream of matter—demonstrating, that being unable to make a portal at the side, *nature* had opened a passage to the trachea through the lungs, and furnishing an additional evidence of the general law.

Nearly a year had now elapsed since his attack. He had improved in no particular. Rapid pulse, frequent respiration, night sweats, emaciation and great general debility, were his prominent characteristics. He was evidently incurable, unless it were possible by an operation to relieve him. The objections to this, lay in probable adhesions, the extent of which, it was impossible to determine. In consultation with three eminent physicians, the only one of whom now living, is Dr. Osgood, of Templeton, Mass., it was determined, as a dernier resort, to perform the operation. The consent of all interested being readily obtained, we laid his skeleton body upon a table, and with a scalpel and lancet, I cut to the right lung, betwixt the sixth and seventh ribs. No pus issued; and the introduction into his side of a curved probe, revealed the reason. Adhesions above the point of incision had taken place, and matter, the abundance of which I could not question, was imprisoned above it. Further dissections were deemed inexpedient, and the case was *again* entrusted to nature. But the wound showed no disposition to unite, and in a few days there burst forth such a quantity of matter, as, in the language of the mother, flooded the bed.

Still the wound did not heal, and within the succeeding few days two additional ejections poured from his side, varying in quantity from half a pint to a pint or more, by estimation.

This was the termination of the case. The wound closed, the cough disappeared, expectoration ceased, and his appetite returned. A cheerful mind, with the inspiration of hope, gave him new life, and he ultimately recovered. It is now rising twenty years since that event transpired, the subject is still living, a successful agriculturalist, and the

head of a happy family.—There are here *four points* marked by *re-cuperation*.

- 1st. The empyema, or abscess, the formation of which is *curative*.
- 2d. The passage for the egress of matter through the trachea.
- 3d. The *additional* external *impulse* after the operation.
- 4th. Union of the internal cavities after evacuation of the pus.

FOREIGN BODIES IN THE STOMACH.

FOREIGN substances, of a very singular character, sometimes find their way into the stomach, from which they are frequently extracted with great difficulty. A most remarkable instance of this description, calling forth extraordinary ingenuity on the part of the surgeon, occurred in 1814, in the practice of Dr. Bright, formerly of New Castle, and now of Louisville, Ky. The particulars are too interesting not to be mentioned on this occasion.

“A child near New Castle, in that State, playing with a fish-hook, incautiously swallowed it, while the line to which it was appended hung out of the mouth. The mother instantly seized its hands, and sent for Dr. Bright, who arrived soon after this embarrassing occurrence. Learning that the hook was one of very small size, he made a hole through a rifle-ball, and having passed the line through it, he dropped the ball into the child's throat, which was immediately swallowed. He then, by means of the line, withdrew the hook from the stomach, whilst the bullet prevented its point from injuring the cardia or œsophagus.”

My friend, Prof. Gibson, of the University of Pennsylvania, evidently refers to this case in his work on Surgery; but he attributes it, erroneously, to a New England surgeon. Dr. Bright's case occurred when he was quite a young man; and while he was a student in Transylvania University, in 1823, he communicated the particulars of it to the late Prof. Brown, of Lexington.

It is known that foreign substances, accidentally introduced into the stomach and other organs, will occasionally migrate to a great distance, and be at length eliminated through the skin. A very remarkable example of this kind occurred, not long ago, in the practice of Dr. N. B. Anderson, of this city. A girl, aged 19 years, on the 20th of April, 1849, in a fit of laughter accidentally swallowed a large brass pin and a medium-sized needle. Nothing of moment occurred for three weeks, when pain and uneasiness began to be felt at the cardiac orifice of the stomach, where it continued for three months, when it gradually changed its position, and fixed itself upon the inferior lobe of the left lung. In this situation it remained for about nine months, without any disturbance of the respiratory function, with the exception of occasional cough and slight hemoptysis. The pain then shifted to the glenoid cavity of the scapula, and then to the axilla, impeding the movements of the superior extremity. The limb continued in this condition until December, 1850, when the pain and uneasy feeling gradually extended down the arm, and at length settled at the elbow, in the belly of the biceps muscle.