

TEMPORARY LODGEMENT OF
FOREIGN SUBSTANCES
IN
RESPIRATORY TUBES.

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To the Editor of THE LANCET.

SIR,—I have often been surprised that the medical men of Ireland, who, I may say, are generally readers of *THE LANCET*, do not more frequently contribute some of their important cases to that valuable periodical. Much interesting material is by this omission lost to our profession; indeed, almost all that occurs in the country parts of the kingdom. Procrastination and diffidence are, I think, the principal causes of this error. The laborious nature of our profession here, gives rise to the first, and a dread of not being able to arrive at the high polish of some of your metropolitan writers, often stifles the attempt. You, I am sure, will not expect the same style from an Irish country practitioner, in many instances removed from intercourse with his professional brethren, and residing in detached districts, as you are in the habit of meeting with in trained metropolitans. Yet we sometimes meet with instructive and singular cases, and some few having fallen to my lot, if you should think them worthy of being rescued from oblivion, I shall, from time to time, take the liberty of furnishing them to you, and now subjoin two as a commencement.

I remain, Sir, with great respect, your very obedient humble servant,

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Surgeon Second County Wicklow Infirmary.
Baltinglass, Ireland, Dec. 6, 1834.

CASE 1.—*Removal of a Foreign Substance from the Larynx.*—Patrick Doyle, ætat. 56 years, residing in the Glen of Imaal, in the county of Wicklow, in January 1834, while eating pork and speaking at the same time, had a bit of the meat stick in his throat. I did not see him until after the lapse of twenty-four hours. He was then in a state of very great suffering, and nearly exhausted; his breathing was intensely laborious, with stridulous noise, inability to swallow, and countenance expressive of most intolerable anxiety. Before I saw him, a probang had been used, which rather increased his sufferings. On a careful examination, it appeared to me that the bit was in the larynx. I, therefore, proceeded to make

an opening into the cricothyroid space; and having introduced the point of a small silver catheter, with a little management succeeded in pushing the morsel into his mouth; immediate relief was the consequence. I advised him to remain very quiet for a few days; and as it happened to be at night, he did stay quiet until morning, when, finding no inconvenience, he would submit no longer to confinement. Four or five days after, he showed me the cut, quite healed, having walked upwards of ten miles on that day.

Now this case is a very simple one, and it would be nothing if a surgeon had any assistance; but where he is called on to act among a parcel of wild mountaineers (who only judge of a surgeon's proceedings by his success), and by candle light, in a poor cabin, *c'est une autre affaire*. The next case, however, is more interesting.

CASE 2.—*Ejection of a Plum-stone from the Right Bronchus.*—Wilson, æt. 11 years, the son of a butcher in Kingstown, near Dublin, having a plum-stone which had a hole drilled through the middle of it to make what children call a birdcall, fixed between his teeth, while drawing in his breath, through the hole, drew the stone into the trachea. This occurred at Castledermot on the 15th of September, 1834, eight miles from my residence. I saw him on the 17th. A probang had been used, and he had been bled and had vomited. I found him in a state of the utmost suffering, his lips blue, his eyes protruding, and the thorax labouring. In fact, he was struggling in the most violent state of excitement. Yet he could swallow without great difficulty, and there was no emphysema. Having laid him on a table, with a pillow under his neck, I proceeded to open the trachea, making my incision midway between the cricoid cartilage and top of the sternum; this operation on a child in such a state of excitement is by no means so easy as some who never performed it may imagine. The network of veins, the little arteries crossing, the dense fascia which connects the sterno-hyoid muscle, which cannot be divided by the nail, and requires the knife, at least in the living subject; then those muscles becoming roused, and rising up during the choking efforts of the child, showing a deep bloody cavity; then the same description of fascia between the sterno-thyroid; then the larynx quite small, and moveable and soft; and, lastly, the difficulty of entirely stopping hemorrhage before we open the trachea, make the proceeding rather a delicate one. Having divided five rings of the trachea I waited a few minutes, and then introduced

a small silver catheter down the tube, and felt the foreign body lying at the bifurcation of the trachea, hoping to detach it, that it might be brought up by coughing; but it slipped towards the right bronchus and there remained. At this moment the child experienced great relief, and I thought it prudent to discontinue further pursuit. At that juncture, too, the peculiar chirping sound of the birdcall was perfectly audible, caused by the air rushing through the little foramen in the plum-stone, in its passage to and from the right lung. I did not leave any tube in the opening. I think that to do so is, in general, a bad plan. It is not only useless, but highly injurious.

The patient was now sent to his bed. He complained of a pain in the right side corresponding with the situation of the foreign body. Fever now set in, and he suffered occasionally severe attacks of dyspnœa. However, the inflammatory symptoms were kept down, but the chirping sound continued until the 24th, precisely a week subsequent to the operation, when, during a fit of coughing, he felt something at the wound in his neck, and putting up his hand, received the birdcall into it. A correct outline of which I here subjoin. (See page 557.) The peculiar musical sound, of course, was discontinued and never returned. A profuse muco purulent discharge and cough now harassed him for about a fortnight, succeeded by sweating: in fact, he became hectic, and I feared would sink. However, he rallied and was able to return to Kingstown, a journey of forty miles, at about the end of October. I have since heard that his health is tolerably good, and that the wound in the trachea, which was not larger than the hole in the plum-stone when he left this, and which I found very difficult to heal, is quite closed.

TEMPERANCE.—The instances of longevity, says some author, are chiefly among the abstemious. Yet long life is often found amongst those who greatly indulge the appetites. But mark the real difference. If two men live each to the age of 80, one of them a temperate man, the other given to excesses; the former *lives* the whole of his period, the latter has his faculties and functions half extinct, alive to little else than a sense of privation and pain during a great portion of his days, especially the latter twenty years of them. In these two cases, full twenty-five per cent. (hints a writer in the *New Monthly Magazine*) should be deducted from the life of the latter.

THE LANCET.

London, Saturday, Dec. 20, 1834.

A STATEMENT of some extraordinary circumstances connected with the malversation of the Anatomy Act by the teachers in the medical school of *St. Bartholomew's Hospital*, has been communicated to us for publication. At present, however, we shall not commit it to the press, lest the exposure should lead to injury as well as to benefit. We trust, also, that there will be no repetition of the occurrences which are so strongly condemned by our correspondent. Should there be, we merely ejaculate,—Mr. STANLEY,—BEWARE!

IN the last LANCET we called upon the medical officers of *Christ's Hospital* to make known their system of treating ringworm. Mr. COLBECK, the surgeon of the Hertford branch department, has tendered his resignation of that office. How is this? We suspect that he is a prudent man, and we earnestly recommend the medical officers of the parent Institution to follow the example set them by their colleague. We may congratulate the parents of the children on the work of reform being actually in progress in that Institution. There is much to be accomplished; but a generous perseverance on the part of those governors who have already exerted themselves with so much humanity on behalf of the children, will ultimately remove every obstacle, and surmount every difficulty.

THE enemies of medical reform have incessantly striven to show that the profession feel no interest in its discussion,—that practitioners are indifferent about the laws