

through an opening in the larynx, bodies so situated, can have occurred only to surgeons who have never sufficiently reflected on the anatomical construction of the parts, or on the difficulties of the operative manipulation. But if, as we have had instances, the foreign body should be fixed in the larynx, whether above or below the glottis, or even in the ventricles, would not one or other species of laryngotomy be fairly indicated? Such is not my opinion; and I think that it is even then to tracheotomy that we must have recourse. In the first place we must bear in mind that during an operation such as consists in extracting a foreign body contained in the larynx, numerous causes of suffocation may arise: the flow of blood, or even the falling into the trachea of the body we wish to withdraw from the larynx.

I say, then, that we must above all provide for the security of the respiration; and this can be done only by having a tracheal opening, admitting, if necessary, of the introduction of a canula, that the surgeon may give all his attention to the delicate operation he has to perform on the larynx. On the other hand, we should observe that through the opening formed in tracheotomy we may completely remove from below upwards certain foreign bodies arrested in the larynx, or repel them into the pharynx or the cavity of the mouth.

Thus I say, that we must in all cases adopt tracheotomy: first, because if the foreign body occupies the trachea or bronchi, it is the only operation that can be entertained; secondly, because in the case of foreign bodies in the larynx, it is better adapted than laryngotomy to attain our object; thirdly, in fine, because in cases in which the absolute necessity of acting directly on the larynx may have been recognized, the tracheal opening plays the part of a safety-valve, calculated to protect the life of the patient during the course of a delicate and difficult operation, the execution of which is facilitated by preliminary tracheotomy.

Foreign bodies retained in the pharynx, and especially in the œsophagus, may become a cause of asphyxia so imminent, that if it should be impossible to extract them instantly we must have recourse to tracheotomy to fulfil the most urgent indication. In this we follow the example of Habicot, who opened the air-passages in a young man threatened with suffocation in consequence of having swallowed some pieces of gold enclosed in a linen cloth.—*Moniteur des Hôpitaux*, in *Dublin Quarterly Jour. of Med. Science*.

ON THE CHLORIDE OF ZINC AS A CAUSTIC IN CHANCRE.

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FOR several years I have been in the habit of using the chloride of zinc as a caustic to chancres, to the exclusion of all other agents of the kind; and although I do not claim originality in the use of a remedy so well known to the profession, yet its application was

first suggested in the fall of 1852 by a case of most obstinate chancre, in which it proved so efficient a remedy that I determined to try its effects in cases which would probably yield to the caustic usually employed and highly extolled by Ricord—namely, the nitrate of silver.

In the case alluded to, the chancre was situated immediately behind and below the glans penis, nearly perforating the frænum, and so deep as to cause the apprehension that the urethra would be finally opened, and hypospadias established. After trying a variety of caustics, I finally determined to resort to the chloride of zinc, which was applied but once, and in a few days followed by complete cicatrization of the ulcer. Since then I do not think that I have used any other agent, except in two instances. In the first I employed the nitrate of silver and afterwards the chloride of zinc, for the purpose of ascertaining the relative amount of pain produced by either, and the patient declared that the latter was the less painful. Certain it is, that the aggregate amount of pain is less from the chloride of zinc, as it is rarely necessary to apply it oftener than once, whereas the lunar caustic, however freely you may use it, generally requires repetition.

In the other case, which I have now under treatment, I have not been so successful with the chloride of zinc; though the ulcer, which is situated upon the external portion of the prepuce, is non-indurated, irritable, bleeds upon the slightest touch, and indeed does not present all of the characteristics of chancre. In consequence of its position, whenever an erection occurs, the surface is stretched and torn, so much so, that afterwards the dressings are covered with blood. The indications in this case were certainly not for caustics or stimulant applications of any kind, but for a soothing plan of treatment, under which he is now improving. But he had had a suspicious connection, and although subject to herpes præputialis, this ulcer had persisted so long, nearly three weeks, as to induce him to apply for medical aid. And after hearing the history of his case, and though doubtful of my diagnosis, I thought it best to attempt at once the destruction of the ulcer, which might prove to be syphilitic, and accordingly applied, with that view, the chloride of zinc. Having treated, probably, thirty chancres with this remedy, I can truly assert, that this is the only case in which I have used it, that it has not been followed, after applying it once, and rarely oftener, by the most happy results. In this instance, however, I do not attribute the want of success to the remedy, but to the fact that it was contra-indicated.

The manner in which I apply it, is by making a saturated solution, or, as it is exceedingly deliquescent, by exposing a small quantity to the air; it becomes dissolved, and then by means of pieces of paper twisted to a point and filled with the solution, the chancre being wiped dry, it is applied, and again wiped to prevent its spreading. The application is repeated, until a white eschar is formed, and then dressed with an ointment. However, it has been

too freely used, I mop or swab the part with water, which readily dissolves the superfluous quantity applied.

I should scarcely think my experience in the use of this agent worthy of record, were I not fully convinced of its utility. Believing the first indication in the treatment of syphilis to be the destruction of the chancre, the source of the poison to the general system, I do most cordially recommend it as the best preventive of constitutional syphilis, even in many respects superior to the knife.
—*Virginia Medical and Surgical Journal.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MARCH 12th.—*Fatty Degeneration of the Gastrocnemii Muscles.*—Reported by Dr. JACKSON and the specimen exhibited. The change could hardly have been more complete; and was the result of an extensive ulcer of the leg consequent upon an injury about six years ago. The limb was amputated by Dr. Martin, of Worcester, and was sent to Dr. J. by Dr. J. E. Hathaway, of the same city.

MARCH 26th.—*Unusual Disease of the Stomach.* Dr. J. B. S. JACKSON. The general appearance was that of a malignant affection, and yet it was quite different from common scirrhus or encephaloid; moreover, cancer cells were not shown by the microscope. The organ was contracted, thick, and fleshy to the feel externally; and the disease extended to every part of it, but not beyond the orifices. The muscular coat was very much thickened, but had scarcely the density of scirrhus. The sub-mucous cellular membrane was about equally thickened, but not uniformly so; and the result was that the inner surface of the organ was more or less thrown into prominences or knobs, the disease at these parts being most advanced. The mucous membrane was generally dark, and at the elevated portions was decidedly red; it was also at these portions blended with the cellular tissue beneath, as the skin is with the subjacent parts above an old ulcer externally. In the large curvature, and midway, was an ulcer about an inch in diameter, with defined, thick and firm edges, and penetrating through the whole thickness of the organ; externally a part of the omentum adhered firmly, so as to just close the opening, but without being thickened; and, perforation through it having taken place, there was found on dissection an extensive peritonitis. The other organs were healthy.

The patient, whom Dr. J. had known for some years, was always a miserable-looking little old man; æt. 55. Entered the Hospital Feb. 27th; very feeble and greatly emaciated. For six months he had had pain and oppression of the stomach, vomiting of food and sometimes of blood or coffee-grounds matter; appetite good; very costive for three months, but not before; a tumor at the epigastrium for the last six weeks. After his admission, and until his death, which occurred on the 20th of March, the local symptoms were never urgent; and there was at no time any tenderness over the abdomen, nor any other indication of peritonitis. The tumor was 2½ or 3 inches in diameter, just below the cartilages, entirely to the left of the median line, quite dense and superficial to the feel, and with a perfectly-defined edge inferiorly; it felt like the left lobe of the liver, and there was