

seated on the floor, and his body inclined to the affected side, at an angle of perhaps 45 degrees, while the extension is made, that a sufficient relative elevation would be obtained, while at the same time the fold of cloth or towel, by which counter-extension is made, applied as directed by Mr. Bell (page 170), would *better* confine the scapula in its position.

I am apprehensive that my own ingenuity would be insufficient, in many cases, to draw off the patient's attention, so as to take the muscular system by surprise, at the moment of effecting reduction, as recommended by M. Berard, and it seems that even a grave accusation of theft, urged against his patient by M. Dupuytren, for that purpose, was inefficacious. When about to reduce a dislocated humerus a short time since, observing that the patient, a strong muscular farmer, at the moment of making extension, contracted the muscles with all his force, I directed the extension to cease forthwith, and represented to him that being short of help we could not very readily overcome the natural obstructions to the reduction, if they were increased, as they might be, by his own efforts. After receiving a promise that he would allow the muscles to be perfectly relaxed, extension was again made and the reduction speedily effected. On my remarking that it took place more easily than I had expected, he replied, "Yes, but I could have held them easy enough, if I had tried;" an assertion which was undoubtedly true. Will it not often be easier to induce a patient to relax his muscles, than it will be to draw off his attention from such an operation? S..

Hardwick, Mass. Nov. 18, 1834.

A PIN REMOVED FROM THE LARYNX BY INCISION.

BY V. M. DOW, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SOPHIA B——, about 8 years of age, came with an older relative to consult me October 23d, 1834, on account of having, within the half hour preceding, and while at school, as she expressed it, "swallowed a pin." Feeling some irritation in her throat, she thought the foreign substance must be still lodged there. Not being able to discover it by examining the interior of her throat, and as she could swallow large mouthfuls of bread without much difficulty, I concluded that the pin must have passed down into the stomach, and that the irritation complained of might be owing to wounds of the lining of the pharynx made by the pin during its passage. But the patient still insisted that she felt it prick, and referred to the seat of the sensation by pointing with her finger externally to the anterior surface of the larynx. On examining this part, a small projection from the cartilages could be felt, which moved up and down with them during the act of deglutition, and which might, from this circumstance, as well as from its situation, have been mistaken for the *pomum Adami*, only it was rather more conical. A little farther examination discovered that a pricking sensation was caused in the part by pressing upon the apex of the tumor with the finger, and convinced me that the point of the pin was actually protruded from within through the anterior wall of the larynx.

I therefore placed the patient in a convenient posture upon her back, the neck being extended by placing a pillow beneath it, divided the integuments over the tumor, and with some difficulty succeeded in denuding and grasping the point of the pin with forceps, and at once withdrew it so far that its head only remained firmly held within the larynx. To liberate this I was obliged to pass the point of a lancet quite through the wall of the larynx, using the shaft of the pin as a guide, as no force which I deemed prudent to apply would otherwise extract it. The wound of the operation was but about half an inch in length, bled but little, and was easily closed with a strip of court plaster. The pin was bright, perfectly straight, and measured an inch and one-eighth in length.

The chief difficulty of the operation was experienced in seizing so small a body, as it lay covered and surrounded by cellular substance, and more especially as the patient continued to swallow almost incessantly, notwithstanding my cautions to the contrary, which caused the object of my search to traverse upward and downward, by quick movements, a distance of not far from three-fourths of an inch. From the situation in which the pin was found, as well as from a careful examination of the situation of the wound since the operation, it appears that the pin must have penetrated the angular part of the thyroid cartilage, or possibly the ligamentous substance just above this, and occupying the notch in the upper edge of the angular portion of this cartilage. It presented, when found in the wound, with its point directly forward, and apparently at a right angle with the length of the trachea.

New Haven, Ct. Nov. 1, 1834.

INJURY OF THE BRAIN.

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MR. EDITOR,—In the Journal of the 5th inst. a case of injury of the brain is reported by Dr. S. W. Williams, for the purpose of showing “how wonderfully the powers of the mind may be sustained under extensive lesions and even destruction of that organ.” A boy was kicked by a horse on the head, “the temporal and parietal bones” extensively fractured, a piece of the latter the size of a dollar removed, “large portions of brain escaped through the wounded dura mater,” and in a few days a “fungus protruded to more than the size of a goose-egg.” “Still his faculties did not seem to be impaired, and he was able to repeat the principal part of the stanzas of Peter Parley upon the first settlement of America, which he had previously learned.” The patient expired twenty-four days after the accident, when the fungus had nearly subsided, “and the skull was completely hollow beneath it.” Dr. W. “judges that three wineglasses full of brain had been lost from the right side of his head.”

The above are the facts furnished, relevant to the object of the report. Then are propounded the following *Queries*. 1st. “It being so hollow beneath, what occasioned the brain and fungus to protrude?” 2nd. “How was it possible for him to retain his faculties so perfectly after the loss of so much brain?”