

Arteries have been transfixed by different surgeons by means of needles, but principally with a view of giving imaginary security to ligatures: we are not aware, however, of this proceeding having been previously adopted on the same principle as that now advocated by M. Velpeau.

43. *Tracheotomy*.—The expediency of opening the trachea in those instances in which a foreign body is lodged in one of the bronchial tubes, does not appear to be as yet entirely decided by surgeons. To aid in settling this interesting question, we have been careful to lay before our readers from time to time, such cases as appeared to throw any light upon the subject. An interesting memoir has been recently read to the the Dublin Chirurgical Society, by JOHN BROWN, M. D. and which consisting principally of an analysis of cases does not admit of condensation within the limits to which we are here restricted, and we must therefore content ourselves with the conclusions he has drawn from them, and which appear to us to be legitimate inferences.

"1. That the existence of foreign bodies in one or other *bronchus* can be ascertained by the use of the stethoscope; by the seat of the pain and other uneasy sensations; and by the previous history of the case.

"2. That since the effect of such bodies in these unnatural situations, is to excite inflammation and abscess, most commonly ending, sooner or later, in death, it is incumbent on us to attempt their extraction with the least possible delay.

"3. That small round bodies move freely from the *bronchi* to the trachea, particularly when an opening has been made in the latter, and that the best mode of promoting their expulsion is by such an operation.

"4. That when sharp and angular substances have descended into either *bronchus*, they generally become fixed there, but may be extracted by forceps or other suitable instruments passed through an artificial opening in the trachea.

"5. That the sooner such an operation is undertaken, the greater will be the chances of success, as the presence of the extraneous substance must give rise to congestion and inflammation in the lungs, and to various cerebral affections, all depending on mechanical interruption to the natural course of the circulation.

"6. That although occasional recoveries have ensued subsequent to the spontaneous ejection of foreign bodies from the *bronchi*, such cases are rare; and the greater number of persons so circumstanced have died at longer or shorter intervals."

The following case is also in point.

44. *Case of Pulmonary Abscess caused by the lodgment of a Chicken Bone in one of the Bronchiz*. By PETER GILROY, M. D.—A widow lady, æt. 40, of a robust habit and previously remarkable for strength of constitution, was seized, while eating her dinner, on the 8th of August, 1826, with a sudden and violent fit of coughing, threatening suffocation. On recovering, she told some friends who dined with her, and who were greatly alarmed for her safety, "that a chicken bone had gone wrong, and still was sticking in her chest." By this time, however, she breathed freely, and her alarm gradually went off.

The next day she felt her chest oppressed, and complained of a slight tickling cough, with inward soreness at the top of the sternum, and general uneasiness.

She sent for an intelligent apothecary, who, conceiving her illness to have arisen from exposure to cold, took some blood from the arm, and directed aperient medicine, by which treatment she was so much relieved, as to be able to go, in a day or two afterwards, some miles into the country; but the cough and other disagreeable sensations continued, though in a less degree than before. These symptoms had increased at the end of a fortnight, but were again mitigated by a second venesection, and by a repetition of the aperients.

On the 13th of September, about five weeks after the accident, I saw her for the first time, in consequence of a further increase of the symptoms. I found her in bed, with her shoulders particularly low; her countenance was anxious, with great despondency; pulse 96, full; tongue loaded and yellow;

some appetite. She attributed her illness to the same cause as before, and referred the seat of pain to the top of the sternum, towards the right side, where she felt confident the bone still remained.

I was struck with the manner in which she lay in bed, and inquired the cause. She told me "that, as long as she remained perfectly quiet, with her shoulders depressed, she was free from cough; but as soon as she raised herself in the least, or turned on either side, a violent fit of coughing came on, which she could excite when she pleased, by placing herself in the first-mentioned position."

The truth of her assertion was soon verified, as she had occasion to elevate the body considerably; and the fit which immediately ensued, was more violent and more convulsive, if I may use the expression, than any paroxysm of spasmodic asthma I had ever seen. On such occasions she usually experienced a difficulty of expectoration, as if from some mechanical obstacle, and an intolerable fetor from the throat was perceptible, not only to herself, but also to those about her.

From the above facts, I had no doubt that the bone had fallen into the trachea; but as suppuration had taken place in the lungs, accompanied by hectic fever, little could be expected from the resources of art.

She lingered until the 29th of October, and then died, exhausted by pain, irritation, and discharge. From the period of my first visit, she could scarcely move in any direction without the occurrence of a most violent cough, apparently about to end, every moment, in suffocation.

On examining the thorax, twenty-four hours after her decease, a large abscess was found in the centre of the right lung, the greater part of which was occupied by it. The cavity of the abscess contained about twenty ounces of pus, of a reddish-brown colour, and very fetid odour. The piece of broken bone, (very light and porous, and weighing only six grains,) lay in the superior part of the right *bronchus*, close to the bifurcation of the trachea: this tube here communicated with the upper part of the abscess.—*Edinburgh Medical and Surgical Journal*, April, 1831.

Broussais relates in his *Chronic Phlegmasia*, case 53, an interesting example analogous to the preceding. (See Vol. I. p. 335, American translation.)

45. *Wounds of the Throat*.—Baron LARREY, in his *Clinique Chirurgicale*, relates some interesting cases of this description: we give the following abstract of them from our esteemed cotemporary, the *Medico-Chirurgical Review*.

CASE I.—M. Arighi, (now Duke of Padua, and then aid-de-camp to General Berthier,) received a musket ball in his neck, at the siege of Acre, by which the external carotid artery was cut across, near to the place where it is given off from the internal, and as it enters the parotid gland. The gush of blood from both apertures of the wound attracted the attention of the artillerymen, and one of them instantly pushed a finger into each opening, and thus arrested the flow of blood. Baron Larrey was immediately called amidst a shower of shot and shells. He applied pressure and maintained it carefully for some days, by which means, and without any ligature, life was preserved, and all hæmorrhage prevented.

CASE II.—After the battle of Waterloo, the baron had an opportunity of seeing a young English soldier who had had the left external carotid artery partially opened. The hæmorrhage was alarming; but the English surgeon cut down on the aperture, and tied the artery both below and above the wound. The patient entirely recovered.

CASE III.—Henry Cabon, of the Swiss Guard, was brought into the Hôpital de la Garde, on the 21st of November, 1828, immediately after receiving a sabre-wound, while fighting a duel, in the upper part and right side of the neck. When the baron arrived, the man was nearly dead from hæmorrhage and suffocation. The wound was laid bare, while an assistant made pressure on the line of the artery, and then the baron enlarged the orifice, and diso-