

ferent stethoscopic phenomena discoverable during the progress of the case—and the pathological appearances revealed after death satisfactorily accounting for them—must naturally strike the practical reader. It is, at first sight, a surprising circumstance, that a solid substance of any considerable magnitude, should be able to pass through the narrow chink of the glottis; but examples of the accident are more common than some might suppose. There are on record many instances of substances, oddly various in kind, having been forced through the rima glottidis into the lungs—such as morsels of food, the stones of fruit, teeth, pebbles, portions of bone, (as in the present instance,) pieces of money, ears of grain, or a piece of nutshell, &c. &c. An accident of nearly a similar nature to the above occurred at Chatham, a town on the frontier, three years ago. A young man was eating some soup, and accidentally a small piece of bone, according to the usual phrase, “went the wrong way.” He thought but little of it at the time, and went about his usual avocation for three weeks, when suddenly, while chopping some wood, he felt an excruciating pain in the right side; the most profuse expectoration set in, of an abominably fetid odor, attended with hectic fever, and which soon terminated fatally. A post mortem examination revealed the nature of the lesion. A gangrenous abscess was found in the lower lobe of the right lung, with a small piece of bone in the centre of it.

Recovery from the accident is exceedingly rare; the results of it are various; death takes place in several ways. It may take place in a few seconds by apnoea, when the substance sticks in the glottis; it has been followed, as in the present instance, by inflammation of the lung terminating in an abscess; it has ensued after symptoms resembling those of chronic phthisis,—of this I remember an instance which occurred four years ago in the South of Ireland. The daughter of a general officer, *ætat* 22, when 19 years of age accidentally suffer-

ed a pea to go the “wrong way.” It descended into the lung; pulmonary irritation set in, attended with attacks of hæmoptysis, hectic fever, and all the symptoms of chronic phthisis. After three years suffering she suddenly sank. A post mortem examination was made, and a pea was found in the centre of an abscess occupying the upper lobe of the right lung. It is a very curious fact, and one which has evident importance in respect to diagnosis, that it is almost always the right bronchus which the substance enters. Dr. Stokes, in his immortal work on diseases of the chest, in a chapter devoted to this subject, satisfactorily explains, on anatomical principles, why it is so. The septum which divides the extremity of the trachea into two branches, is not placed in the middle of the channel, but decidedly towards the left, so that any solid body falling down through the wind-pipe is naturally directed into the right bronchus; this tendency is aided perhaps by the more vertical direction and the somewhat greater capacity of the tube, compared with its fellow.

What ought to be done in such a case? is a question which naturally suggests itself. When a substance becomes entangled in the ventricles of the larynx or trachea, and its presence is made sure of, our course is plain; there is no room in my opinion for hesitation. We must let the substance out through an artificial opening, either by the performance of laryngotomy or tracheotomy, according as the exigencies of the case may require; but when the substance gets beyond the trachea into one of the bronchi, and remains there, nothing can be done but await patiently nature's usual method for the expulsion of foreign bodies in other parts of the body—viz., by suppuration. The foreign body, as men oddly enough call it, may be expelled after a variable period of time; sometimes, and very rarely, its expulsion is the condition and harbinger of the patient's recovery, but he is never safe while it remains.

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