CLINICAL LECTURE ON BLOODLESS TRACHEOTOMY, EPITHELIOMA OF THE LIP, AND SPINA BIFIDA.

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REMOVAL OF FOREIGN BODY FROM TRACHEA.

On Thursday last (May 15th,) this little fellow, Thomas Reardon, who is five years old, was playing with some grains of corn, putting some in his mouth. About 7 a.m. the mother's attention was called to him by his having a violent fit of coughing, in which he nearly strangled, becoming quite black in the face. After recovering somewhat, he replied to questioning that he had some corn in his mouth, and suddenly one of the kernels "went the wrong way." From this time up to the present he has had considerable cough, coming on chiefly in paroxysms, between which he is very comfortable. He was taken to several medical gentlemen here, who pronounced operative interference unwarrantable. I saw him this morning for the first time, four days and three hours after the accident. On putting my ear to his chest I discover signs of slight general bronchitis, and spasmodic, irregular inspiration and expiration in the larger bronchial tubes. There is no rattling as if some foreign body were present. The vesicular murmur can be heard distinctly over both lungs. Supposing a foreign body to have entered the larynx, it may remain there, pass into the trachea, into one of the primary, or more rarely into one of the secondary bronchial tubes. Round, smooth, small bodies are more liable to pass on to the bronchi, than rough or uneven ones, the latter very frequently sticking in the larynx or remaining in the trachea. Now, gentlemen, supposing a foreign body to have passed through the larynx and trachea, in which bronchus is it most apt to lodge; the right or the left? Those of you who remember your anatomy will correctly answer,—the right bronchus. Why? From the fact, first pointed out by Mr. Goodall of Dublin, that the septum at the lower end of the trachea, where it divides into the bronchi, is situated to the left of the median line. Any body descending by its own weight would thus naturally pass into the right bronchus, which is also larger than the left. There are some exceptions to the rule, regarding the arrangement of this membrane or septum.

Dr. Gross analyzed twenty-four cases where death occurred without operation. The foreign body was in the larynx in four cases; partly in the trachea and partly in the larynx in one; in the trachea in three; in the right bronchial tube in eleven; in the lung in one; and in the pleural cavity in one.

"In forty-two cases subjected to operation or general treatment, the extraneous substance was situated twice positively, and eleven times probably, in the right bronchial tube, four times certainly, and four times probably, in the left bronchial tube; seven times in the larynx, and fourteen times in the trachea."

What are the symptoms of a foreign body in the air passages? If lodged in the larynx there will be paroxysms of coughing, preceded and followed by great pain at that point, alteration or loss of voice, and sometimes a crowing sound on inspiration. When in the trachea or bronchi, there are usually paroxysms of cough, pain in the throat or chest, sometimes a rattling sound during either inspiration, or expiration, or both. If the foreign body is of a vegetable nature, it is apt to absorb moisture, swell, and plug the tube. In such case there may be collapse of the lung, the substance rising at each expiration and letting out the air, but closing like a valve at inspiration and allowing no air to pass. This may be produced by bodies, not vegetable, that happen to fit the tube accurately. In such cases the vesicular murmur will be entirely absent over the lung to which the bronchus leads.

What is it best to do in these cases? I make it a rule to operate as soon as I am satisfied that the body is there. Patients often recover without any operative interference, and for this reason many surgeons prefer to wait upon Nature. Death, however, may occur almost instantly from the forcing of the foreign body into the larynx, and from other causes. Durham of London has tabulated 554 cases of foreign bodies in the air passages. Of these 271 were not operated on; 156 recovered, 115 died. Mortality 42.5 per cent.

In 283 of these, bronchotomy was performed, 70 died; 213 recovered. Mortality 24.8 per cent. Difference in favor of cases operated on 17 per cent. Dr. I. R. Weist of Richmond Indiana, has tabulated and analyzed 163 cases, 82 of which were operated upon and 81 left to Nature.

He says, "as determined by Prof. Gross's tables the chances for recovery are more than twice as great after bronchotomy, as they are without this operation; while the cases here presented show only a difference of 13½ per cent. in favor of the operation. And I feel sure from observations made during the collection of material for this paper, that were it possible to collect from medical men generally *all* the facts known to them in relation to this subject, the difference in favor of the operation would be reduced still more." Where the foreign body is in the larynx primarily it may often be reached and moved with a pair of long throat forceps. The laryngoscope is of great service in some cases; in others the patients, who are usually young and do not see the importance of quiet, struggle so as to render it useless. Sudden death being liable to occur at any moment, (though patients have lived for twelve months without any difficulty of breathing or urgent symptoms), I deem