

ART. XVI.—*Case of a Carpet Tack in the Trachea for 19 days expelled by Nature.* By JS. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College.

M. G., a girl of 10 years of age, while sitting beside her mother, who was occupied in *quilting*, took one of the tacks her mother was using, and put it into her mouth, and upon a sudden inspiration the tack disappeared into the trachea. After the alarm was over, the child complained of a pain or prickling sensation in the throat, accompanied by a short frequent cough, occurring in paroxysms. The parents, in a great measure, overlooked the accident for ten days, when they brought her to me. At that time there was no very marked symptom; the cough was trifling and short, without any expectoration. There was a slight mucous rale in the trachea, and some slight pain or soreness about the region of the glottis, but probably from fear; the child did not desire to make any complaint, or allow any examination of the throat. The lungs did not afford any indication of an abnormal condition, and the voice remained unaffected. Failing in detecting any foreign body, I fancied the painful sensation might arise from the scratching of the nail, in passing. I sent the child to my friend Dr. Campbell, to make a further examination, as I knew he had a probang of a new construction. The party, however, returned back to me, saying that nothing could be discovered. I then ordered an emetic, and directed that the child should be brought to me in a few days. As she did not, however, appear to suffer, and she went about and amused herself as usual, the parents did not pay much attention to her. On the morning of the 19th day, she coughed up the tack, and took it to her father, who brought it to show me. It was an ordinary cut tack, of three-fourths of an inch long, very sharp pointed, and somewhat rusted. From that time the cough and irritation ceased.

This case illustrates and bears out the view Mr. Vincent takes of the treatment and resources of nature in cases of foreign bodies in mucous canals, especially in the trachea.—(See Braithwaite's Retrospect, vol. 29, page 157.)

To have undertaken the operation of tracheotomy in the present case, with so little indication of the presence of a foreign body, or its probable seat, and with so little urgency in the symptoms, I conceive would be somewhat of a desperate experiment, even had the parties consented. The trifling weight and sharp point of the tack rendered it little likely to be influenced by change of posture, so successful in the case of the coin in the trachea of Mr. Brunel. In fact, this case had to be left to