2. A Case of Oesophagotomy for Foreign Body.—Recovery.

The case about to be described is that of a patient referred to me by Dr Allen Baines, who furnishes the following history :—

Mr. G. D., aged twenty-six, while swallowing a raw egg dislodged and swallowed a small vulcanite plate bearing one front tooth. This occurred on the 18th July, 1901. The plate lodged just below the level of the cricoid cartilage. The patient experienced great pain and was quite unable to swallow any solid food. A throat specialist, who was called in, made an attempt to withdraw the plate by means of a coin catcher. He was able to locate the plate but not to withdraw it. This was explained afterwards at the time of the operation by the fact that the two lateral horns of the plate, which was an inch and a half in length transversely and fortified at the points by gold tips, became entangled, as it were, in the mucous membrane and muscular coats of the oesophagus, so that any efforts made to draw the foreign body upwards merely resulted in imbedding it more firmly in the oesophageal walls Moreover, the frequent contractions of the oesophagus in efforts to swallow, still further served to imbed the horns. The plate thus came to occupy an oblique position across the oesophagus in such a way that its concavity looked forward, and thus an oesophageal bougie passed readily downwards and failed to locate the foreign body. Had it not been for the patient's sensation one might have thought that the plate had passed onwards to the stomach Its continued presence, however, was detected by means of an X-ray photograph, which showed the plate lying slightly obliquely in the position indicated, at a short distance above the sternal notch.

It thus became evident that no less an operation than an open oesophagotomy would suffice to dislodge the body, and with that end in view Dr. Baines placed the patient in my charge. Accordingly on the 22nd July, assisted by Drs. Baines and Wishart, the following operation was undertaken.

The patient was placed in position, with the shoulders well raised and a sandbag under the neck so as to throw the head somewhat backwards and thus increase the area for operative measures An incision about three inches long was made on the left side of the middle line, corresponding with the anterior margin of the sterno-mastoid muscle. The incision was rapidly deepened, largely by blunt dissection, until the anterior belly of the one-hyoid muscle was reached. This muscle, and the sterno-thyroid and sterno-hyoid muscles were drawn inwards. The lateral border of the trachea could then be felt, and on stretching the wound open the oesophagus could be located immediately behind this. Great assistance in locating the gullet was rendered by an oesophageal bougie with a large bulb, passed into its interior and pressed towards the wound. The foreign body, however, could not be felt. The gullet was separated from its connections to a considerable extent, both anteriorly and poster-