

## INDEX OF PROGRESS

## SURGERY.

## Œsophagotomy for the Removal of an Ingested Foreign Body.

Dr. W. C. Frew, of Coshocton, O., performed the above operation on an inmate of the county gaol for the removal of a piece of glass, over a square inch in area, and about one-tenth of an inch in thickness. The success attending the operation, the circumstances surrounding the case, and the complications that arose requiring prompt and heroic treatment, make this case more than ordinarily interesting and instructive.

A burglar by occupation, he had been incarcerated for some offence which would probably consign him to the penitentiary, hence the gaol physician suspected him of malingering. It was found, however, in attempting to introduce the probang, that the head could not be thrown sufficiently backwards to allow of the introduction of the instrument on account of the rigidity of the muscles of the neck, caused by the intense pain that motion occasioned.

Painting the throat with cocaine afforded no assistance when the A. C. E. was administered, but it was found he could not be sufficiently anesthetized with this mixture to produce relaxation of these muscles. Also the parts were so extremely sensitive that the anæsthetic did not prevent paroxysms of gagging.

On the following day (Wednesday), Dr. Frew succeeded in locating the piece of glass. In his report of the case, in the March number of the *Annals of Surgery*, he says:—

I made a probe consisting of a very flexible steel shank, to one end of which a polished oval steel bulb about half an inch in diameter was attached, while to the other was fixed a small tin cylinder to serve as a handle and act as a sounder. With this instrument, and with the patient profoundly under the influence of pure chloroform, the glass was found at a point about one inch above the upper end of the sternum.

During the administration of the chloroform, the patient suddenly stopped breathing. Dr. Dent then informed me that the heart had ceased beating. We had so much trouble with the patient on account of his struggling that I had remarked

to my assistants some time before that I believed that he could be resuscitated, if dead, by running something down his throat, so that when death was apparent I was not alarmed, but seized the opportunity to pass the probe into the œsophagus and down to the foreign body. Sure enough it had the desired effect, for no sooner had the end of the probe reached the œsophagus than he began to struggle as before.

On Thursday, at 2 p.m., assisted by Drs. Dent and Carr, I performed œsophagotomy and removed the glass without difficulty. My incision extended from one inch above the sterno-clavicular articulation on the left side to the upper border of the thyroid cartilage. The upper edge of the glass was found on a line with the lower angle of my incision. A sharp point which projected from the glass had penetrated the whole thickness of the œsophagus, and it was probably this which caused such intense pain on swallowing or on attempting to throw the head backwards.

The superior thyroid artery was divided in the upper part of the wound and ligatured with catgut. While working with the handle of the scalpel in attempting to expose the spicule of glass which I could feel projecting through the œsophagus, the inferior thyroid artery was divided, I suppose, by being pressed against the sharp edge of the glass. It was taken up and ligatured with catgut. But little blood was lost during the operation.

The continuous suture with catgut was used in closing up the œsophageal wound, and the interrupted silk suture for the external wound.

During the first twenty-four hours there was considerable nausea with some vomiting. He was nourished wholly by enemas of milk given every four hours. The pulse did not go above 100 and the temperature was below 100° F.

At 3 o'clock on Saturday morning we were called and found that he had vomited about one half pint of dark grumous blood. At first we were of the opinion that it was blood which had remained in the stomach since the operation, but he soon threw up more which was of a brighter color, and as his pulse ran up to 120°, and as he became very pale and much prostrated, we concluded that the hæmorrhage was still going on. The external