

passed down beyond it. In these efforts I was assisted by Dr. Gregory, whose forefinger is considerably longer than my own, but both of us failed to extract the coin.

Want of success was largely due to the continual biting which the patient kept up while the finger was in the mouth. Even when fully under the influence of chloroform, the introduction of anything between the teeth was the signal for the commencement of a constant chewing. A piece of chamois skin around the finger made it scarcely more bearable. There was not room for the use of a gag together with finger and instrument.

Emetics were not tried, for it was thought that, if the severe vomiting which occurred soon after swallowing the coin did not dislodge it, they would not now succeed after its firmer impaction in the swollen soft parts. The operation of œsophagotomy was therefore determined upon.

The operation for removal was performed June 13th, five days after the impaction of the foreign body. Chloroform was given. A fold of skin on the left side of the neck was pinched up and a bistoury pushed through it. This gave an incision from two to two and a-quarter inches in length, lying to the inner side of and parallel to the sterno-mastoid. The upper part of the incision was on a level with or a little below the upper edge of the larynx, the lower end extending down to a point just above the end of the clavicle. On dissecting down, the internal jugular vein was seen on the outer side of the wound. This, with the carotid artery and the anterior belly of the omo-hyoid, was drawn on one side, while the thyroid gland and trachea were held to the other. About the middle of the wound, at its deepest part, the edge of the coin was felt through the œsophagus. A slight touch of the knife brought it into view, and, by means of dressing forceps and some enlargement of the incision, it was extracted.

During the operation, no vessel of any size was wounded, and no more than a drachm of blood lost.

Whole surface of wound sopped with a mixture of carbolic acid and water (1 to 4 or 5). One suture was put in the skin at the upper end of the incision. Wound to be dressed with one part alcohol to three of water. Three or four ounces of gruel, made with milk and strained through muslin, to be administered per rectum three times a day. Nothing allowed by mouth.