

Hospital Reports.

FOREIGN BODY IN ŒSOPHAGUS— ŒSOPHAGOTOMY—RECOVERY.

UNDER THE CARE OF LACHLAN McFARLANE,
M.D., IN TORONTO GENERAL HOSPITAL.

F.L. æt 23, moulder.

The history of the case is as follows:—On November 30th, at nine o'clock in the morning, while at work, he somewhat hurriedly took a drink of water. Whilst swallowing the water a plate with an artificial tooth attached became dislodged from the roof of his mouth; the first intimation he had of the dislodgement of the plate was that immediately after swallowing the water he felt something sticking in his throat, and at the same time observed that the plate was no longer in the roof of his mouth. He went immediately to a doctor, who, with the assistance of another practitioner, passed an umbrella probang, but did not succeed in doing any good. Dr. McDonagh then saw the patient, he examined with the laryngoscope, but failed to discover anything abnormal; a probang with a bulbous extremity was then passed into the stomach, and during withdrawal, a foreign body was detected, at a certain point a grating sensation was felt. Located by measurement it was eight and a quarter inches from the upper incisor teeth, or two inches from the upper limit of the Œsophagus.

Œsophageal forceps of various kinds were introduced into the gullet; during one of these attempts the foreign body was seized, but the patient grasped the doctor's hand and forced him to relinquish his hold; all subsequent efforts to seize the body with forceps were unsuccessful. Measurements with the bougie were again made with the same result as before. The patient was sent to the hospital on the afternoon of November 30th. The following morning at 11 o'clock he was put under the influence of chloroform, and another effort was made to seize the plate by means of forceps, but this was again unsuccessful. At 2 p.m., $\frac{1}{4}$ grain of morphia was administered hypodermically; the patient swallowed some chicken broth and milk. During the evening he vomited on two separate occasions, but from 10 p.m. until 4 a.m. he slept well. On the following morning, December

2nd, at 6 a.m., he again vomited and complained of pain and soreness in the chest. At 9 o'clock he had beef tea and again at 1 p.m. without subsequent vomiting. In the afternoon shortly after 2 o'clock, Dr. McFarlane performed the operation of Œsophagotomy. The operation was therefore undertaken fifty-three hours after the patient had swallowed the plate.

The patient was placed under chloroform; an incision was made beginning half an inch above the sterno-clavicular articulation and carried upwards along the inner border of the sterno-mastoid muscle to a point a little above the middle of the thyroid cartilage. The incision was carried down between the trachea and the great vessels; the omo-hyoid, sterno-hyoid, and sterno-thyroid muscles were drawn inwards; the thyroid body was exposed and was also drawn inwards; the great vessels were drawn outwards and protected by means of a spatula. During this dissection a few medium-sized veins were cut and ligatured at the root of the neck. The wound was explored with the finger, and at the lower angle a foreign body was detected lying in the gullet, this was distinctly felt and was apparently fixed in position. A scalpel was introduced and an incision made into the Œsophagus, cutting down upon the foreign body and by this means an opening was made a little more than an inch in length; the tooth was then felt projecting into the lower angle of the wound; this was seized and some traction made upon it, but the plate was not dislodged; the plate was then grasped by its superior margin and rotated on its antero-posterior axis, so that little by little it was rolled out from its position. The wound was then thoroughly irrigated with 1.2000 perchloride of mercury solution; the wound in the Œsophagus was left open, it was not thought advisable to close it by suture. Several stitches were inserted so as to bring the edges of the skin wound into accurate contact, a small opening was left at the inferior angle to permit of the exit of a good sized drainage tube which was placed in position at the lower portion of the wound and was carried down to, but not through, the opening in the gullet. An antiseptic dressing was applied and the patient sent back to bed. The operation throughout was conducted with thorough antiseptic precautions.