THE MANITOBA AND WEST CANADA

LANCET

A Journal of Medicine, Surgery, Physiology, Chemistry, Materia Medica and Scientific News, being the journal of the Winnipeg and Manitoba Medical Associations.

Published Monthly. Subscription \$1 per annum in advance.

CONTENTS

ORIGINAL ARTICLES: Foreign Bodies in the Aesophagus,

Carcinoma of the Stomach— Pylorectomy—Recovery. Scrotula Amongst the Indians.

COMMUNICATED: Recent Therapeutics in Ophthalmology

SELECTED ARTICLES:

Experience of Two Hundred and Forty-Eight Cases of Abdominal Surgery. Sanitation of Public Schools.

EDITORIAL.

MISCELLANEOUS:

Keeley Cure. Christian Science. City of Winnipeg. Howard's Soap.

PHARMACEUTICAL:

The Physician and the Pharmacist.

Vol. 5.

WINNIPEG, JANUARY, 1898.

No. 9.

ORIGINAL ARTICLES

FOREIGN BODIES IN THE AESOPHA-GUS.

By Dr. Wilfred Good, Surgeon, Winnipeg General Hospital.

Some time since Dr. Countryman, of Drayton, North Dakota, brought to me a Polish woman, who had that morning swallowed a dental plate with two artificial teeth. At the sides of the plate were also two hooks by which the plate was fastened to the woman's own teeth. I endeavored to extract it through the mouth, and though I succeeded in grasping it, was quite unsuccessful in removing it, and the procedure ended by my forcing it further down. I then decided to operate, and did so the following day, assisted by Dr. Neilson. An incision of ample size was made, the carotid and internal jugular being pulled outwards, the plate was felt projecting to the left side. So much was the aesophagus stretched that the points of the teeth could be plainly seen projecting towards the wound. On these an incision was made longitudinally. and the plate extracted. The attached hooks caused considerable trouble in the final extraction. The wound in the aesophagus was closed with silk sutures, the wound in the skin partially closed, and a drain introduced at the lower angle, having its end in contact with the aesophagus.

In accordance with the usual instructions I had for the first day the tube washed out three or four times with carbolic solution, which was also used as a mouth wash. I soon saw what I thought was the absolute futility of this procedure. In a few moments after my washing out the tube saliva could be seen issuing from I therefore adopted the following plan. I gave the patient all the boiled water she wished to drink, some of which went into the stomach, the larger portion running out of the tube over the shoulder and chest. AfterwardsI gave her a couple of ounces of boric acid solution to drink, which thoroughly washed the wound and kept it in excellent condition. Enemata were administered for two days, and on the third day a tube was introduced into the stomach, and three eggs and a pint of milk, with some brandy, were administered, and on withdrawing the tube, boiled water was poured down it, the tube being finally pinched and withdrawn. She left the hospital on the 8th day quite well. I submit that the drinking of boiled water, freely followed by an ounce or two of boric solution, is more convenient and quite as effective as the process of washing out the wound frequently with vari-