AN INTERESTING CUT-THROAT CASE.*

DR. WILLIAM WESLEY CARTER, New York.

The patient, a man, 28 years of age, suddenly seized with suicidal mania, slashed both his wrists with a razor and then drew the blade squarely across his neck just above the upper edge of the thyroid cartilage. The hemorrhage from the wrists was severe, but was easily checked. There was only moderate bleeding from the wound in the neck, though the incision reached almost to the posterior pharyngeal wall.

The skin wounds were stitched up by a general surgeon and the man was brought to my service in Gouverneur Hospital. The case was not seen by me until forty-eight hours after the injury; at this time the following conditions were noted: The patient was breathing through a hole in the neck just above the thyroid cartilage and could not speak. A stitch had been taken in either end of the cut; this included only the skin and the important structures had not been approximated.

The cut had been made between the thyroid cartilage and the hyoid bone, severing the epiglottis at its base. On looking into the mouth the epiglottis could be seen protruding above the level of the tongue. Through the gaping wound in the neck the larynx could be unusually well demonstrated, and beyond the larynx could be seen the posterior pharyngeal wall.

Operation: Under local anesthesia the upper portion of the larynx, which had been drawn upwards about two inches, was pulled down by means of sharp hooks and held while it was being sutured into its proper position; all of the parts being carefully and accurately approximated. The wound was then packed with iodoform gauze. Healing by granulation was encouraged for about two weeks. The margins of the skin were then pulled together and sutured with horse-hair.

Both the cosmetic and functional results were perfect.

The interesting features connected with the case were:

(1) The would-be suicide selected the exact spot where a cut can be made across the neck to a great depth without wounding any vital structures.

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(2) The extraordinary manner in which the muscles attached to the hyoid bone pulled this bone and the upper portion of the larynx, including the epiglottis, up into the throat, when it was liberated by the cut from its attachments to the larynx.

(3) The remarkable picture of the larynx presented through the wound in the neck.

(4) The inability of the patient to utter a syllable until the hyoid bone and the upper portion of the larynx had been pulled down and sutured in their proper position, when articulation at once became perfect.

Later note on the case: The day before this patient was to be discharged from the hospital, he jumped out of the window and was instantly killed.

It would seem to the writer that all would-be suicides should immediately be placed in a prison ward or in an insane pavilion and kept under close observation.

69 West Fiftieth Street.

A CASE OF STAPHYLOCOCCEMIA.*

DR. WILLIAM WESLEY CARTER, New York.

This case was seen by me in consultation with Dr. C. N. B. Camac in connection with my service in Gouverneur Hospital.

Mary S., married, age 28, a native of Austria, was admitted to the hospital on October 19, 1916.

Her family history is unimportant. Her health, previous to her present illness, has been very good. She has never had any serious illness or any ailment which might throw light on her present condition. The patient has had no miscarriages. She has had two normal labors; one child is living and well; the other died at the age of one year from heart disease.

The onset of her present illness was gradual. Eighteen days before her admission to the hospital her appetite became poor, she had a cold in the head, a slight cough, severe headaches and some

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