A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

TOOTH-PLATE IMPACTED IN THE ŒSOPHAGUS; SUCCESSFUL REMOVAL BY ŒSOPHAGOTOMY; REMARKS.

(Under the care of Sir WILLIAM MAC CORMAC.)

It is now generally conceded that the treatment of foreign bodies impacted in the œsophagus, where unsuccessful attempts have been made by the use of forceps &c. to extract them, should be by an operation—œsophagotomy,—as in the following case. Here, as will be seen from the diagram illustrating the case, the plate with very irregular and pointed projections had become fixed, and resisted all attempts to remove it. The operation has been a very successful one when undertaken before the advent of inflammation or suppuration about the œsophagus; the chief danger appears to be in delay. The point in the treatment to which Sir William draws attention in his remarks (the closure of the œsophageal wound by suture) is one which will probably be generally adopted in similar cases, as it presents considerable advantages. The notes of the case have been taken by Mr. Cameron Kidd, house-surgeon.

The subject of this accident was a woman, aged thirty-one, of healthy appearance, but subject to epileptic fits since childhood. During one of these fits, which took place on Sunday morning, March 14th, the patient swallowed a set of artificial teeth, consisting of a silver plate to which five teeth (four incisors and one premolar) had originally been attached, but one of these (the premolar) had been

Tooth-plate impacted in the œsophagus.

broken off some time before the accident occurred. (See engraving.) When the patient regained consciousness she had some difficulty in breathing and swallowing, and then discovered what had happened. She immediately consulted a doctor, who gave her an emetic, which caused her to vomit without moving the plate, and an attempt to extract them with forceps was made without success. She was then advised to apply at St. Thomas's.

On her arrival at the hospital two hours after the fit, there was no difficulty in breathing, but there was considerable pain on drinking. An œsophageal bougie, carefully passed to ascertain the position of the foreign body, became arrested at a point six inches and a half from the edge of the teeth. The patient said she could feel the tooth-plate from the pain it caused, which she referred to a spot an inch below the cricoid cartilage. Mr. Battle made repeated and prolonged efforts to extract the foreign body by means of œsophageal forceps of various kinds. The plate was repeatedly grasped by the forceps, and as much force used as was thought justifiable, but all attempts to disengage it failed. Some slight hæmorrhage followed. During one attempt half a tooth was broken off and was extracted. The plate was evidently flattened against the posterior wall, as the forceps went past it, and it could only be grasped when they were withdrawn a short distance and passed again with the blades open. The patient, who was admitted on March 14th, was seen by Sir William Mac Cormac at 7 P.M., but as there was no dyspnoea or other

urgent symptom, it was decided to postpone any further action until the following day.

March 15th.—The respiration is quite easy, but the patient cannot swallow anything, even a small quantity of liquid, and she expectorates the saliva. She complains of severe pain just below the cricoid cartilage, and at the back of her neck. There is some cough.

Operation.—As every possible effort had been made to extract the body by the mouth without success, further attempts in this direction seemed unadvisable. The plate was of very irregular form, with sharp angular projections at each side. It was evidently very firmly lodged in the tube, and was not likely to be extracted without danger of tearing the œsophagus, entailing very serious risk. Sir William therefore decided to perform œsophagotomy, the position of the foreign body being distinctly made out by the bougie and forceps, although nothing could be felt in the neck externally. At 2 P.M., the patient being under the influence of chloroform, the œsophageal forceps was passed and the foreign body again plainly felt at the same point as before. An incision about four inches long was therefore made along the anterior border of the left sterno-mastoid muscle, extending downwards to within half an inch of the sternal notch. The superficial tissues were divided until the edge of the sterno-mastoid muscle was reached, and the edges of the wound retracted. The anterior jugular vein, which was somewhat larger than usual, gave some trouble at this point, but was finally drawn inwards with the thyroid body. Several veins required division after the application of a double ligature. The carotid sheath was exposed, the omo-hyoid muscle cut through, and the artery and vein drawn outwards by the finger of an assistant. After dividing about half of the sterno-hyoid muscle and drawing the thyroid body well over towards the middle line, the œsophagus was exposed, but even then the foreign body could not be felt through its walls. It was feared it might have passed into the stomach. The forceps were again passed through the mouth, but even with them the foreign body was not distinctly felt. As, however, the probabilities were strongly in favour of it not having shifted from the position it occupied before the operation, a longitudinal incision about three-quarters of an inch long was made upon the end of the forceps, and when the lips of the incision were held apart the plate was at once seen closely impacted against the posterior wall of the œsophagus. It was readily seized with a pair of forceps and extracted without difficulty. It was now decided to close the œsophageal wound. An ivory-balled probang was passed to cause the tube to project somewhat, and the edges of the incision were united with three catgut sutures. The external wound was disinfected with a 1 in 1000 perchloride of mercury solution. Two drainage-tubes were inserted, and the margins of the skin united with silk sutures. There was very little bleeding throughout the operation. The wound was dressed with iodoform, salicylic wool, and gauze bandages. The patient was ordered to be fed by the rectum, and not to have anything by the mouth.

March 16th.—On the wound being dressed this morning, it looked well and there was no puffiness. Patient had a nutrient enema at 12 A.M., and a similar one has been ordered every four hours. She has taken nothing by the mouth, and expectorates her saliva. Slept well; no pain. The temperature rose after the operation to 101°, and is now (9 A.M.) 100·4°; at 9 P.M. it was 98·4°.

18th.—The stitches were taken out and the drainage-tube removed. The wound was looking very well. The patient could now swallow her saliva and she was allowed a little milk, which she swallowed easily and without any pain. Nutrient enemata discontinued. Temperature A.M. 99·4°; P.M. 100°. There has been no regurgitation through the wound.

20th.—Last evening some milk came through the wound after drinking. The patient did not mention the fact till this morning, as she was afraid her supply of milk would be stopped. She is a restless, irritable woman, and dislikes the feeling of thirst. On taking off the dressings and giving the patient milk to drink, some came out of the lower end of the wound, which was perfectly free from inflammation and had healed, except at the spot above and below where the drainage-tubes had been placed. The nutrient enemata were ordered as before and the supply by the mouth stopped. Antiseptic dressings left off. Temperature normal.

22nd.—Wound again dressed; it was looking quite well. On drinking hastily, a little milk came out from the lower

end of the wound; a small drainage-tube was inserted there. The patient was still allowed to drink milk. The nutrient enemata were discontinued. Temperature, morning, 99°; evening, 99°. General condition excellent.

25th.—The wound is now soundly healed, with the exception of a small place at the lower extremity. No milk has passed through it for the past twelve hours, not even when the patient swallows quickly. Drainage-tube removed.

27th.—Wound completely healed. The patient had an epileptic fit at 4 o'clock this morning.

30th.—The patient was up on the 28th, and went home to-day. There is a linear cicatrix in the neck, scarcely noticeable. She can swallow as well as before, and without pain or inconvenience, even when taking solid food.

The patient was seen about a month later, and was in excellent health. She had been supplied with a new and securely fitting plate.

Remarks by Sir WILLIAM MAC CORMAC.—This patient was only sixteen days in hospital, having made a rapid recovery. The point of chief interest is the closure of the cesophageal incision directly after the removal of the plate. The introduction of the sutures was a little troublesome owing to the depth of the wound, and I consider the partial failure was due to imperfect closure of the incision, from an insufficient number having been passed. Had four or five sutures been introduced in place of three, this accident might probably have been avoided. The milk, however, only found its way into the wound on the sixth day, when the chance of extravasation into the cellular tissues of the neck would be past, and it soon ceased to escape. This practice appears preferable to introducing a tube into the stomach from the neck or mouth and allowing the wound to heal by granulation—at all events in cases such as this one, where there were no inflammatory changes in the parts, and the margins of the cesophageal wound were clean cut, and not bruised.

EUROPEAN GENERAL HOSPITAL, ADEN.

A CASE OF MULTIPLE ABSCESS OF THE LIVER; DEATH;
NECROPSY; REMARKS.

(Under the care of Surgeon-Major COLSON.)

THE notes of the following case are by Assistant Apothecary Gardiner.

The patient, J. B.—, a seaman, was admitted on March 2nd, complaining of severe pains in the right side. He stated that he was quite well before leaving Bombay (about Feb. 22nd), and was taken ill two days after sailing. He was quite emaciated and exhausted, skin and conjunctivæ yellow, tongue rough and dry. The temperature on admission was 102·8°. There was a good deal of bulging over the hepatic region, with pain and tenderness on pressure. On careful examination the liver was found very much enlarged, with a sense of fluctuation below the ribs. An abscess was diagnosed pointing anteriorly about half an inch below the ribs.

March 3rd.—The patient was placed under chloroform, and an exploring-needle introduced, pus being found. A puncture was made with a trocar, and about eight ounces of pus removed through the cannula. The cannula was retained in the abscess as a means of drainage. Antiseptic dressing was then applied. He was ordered milk, mutton broth, and stimulants.—Evening: Temperature 102·8°. Felt much easier. One drachm of solution of hydrochlorate of morphia to be given at bedtime.

4th.—Temperature 99·4°. Bowels moved twice yesterday. Says he feel comfortable and slept fairly last night. Three grains of quinine given twice. To continue stimulants, &c. Evening: Temperature 101°. Cannula removed and drainage-tube substituted. Morphia draught to be repeated.

5th.—Temperature 99·6°. He slept well last night and feels less pain in the side. Bowels moved three times; light-coloured and semi-solid. Respiration before and since operation has been very slow, numbering between 8 and 12 per minute. Five grains of quinine were given twice during the day.—Evening: Temperature 101·4°. The morphia draught repeated.

6th.—Temperature 97·8°. The bowels were not moved during the night. Slept nearly the whole night, and is inclined to be drowsy this morning. Pulse 88; respiration 14. Evening: Temperature 103°; pulse 112; respiration 30. Appears worse. Had three motions during the day, and is very much depressed. Five grains of quinine to be given at once and the morphia draught at bedtime,

7th.—Bowels moved twice last night, the second motion containing blood and pus. Temperature 99·6°; pulse 104; respiration 22. Five grains of quinine given twice.—Evening: Had three motions during the day, each one containing pus. Temperature 103°; pulse 110; respiration 26. Is very low. To continue support by stimulants, &c.

8th.—Temperature 100·4°; pulse 124; respiration 38. Had two motions last night of the same character as the previous ones. Complains of great weakness.—Evening: Had about ten motions during the day, containing large quantities of pus; some passed involuntarily in bed. Temperature 102°; pulse intermittent and thready; respiration short and hurried. Is in a very low state. He gradually got worse, and died from exhaustion at 1 A.M. on the 9th.

Necropsy.—Liver enormously enlarged, extending upwards on the right side to the level of the fourth rib downwards three inches below the ribs. The left lobe occupied the whole of the left side, extending upwards to the fifth rib and downwards to about two inches below the level of the ribs. Heart and lungs displaced upwards. The cavity of the abscess which had been punctured by the trocar was found well contracted, but posteriorly in the right lobe there were two large abscesses not communicating with one another or the first, and filled with pus; one of these opened into the ascending colon. The liver was not adherent to the abdominal parietes, but no pus had escaped between. The liver weighed 6lb. 12oz.

Remarks by Surgeon-Major COLSON.—The non-subsidence of the symptoms after the abscess had been freely opened pointed to another collection of pus. I had fully determined, after an interval of a day or two, to explore for this. The appearance of pus in the stools showed it had opened into the bowel, and I had hopes that the unfavourable symptoms would subside. The result of the post-mortem examination showed that any treatment in this case was hopeless. The previous history of the case is very unsatisfactory. The patient was a German, and talked and understood English imperfectly.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Encysted and Infantile Hernia.—Imbecility with Choreoid Movements.—Treatment of Stricture of Urethra by Electrolysis.

AN ordinary meeting of this Society was held on Tuesday last, Mr. G. D. Pollock, F.R.C.S., President, in the chair.

Mr. LOCKWOOD contributed a paper on the Morbid Anatomy and Pathology of Encysted and Infantile Hernia. After commenting upon the practical importance of the subject and briefly referring to its history, the writings of Hey and Cooper and other authorities were quoted. It was shown that the origin of encysted hernia was usually attributed to the stretching of a cicatricial membrane which was supposed to obstruct the upper end of the patent processus vaginalis. This view was rejected because—1. Such a septum had never been seen and its existence was doubtful. 2. The specimens in the museums afforded no indication that cicatricial tissue had entered into their composition. 3. Because the sac of these herniæ was always composed of two layers of peritoneum. 4. Because an examination of the tunica vaginalis showed that it either communicated, in cases of encysted hernia, with the peritoneal cavity, or was simply closed by apposition and adhesion of the walls. Upon these and other grounds it was concluded that the various herniæ called encysted belong, in reality, to the infantile variety. Infantile herniæ were believed to be originated by some event connected with the transition of the testicle, which was described. It was stated that the processus vaginalis preceded the testicle, and that it was drawn along by fibres of the gubernaculum which were inserted into it. The usual account of that muscle was mentioned, but additional bands of it were described attached to the external sphincter of the anus and tuber ischii; and others were mentioned ascending the back of the processus vaginalis, with the spermatic vessels, to the peritoneum. These fibres were identified in the spermatic cord as the "internal cremaster," and after describing the