CASE OF OESOPHAGOTOMY.

BY EDWARD LAWRIE,

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A SIKH female, aged thirty-five, was admitted into Mayo Hospital on Dec. 14th, 1883, with a large gall-nut impacted in the gullet. She had been suffering previously from an affection of the eye, and was told by a friend that if she held a gall-nut in her mouth for two hours she would be cured. While giving this plan of treatment a trial the nut slipped down her throat and lodged in the cervical portion of the oesophagus. During the twenty-four hours following her admission every attempt to dislodge it failed. On the 15th the patient was very low and distressed, and it was decided after consultation with my colleagues to perform oesophagotomy. The operation was carried out in the usual way by dissection through the loose cellular tissue between the carotid vessels and the trachea till the foreign body was felt through the walls of the oesophagus, which was opened by a longitudinal incision and the nut removed. The woman was fed through a tube for five days, swallowing was perfectly restored in twelve days, and she was discharged cured in three weeks.

Lahore.

A Mirror

OF

HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quam plurimas 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. BARTHOLOMEW'S HOSPITAL.

A CASE OF DIFFUSED POPLITEAL ANEURISM, TREATED FIRST BY COMPRESSION, AND SUBSEQUENTLY BY LIGATION OF THE SUPERFICIAL FEMORAL ARTERY IN SCARPA'S TRIANGLE.

(Under the care of Mr. MORRANT BAKER.)

FOR the notes of the following case we are indebted to Mr. H. B. Tait, house-surgeon.

The patient, aged thirty-five, a well-nourished man of medium height, was admitted on Sept. 10th, 1883. He was originally a groom and coachman, his work consisting chiefly of driving, but for the last three years he had followed the trade of a hawker. There was an indefinite history of syphilis fifteen years ago, and a history of small-pox seven years ago, but of no other illness. The patient had at the time of admission an indurated chancre on the penis, with shotty glands in the groin; he had neither rash nor sore-throat. On Sept. 2nd he first noticed a swelling about the size of a hen's egg in the right popliteal space, but did not come to the hospital until the 7th, and even then refused treatment until the 10th, when he was admitted to Harley ward. He said that on Sept. 7th and 8th he walked a great deal, and afterwards suffered considerable pain in the limb. On Sept. 9th the pain increased so that he remained in bed.

On admission, the right popliteal region was found to be occupied by a large pulsating tumour, which had a distinct bruit. The pulsation was easily controlled by pressure on the femoral artery in the groin; the leg and thigh were also considerably swollen. The measurements were as follows:—Right leg: middle of thigh, nineteen inches and a half; round knee, sixteen inches and a half; round calf, sixteen inches. Left leg: middle of thigh, eighteen inches and a half; round knee, thirteen inches and a half; round calf, thirteen inches.

On Sept. 11th the patient was fairly comfortable. One-sixth of a grain of morphia was administered hypodermically the night before. The pulsation seemed slightly less. On Sept. 12th the pulsation was more marked. The measurements round the thigh and knee had increased half an inch respectively. The patient had suffered a good deal of pain during the early part of the night, but was comfortable after a hypodermic injection of one-sixth of a grain of morphia.

It being decided to try compression for twenty-four hours, a small pad was placed on the artery in the groin, and a shot-bag weighing 14 lb. was used as a weight. Pressure was commenced about 3 P.M. At 5 P.M. it was noticed that the swelling of the limb had increased, and that the integument over the tumour and upper part of the leg was discoloured. At 6 P.M. digital pressure was substituted for that of the pad, the shot-bag being used as before. At 7 P.M. the measurement round the knee had increased an inch and a quarter, that round the calf having also increased seven-eighths of an inch. At 7.45 P.M. all pressure was discontinued. It being, however, found that the limb became still more swollen, and that the discolouration was increasing, digital pressure without the weight was again applied, until Mr. Baker's arrival, when all pressure was again discontinued. At 10.30 the patient was taken to the theatre, and Mr. Baker tied the superficial femoral artery in Scarpa's triangle, the leg being first wrapped in cotton-wool, and bandaged with flannel. The artery was tied in two places with kangaroo tendon, and divided between the ligatures. Catgut sutures and sanitas oil dressing were used, a strip of gutta-percha tissue being employed for drainage.

On Sept. 13th the leg and thigh were much less tense. There was no pulsation in the aneurism; the foot was quite warm and sensation good; there was hardly any discharge from the wound. The patient complained of very little pain. Evening temperature normal, morning 99.2°; pulse 76, regular. He took iced milk well. One-third of a grain of morphia was injected hypodermically at night. On the 14th the wound was looking well; two stitches were removed. The patient was comfortable, and had a good night without morphia. On the 15th the bowels were open three times after castor oil. The patient was free from pain, his temperature being normal. On the 17th the wound was looking very well; all sutures and drainage were removed.

On Oct. 1st there was some hardness, and very slight discolouration in the popliteal region. On the 8th the patient got up for the first time. On the 13th there was still some hardness, and slight discolouration in the popliteal region. The measurements were as follows:—Right leg: round thigh, nineteen inches; round knee, fourteen inches and a half; round calf, twelve inches and a half. Left leg: round thigh, eighteen inches and three-quarters; round knee, fourteen inches; round calf, thirteen inches.

The patient left the hospital on Oct. 15th, and when seen again some weeks afterwards was quite well.

Remarks.—It was not considered very probable in this case that pressure would cure the patient's aneurism. But he was much frightened at the idea of any operation, and it seemed likely at the time that he would leave the hospital if its consideration were pressed upon him. Pressure was therefore tentatively employed, but the leaking of blood from the aneurism, which had probably begun before the patient's admission into the hospital, was not restrained, and it became imperatively necessary to tie the artery without delay. Mr. Baker remarked, "That each case must be treated on its own merits; extravasation of blood beyond the immediate limits of the aneurism might seem at first sight to contra-indicate altogether the employment of pressure; but in the fifteenth volume of the St. Bartholomew's Hospital Reports a case was recorded in which extravasation had gradually occurred to such an extent as to obscure the diagnosis by almost stopping the pulsation, and in which, notwithstanding, the aneurism was easily and quickly cured by digital pressure with the help of Esmarch's bandage." In the present case Esmarch's bandage was clearly inapplicable, and digital pressure was applied for a few hours only, and with much caution. This case is the second within the past year in which Mr. Baker has tied the femoral artery by kangaroo tendon ligatures, dividing the artery between them.

LIVERPOOL NORTHERN HOSPITAL.

CASE OF LARGE SALIVARY CALCULUS; EXCISION OF SUBMAXILLARY GLAND.

(Under the care of Mr. CHAUNCEY PUZEY.)

THE following case seems to be noteworthy, not merely on account of the unusual size of the calculus, but because of other circumstances which will appear in the record.

The patient, a woman aged about thirty-five, was under Mr. Puzey's care in the Northern Hospital two years before on account of a mass of tuberculous glands, the size of a man's fist in the left axilla. Excision was performed, the