ON WOUNDS OF THE THROAT INFLICTED FOR THE PURPOSE OF SELF-DESTRUCTION.

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IN THE LANCET of September 5th, page 267, are some observations on wounds of the throat by Mr. M'Whinnie; and the publication of the following case will enable me to make some remarks on this subject differing from those of that gentleman.

C. L.—, aged twenty-eight, has been in a melancholy state for some months. About five o'clock P.M. on the 17th of January, 1845, a messenger arrived at my house in great haste, and requested me to go immediately to the above person, who had cut his throat in a field through which his wife and he were passing on their way home from visiting the patient's father. On my arrival, I found the patient in bed, his pulse quite regular, and his breathing not much interrupted, and there was very little depression of the system generally. On examining his throat, I found a wound extending completely across the neck, immediately below the chin, and almost dividing the larynx, entering that cavity immediately below the os hyoides. There was no vessel of any importance injured, and the hæmorrhage had been trifling, and was now quite suppressed. The wound was an incised one, and had been produced by a razor. The patient was breathing almost entirely through the wound in the larynx. I brought the edges of the wound together, and finding that the breathing was not much impeded by this proceeding, I kept the wound closed by sutures and adhesive plaster, leaving, however, a small aperture in front of the wound into the windpipe; and having applied a bandage to confine the chin towards the breast, and given the patient an anodyne draught, which he got down with much difficulty, he appeared to be pretty comfortable, but could not make himself heard above a whisper. His pulse is 60, full, and soft.

18th.—The patient has passed an easy night, breathing freely through the mouth; has very little cough, and expectorates a little mucus, which he gets up without disturbing the dressings on his throat; has taken about a pint of milk during the night, which he has swallowed with some difficulty; pulse about 70; no fever, and very little reaction has taken place; tongue covered with a thick white fur. To take an aperient draught.

19th.—Has been rather restless last night, but is tolerably well this morning, and can be understood in a low tone of voice; pulse about 80, and regular; no fever; bowels open from the aperient draught; takes a sufficient quantity of milk, which he swallows without much difficulty. I removed the dressings from the wound, and I found that union had taken place all round the wound, except the small aperture which was left open. The patient now breathes altogether through the mouth; I therefore applied fresh adhesive plaster, closed up the remaining part of the wound by a suture, and re-applied the bandage.

21st.—Has not slept well the two last nights, but he is up and sitting by the fire this morning, and has regained his voice. He complains much of a pain and weight in his head, which he says is his old complaint, and of more consequence than the state of his throat. I removed the dressings, and found that the whole of the wound had united pretty firmly. He has very little cough, and expectorates with ease any mucus which collects in his throat. Pulse about 70, rather firm; his bowels have acted, and there is no constitutional disturbance; he breathes freely, and does not complain of any pain about the neck. To have an aperient draught, and in addition to milk, to have some soup.

23rd.—Since my last visit, he has been very unruly, and could not be kept in bed, and in consequence of this the wound in the throat has become disunited; but upon examining it, I find that the divided ends of the larynx are still united, and that it is only the integuments which have given way. The breathing is free; there is more cough in consequence of mucus collecting in the trachea, which, however, he expectorates without much difficulty. There is no constitutional disturbance; the pulse is regular, and the patient takes support, and swallows without much difficulty. I brought the wound together by adhesive plaster, and retained the parts by a bandage.

25th.—Since last visit, the patient has been perfectly quiet, and kept his head in the proper position. On examining the throat to-day, I find that the opening into the trachea is quite obliterated, and the integuments which were disunited are, as I expected, healing by granulations. The bowels have been opened by an aperient draught; there is no constitutional

disturbance; the patient can swallow perfectly well; and he has passed comfortable nights.

He was removed this morning to the workhouse at Bishop Auckland, and placed under the care of my friend Mr. Jobson.

Feb. 11th.—I called at the workhouse to-day, and had an interview with the patient. His throat is healing by granulations, and he is going on very satisfactorily. From this date, the patient continued to improve, and ultimately got quite well.

Remarks.—It will be seen, that in the treatment of this case I have not followed the suggestions laid down by Mr. M'Whinnie, with respect to the employment of sutures. That gentleman observes, that "with regard to sutures, they should be employed only in superficial wounds; or, if allowable in deep ones, they must be confined to those cases in which the air-passages have escaped." And again, he observes, "they (the sutures) cannot promote what never takes place in these parts—viz., union by the first intention."

In the above case, the principal part of the wound, which communicated freely with the trachea, was immediately brought together, and retained so by sutures and adhesive plaster; and I am quite of opinion, that the whole of the wound might have been thus united, without any detriment to the patient, for the breathing was not rendered more difficult by this proceeding, and the patient was able to cough up any mucus which collected in the trachea. In this case, also, the wound in the throat was healing by the first intention in a most satisfactory manner, until the patient, on the sixth day, caused a stop to be put to this process, and even then the separated parts of the larynx had united, and escaped the violence of the patient; and the superficial wound healed by granulations. It will be observed that the small portion of the wound which was left open was closed on the third day, and this was done without the least impediment to the respiration. This case therefore proves, that not only may sutures be used with propriety, but also that union by the first intention may take place, and that, too, under very disadvantageous circumstances.

The plan of treatment adopted in this case was in accordance with that recommended by the late Sir Charles Bell, who observes, "I hope you will find it possible to use the needle and ligature to unite the divided tube, without transfixing the rings of the windpipe, which ought not to be done, and he recommends the integuments to be united by suture, leaving an aperture in front." Mr. Fergusson is also in favour of sutures, and observes that "the edges of the wound should be brought together by stitches and adhesive plaster." He further remarks, "whether the trachea, larynx, or pharynx, be opened, I can see no material difference in the practice, in so far as the above directions go."

Wounds of the neck do not require us to deviate from the ordinary principles of surgery, and although it is often the custom to allude to such cases as requiring peculiar modes of practice, I cannot perceive any difference that may be necessary, further than what a knowledge of anatomy and physiology might indicate.

I am quite aware that in some cases of this kind, and particularly where there is injury to the epiglottis, it would not be proper to close the edges of the wound by sutures, without carefully noticing the state of the respiration; but in all cases where the wound is of an incised nature, without any detachment or bruising of the neighbouring parts, I should bring the edges of the wound together, carefully watching the effect produced on the breathing, and if this went on without much impediment, I should then close the wound by sutures and adhesive plaster, and thus give the patient the chance of union by the first intention, which I am convinced will take place in a great number of these cases. This I conceive to be much better practice than to leave the wound open, and expose the patient to all the dangers consequent on such a state.

By allowing the opening into the trachea to remain open, we expose the patient to great danger from inflammation, and the great length of time which necessarily elapses before the wound can heal by granulations, places him under the risk of disease of the larynx or trachea, or of having to struggle under the misery of a fistulous opening into the windpipe. It must, therefore, be much more advisable to unite the wound by sutures, being guided as to its complete closure, however, by the freedom or difficulty of breathing by the mouth; if there be no difficulty, then let the wound be completely closed by sutures and adhesive plaster, aided by a proper retentive bandage; if there be difficulty of breathing, then let a space be left opposite the wound into the windpipe, to admit the free passage of the air, closing this, however, as soon as the breathing will permit.

Evenwood, Durham, October, 1846.