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WOUND OF THE ŒSOPHAGUS, FOLLOWED BY EMPHYSEMA, INFLAMMATION, PNEUMONIA, PLEURISY, PERICARDITIS, DEATH.

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HARRIET N——, aged 11 years—the subject of these notes—was a rather delicate child, of fair complexion and spare habit, having suffered more or less for the past year or two from dyspeptic symptoms and general debility.

On the morning of the 22d of November, 1861, she called at my office, saying she had swallowed a piece of chicken bone, and that it had lodged in her throat. On my applying an instrument to depress the tongue, she said the bone went down, and she felt that she was rid of the obstruction. No bone could be seen by looking into the fauces, and I supposed the trouble to be removed. Very soon after returning home, she vomited once, and during the day she felt a slight soreness about the throat, frequently attempting to clear her throat of mucus. She had no pain, but complained of not feeling very well, though nothing was thought of it by the family, as she frequently had days of not feeling quite well. She passed a comfortable night, but the next morning there was the same sense of irritation about the throat—somewhat greater than the day before. The following night she was restless, and did not sleep well.

On Sunday, P.M., Nov. 24th, I was called to see her for the first time. She was suffering from a slight headache, considerable soreness of throat, a hard swelling on the right side of the neck in front, somewhat painful, and contraction of the muscles of the same side, with pain. The skin was cool and pale, pulse rapid and feeble, tongue natural, no appearance of inflammation about the fauces. Ordered a pill containing one grain of ipecac. and one grain of opium, and the application of cloths wrung out in warm water to the neck.

Nov. 25th.—Symptoms same as yesterday, but more severe. The
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swelling, which commences abruptly, immediately below the angle of the jaw, bordered in front by a defined line exactly over the trachea, and posteriorly by a line less definitely marked, running downward and somewhat forward from the mastoid process of the temporal bone, has extended down the chest as far as the lower edge of the sternum. This swelling is quite painful, and feels hard and brawny; in color dark red, approaching to livid in the upper part. The muscles of this side of the neck are so much contracted that the head is drawn far to one side; all movements, both of the head and upper part of the body, are very painful. Deglutition easy, but little or no appetite; no thirst. To continue the treatment.

Nov. 26th.—Had a bad night, and the same symptoms continue and are more severe; pulse 160; pain in head, and running down the back and shoulders; swelling extending further back; skin cool and pale; no thirst; no perspiration. Ordered a dose of castor oil, which operated sufficiently, and one pill at night.

Nov. 27th.—No headache; all other symptoms remain without improvement; pain in lower front of left chest. Ordered five drops of tincture of veratrum viride every four hours; two pills at night. The veratrum producing no effect, was suspended after the fourth dose had been taken.

Nov. 28th.—All symptoms more severe. Pain in left chest increased. Respiration short, like that of pleurisy, 50 per minute. Swelling in neck and chest very hard and painful. A little perspiration for a short time in the morning, but the skin is generally cool, dry and pale; pulse 160 or more; tongue nearly clean and moist; no thirst; ordered sweet oil to be applied to the swelling, and a covering of cotton wool; oil of turpentine to the left side; *R.* Spts. æth. nit., liq. ammon. acet., aa ʒ i.; potass. nitrat., ʒ i. M. One drachm to be taken every three hours; and an opiate pill at night.

Nov. 29th.—At 5, A.M., she awoke with very severe pain in the chest, not confined entirely to the side of the pleurisy; great dyspnoea; her eyes were fixed, lips and hands became purple. After this condition had lasted some minutes, she began to cough, and raised a quantity of mucus, when these alarming symptoms subsided. This was followed by a tolerably free perspiration for a little time, and she became quite easy. Considerable pain in bowels, particularly in right iliac region; respiration and pulse about the same as yesterday. To continue treatment, and take three compound cathartic pills. The pills did not operate, and she had an enema, which was followed by a full dejection. More comfortable. To take liq. morph. sulph. ʒ i. p. r. n. Up to this time there is no abatement of the pulse, which never fell below 160, and was frequently higher, small and feeble; and the respiration was never below fifty, and at times even more than that.

Nov. 30th.—She passed a tolerably comfortable night, and slept a considerable part of the time from 12, to about 5, A.M., when she was seized with an attack very similar to the one described in yes-

terday's report. When I arrived, at about 5, A.M., I found her free from pain, and in every respect more comfortable than she had been for six days. Pulse 140, full and strong; respiration 40, free and natural; the whole body bathed in a most profuse perspiration; cough, with slight expectoration. On examining the left chest, I found pneumonia of the lower portion of the lung present. There was considerable thirst, and she ate quite freely of light food. At 10, A.M., Dr. Buckingham saw her with me, and her condition at that time seemed even more promising than it had in the morning; and so continued through the day and evening. She took light food, and occasionally a teaspoonful of the solution of morphia; slept considerable through the day and following night.

Dec. 1st.—She awoke this morning about 7 o'clock, much as she had the two previous mornings, but did not rally as she had before. When I reached her, at about 8, A.M., she was breathing with great difficulty; her extremities were becoming cold and purple, eyes fixed, and she seemed to be dying from suffocation. I attempted to give some stimulants, but she was unable to swallow, and she died after the most violent struggles at about 9 o'clock—two hours after she awoke from a tolerably quiet sleep.

Post-mortem examination by Dr. Ellis, 30 hours after death.

Head not examined. The neck was much swollen, of a greenish color, elastic and resonant, but collapsed immediately after incision. The cellular tissue beneath the surface contained much pus. The anterior mediastinum was also infiltrated with light brown, offensive pus. The same was undoubtedly the case in the cellular tissue of the abdominal parietes where the swelling was noticed, but the examination of this part was inadvertently omitted. Each pleural cavity contained about half a pint of offensive purulent serum. The left lung was slightly adherent. Both lower lobes were somewhat compressed, and a small part of the left was decidedly inflamed, portions perhaps a quarter of an inch in diameter being yellow, as in the third stage of pneumonia, but with brownish centres, as if sloughing had taken place. The pericardial surface was smeared with a thin layer of soft, recent, fibrinous material.

In the anterior wall of the *œsophagus*, about an inch below the margin of the larynx, was a longitudinal sharply-cut slit, perhaps one third of an inch in length, extending entirely through the coats. Between this and the trachea was a small well-marked cavity, but not limited by any membrane. Its inner surface had the same appearance as the tissue of the anterior mediastinum. It was evidently the source of the extensive cellular inflammation, which also extended to the peritoneum covering the liver, but there was no general peritonitis.

The other organs were normal.

The diagnosis in this case was obscure from the beginning. In the first place, we know that there was a piece of bone lodged in the upper part of the *œsophagus* for a few minutes on Friday morn-

ing. This seemed to be a slight accident, and was not immediately followed by any serious troubles. From 36 to 48 hours afterwards, an emphysematous swelling commenced at the side of the neck, and slowly increased for four or five days, accompanied by pain and stiffness of the neck. On the fifth occurred pleurisy, and probably pericarditis about same time, perhaps earlier. On the eighth day pneumonia, with decided amelioration of symptoms. From a very early date the pulse was small, feeble and very rapid. This was at all times *the* alarming symptom. There was throughout very great constitutional disturbance, but the symptoms were such that none but a somewhat expectant treatment seemed to be judicious.

The case is interesting from the infrequency of such accidents and the remarkable train of affections following so slight a wound.

March 15th, 1861.

DR. COALE'S ESSAY ON ANEURISM.

[Continued from page 132.]

Brasdor's Method.—Seeing many cases of aneurism in which the sac was too near a great artery or to a central cavity to admit of a ligature being placed upon the artery between it and the heart with safety, it occurred to Brasdor, a French surgeon of the latter third of the last century, that by stopping the flow beyond by a ligature on the distal side of the tumor, a cure might be effected. This suggestion he was unable to carry into effect himself, but he communicated it to his friend Deschamps, who tried it for the first time in a case of aneurism at the upper part of the thigh. This case was an unsuccessful one, yet it served to turn the attention of surgeons to this method. What has been done since then with this operation, we learn chiefly from the thesis of M. Villardebo.* He gives fourteen cases, divided into two classes. The first class consists of those in which there was no vessel given off between the sac and ligature. Of these there are in all five cases—two cures and three deaths. In the other class, in which vessels were given off between the ligature and the tumor, there are nine cases given, of which only one was successful. One died from erysipelas, and seven from hæmorrhage occurring in the unarrested progress of the disease.

We have seen a successful case reported of carotid aneurism operated on by this method, but we cannot now lay hands upon it.

The above given list, from Villardebo, certainly does not speak very favorably for the operation. Wardrop, however, who performed one of the successful and two of the unsuccessful operations above mentioned, in his article on Aneurism in the *Cyclopædia of Practical Surgery*, 1841, still commends it. He says: "It has been adopted by Bush, Lambert and Montgomery in cases of carotid

* De l'Operation de l'Aneurisme selon la methode de Brasdor. Paris, 1831.