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LODGMET OF MEAT IN THE CÆSOPHAGUS.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called, on the evening of May 27th, to see a lady about 70 years of age, who complained that she was choking from the effects of a piece of meat, which had lodged somewhere between her mouth and stomach, while she was at dinner on that day. She had eaten nothing more, but said nothing of her trouble at the time. There was a very uncomfortable sensation somewhere about her larynx—a feeling of choking—which had grown worse, until about seven hours after the accident she sent for me. During the afternoon, she had attempted to produce vomiting by tickling the fauces with a feather dipped in olive oil, but without effect.

I found her up, and having no dyspnœa nor other marks of any serious trouble, but complaining very much of a distressing sensation of choking, which she referred to the fauces. In several attempts to swallow water, nearly all was retained in her mouth; a little apparently went down. Nothing could be seen in the throat; nor felt by my finger, which I introduced, and with it carefully explored every part quite to the commencement of the cœsophagus below the pharynx. I therefore introduced a sponge probang saturated with olive oil, the head being held far back so as to bring the mouth as nearly as possible in a direct line with the cœsophagus. When the sponge was fairly in the cœsophagus, steady pressure was continued upon it, but without making any advancement; and having exerted all the force that seemed to me proper, I withdrew it. Then placing my fingers and thumb over the cœsophagus behind the upper part of the trachea, holding it between them so as not to compress the trachea, I began to knead the cœsophagus gently with the ends of my fingers. In less than a minute the morsel of meat rose into the patient's mouth, with an instantaneous relief of the disagreeable sensations she had been suffering. It was a solid, unmasticated piece of meat, about an inch and a quarter in length, and more than half an inch in the other dimensions.

I was informed that a sister of my patient, about the same age, had suffered a similar trouble six years ago. The circumstance is worthy of mention, on account of its possible indication of a common predisposing cause. It might be said that the attempt to swallow large pieces of meat unmasticated would be sufficient cause for such a result as occurred to my patient; but this dangerous practice is so very common, and the

lodgment of food in the œsophagus so rare, that where such a result occurs twice in one family, we are inclined to suspect an additional cause. The ladies are both quite old, and generally in good health. The morsel in the other case was dislodged and carried down by the probang.

I have sent this case to your Journal, Messrs. Editors, chiefly for the favorable result of the treatment—which I should in future make use of before the probang, as much less disagreeable to the patient.

Newton Centre, June 2d, 1854.

W. HENRY THAYER.

TREATMENT OF HYDROPHOBIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The author of "Remarks upon Hydrophobia," in No. 18 of your Journal, "respectfully asks the attention of the medical profession" to that subject. I should not, however, trouble you or myself with a single serious thought upon that communication, did I not believe that it was liable to produce the most deplorable consequences by inducing individuals to neglect the only reliable means, and stake their lives upon the efficacy of exploded nostrums. For a month or two past, this same old story, newly vamped up, of the important secret disclosed by a Russian peasant, who could not die until he had divulged it, has been going the rounds of the common newspapers. Now educated physicians, instead of lending their aid to such delusions, should use their influence to correct the errors and mistakes by which ignorance and venality are constantly imposing upon the public. It is useless to speculate upon the pathology of hydrophobia, especially if we resort to empirical remedies at last.

From the earliest times recourse has been had to prophylactics. Spells, charms and amulets without number have been employed to remove some existing disease, or procure immunity from something feared. The superstitious remedy was sometimes placed over the door, sometimes laid upon the bed, and sometimes hung about the neck of the sick. An herb called holly, which appears to have been a variety of garlic, was used in this way by the ancient Egyptians, and for a long time supposed to be a never-failing antidote for every disease when properly employed. Great numbers of ridiculous remedies have been used and extolled as preventives of hydrophobia. Galen and Dioscorides burnt crawfish alive upon copper, and used the ashes. Longus employed the roasted liver of a mad dog. Mayerne and Grew used the powder of tin and mithridate, which they asserted never failed. Mead, a very learned physician in his time, used the pulvis sanitatus, which was composed of liverwort, lupen and pepper, and which he declared he had used a thousand times, and had never known it to fail. The Tonquin medicine, composed of musk and cinnabar, was used by Sir George Cobb, and by him pronounced infallible. The Ormskirk remedy, which was a mixture of chalk and rum, Armenian bole and elecampane, once had almost universal celebrity. Boxwood and rue, ginseng and the dog-rose,