Clinical Observations.

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V.—ŒSOPHAGOTOMY FOR THE REMOVAL OF A COPPER COIN WHICH HAD REMAINED THREE MONTHS IN THE GULLET.

W. H., aged 21, the son of respectable parents in Gottenburgh, came over from Sweden to study agriculture under the direction of a farmer in the east of Fife. While there, in the beginning of November last, he happened to amuse himself by throwing up a piece of copper money and catching it in his mouth. But, upon one occasion of doing so, his head being bent very far back, and his mouth widely expanded, the coin descended directly into his throat, and was swallowed without any effort, or, indeed, consciousness of the act. He then felt that the foreign body had not gone down into the stomach, but was arrested at the lower part of his neck, where it caused an uneasy sensation, and impeded the passage of food. In these circumstances, he was brought to Edinburgh, and placed under my care.

Finding that the coin (whether a penny or half-penny, the patient could not say with certainty) was beyond the reach of forceps, and having a great dread of the disastrous effects which are apt to be produced by attempting to overcome, through forcible pressure, the resistance depending upon the form and consistence of an obstructing body in this situation, I resolved to abstain from interference, in the hope that, the narrow part of the gullet having been passed, descent into the stomach might be gradually accomplished. From the diminution of uneasiness, and increase in the facility of swallowing which took place during the subsequent fortnight, it seemed as if this expectation had been realised; and I, therefore, then advised the patient to return home.

Towards the end of February, being informed that the young man still continued to complain, I requested another opportunity of examining him; and, upon seeing his perfectly healthy aspect, felt so sure the passage was free, that I did not hesitate to introduce a thick flexible bougie, which, greatly to my surprise, distinctly struck upon some hard substance opposite the upper end of the sternum. Considering the serious consequences that might attend ulceration of the œsophagus at this part, and the risk of such an occurrence happening at any time, even after the long interval which had fortunately elapsed in safety since the accident, I had no hesitation in resorting at once to the operation, and with this view, gave the patient a private room in the hospital, where he might have the advantage of careful attendance.

On the 25th of February, chloroform having been administered so as to produce its full effect, I made an incision from the sternum upwards between the sterno-mastoid and sterno-hyoid muscles, divided the deep fascia, and dissected downwards, until my finger felt the vertebræ in the tracheal side of the carotid artery, just below the crossing of the omohyoid. There being then no trace of the foreign body, and as I feared to search for it by exposing the œsophagus lower down, which would have endangered the great blood-vessels at that part, an ivory-ball probang was introduced into the tube, so as to distend and act as a guide for cutting through its coats. Having done this, and withdrawn the instrument, I introduced my finger into the opening, directed it downwards until the piece of money was felt, and then, by means of slightly curved forceps, readily effected its extraction. It looked like one of George the Third's pennies somewhat attenuated in thickness; but, upon more careful inspection, it proved to be a Swedish coin of the same value. No bad consequence followed the operation. The patient was supplied with milk and beef-tea from time to time, by means of a catheter introduced by the mouth. At the end of a week, he regained the power of swallowing without any discharge from the wound; and in the course of ten days more, was quite convalescent, without experiencing any inconvenience whatever from the serious jeopardy through which he had passed.

The most interesting and instructive point of this case seems to be the long retention of such a body without causing ulceration of the mucous membrane upon which it rested. When a metallic instrument presses against a surface of this kind, it is certain to produce such an effect, as may be learned from the result of tying a silver catheter too far into the bladder, or keeping a tube permanently introduced through the œsophagus at the narrow part where it lies between the larynx and vertebræ. The absence of ulceration in any such case is, therefore, a proof that no pressure had been sustained; and hence the explanation of those curious discoveries which are not unfrequently made when a mole-trap looking machine is extracted or discharged from the female pelvis, after remaining there even for many months, through forgetfulness of its having been introduced under the pretext of altering the attitude of an uterus, alleged to be improperly reclining backwards or nodding forwards. But it is evident that, if this contrivance really did overcome resistance, it must cause pressure, and thereby give rise to ulceration; so that the safety of the means in question, so far as they are safe, depends on their inefficiency, whatever may be said or believed to the contrary by unscrupulous specialists and credulous women.