A FOREIGN BODY IMPACTED FOR SEVEN MONTHS IN THE OESOPHAGUS.

By ANDREW FULLERTON, B.Ch., F.R.C.S.I.,

Hon. Assistant-Surgeon, Royal Victoria Hospital and Belfast Hospital for Sick Children.

L. M., aged 7 years, swallowed a halfpenny seven months before being brought for treatment to the Belfast Hospital for Sick Children. It gave rise to no definite symptoms until three weeks before admission, when it was noticed that she was ill and that she brought up foul-smelling material at intervals.

State on Examination.—When admitted on August 19th, 1903, it was noticed that the child could not swallow ordinary diet, and a skiagraph showed a circular or slightly oval body lying almost in the middle line opposite the bodies of the third and fourth dorsal vertebra. The upper margin reached to the level of the third ribs above and the lower margin to a point slightly above the level of the fifth ribs below at the costo-vertebral junction. The oval appearance from above down was due no doubt to the coin lying somewhat obliquely. After an unsuccessful attempt to remove the foreign body through the mouth the child became extremely ill, and brought up considerable quantities of foul-smelling, sanious, purulent matter, while the temperature varied from 99° to 100° F., and the pulse was weak and irregular, with a rate of 150 per minute.

Operation.—A week after admission oesophagotomy was performed on the left side, the skin incision being made from the level of the thyroid cartilage to near the sternum, a little anterior to the sterno-mastoid muscle. The oesophagus was exposed a little below the cricoid cartilage, as this portion was free from vessels and easily accessible. The trachea was drawn out and rotated somewhat to the right side, and the great vessels were well retracted to the left. A small opening was made into the postero-lateral region of the gullet (to avoid the fibres of the recurrent laryngeal nerve) and a long probe passed. It was not found necessary to cut the omo-hyoid muscle as good retraction exposed the posterior surface of the oesophagus to the necessary extent. The probe touched upon a foreign body about $\frac{1}{2}$ in. from the wound. The end of the probe was bent into a hook shape and passed beyond the body, which was thus hooked up, surrounded by foul-smelling greyish fluid, with a drop or two of blood. The odour was sickening, and was evidently due to ulceration at the point of impaction. When the coin reached the small aperture in the oesophagus it was grasped with Spencer Wells forceps and the wound carefully enlarged so as just to allow of its removal. The halfpenny was covered with thick yellowish-brown mucus and was black at the periphery, but copper-coloured and polished in the centre of both surfaces. There was no erosion of the metal, the inscriptions on both sides being quite legible. The wound was well sponged out with a 1 in 1,000 solution of perchloride of mercury. The oesophageal wound was completely closed by a continuous formalin catgut suture for the mucous membrane, and a similar suture for the muscular coat. A small rubber drainage tube was introduced into the depths of the wound, and the skin edges brought together by silk-worm-gut sutures.

Progress and Result.—Shortly after the operation the child regurgitated some of the foul-smelling matter already referred to, stained with blood, but did not vomit. She was, however, very weak and collapsed for two days, with a pulse of 152. The temperature only once reached 100.2° F. No food was allowed by the mouth for nearly forty-eight hours, feeding with beef-tea and brandy and milk and egg alternately being rectal. On the second day the child looked blue and collapsed, with a very bad pulse, although the wound was healing well. The drainage tube was removed and mouth feeding begun, when the child immediately began to improve. Probably the collapse was due to starvation. Vomiting occurred once after feeding by the mouth was begun, but it did not recur. The pulse gradually improved, falling to 130 on the third day, and 92 on the fifth. Some of the skin sutures were removed on the sixth day, and the remainder a day or two later. Healing took place by first intention, and there was no sign of leakage from the oesophageal wound. Easily digested and soft food—soft-boiled egg and thin bread and butter without crust—were given at the end of the first week. The further history of the case was uneventful, and when heard of a few days ago the child was in excellent health.

REMARKS.

The case is of interest in the following particulars:

1. The length of time since impaction, 7 months.
2. The absence of symptoms until three weeks before admission to hospital, when ulceration of the oesophageal walls was evidently in progress.
3. The situation of the coin, close to the arch of the aorta, into which ulceration would possibly have taken place and in a position where the use of forceps might have been fatal.
4. The method of dealing with the oesophageal wound. The wound being in healthy structures was completely closed by a row of sutures in mucous membrane and a second row in the muscular walls.
5. No tube was passed down the oesophagus to feed the patient.
6. Rectal feeding was of doubtful effect. Compare the rapid improvement after food was given by mouth.

A CASE OF MALIGNANT OBSTRUCTION OF OESOPHAGUS: GASTROSTOMY.*

By

E. SOLLY, M.B., F.R.C.S., and H. I. DAGGETT, M.B.,
Harrogate. M.R.C.S.,
Boroughbridge.

THE operation of gastrostomy for oesophageal obstruction is neither sufficiently rare nor as a rule sufficiently difficult of performance to justify the publication of an isolated case—at any rate at length—but I venture to think that the following brief note may be of interest to many, not only on account of the result obtained, but as an encouragement to others called upon to deal with similar cases; and as a sort of moral to the end of my tale, I would add that the case is not without its bearings upon the much-discussed problem of the relation of the public hospitals to the private practitioner.

History.

The patient was a woman, aged 43, who had always been thin; but her friends had noticed for about twelve months that she was getting appreciably thinner. For many years she had a "peculiar throat," not being able to swallow certain articles of food, but pain was never complained of. About Christmas, 1902, however, her difficulty in swallowing began to increase, and she gave up trying to take solid food, especially meat. Pain was now felt, but it was never a marked symptom, and only came on in attempting to swallow. No medical man was ever consulted until July, 1903, when the patient was staying at Middlesbrough. The trouble was at first thought to be spasmodic, but gradually the diagnosis became evident, as complete obstruction developed, with rapid loss of flesh. She returned to Boroughbridge in September, 1903, having been for a week fed entirely by nutrient enemata. Dr. Daggett saw her on September 17th, and immediately made arrangements for me to visit her with a view to operation. I cautiously tried to pass small bougies, but could get nothing beyond the pharynx.

Operation.

On September 24th I performed gastrostomy, using the method generally known as Frank's, but I believe more correctly attributed to Albert. Through an incision just internal to the left linea semilunaris, carried through the fibres of the rectus muscle. I drew out a portion of the stomach, which though small was not difficult to find, and showed no sign of disease. Having fixed this in position by catgut sutures carried through the peritoneal coat of the viscus and then through the parietal peritoneum at the edge of the wound, I made a second incision an inch higher up along the costal margin; this was only carried through the skin and fascia, and by blunt dissection the portion of skin between the two incisions was raised up, and under the arch so formed the portion of stomach already drawn out was pulled and held by passing hare-lip pins through the serous and muscular coats. The lower wound was then closed by interrupted silk-worm gut sutures and a dressing of cyanide gauze applied.

After-history.

An opening was made into the protruding portion of the stomach by Dr. Daggett after twenty-four hours, and through this the patient was fed. All went well (except for a little leaking through the opening, which, however, ceased after a few days, and at no time gave any serious trouble) till the beginning of December; the patient gained strength, was able to sit up, and once or twice was able to go out in a bath chair. The neck on the right side, however, became very much thickened and stiff, and not long afterwards swelling occurred on the left side, the whole enlargement being in the situation of the thyroid gland. An abscess containing fetid pus formed in the tumour, and was evacuated at the end of November, and another one early in December. About this time dyspnoea occurred at intervals, the first attack following a sudden movement of the head to one side; these attacks became more frequent and more urgent as time went on, and on December 22nd tracheotomy was performed by Dr. Daggett. This gave instant relief, but the patient gradually lost ground, and died from exhaustion on January 28th, 1904, nineteen weeks after the operation of gastrostomy. No necropsy was permitted, unfortunately, but I think the case was undoubtedly one of malignant disease of the thyroid gland, as fixation of the larynx was noticed almost from the first.

In estimating the value of the relief afforded by the operation of gastrostomy, one must recognize the fact that when it is performed for malignant disease one is fighting a losing battle, and in most cases the patients have no means of knowing the horrors of the starvation which they have escaped, but must all the same feel the depression accompanying the gradual failure of strength; they are apt, therefore, to be dissatisfied with the result. Our patient, having experienced a week of absolute starvation, was in no doubt as to the benefit she derived, and for the four months for which she lived after the operation constantly expressed her gratitude for the relief afforded by it. For us, there was the satisfaction of showing that a major operation could be successful.

*Read at a meeting of the Yorkshire Branch of the British Medical Association held at Harrogate.