

TWO SUCCESSFUL CASES OF CERVICAL ŒSOPHAGOTOMY FOR REMOVAL OF FOREIGN BODY.

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(1) GEORGE E., aged 5 years, was brought to the hospital on August 9, 1918, having swallowed a "whistle." The child was not distressed, but X-ray showed a large round body in the œsophagus with its lower end level with the vertebral end of the second rib.

The child was anæsthetized, and the œsophagus was exposed through an incision parallel to the right sternomastoid. The foreign body could be felt in the œsophagus, but just as an incision was about to be made over it, it slipped away lower down. It was hoped that the foreign body had passed on to the stomach, and the wound was closed.

On August 10, X-ray showed the foreign body to be level at its lowest end with the vertebral end of the fourth rib. The wound was reopened and a further attempt was made to remove the foreign body, but it could not be felt at all.

On August 14, X-ray showed the foreign body to be in the same position. The child was again anæsthetized, and the foreign body could now be felt. A bougie was passed through the mouth into the œsophagus, and the latter was opened by an incision on the bougie. Whilst an attempt was being made to remove the foreign body, the anæsthetic had to be stopped, as the child appeared to be dying from respiratory failure. The child was resuscitated and the wound drained.

On August 16, X-ray showed the foreign body to be again level at its lowest end with the vertebral end of the second rib. An anæsthetic was again given, and the foreign body was removed through the incision previously made in the œsophagus. The wound was drained.

The foreign body proved to be a large metal button, exactly the size of a florin in circumference, and as thick as three florins at its thickest point.

On August 17, gastrostomy was performed, and the child fed through the gastrostomy wound until September 12, at which date ordinary feeding was commenced. There was a profuse very foul discharge from the neck for about a fortnight, but otherwise recovery was uneventful.

(2) Pte. K. was admitted to the hospital on February 1, 1919, in great distress from severe dysphagia, having swallowed a bone.

On February 2, X-ray showed a piece of bone impacted in the œsophagus, at the level of the cricoid cartilage. Cervical œsophagotomy was performed on the right side of the neck. A small jagged piece of bone was removed through the opening in the œsophagus; a larger piece of bone, from which the smaller had broken off, was pushed up by the finger in the œsophagus, and removed through the mouth. The bone removed was extremely foul. The œsophageal opening was closed, and a drain was inserted down to the opening. The wound was closed.

On February 3, gastrostomy was performed, and the patient was fed through the gastrostomy wound till February 19. There was a profuse and very foul discharge from the wound in the neck until February 14. Recovery was uneventful.

Gastrostomy was performed in the first case on the suggestion of Colonel D. O'Sullivan, C.M.G., A.M.S., and to his suggestion both patients owe their lives. Cervical œsophagotomy should be a perfectly safe operation if gastrostomy is subsequently performed, but without it a recovery could hardly be looked for, owing to the extremely foul character of the discharge from the œsophageal opening, which would naturally be greatly accentuated by the leakage of food from the œsophagus.

I have to thank Dr. Coady, of Kildare, for his kind assistance in the first case, and Captain W. C. MacFetridge, R.A.M.C., in the second.

SUMMARIZED RESULTS AND OBSERVATION FROM AGGLUTINATION AND ABSORPTION TESTS BY THE TIME-GOVERNED SLIDE METHOD.

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THE following summarized results and observations made during the war, from the practical application of my time-governed slide method for the agglutination test in cases arising in France, Gallipoli, Salonika, and Malta form an appendix to the publications of the technique of that method in the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS,¹ and may present points of particular or general interest to fellow workers. The test was carried out whenever possible and as part of a system of complete examinations on cases receiving laboratory investigation.

BACILLUS TYPHOSUS VACCINE.

During the years 1914-15 almost all patients or subjects examined had been inoculated with antityphoid vaccine. Of the sera tested all but one inoculated within two years showed specific agglutinin action on the *B. typhosus*.

B. paratyphosi A and B Vaccine.—Nearly 3,000 subjects were inoculated in Malta during 1915 and early in 1916 with *B. paratyphosus* A and B, treated with normal serum, vaccine made as I have described (*British Medical Journal*, August 8, 1914). The sera tested from a certain number thereof gave positive agglutination of both micro-organisms up to six months, and with *B. paratyphosus* B up to ten or twelve months after inoculation. Following anti-paratyphoid vaccine the agglutinin action for *B. typhosus* due to previous inoculations with the antityphoid vaccine was frequently increased.

T. A. B. Vaccine.—In subjects inoculated with T. A. B. vaccine it has been noticed that, as a general rule, agglutinin for *B. paratyphosus* A had diminished or disappeared first in point of time, whilst that of *B. paratyphosus* B remained longer, although the converse has been noted. That for *B. typhosus* remained the longest time.

¹ The previous papers appeared in the November and December, 1919, issues.