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FOREIGN BODIES IN THE ŒSOPHAGUS, WITH REPORT OF CASES.—By Albert Vander-Veer, M. D., Albany, New York. *Professor of Surgery, Albany Medical College, etc.*

Of the conditions called emergencies, in the practice of surgery, there are few that require such prompt action on the part of the physician as the treatment of cases of foreign bodies either in the air passages or œsophagus. No period of life escapes:—The infant, playing with some toy, inhales or swallows it, and the life of many a little one has been saved by the energetic action of the mother or grandmother, whose finger being introduced at the critical moment, grants prompt relief. The young child who has some toy, generally in the form of a musical instrument, is subjected to these dangers, and perhaps one of the most serious has been the toy balloon which the little one sucks back and forth in its mouth until it becomes distended, is suddenly drawn back into the pharynx and causes immediate suffocation. Adults, eating in a great hurry, will take into the œsophagus such large substances as portions of meat, and other articles of food, causing a pressure upon the trachea that will result in death from suffocation.

These cases are of the class that the young physician, as well as the one in advanced life, may be called to attend at a moment's notice to render assistance.

The following cases I desire to place on record as illustrating some of the points in this kind of surgery:

CASE I. In August, 1869, Mr. J. F., aged 24, retired at his usual hour of bedtime, and on awakening suddenly in the night, from a horrid dream, was distressed in missing his plate with two teeth attached. I was called to see him the next morning by his family physician, and from the ease with which he could swallow, and as the passing of an ordinary bristle probang at the time gave no result, I concluded he must be mistaken about swallowing his teeth or else they had passed into the stomach. I did not see him again. I was told afterwards he had no untoward symptoms for a period of nearly ten years when he began to show signs of stricture of the œsophagus, from which he suffered more or less for two years, when Dr. McLean, of Troy, N. Y. (the patient then residing there), did an œsophagotomy, removing the teeth. which were located in the lower part of the œsophagus, and had remained there, undoubtedly, dur ing the entire time.

CASE II. In November, 1870, Miss A., colored, aged 3, was brought to my office in haste, with the following history: While playing with the cover of the teakettle she loosened the top, put it into her mouth, and it dropped back into the pharynx, causing immediate symptoms of suffocation. A stout-hearted Irishman picked the child up, took her to a neighboring physician, within two or three doors, and within four blocks of my office. The doctor said he could do nothing for the child, but ordered her taken to me at once. She was nearly suffocated. As I introduced my finger far down into the pharynx I could just touch the foreign substance, and with curved forceps succeeded in removing it at once. Slight effort at artificial respiration restored the child, she then began to cry vigorously, and recovered without an untoward symptom. The two or three friends of the patient, together with the noble-hearted son of Erin, who brought the child to my

Fig. 1.

office, were very much pleased with the result. As Patrick was preparing to leave the office I asked him if it was his child, and the look of indignation he presented at once, also his reply, "Do you suppose I would be the father of a naygur?" was sufficient recompense for the effort made in removing the foreign substance.

CASE III. In May, 1873, Mr. H., aged 40, was referred to me by Dr. Bates, of Lebanon. While cleaning his teeth he had accidently swallowed a plate with three teeth in front, one lateral tooth, and one farther back. He suffered considerable discomfort in the œsophagus for twenty-four hours, the plate evidently lodging therein. He was given dough, in several portions, to swallow, then castor oil quite freely, and at the end of thirty-six hours believed the foreign substance had passed into his stomach, from the relief afforded. On the third day he passed the plate per rectum.

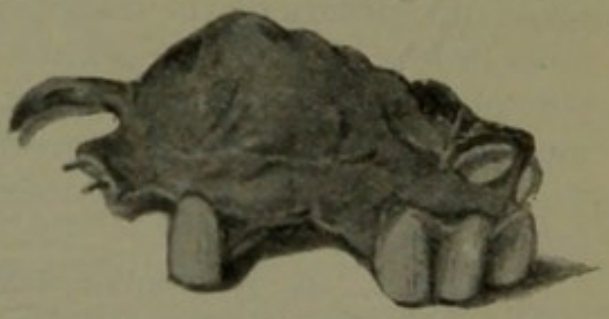

Fig. 2.

CASE IV. (August, 1873.) Mr. J. H., a cattle dealer by occupation, had a reputation for being an enormous eater, that is, he would eat a very large meal, and then fast for a day or two without any discomfort. A story is told about him that while loading his stock on a cattle barge he went into a neighboring hotel for dinner. The landlord said to him that the meal was not quite ready, but, inasmuch as Mr H. was in great haste, he might go into the dining room and help himself. Roast pig was part of the dinner. The landlord was absent from the room for some little time, and on his return the guest asked him with some earnestness, "Landlord, have you any more of those little pigs?" This is but an illustration of his enormous appetite at times. Some few years after, while eating at a restaurant, and in great haste, he swallowed a large portion of meat, choking to death before anyone could give him relief. It will be observed, (see Fig. 3) that the meat was some four inches or more in length, and that part of it lodged in the œsophagus


Portion of meat in trachea
Lower portion of meat in the œsophagus.

Fig. 3.

and part in the trachea, rather more in the latter than in the former. A good, vigorous introduction of a finger here by some grandmother would probably have saved his life.

Another case occurred very soon after, though of a somewhat different character.

CASE V. Mr. J. G., a man who lived by the contributions of his friends, being very hungry was ordered a good dinner at a restaurant, and began with oyster soup He ate so hurriedly that it attracted the attention of some people who were sitting at a neighboring table. Soon after they observed his distress, his anxious expression of face, and great discoloration, but before anything could be done, although a physician was sent for who lived in the near vicinity of the restaurant, the patient was dead before he arrived. On post mortem it was found that a cracker, very hard, had lodged in the œsophagus just below the cricoid cartilage and produced suffocation.

Fig. 4.

CASE VI. November 3, 1890, Mr. A. L., while eating chicken believed he had swallowed a portion of bone. He was brought to my clinic at the Albany Hospital nearly three days after the accident, and on passing a small, bulbous-pointed œsophageal bougie I could distinctly locate the foreign substance about ten inches from the teeth. Passing a bristle probang I succeeded in removing it but the hæmorrhage that followed was very profuse. The patient, however, made a good recovery. He was put upon teaspoonful doses of olive oil after his meals for some time. Three years subsequent to the accident he was in good condition without any evidence of stricture of the œsophagus.

CASE VII. April 27, 1887, Mr. O. R. P., aged 27, while drinking from a tin pail loosened, with the bale, his dental plate with an artificial tooth attached, and immediately he realized it was lodged in the œsophagus. An effort was made to push it down into the stomach by his attending

physician. Not being successful the case was brought to me. I made one attempt, with forceps, to remove the plate, but the bleeding was so profuse I desisted, and did an œsophagotomy, from which operation he made a good recovery. but died not long after from apparent abscess in apex of right lung. I am of the impression that the attempt here to remove the plate produced the hæmorrhage, also caused some deep laceration of tissues, and becoming infected may have resulted in the abscess.

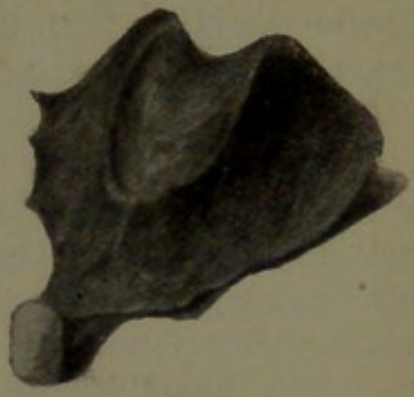

Fig. 5.

CASE VIII. October 21, 1893, Mr. S. H., aged 62, while eating peaches got some juice in the larynx, causing coughing. During the stage of coughing he swallowed a peach stone. This occurred on Thursday, and on Friday his physician saw him but could not touch the stone with a bristle probang. At this time the patient swallowed with very much difficulty. Saturday I passed a bulbous-pointed metal bougie and could locate the stone near the cardiac opening. On passing a sponge-pointed probang I could not locate it, but thought it went into the stomach. Patient was given a pint or two of warm milk per stomach tube and the case watched. He remained in the hospital and on October 28th, the stone passed per rectum.

Fig. 6.

CASE IX. June, 1894, Mr. J. S., dental surgeon, was fully aware that his plate, with one tooth, was somewhat loose, but thought there was no particular danger. In laughing the plate became loosened, and before he realized what had occurred, slipped into his throat, and passed down into the œsophagus. He came to me, a distance of some fifty miles, next morning, and I found him suffering quite a good deal from mental distress and inability to swallow.

With the bulbous-pointed œsophageal bougie there was little trouble in locating the foreign substance, just above the cricoid cartilage. He was very anxious to avoid an operation. On explaining to him the danger of attempting to withdraw the plate with forceps he assured me there were no sharp points about it, and that he would much rather take the danger of its removal that way than by an operation. Therefore, I made a careful effort with the curved forceps and in the second attempt removed the plate with no great distress. No bleeding followed and he made a good recovery.

Fig. 7.

CASE X. Mr. C., a middle-aged man, a patient of Dr. B., of this city, who saw him when the accident occurred, swallowed his artificial plate with two teeth attached, and the doctor very wisely desisted from any great surgical intervention at the time, but watched him somewhat closely, the patient evidently being comfortable. Dr. B. came to my office some three days after the accident asking me to go with him to see the case, but as I was just on the point of leaving the city I asked him to bring the patient to me the next morning. In the meantime he examined the patient's throat carefully to see as to whether there was a foreign substance there or not. In so doing he succeeded in reaching the plate with the curved œsophageal forceps, and removed it. The patient had suffered very slight inconvenience for the three days the foreign substance remained in the œsophagus, but the man had a very large throat and I presume this accounted for the little difficulty he had in swallowing.

CASE XI. Master W. D., aged 5, accidentally swallowed this inner portion of a cloth button, and immediately experienced

Fig. 8.

considerable trouble in swallowing. This condition lasted for twenty-four hours, very much to the distress of his parents and himself. I was about to examine the œsophagus with the bristle probang when the little fellow exclaimed that he felt better, the foreign substance evidently having dropped into the stomach. No effort was made at giving physic but at the end of the fifth day the button was passed per rectum.

CASE XII. May 5, 1894, Master W. W., aged 10 years, while playing with a tin penny whistle accidentally swallowed it. He had trouble in swallowing immediately afterwards. An attempt was made by his physician to push the object down into the stomach, but did not succeed. His trouble in swallowing continued, and three months afterwards he was brought to the Albany Hospital. On examination with a metal probang I could locate the foreign substance, low down in the œsophagus. The patient was greatly emaciated, could swallow only a little milk at a time and no solids. Every preparation for an œsophagotomy was made. With the hope that I might possibly remove it otherwise I made use of a medium-sized bristle probang and succeeded in my first attempt. The little patient made a good recovery.

Fig. 9.

CASE XIII. June 9, 1894, Mrs. A. S., aged 36, while eating breakfast choked on a piece of bread and hard-boiled egg. Had a sensation of fullness in her throat and tried to vomit, after which she went to lie down, when she discovered she had swallowed a plate and one tooth which was attached. Attempts were immediately made to remove the plate but without success. She was sent to me by her physician but her throat was so swollen and inflamed nothing could be done until this was re-

Fig. 10.

duced. By the use of sprays the swelling was much reduced, after which the plate was located seven and one-half inches from line of teeth. Œsophagotomy was performed at the Albany Hospital June 18, 1894, and plate removed. Wound closed with drainage. There was some temperature, and considerable discharge from the tube, which was offensive for first few days. Wound was syringed out with boric acid solution. The discharge gradually lessened, tube was removed, and wound partly healed by granulation. Patient was fed per rectum for first two days, after which she was given milk. Could swallow well but a large amount of the milk came out through the tube. She has remained well since with no symptoms of stricture.

CASE XIV. Mr. F. S., aged 27, December, 1896, while laughing, accidentally swallowed a plate containing two teeth. An effort was made by his family physician to remove the plate with œsophageal forceps but he was not successful. When brought to the hospital I did not make any attempt in that direction but advised, and did, an œsophagotomy at once. The œsophagus was closed with interrupted sutures but did not hold, and on the third day liquids escaped; yet with care, and packing with iodoform gauze, it healed nicely by the thirteenth day. Patient made a good recovery.

Fig. 11.

This case illustrates a simple œsophagotomy.

Case I, I think illustrates strongly the necessity of the use of the metal, bulbous-pointed bougie to locate the foreign substance, instead of the olive-pointed bougie or the bristle probang. This point has been very earnestly dwelt upon by Dr. Abbe in a report of his cases of œsophagotomy, and yet this is a most remarkable case, considering the length of time the patient went on without serious symptoms.

Case II is strongly impressive in that the substance

was too large to go down into the œsophagus but produced sufficient pressure from behind to cause strangulation.

Case III is quite wonderful in that from the size of the plate and its irregular angles one would suppose it could hardly pass out from the œsophagus and through the intestinal tract. The method of having patients swallow portions of dough is worthy of trial, particularly in cases where children swallow tacks and such sharp substances.

Cases IV and V tell their story. It is almost impossible for a physician to reach such cases in time and the consternation of the bystanders is such that they are not able to exercise such skill as they possess, which would in some instances gave the life of the patient.

Case VI is one in which we feel strongly tempted to try such an instrument as the bristle probang and yet it is a dangerous procedure and should be done very carefully, no force being employed.

I believe the efforts in case VII were decidedly bad and resulted in the formation of the abscess.

Regarding case VIII in passing the sponge-pointed probang for the purpose of pushing a foreign body into the stomach very much will depend upon the nature of the substance. Anything like a peach-pit, as illustrated by this case, can be reached in safety, but it is only in such a class of cases we should attempt it.

Case IX illustrates the danger of a patient wearing a plate that has become loosened, does not remain in position firmly, and yet the effort at removal seemed justified because of the assurance of the patient himself that the plate contained but one tooth and that there were no sharp angles. The effort at removal proved successful and relieved the patient from the operation he so much dreaded.

That a foreign body will lodge in the neighborhood of the cricoid cartilage, and remain without any great embarrassment, is undoubtedly true, as proven by case X.

That foreign substances will remain for a short time in the œsophagus and then drop into the stomach, is also undoubtedly true, but they are usually flat articles, like coins or fruit pits, as case XI illustrates.

Case XII is quite a remarkable one. The little fellow was really starving to death and yet the very simple use of the bristle probang relieved him promptly.

Regarding the operation of œsophagotomy I should be inclined to close the œsophagus with catgut sutures, and for twenty-four hours feed the patient per rectum, then to pass the soft rubber tube through the nostrils, into the stomach, and feed in this way. I would keep the wound packed carefully with iodoform gauze, securing drainage in this way, not treating the œsophagus as an open wound, as I believe we will lessen thereby contamination by the swallowing of food. It is quite wonderful that stricture of the œsophagus seldom follows this operation.

All of these operations of œsophagotomy were done on the left side of the neck and the foreign substance removed with short, curved forceps. In each I used a steel curved sound, introduced it down into the œsophagus, and projected a prominent point in that manner.

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