

Balch (G. 134)

STRICTURE OF THE ŒSOPHAGUS,

WITH THE LODGMENT IN IT OF A FOREIGN BODY.

box 14

BY

G. B. BALCH, M. D.,
YONKERS, N. Y.

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STRICTURE OF THE ŒSOPHAGUS, WITH THE LODGMET IN IT OF A FOREIGN BODY.

MR. F., aged twenty-seven years; strictly temperate; healthy and well nourished; weight 184 pounds.

About one o'clock, P. M., January 8, 1875, the patient applied to me for professional advice, stating that while eating supper, about seven o'clock the previous evening, a piece of roast-beef had lodged in his throat, that it still remained there, and that he had not been able to swallow any thing since; not even a drop of water would pass the obstruction.

His respiration and pulse were normal; felt no particular inconvenience, except from the inability to swallow his saliva. Fluids would enter the œsophagus as far as the stricture, and then return to the mouth.

On attempting to pass the bougie, a slight stricture was encountered in the upper third of the œsophagus, which was readily passed. At the commencement of the lower third the bougie met an obstruction that it could not move or pass without the use of more force than was thought prudent to use.

History.—When about two and a half years of age he accidentally swallowed some sulphuric acid. The effect upon his mouth and throat was terrible, and the destruction of his life would probably have resulted had he not had a full stomach at the time. The stomach was immediately emptied by vomiting. For a year following it was almost a constant

struggle for life, the difficulty of taking nourishment being so great. For about six years he could take nothing but liquids and semi-solid food.

Since he has commenced the use of solid food, has had repeated attacks of obstruction of the œsophagus. The period of time the obstruction has remained has varied from a few minutes to fifty hours.

About twelve years ago he had a severe choke from a piece of boiled corned-beef. Unsuccessful efforts were made both to push it down and pull it up; finally a prescription was given him containing muriatic acid for the purpose of digesting or dissolving the meat, and after several hours' rest he attempted to swallow some water and it went down. The obstruction remained at this time thirty-six hours.

For the past year or two he has considered himself entirely relieved, and has eaten every thing he wished without trouble. At this time he was dining a little later than usual, and, being in some haste to keep an engagement, probably was not as careful to masticate his food as usual.

Treatment.—After repeated trials to dislodge the obstruction by mechanical means, and failing, the following prescription was given: ℞. Acid. hydrochlor. dil. fʒij, pepsin. ʒj, aqua pura q. s. ad. fʒij. Directions were given him to swallow a teaspoonful repeatedly, so as to keep the beef moistened by it, the object being to digest the meat.

10 P. M.—No change; the throat feels a little sore from the irritation caused by the attempts to pass the bougie, and efforts to swallow the medicine. Directed him to go to bed, and at one or two o'clock in the morning to attempt to swallow some water; if he then failed, to wait until daylight and repeat the trial.

January 9th, 8 A. M.—Has just succeeded in swallowing, the obstruction having remained thirty-seven hours. During the night he made several unsuccessful efforts to swallow; he then let it rest as directed for several hours, and then attempted to swallow some milk: two attempts were unsuccessful; a third with water succeeded. The throat remained sore for a few days, diet consisting of liquids and semi-solids, and then he resumed ordinary diet.

Remarks.—In the *American Journal of Medical Sciences*, for April, 1871, Samuel Ashhurst, M. D., reports a case of stricture in a child, aged four and a half years, that resulted fatally. A piece of ham lodging in the œsophagus near its entrance into the stomach, unsuccessful efforts were made to pass bougies. The stricture was caused by “swallowing lye” two years previous. The obstruction continued for seven days, when the child vomited some offensive, green matter, and, as the child expressed herself, “the lump had gone down.” The child continued to sink, and died nine hours after. The autopsy revealed some superficial ulcerations and a “strong, fibrous stricture about one inch and three-fourths from the lower end of the œsophagus.”

Mr. Jonathan Hutchinson, in the “London Hospital Reports,” relates a case of cicatricial stricture with obstruction of the œsophagus very similar to Dr. Ashhurst’s, except that his case recovered after the dislodgment of the foreign body. Gastrotoomy was thought of in both these cases, but not performed.

Out of eighteen cases¹ where gastrotoomy has been performed for stricture of the œsophagus, only two have been for cicatricial stricture. J. Cooper Foster’s² case survived about four days; Dr. Maury’s³ case twelve hours.

Cicatricial strictures of the œsophagus are not of very unfrequent occurrence, and the most successful treatment thus far used has been dilatation. Dr. Morell Mackenzie⁴ has been very successful in the treatment of non-malignant or traumatic strictures by dilatation; his instrument is made similar to Holt’s dilator for urethral stricture. Mr. Durham⁵ and Dr. Richardson advocate the same treatment. Dr. Richardson has invented a dilator which secures lateral dilatation by the use of air or water.

¹ Fifteen cases are reported and referred to by A. Jacobi, M. D., in a very able paper on “Gastrotoomy in Stricture of the Œsophagus,” *NEW YORK MEDICAL JOURNAL*, vol. xx., 1874. Three cases are recorded in the *London Lancet*, June 22, 1872, page 862.

² “Guy’s Hospital Reports,” Third Series, vol. v., 1859.

³ *American Journal of Medical Sciences*, April, 1870.

⁴ *Medical Times and Gazette*, July 16, 1870.

⁵ *NEW YORK MEDICAL JOURNAL*, vol. xx., p. 298.

The excessive use of mechanical means to dislodge an article of food lodged in the œsophagus, and which does not interfere with respiration, appears to me to be uncalled for until efforts have been made to digest or dissolve it. I have been unable to find any record of cases in which a digestive or dissolving treatment has been used. The idea suggested itself to me, and the patient said it had been employed by Dr. Parker, of Poughkeepsie, N. Y., in a previous attack, and with the same fortunate result.

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