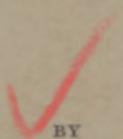


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A Case of Foreign Body (Gold Coin) engaged in the Ventricle of the Larynx.



BY

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A CASE OF
FOREIGN BODY (GOLD COIN) ENGAGED IN
THE VENTRICLES OF THE LARYNX.*

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NEW ORLEANS.

SOME months ago, Lester C., aged twenty-five years, a powerfully built man, in good health, but somewhat addicted to alcoholic abuses, was talking with some friends in a farmer's house near Crowley, La. One of the men present produced a \$2.50 gold piece and displayed it somewhat as a curiosity. The patient snatched the coin from the hand of his friend by way of a joke, and, putting it in his mouth, announced that it would be the last seen of the coin, as he was going to swallow it. Something was said in the conversation which excited laughter, and the coin dropped down in the man's larynx. He was immediately seized with intense dyspnœa, and very severe cough and gagging. After a while the breathing became easier and the cough abated. Was seen by Dr. Morris, of Crowley, and another physician, who advised his removal to New Orleans; he was brought by his friends to my office thirty hours after the accident.

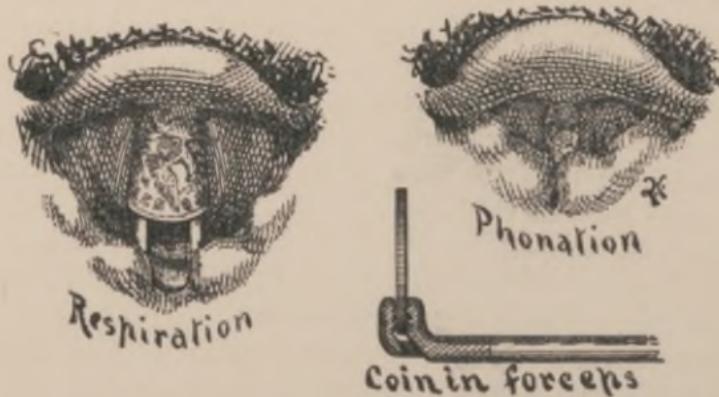
The voice was simply husky, but otherwise he breathed now quite freely. There is a slight difficulty on swallowing. Upon

* Read before the American Laryngological Association at its sixteenth annual congress.



pressure of the larynx, the patient referred the position of the coin to a spot over the region of the ventricles and vocal cords. The coin was readily detected by the laryngoscopic mirror. Everything was prepared for its extraction and for a possible tracheotomy in case it slipped lower down in the attempt at removal. A five-per-cent. solution of cocaine was liberally sprayed into the larynx, and with the aid of a heliostat the rays of a bright sunlight were reflected in the larynx, and the parts were accurately drawn by Dr. G. Q. Kohnke, of this city, who was sent for and kindly consented to come to my office.

As you will see in his excellent drawing, the coin was seen impacted in the larynx between the vocal cords and the ventricular bands, with its surfaces up and down, reverse uppermost, almost completely filling up the chink of the glottis, only a small, transversely oblong breathing space being left in ordinary respiration between the south pole of the coin in front and the hyperæmic mucous membrane of the inter-arytænoid space behind (inverted image). The segments of the coin cor-



responding to the extremities of its equatorial line were protruding into the ventricles and well imbedded under the false vocal bands. These covered a portion of its circumference at each side, leaving exposed a triangular metallic surface, the base of which was formed by the free edge of the coin, while the apex was overhung by the epiglottis.

The coin was solidly fixed, as could be demonstrated by tapping its upper surface with a stout laryngeal probe. When at-

tempting to phonate the vowel A, the arytenoids and processus vocales were seen to approximate. When asked to try and emit forcibly a sound in the upper register, as "I," for instance, the coin was completely surrounded and encircled by the soft parts of the rima glottidis and the patient at once suffocated. This condition is well shown in the drawing. After demonstrating at leisure the case to those present, and having obtained an abolition of the laryngeal reflexes, thanks to the careful cocaineization of the parts by my assistant, Dr. Scheppegræll, I at once introduced, with the help of a laryngeal mirror, a Schrötter's forceps with jaws, possessed of an up-and-down power of prehension, the instrument being introduced laterally at first, so that the lower jaw would clear the posterior edge of the coin. The handle was then brought in the middle line, and the jaws of the forceps were then closed by the lever in the handle, and the coin removed.

The resistance offered by the vocal bands was such that, feeling that my hold was slipping, and fearing a repetition of the accident which happened in Dr. Ives's case (swallowing of the coin), or falling of the coin into the trachea, I hastily put aside the mirror, as Grazzi did in his observation, and strengthened my hold by additional pressure with my left hand on the handle of the instrument, and jerked out the coin, as it were, from its bed. The patient was discharged the next day in very good condition.

With this experience I can not recommend too highly the use of a strong Schrötter's forceps, and advise the operator to lay aside his laryngeal mirror after having grasped the coin, in order to strengthen his hold at the handle with the fingers of the left hand, which might also be used to lift up the instrument on the course of its stem.

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