

of scientific importance, because it has a direct bearing on the question of the origin of antitoxin.

The fact that diphtheria antitoxin is present in many horses in this country and on the Continents of Europe and America suggests that diphtheria is a common disease among these animals; and this is in accordance with the well-known susceptibility of some of them to the action of diphtheria toxin. It is therefore possible that the horse may be found to play a not inconsiderable part in the transmission of diphtheria.

*St Clair Thomson.*

### MOUTH, Etc.

**Mackay, W. A.**—*A Case of Œsophagotomy; the After-treatment.*  
"Lancet," December 2, 1899.

Œsophagotomy is, on the whole, a not unsuccessful operation, though the mortality has been estimated at 23 per cent., for in many of the cases the fatal result could hardly be attributed to the operation. One of the most frequent causes of death is septicæmia following sloughing of the edges of the wound. A difficult question to determine in these cases is whether to close the œsophageal wound or to leave it open. The general opinion is well expressed by Jacobson<sup>1</sup> when he says that sutures "should only be used when the wound in the gullet is clean cut, not bruised, and when the body has been quickly removed." With regard to the after-treatment, nutrient enemata are often useful, or food may be given by a soft feeding-tube. It is certainly unusual for the patient to be allowed to sip food at once, as in the case recorded below, but it seems to have been successful and no harmful results followed it. The fact that the wound was not closed probably contributed to the prevention of accumulation of the food between the sides of the wound, and this is the chief reason for the unusual employment of an œsophageal tube for the first week. So far as the patient's comfort is concerned, the disuse of a tube would have a marked effect, but it is probable that in most cases a soft rubber tube is desirable and does no harm.

In the author's case a piece of bone had been lodged in the œsophagus for six weeks. With the probang it could be located just below the cricoid. The usual operation was performed on the left side. When, as in this case, nothing can be felt externally, it facilitates the operation to take the cricoid cartilage as a fixed point, the aim of the operator being to expose its left lateral aspect. The skin incision was carried well on to the sternum, the platysma was freely divided, and the omohyoid muscle was cut across. By the aid of deep retractors the thyroid gland was recognised. The inferior thyroid artery was ligatured and divided, and the posterior part of the left lateral aspect of the cricoid was exposed. On the ivory knob of a probang passed through the mouth the œsophagus was carefully opened. The left index-finger was then inserted into the opening, and with a dressing forceps passed along the finger the bone was gently extracted. It presented three sharp points, and proved to be part of the rib of a goat. It measured  $1\frac{1}{2}$  inches in its longest axis, and smelt most foully. The wall of the œsophagus was infiltrated with pus, and

<sup>1</sup> "The Operations of Surgery," third edit., p. 458.

was shedding small sloughs. After cleansing the wound, the omohyoid muscle was sutured, and the superficial part of the wound was brought together around a straight wide glass tube, which reached down to the opening in the œsophagus, which was not sutured. The patient left the hospital with his wound healed at the end of the month.

*Remarks by Dr. Mackay.*—It is probable that a wound through which a tooth-plate has been removed may be sutured if recent, while a wound for the extraction of a septic bone from such a case as the above would be better treated by an open method. We departed from the usual course of after-treatment in this case, believing that the frequent passage of a feeding tube along the œsophagus must disturb the wound, while the effect of leaving a tube in the canal must be still worse. The presence of a catheter in the urethra gives rise to urethritis, called simple, but certainly septic; the fixing of a stylet in the lacrymal duct has a similar effect. Our patient found that if he sipped his milk or chicken-soup carefully in teaspoonfuls very little came out through the wound, which was always dressed after he took food, the glass tube being replaced dry.

*StClair Thomson.*

**Parry, L. A.**—*Hemiatrophy of the Tongue.* "Lancet," February 24, 1900.

The following case is of interest not so much because of the condition of the tongue as on account of the unusual cause to which it was due.

The patient, a man, aged about fifty years, complained that one side of his tongue was growing smaller. He had no other trouble whatever, but he could not quite understand why this should be, and so he had sought medical advice. The condition present was simply atrophy of one side of the tongue. The only point in his personal history bearing on the case was that some years previously he had had a serious injury to his head, resulting in fracture of the base of the skull. Now, the causes of a unilateral atrophy of the tongue are disease of the hypoglossal nucleus or disease of the same nerve. Supranuclear disease is not accompanied by wasting, or, at any rate, only to the slightest extent. Facial hemiatrophy is sometimes accompanied by hemiatrophy of the tongue, but here this need not be discussed, for there was no hemiatrophy of the face. Nuclear disease is almost always bilateral, and is generally accompanied by disease of adjacent nuclei, giving rise to labial paralysis. But every now and then in chronic degenerations, such as locomotor ataxia or progressive paralysis of the insane, this affection is unilateral. Here, too, other nuclei are generally affected, and other symptoms characteristic of the disease (tabes or progressive paralysis) are present. If the lesion is below the nucleus, it may be (1) within the medulla, and then there is paralysis of the leg and arm of the other side; or (2) outside the medulla, then the nerve may be damaged within the skull by meningitis or new growths, or outside the skull by wounds, cellulitis, tumours, neuritis, or caries of the highest cervical vertebræ. There are no symptoms in this case of tumours, meningitis, caries, and so on, and this hemiatrophy is probably due to injury of the nerve in its passage through the anterior condyloid foramen at the time of the fracture of the base of the skull.

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