

The patient was an intelligent and well educated female, and, as far as I could make out, not of a neurotic temperament. She had complete dysphagia for three days. Atropine seemed to have been the most active agent in curing this condition, whilst quinine and soamin injections, cured the malaria. It would appear that the incessant vomiting associated with the fever had produced either inflammation or erosion in the œsophagus, leading to the œsophageal spasm and dysphagia.

A CASE OF SUBMAXILLARY CALCULUS.

By M. UMAR,

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RAM SAROOP, a middle aged patient, came to this hospital and was admitted on the 9th of March, 1927. The submaxillary region of the left side was swollen. In the centre of the swelling was a small ulceration, with pus exuding from it. I probed this and found a hard substance, so naturally concluded that the mandible of that side was necrosed.

I enlarged the wound and put my finger into it, and to my astonishment found a round flat stone, weighing 120 grains, embedded in the substance of the submaxillary gland, oval in shape, with a smooth notch near one pole.

After removal of the calculus the patient made an uneventful recovery and was discharged from hospital cured. I considered removal of the gland unnecessary.

A CASE OF UNUSUAL FOREIGN BODY IN THE ŒSOPHAGUS.

By BABU PRASAD GUPTA, L.M.P.,

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THE following case of a very unusual foreign body in the œsophagus may be of interest to readers of the *Gazette*.

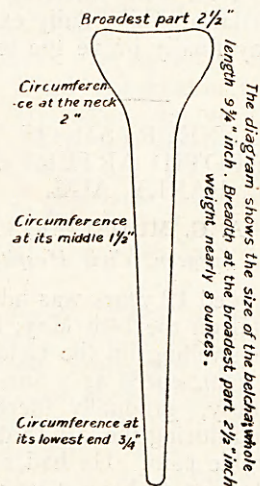
A fairly well built man aged about 45 years was brought to this dispensary with the history that a *belcha*—(a small mattock or trowel used for digging and up-rooting weeds)—had lodged in his throat. He complained of severe pain in the gullet, could only speak with great difficulty, and could swallow nothing at all. His attendants said that at first the *belcha* was visible from the mouth, but all efforts to extract it had only succeeded in pushing it down further until it had become invisible.

Nothing could be seen or felt through the mouth, but a hard projection could be felt in the neck on the left side. Every effort to extract the implement via the mouth failed. As the

patient was showing signs of impeded respiration, and œdema of the glottis threatened, I put him under chloroform and made an incision about $3\frac{1}{2}$ inches long along the anterior border of the left sterno-mastoid. Having dissected down until I reached the œsophagus, I now tried to push the *belcha* upwards, and to extract it through the mouth with a long forceps, but on account of its tapering upper edge it slipped every time.

I then opened the œsophagus through an incision about $1\frac{1}{2}$ inches long and tried to extract the *belcha* through the wound, but as it was $9\frac{3}{4}$ inches long and $2\frac{1}{2}$ inches broad I was unable to extract it by this route.

Finally, with one finger resting on the *belcha* just above the neck, and the thumb on the opposite side of the neck, I succeeded in gradually dislodging it upwards. Working it steadily and



gradually upwards I finally succeeded in making it visible in the pharynx, but again failed to extract it with forceps. I then inserted two fingers into the mouth and with great difficulty grasped the presenting part of the *belcha* with them through the mouth and finally extracted it. The incision into the œsophagus and the external wound were then sutured.

The wound healed by first intention, and the patient was discharged cured on the ninth day. The *belcha*, on being weighed, was found to weigh 8 ozs.

Whilst he was in hospital, the patient appeared to be sane, and on being asked how he came to pass so fearsome an object into his œsophagus stated that he did so to relieve a tickling sensation in it. Later, however, his relatives mentioned to me that he was subject to recurrent fits of insanity, and it would appear that he must have been in one of these fits at the time when he introduced the *belcha*.

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