Clinical and other Notes.

A CASE OF OESOPHAGEAL STRICTURE.

By Major C. M. Finny, F.R.C.S.,
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In medical and surgical practice there are certain dangers against which students are constantly warned. Some of these, such as the risk of a bubble of air entering a vein during an infusion, are overrated; but others are very real. The following case appears worthy of record as an example of the danger of passing an oesophageal bougie as an aid to diagnosis or treatment in the case of stricture of the oesophagus.

Sergeant H., aged 30, was admitted to hospital on November 7, 1922, from overseas, with a history of persistent epigastric pain for the past fortnight. A few days later I was asked to see him on the grounds that he was vomiting everything he swallowed. An examination of the “vomit” showed that it had never reached the stomach, and a barium meal revealed an almost complete stricture of the lower end of the oesophagus, commencing one and a half inches above the diaphragm. The oesophagus was markedly dilated above this point, and the X-ray plate showed a very fine irregular line of barium leading down through the stricture into the stomach. The apparatus was not working well, so that a satisfactory view was not obtained with the screen. Though a definite diagnosis of the cause of the stricture could not be arrived at, it was clear that the local condition was inoperable, so I performed a gastrostomy on November 13.

The patient progressed favourably for the first few days after the operation, though worried by inability to swallow his saliva and the same epigastric pain.

On November 17, however, a little blood was detected in this regurgitated fluid, and the following night he brought up about a pint of blood at 3 a.m. The bleeding recurred at 9 a.m. on the 18th, and there was a final profuse hemorrhage that evening.

Post-mortem.—The stomach was distended with recent blood-clot. Immediately above the diaphragm was a saccular aneurysm springing from the descending aorta. The lumen of the lower end of the oesophagus was almost completely occluded by the aneurysmal sac which bulged into it. Above this, the oesophagus was dilated and filled with blood-clot. The floor of the dilatation was formed by the superior wall of the sac, which was reduced to the thinness of paper. It was at this point that the fatal perforation had occurred.

In this case, had an attempt been made, in the hope of arriving at a
more accurate diagnosis, to pass a bougie or even the oesophagoscope, the result might have been instructive to the onlookers, but could have been nothing but mortifying to the patient and surgeon.

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A CASE OF HUMAN INFESTATION WITH *BELASCARIS MYSTAX.*

By Major R. F. Dickinson,
Royal Army Medical Corps.

The following case is of interest in that infection with this parasite is very rare in man, the optimum host being one of the Felidae.

The patient was a girl aged 3 years, the daughter of British parents of good social position stationed in Mauritius. One worm was passed in a copious putty-coloured stool. The child was in good health and has remained so ever since. The faeces contained *Belascaris mystax* eggs with fine honeycomb markings.

Treatment with santonin and pulv. scammony co. on two occasions failed to produce any more worms.

A point of interest in the case is that there was a very thin and sickly cat in the house at the time from which the child probably got infected. The cat was destroyed by the child's father before the nature of its illness could be investigated.

My thanks are due to Dr. Clark H. Yeager, Senior State Director, International Health Board, Rockefeller Foundation, who very kindly cut sections of the worm and identified the specimen for me as *Belascaris mystax.*

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A CASE OF TRAUMATIC PERFORATION OF THE JEJUNUM ASSOCIATED WITH COMPOUND FRACTURE OF THE LEG, NECESSITATING AMPUTATION.

By Captain D. McKelvey, M.C.
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Lance-Corporal H. was admitted to hospital at 11 a.m. on July 22, 1924, with the diagnosis of compound fracture of the left leg. He gave the following history:—About 7.30 a.m. that morning whilst riding a horse over a jump in the riding school of his unit the animal fell and rolled on top of him.

*Condition on admission.*—A moderate degree of shock was present. The temperature was 97° F., and the pulse rate 94 per minute. The blood-pressure was not much below normal. There was an extensive wound in the lower third of the left leg through which the broken ends of