Thus we must conclude that consequent on vaccination against malaria, and probably also on infection, the gamma-globulin rises, and that this is partly non-specific, is partly specific-antibody but not protective-antibody, and is partly specific-protective-antibody.

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Medical Memoranda

Transgastric Approach to Unusual Oesophageal Foreign Body

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Foreign bodies impacted in the oesophagus may be removed by oesophagoscopy, and, failing that, by oesophagotomy.

Sellers (1947) removed a razor blade by the transthoracic approach, and Grey Turner (1947) removed a tooth-plate by the same route. In the case described here a more unorthodox approach was successful in dealing with a more unusual situation.

CASE REPORT

A man aged 59, wishing to practise the art of swallowing a nasogastric tube, experimented with a leather thong one night. He found it easy to swallow but not to remove. When he arrived at the casualty department of a local hospital about 6 in. (15.2 cm.) of the thong protruded from his mouth. Attempts at removal by

Photograph of knotted leather thong swallowed by patient.

oesophagoscopy and traction were unsuccessful, and the patient was transferred to the thoracic unit.

Oesophagoscopy showed the distal part of the thong to be knotted, and the oesophageal mucosa torn and bleeding. The knot was so firmly stuck in the oesophageal wall that we were unable to pull it up. It was decided, therefore, to undertake laparotomy.

At operation, the stomach was exposed through an upper midline incision. The foreign body could not be felt by palpation at the cardia. Through an incision in the stomach the index and middle fingers of the right hand were introduced up the oesophagus, where they managed to grasp the knot, which was then disimpacted and pulled down into the stomach and out of the abdomen. A temporary gastrostomy was performed.

A barium-meal examination carried out 25 days later showed no evidence of oesophageal stricture or of ulceration. The psychiatrist found no overt psychiatric abnormality. The thong was 0.75 cm. in diameter and about 60 cm. long. The knot was 4 cm. thick in its maximum transverse dimension (see Figure).

COMMENT

It was fortunate that neither the patient's manoeuvre nor our attempts at removal resulted in a tear of the oesophagus. Whether the thong was knotted before it was swallowed or whether it knotted itself within the oesophagus remains conjectural, as the patient himself gave first one story and then another.

Oesophagotomy is perhaps less dangerous to-day than it was 20 years ago, because of the availability of a wide range of antibiotics. It still remains, however, a potent source of post-operative empyemas, sinuses, and fistulae. It is a comforting thought, however, that oesophagotomy was not needed in this case.

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