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ART IX.—*On a Case of Suicidal Cut-throat.* By ALEXANDER T. GUNNING, Esq., L.R.C.S., Edin.

On the 3rd October, 1862, I was called from home to a distance of forty miles to attend a man named William Smith, *alias* Richard Rush, aged 40, at a station called Pleasant Banks, in the Wimmera District.

I found him suffering from the effects of an incised wound in the neck, about three and a quarter inches in length, which had divided the space intervening between the thyroid cartilage and the hyoid bone, completely dividing the larynx, and the superior edge of the thyroid cartilage, as also the pharynx through three-fourths of its circumference. The superior surface of the vocal cords was exposed.

A large quantity of blood had been lost in the first instance, but the hæmorrhage had ceased when I saw him. The wound had been inflicted four days previously, by his own hand, with a large Spanish knife.

An abundant and extremely viscid mucus obstructed the entrance of air into the trachea, and had to be removed frequently with a bit of lint tied on the end of a probe. The countenance was very pale and anxious, the pulse weak and small. Deglutition was impossible, as all fluids taken into the month rushed out at the external wound.

As the man had been now four days without food, it became imperatively necessary to devise some way of sustaining him. I, therefore procured an ox bladder, and having placed some milk in it, and attached to it a large sized elastic catheter, attempted to introduce this tube through the mouth into the œsophagus; but the man being still unsound in mind, resisted all my efforts, trying to bite the catheter, which would have been a disaster, as I was more than forty miles from home, and had no other with me. I then proposed to introduce it through the nose, but this he seemed to think impossible, and evidently regarded it as a kind of practical joke on my part, to which he was bound to give a strenuous opposition. There being then no other mode available, I was reluctantly obliged to pass it through the large gaping wound, and this producing no irritation, the patient willingly submitted to it, and milk, &c., was thus conveyed from time to time into the stomach.

On the second day afterwards I visited him again, and found that some of the maggots of the common blow-fly had got on the surface of the wound ; but they were easily removed with a probe : the edge of one of the vocal cords was looking dark purple in colour, the other cord was tumid and œdematous. He had slept well during the night ; his pulse was firmer, his countenance more composed. He complained of much dryness of the mouth, which he tried to relieve by sipping cold water with a spoon, and allowing the fluid to run out again. Milk and gruel, &c., were administered as before.

Four days after this, hæmorrhage came on, and I was sent for, but it had ceased before my arrival ; the occurrence of syncope, from loss of blood, having apparently controlled it. It did not occur again.

On the 16th, I saw him again ; the wound was then healing very favourably. He still persistently refused to allow the tube to be passed through either mouth or nostril ; and, consequently, the process of feeding was as before carried on by the insertion of the tube through the wound into the œsophagus ; and in this manner not only nutritious fluid, but, also, strange as it may seem, solid animal food was regularly introduced into the stomach.

The patient himself originated a singular plan by which this supply of solid food was accomplished. He, one day requested to be allowed some boiled mutton, which was at first refused, as his attendant feared he might choke himself with it ; but, by urgent entreaty, he was successful in obtaining some. He then took the bladder off the catheter, and having finely masticated a bit of the mutton, he put one end of the catheter into his mouth, and the other end into the wound in his neck, and closing the wound with his hand, he actually, by blowing, forced the food through the tube into the œsophagus, and thence of course passed it on into the stomach. He was also able, by closing the wound with his hand, to enjoy his pipe of tobacco.

In this state he continued for some time ; the wound gradually contracting to about half an inch in extent, when he was at last taken away by the police to Horsham, and from thence, I believe, to the Melbourne Hospital, where, I understand, when the wound closed, he died.

I am not aware of the actual cause of death in this case ; but, taking into account the extensive division of the parts (trachea œsophagus, &c.), and the various actions of the numerous muscles belonging to those parts, I think it very probable that a fistulous opening remained between the œsophagus and the trachea, and that the patient was thus exposed, after the closure of the external wound, to the entrance of solid matters into the air passages, and to consequent suffocation.

Mosquito Plains, February, 1864.
