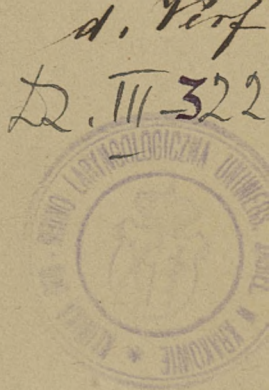


Imaginary Foreign Bodies
in the Throat.

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IMAGINARY FOREIGN BODIES IN THE THROAT.*

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“Quædam non nisi decepta sanantur.”—

SENECA, De ira, iii, 40.

THERE are few practitioners of medicine who have not been accosted some time or other in the early days of their practice by patients who desired to find most speedy relief from a swallowed fish-bone, an inhaled insect, or a hair in the throat, etc., which their medical advisers, to their great disappointment, could not discover. They had to learn, with many other great truths, that many of the foreign bodies which they are expected to extract from the air-passages exist only in the minds of their patients. Now we all know that it is often easier to cope with real enemies than with imaginary ones, and I have frequently found it far more practicable to extract foreign bodies from the throat than from the imagination of the patient.

Foreign bodies which are alleged to be located somewhere in the air-passages or œsophagus, without being there, may be conveniently divided into three different classes:

* Read before the Tri-State Medical Association of Alabama, Georgia, and Tennessee, at Chattanooga, Tenn., October 15, 1889.

1. Cases where a foreign body finds its way into the air-passages without remaining there, but leaving to the patient the sensation of its being located somewhere in that region.

2. Cases where no foreign body ever got into the throat, but where some pathological condition of the throat imposes upon the patient the sensation of a foreign substance.

3. Cases where neither of these two previous causes can be made responsible for the presumption, where no pathological change can be detected in the region under consideration, and where the sensations of the patients are either reflex in character, produced by some more or less remote ailment, as, for instance, in cases of indigestion, or where the trouble is of purely neurotic character.

I intend to consider these classes separately, and to illustrate them with a few typical cases selected from my note-book.

In regard to the first class, we must of necessity first establish the fact that an extraneous substance really found its way into the throat, and, if so, we must try to ascertain where it is. I will remark here that in using the word throat my intention is to speak of the whole upper air-passages and the œsophagus. A foreign body in the larynx or trachea will in most cases make itself known by signs not to be mistaken, such as difficulty in breathing, coughing, and eventually hoarseness or aphonia. Sometimes auscultation above the trachea will reveal the presence of some foreign substance located there. If these symptoms are missing, inspection, laryngoscopic and rhinoscopic, and palpation—the latter, especially for the post-nasal space and for the œsophagus, with the œsophageal bougie—do much toward ascertaining whether the extraneous substance has not yet been dislodged.

If all these examinations, carefully and repeatedly executed, are negative, we may reasonably conclude that the foreign body is no longer in the throat. I am fully aware that occasionally such bodies resist all means of detection; but this is undoubtedly the exception, and in such cases we must simply wait for further developments. In such cases either they will subsequently be dislodged and cease to be troublesome to the patient, or they will be the cause of other disturbances, and thus indicate their presence and location.

CASE I.—Mr. M. H., aged fifty-four, referred to me by the late Dr. Joseph Aub, complained of a piece of chicken bone in his throat, the location of which, according to his description, was in the naso-pharynx. While he was eating hastily a few days before, the bone had slipped into his post-nasal space, where he asserted it still was. I was informed that his family physician was positive of having removed it with a cotton wad wrapped around a curved probe; but Mr. H. was firm in his assertion that he was still feeling the sharp edges of at least a piece of the bone. Repeated and careful rhinoscopic examinations revealed nothing but a slightly inflamed naso-pharynx. I then palpated the naso-pharynx several times, examined the same with a probe as well through the mouth as through the nose, but could not detect anything. This was repeated several times after the intermission of a few days with the same negative result, in spite of which the patient became more and more stubborn in his belief. Suffice it to say that finally he became rather melancholic, neglected his business, and abused his family whenever they tried to dissuade him from his belief. He insisted to me that he felt the pricking sensation of the sharp edges of the bone sometimes in the left, sometimes in the right nasal cavity. One day, when I made a final attempt to convince him that such a thing was impossible, he said that he was so fully convinced of the correctness of his opinion that he would bequeath his dead body to me in his will that I might open his skull, and that then I would find the bone as he had

said. I now saw that the affair was beginning to seriously endanger the mind of Mr. H. He was in a condition of constantly increasing nervousness, was troubled with insomnia, and brooded incessantly over his fixed idea. I told him one day I would give him some medicine that would gradually dissolve the bone, which idea he grasped enthusiastically. I gave him potassium bromide internally and a mild detergent wash for the nose, and had the pleasure of hearing from him after eight days that he already felt the bone diminishing in size. After eight weeks he reported to me that the bone was entirely absorbed.

CASE II.—Miss N., twenty-two years of age, came to me July 22, 1887, complaining of a pill being lodged in her throat. She had taken the pill, a common cathartic one, about twenty-four hours before this consultation, and located the sensation below the middle of the sternum. Though the pill had done all that it was expected to do, I could not convince her that it could not be still lodged in her œsophagus. Finally I introduced the sponge probang into her œsophagus and probed it once. She was satisfied and cured.

The second class of patients comprises such patients as have some more or less decided pathological condition in the throat which impresses them with the sensation of a foreign body. Such conditions are hypertrophied tonsils, accumulated cheesy matter or concretions in the crypts of the tonsils, enlarged uvula, granular pharyngitis, enlarged circumvallate papillæ or a hypertrophic condition of the lymphoid nodules (the so-called lingual tonsil), or varicose veins at the back of the tongue, or varicosities in the uvula or pharyngeal mucosa. Furthermore, neoplasms in the throat may cause the sensation of foreign bodies, such as papillomata or adenoid vegetations at the vault of the pharynx. It stands to reason that we have much easier work than in the first class of cases, when we discover any of these conditions in cases where a supposed foreign body is the cause of the complaint. Our treatment will have to consist in removing

the cause of the disturbance by any of the methods adapted to the purpose, and we shall not fail to obtain a cure of the morbid sensations.

CASE III.—Mr. O. B., aged thirty-two, consulted me March 2, 1888, on account of a very troublesome sensation of a foreign body in his throat, that he had tried to remove by hacking, but without avail. The pharynx was deeply congested; the uvula had the thickness of a man's finger, and was one bundle of varicose veins. I destroyed the same with the galvano-caustic knife by linear incisions, and had the patient pay more attention to his bowels, as he was suffering from habitual constipation. The result was entire relief from the troublesome sensation.

The most difficult group of cases as to treatment, and frequently the most unsatisfactory ones as regards a cure, is the third class of my division. I refer to those where either a remote cause is responsible for the sensation of a foreign body, or where nothing can be found, where the throat is in a normal condition, and where we must consider the affection as a pure neurosis, a paræsthesia of the throat. It is true, however, as Mr. Lennox Browne has shown, that a great number of these neuroses of the throat, among them the time-honored globus hystericus, do in reality belong to the former class of affections; that, upon careful examination in cases of this kind, we may not infrequently find any or several of the conditions enumerated above, the removal of which will cause a speedy cure of the supposed neurosis. Yet there still remain a number of cases where this does not apply, where the trouble is, so far as we know at the present time, of a purely neurotic character, and these cases are more or less unsatisfactory. In all of these instances a foreign body never found its way into the throat, though sometimes the complaints are dated to a certain occurrence when, allegedly, a particle of food or some other extraneous

object was noticed to have become located somewhere in the throat.

CASE IV.—Mrs. J. M. was sent to me about two years ago by Dr. William Carson, of Cincinnati, for examination. She insisted that she had a piece of nut-shell in her throat, in the region of the larynx, which had become fixed there a few days before when she was eating walnuts. Nothing could be detected there upon careful examination. After being treated by Dr. Carson for indigestion, with which she was afflicted at the same time, the foreign body was complained of no more.

CASE V.—Mrs. J. F., aged thirty-two, complained some six months ago of a hair in her throat. She was very nervous and irritable, and was greatly annoyed at the mere idea of having a hair in her throat. No cause could be ascertained for her complaint, as her throat was in a normal condition. Being somewhat chlorotic, she was given iron, tonics, etc., without any avail. She has since that time undergone various treatments, but still complains at times of the hair in her throat.

From these few remarks we must conclude that imaginary foreign bodies in the throat deserve some consideration as well as other imaginary diseases. To tell the patient that he has nothing in his throat, that he is a hypochondriac, will not do. After a thorough examination, which has to be made in every case, the peculiar circumstances will decide what course must be pursued. Where a local trouble is found, the same must be remedied; where a remote ailment may be the cause of the trouble, it must receive our attention.

In most cases where a foreign body has entered the throat, but has been removed, we may convince the patient that such is the case. When, however, we can not disabuse his mind of his fears, when we see him becoming a victim to his morbid and vivid imagination, we may, nay we even must, use some innocent deception if, by so doing, we can

cure him of his presumption and restore his balance of mind.

In cases of a pure hyperæsthesia of the throat, we must resort to all those measures, local as well as general, that appear to be indicated in cases of this kind; and we may expect, from the beginning, that in a certain percentage of cases our efforts will not be crowned by very satisfactory results.



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