

elements of the mediastinal tumor took place primarily into the cellular tissue covering the vertebral column, or whether the cellular external coat of the aorta was the starting point, must be a matter of conjecture. The attenuation of the heart shows the influence of the disease upon its nutrition. The impossibility of detecting a tumor of this size in the mediastinum during life renders the difficulty in this case analogous to that experienced in cases related by Stokes, Hope, Andral, &c., in which the cause of the anomalous symptoms remained a mystery until revealed by post-mortem examination.

Wisbech, September 17, 1842.

### ABSCESS OF PHARYNX,

SIMULATING CROUP.—

### PHLEGMONOUS ABSCESS OF LUNG.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Of all classes of disease that fall under the care of the medical practitioner, none more particularly claim his attention than those involving the functions of the respiratory organs. The two following cases selected from my case book, appear to be not of common occurrence. Should your deem them of sufficient practical importance to deserve publicity, you will much oblige me by inserting them in your valuable Journal.

I remain, Gentlemen,

Your obedient servant,

W. C. WORTHINGTON,

Senior Surgeon to the Lowestoft Infirmary, and Fellow of the Royal Medical and Chirurgical Society.

Lowestoft, September 16, 1842.

CASE I.—The subject of the following case was a female infant, nine months old. I was first consulted April 1, 1841; the mother informed me the child had been indisposed five days previously, from slight fever accompanied with hoarseness and crying; these symptoms were treated by a druggist for a supposed catarrhal affection, but as they continued to increase, the mother was induced to seek further advice.

#### *Present Symptoms and Treatment.*

Great restlessness; countenance expressive of suffering; cheeks and lips somewhat livid; dyspnœa; respirations 30 in the minute, each inspiration being accompanied by a crowing or shrill hissing noise; slight cough, with scanty expectoration; pulse frequent, contracted, sharp, and small; deglutition slightly affected. Upon a *prima facie* view of the symptoms, I was inclined to regard them as diagnostic of croup, and prescribed emetics, antimonials, and frequent doses of calomel. In spite, however, of these remedies, the symptoms increased, the dyspnœa became more distressing, and the loud shrill noise, so peculiarly characteristic of croup, continued until a short time before death, which took place on the 4th day from the time I was consulted.

#### *Post-mortem Examination.*

The muscles of the face and neck generally presented a puffy and bloated appearance, but no obvious indication of circumscribed swelling. In the act of separating the pharynx and œsophagus from their posterior attachments, for the purpose of sub-

mitting them to a careful investigation, the scalpel unexpectedly penetrated a sac, from which issued a stream of well formed pus. At the moment I apprehended the case to have been one of abscess, caused, probably, by some extraneous body lodged about the pharynx, and thereby giving rise to inflammation and suppuration, the matter having insinuated itself behind that organ. This, however, proved not to be the case; a further examination discovered an encysted abscess, situated between the cervical vertebræ and pharynx, extending some way down behind the œsophagus, and which, from its pressure, no doubt produced the difficulty of breathing and other symptoms resembling croup. The cyst was about the size of a pullet's egg, capable of containing at least an ounce of pus, and seemed only prevented from forcing its way into the pharynx by a thin partition wall, which constituted its upper and anterior boundary. No traces of disease were discernible in either the larynx or œsophagus, which were carefully preserved with the attached cyst. On viewing the preparation on its upper and anterior aspect, it appeared that a lancet might easily have been made to enter the cyst through the pharynx, had an abscess been suspected. Dr. Copland, in his Medical Dictionary, under the article "Difficult Deglutition," states, that both himself and Mr. Carmichael have met with purulent collections between the trachea and œsophagus; but no allusion is made to primary abscess behind the pharynx or œsophagus. Abscess, in connection with caries of the cervical vertebræ, is not, of course, of uncommon occurrence.

CASE II.—October 23, 1841. I was requested to visit Mrs. Norton's child, a fine boy, three years old, who had, a few days previously, fallen down stairs, and was supposed to have injured his shoulder. Upon a careful examination of the joint, no displacement was found to have taken place, nor was any external mark of injury discoverable; slight pain, however, was produced by pressure, as also upon any movement of the arm.

26. Since my last visit the child has become feverish and restless, with loss of appetite. On again examining the shoulder-joint, my attention was directed to a fulness which began to develop itself below the right clavicle, originating apparently under the pectoralis muscle; it was somewhat tender to the touch, and of a moderately soft doughy feel. The swelling at this period was regarded as the consequence of a supposed contusion. Leeches were applied, and the affected part afterwards kept moist by a cold lotion.

30. The feverish excitement has increased, and the countenance presents an appearance of suffering. For the first time a slight cough was observed; the breathing was somewhat oppressed, and the respiratory murmur rather less distinct than on the left side; but as the other pulmonary symptoms were so feebly developed, the obscurity was considered as depending principally upon the external swelling, which, by this time had much increased. Considerable doubt existed in my mind as to its exact nature. I imagined it not improbable that it might be owing to the rupture of a blood-vessel, caused by the fall, giving rise to extravasation, having before observed the same appearance produced by contusion. Aperient medicine was prescribed with salines, and the cold lotion continued.

November 1. The intumescence extends below the nipple, reaches into the axilla, and ascends above the clavicle. A distinct fluctuation can be felt; no apparent increased difficulty of breathing or aggravation of cough; can lie upon the affected side, but appears most easy when nursed in the erect position.

3. The swelling has attained the size of a large orange, pointed with a blush of redness on its surface. The parents object to its being punctured.

5. Permission was obtained to make an opening. Even at this juncture the symptoms were not supposed to have any connection with the thoracic cavity. A puncture having been made at the most prominent part, not less than fourteen ounces of well digested pus readily followed, when the little patient became suddenly seized with the most distressing dyspnoea and suffocating cough, which continued several minutes, and seemed, for the time, to threaten death. Concurrent with every respiration a rush of blood of a bright scarlet color, mixed with bubbles of air, escaped from the wound. On applying the ear to the chest, a deep cavernous rattle could be heard, and a very singular movement of the parietes of the affected side of the thorax was observed. On every attempt to breathe, which was performed by a kind of convulsive effort, I could compare the movement to nothing better than the flapping action of the valve of a common pair of bellows. This continued until the puncture was closed, and a linen roller passed several times round the chest. No doubt any longer existed as to the exact nature of the case, masked as it had been in its first stages by an almost total absence of symptoms indicative of any acute pulmonary affection. The patient was ordered to bed, the shoulders to be kept elevated, and strict quietude enjoined. Diet to consist of light animal broth.

8. Considerable relief followed the puncture, which was now repeated, and about two ounces of pus evacuated, mixed with frothy blood; the same flapping action of the parietes of the chest followed, together with the suffocating cough and dyspnoea, but marked with a less degree of intensity. On closing the aperture and reapplying the bandage, these symptoms subsided, and the patient was again placed quietly in bed.

At the end of two days the puncture was repeated; a small quantity of pus followed; the flapping action and cough ceased. From this time only a slight exudation of sero-purulent fluid took place from the opening, and the fulness had nearly disappeared. The health gradually improved. At the end of three weeks from the last time the abscess was opened, the patient was enabled to take exercise in the open air, and gradual restoration to health took place. The chest, when examined, at this time elicited rather a dull sound on the diseased side, and the respiratory murmur was less perfectly developed. The respiratory functions, however, in all other respects appeared to have but slightly suffered.

Abscess of the lung, as a product of simple phlogosis, may be regarded as a rare occurrence. Dr. Elliotson observes, that he does not recollect above twice seeing an abscess in the lung resulting from inflammation. Laennec says, that amongst several hundred dissections of pneumonic subjects, he did not meet with a collection of pus in an inflamed lung more than five or

six times. The reason assigned is, that the disease is either cured by art or destroys life before it proceeds to the length of destroying the pulmonary tissue—that death takes place before the disease advances so far as for matter to be found in the lung in an abscess.

## DRY TAPPING.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—A case of tapping for dropsy, which was published in the "Provincial Medical Journal" for September 3, 1842, by Mr. Storrs, of Doncaster, reminded me of a case of apparent abscess situated just over the stomach and right lobe of the liver.

A middle-aged, married woman (who never was pregnant) had suffered under a long illness from dyspepsia, when a very hard swelling appeared in the above-named situation, which gradually increased to a large size, and became so extremely inconvenient as to confine her to her bed.

After poultices had been applied some days, the swelling appeared to be a little reduced in size, and it felt softer, as if some of the matter had been absorbed and the sense of fluctuation had become more evident.

My partner (Mr. W. Mee) and I were not very positive about the propriety of plunging an abscess lancet into the swelling; however, as the constitution was disturbed, and as emaciation was the consequence, we determined upon making a puncture, having first told her friends that, although they must not be surprised if she died soon after the swelling was emptied, yet that the operation appeared to be the only means of saving her life.

After a lancet had been pushed in we found no matter!—but a great quantity of extremely offensive gas, which escaped with a loud hissing noise. The swelling gradually and entirely subsided; but, although the woman was pleased on feeling such immediate relief, and, although her friends expressed much satisfaction on the subsidence of the swelling, we (doubting whether or not the cyst communicated with the lungs, stomach, or gall-duct) left the cold poultice over a bit of lint, upon the orifice, to wait the issue. On calling the next day, the woman was sitting up below stairs, and she observed that "she got into bed expecting she had not long to live, but as the swelling was all gone away, she thought she might as well get up and attend to her household affairs.

She gradually recovered from that time, and is now living in good health, in Redford. I have twice tapped for dropsy, when the cyst has contained a jelly-like substance (in consistence), which would not pass through the canula, although I worked about a long probe through it; but on both occasions, after having let in air, a large quantity of fluid escaped during the next twenty-four hours. The size of the abdomen in that case was not satisfactorily reduced.

I am, Gentlemen,

Yours very respectfully,  
W. ALLISON.

September 15, 1842.