A CASE
OF
FATAL ASPHYXIA,
CAUSED BY
THE DETACHMENT OF A DISEASED BRONCHIAL GLAND
WHICH WAS IMPACTED IN THE LARYNX.

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JOSEPH PERRY, about 8 years of age, of fair complexion and light hair, considered healthy but delicate looking, was playing with boys of his own age, when it is said he was offended or struck by one of his play-fellows. He ran off to tell his mother, and just as he got to his parent's house, a distance of thirty yards, he rushed towards a female, whom he met, and who thought that the child was in a fit. She carried him quickly up stairs to his mother, who charged the child with having swallowed something. This he denied in a voice sufficiently strong and distinct to be understood. His struggles became so violent that he could scarcely be held by ordinary force. The head was often thrown forcibly back, and the arms were extended occasionally by a similar strong effort. The face was discoloured, the countenance was extremely anxious, and he uttered the expression more than once, "*Mother, I shall die.*" During the struggling also, he cried out that he wanted to make water, and almost instantaneously he voided both urine and fæces. There was no cough, and the bystanders said there

was not any noise in the throat, but there were tumultuous sounds about the upper part of the belly. My partner, Dr. Bell, accompanied by Mr. Gatis, saw him about half an hour after the seizure; at that period no sound could be discovered by a hurried examination either in the trachæa or chest, except the weak action of the heart; the countenance was dark, and the child was making some feeble struggles, evidently death-throes. In the hurry of the moment there was no opportunity of getting any distinct knowledge of the previous history, beyond the surmise that the child had swallowed something.

Dr. Bell and Mr. Gatis immediately opened the trachæa, when a little air issued from the opening, artificial respiration was attempted for some time by means of a female catheter, but without effect, as the child only gave two gasps after the operation.

I assisted in the examination of the body seventy-two hours after death. There were no marks of external violence. The jugular veins on both sides were greatly distended. On opening the chest, the lungs and heart occupied their usual position, and presented their natural appearances, except that the lungs were uniformly dark, and greatly congested. Both sides of the heart were empty, and there was an ounce of bloody serum in the pericardium. Touching the under surface of the epiglottis, and extending through the rima glottidis into the larynx, was a body about an inch in length, of irregular thickness, and presenting in its form something of an hour-glass contraction; one end was thicker and longer than the other; the substance was whitish, and covered with mucus, and in appearance much resembled a piece of chewed newspaper, being marked with black or blueish grey lines, and clots, exactly as a piece of chewed printed paper would appear. It was easily removed from its position. On a further examination it was evident that the body was a bronchial gland, broken up irregularly, and adhering at the narrow part by cellular tissue. Slitting open and tracing the trachæa, the spot from which the gland had issued, was soon found; it was

on the posterior part of the right side, just above the bronchial bifurcation. The opening was ragged and irregular, and communicated with a cavity behind, sufficiently large to contain a good sized nutmeg. The other bronchial glands were normal, the trachæa contained some frothy mucus, and the lining membrane was somewhat congested.

There appeared to be no glandular disease in any part of the body, nor was there the slightest appearance of tubercles in the lungs. The stomach contained no food, but was much distended with air.

The case is interesting, not only from its novelty, but in many points of view. Did suppuration commence within the gland, or was this a case of ulceration around the gland, detaching it from its bed and opening a passage for it into the trachæa? Again, did the gland at once pass into the trachæa, or was it a gradual process? The shape of the gland seems to indicate the latter process, and probably the blow the boy complained of, or a sudden effort at play, was the means of entirely disengaging it from the opening; the expulsive efforts afterwards forced it into the glottis and destroyed the child. In either case there appears to have been no symptoms to point out the mischief which had been going on in the child, who was represented by his parents as having been free from cough, hoarseness, or difficulty of breathing. As nearly as can be calculated, the time which elapsed between the commencement of the suffocating feeling and the death of the child, was half an hour; hence there could not have been complete closure of the glottis at first. Indeed it is a question whether the obstruction to the breathing was ever complete continuously, or was only to such an extent as to prevent that ingress and egress of air, which is necessary for the sustenance of life, each respiratory act being so imperfect that the blood by degrees became poisonous and unfitted to supply the nervous stimulus required to maintain the heart's action to transmit the blood through the lungs. Hence their dark and engorged condition after death; and hence, probably, the want of

success in the attempt to inflate the lungs after tracheotomy.

This case is also interesting in a medico-legal point of view. False accusation might easily have been made; indeed the boy in this very case complained of being ill-used by his playmates, and had any of them been much older and stronger than himself, there would have been great difficulty in convincing the parents that the death of their child had not resulted from violent and improper treatment. Suppose two persons to have been quarelling and blows were exchanged, during which a diseased bronchial gland became lodged in the glottis of one of them; he falls and struggles as if suffocating, and half an hour afterwards expires; the presumptive evidence certainly would be that the blows had killed him, and it might require a very careful *post-mortem* examination on the part of a medical witness, who had not seen the person before death, to convince himself and satisfy a jury that a little whitish elongated glandular body lying loosely in the larynx had been the cause of death.

With regard to the treatment of the present case, I think it is obvious that any means adopted at the period when Dr. Bell and Mr. Gatis saw the patient would have proved ineffectual; tracheotomy, however, appeared to offer the best chance, and probably if performed earlier, might have saved the boy's life.

The Bronchial Gland as it appeared after it was taken from the glottis.