SUPPURATIVE PERICARDITIS TREATED BY CARTILAGE RESECTION, INCISION, AND DRAINAGE: BRONCHO-PNEUMONIA: DEATH.

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THE cases of suppurative pericarditis treated by incision and drainage are still, according to our medical records, very few and far between. This is no doubt due to the misfortune of only successful cases generally being published, and partly explains the favourable statistics to be drawn from them, as shown in my paper in the Clinical Society's *Transactions*, vol. xxx. The following case, although unsuccessful, is another contribution towards this very limited list:

J. W., aged 4, was admitted into the East London Hospital for Children, Shadwell, on January 13th, 1898, under the care of my colleague, Dr. Coutts.

He had been well up to three weeks before, when he took cold and complained of pain in his chest, particularly on the right side. He had a very bad cough, and there was considerable difficulty in expectorating. One week before admission he became much worse, his breathing being very rapid, with profuse sweating at night.

On admission, he was very anæmic and cyanotic at times; there was no vomiting, but constipation. The cardiac area was a little increased on percussion, and the heart sounds rather feeble. Pulse 124; temperature, 8 P.M., 101.6°. Lungs were normal on percussion anteriorly, but there was some dullness at the right base, over which there was a patch of tubular breathing; over both lungs mucous râles were heard. Respirations 44 per minute. Abdomen normal.

January 14th, 8 A.M.—Pulse 120; respirations 40. Local conditions about the same. 8 P.M.—Temperature 100.6°; pulse 180; respirations 160. Breathing more difficult, and heart sounds not so distinct.

January 15th, 8 A.M.—Temperature, 96.8°; pulse, 120; respirations, 48. Sick once. Heart sounds distant and feebly heard at apex; cardiac dullness increased. There is some extension of dullness at base of right lung, and tubular breathing especially heard about the angle of the right scapula. At 8 P.M. the temperature was 99°; pulse, 120; respirations, 52.

January 16th.—Temperature at midnight 97°, and at 2 A.M. 99.4°; at 8 A.M. 97.4°, with pulse 120, and respirations 48. Vomited once. At 8 P.M. the temperature was 98.8°.

January 17th.—Midnight temperature, 97°; at 2 A.M. 99.6°; at 8 A.M. 97.4°. Vomited twice. At 8 P.M. the temperature was 98°; pulse, 136; and respirations, 56.

January 18th.—Temperature at midnight 97°; at 8 A.M. 97.6°; pulse, 112; respirations, 48. The cardiac dullness is now considerably increased, reaching lower border of first rib above, extending to the right three-quarters of an inch to right edge of sternum and to the left, one inch and a half outside the nipple line; the heart sounds are almost inaudible. Over the bases of both lungs there is dullness, with tubular breathing on the right side in patches, and harsh breathing on the left side.

As the conditions pointed without doubt to a purulent collection in the pericardium, I was requested to see the case, and operation was decided on and performed at 11.30 A.M.

An incision an inch and a half long was made parallel to and over the fifth left costal cartilage. On exposing the cartilage the perichondrium was incised and separated as well as possible. One inch of the freed cartilage was removed with cutting forceps, the outer end being divided first. The edge of the left pleura could be distinctly seen, and an incision through the pericardial sac was made just internal to the pleura. The fluid as it gushed out was almost clear at first, becoming turbid, with flakes of lymph in it, until from the deepest part of the sac and its posterior diverticula typical pus escaped; altogether 10 ounces were evacuated. The pericardial sac was not much thickened, but to the inner surface small fibrinous coagula were adherent. A gauze drain was

inserted and the wound dressed. The cavity was not irrigated.

Just before the pericardium was opened the child stopped breathing. The radial pulse could not be felt; the pupils dilated, and the lips became purple; on the escape of the fluid there were one or two gasps, followed by immediate improvement. Strychnine and brandy were injected subcutaneously, and when the child left the theatre his pulse was better than before the operation.

The temperature, which after the operation was only 94° F., soon improved with hot bottles and brandy and hot water enema, rising within a half hour to 98° F.

In the evening the patient was sleeping calmly; pulse regular, but rapid, 160 per minute; temperature, 98.4° F.; respirations, 48. Food taken well, and no vomiting.

January 19th.—Wound dressed, and dressings soaked with pus. Drainage tube put in instead of gauze drain. Pulse still fairly good, though rapid; temperature, 99.2° F.; respirations, 48; ætæ nasi not working, rather full, but no cyanosis. Wound dressed in evening. Temperature rose to 102.6° F. at 6 P.M., but normal later in evening; pulse 160; respirations, 50 per minute.

January 20th.—Another rise in temperature to 102.2° F. at 10 A.M.; with a very slight fall it further rose at 6 P.M. to 102.8° F. At 9 P.M., pulse very rapid, and also respirations, but no complaint of pain in chest. There was marked vertical nystagmus and internal squint in left eye, and altogether the child's condition was worse. At 10 P.M. there was noticed twitching of the right hand, which was followed about one minute after by a right-sided fit lasting about two minutes. Afterwards he was very collapsed, the pulse being only just felt. With ether and brandy hypodermically, and oxygen to inhale, he improved a little. Later, twitchings of all his limbs and face came on, with lateral and vertical nystagmus. There was now a very feeble, rapid pulse, and cyanosis. This condition lasted through the night, the boy getting gradually more collapsed until his death at 7 A.M. on the 21st.

There was no evidence of and no history to suggest that the whole condition was pyæmic.

Unfortunately no necropsy was permitted, so the pathological condition of the lungs and brain could not be ascertained. There was evidently a patchy broncho-pneumonia, and, from the head symptoms, presumably a rapidly developing meningitis. It would have been a matter of great interest to have corroborated the clinical evidence, for the pus from the pericardium gave, on cultivation, an almost pure growth of Friedländer's pneumococcus.

EXCISION OF LARYNX AND PART OF THE ÆSOPHAGUS.

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L. M., aged 47, and married, was admitted to the Cardiff Infirmary on October 26th, 1897, when she complained of pain in her throat and hoarseness.

Previous History.—Her illness commenced six months before admission with pain in the throat; later hoarseness manifested itself, which increased, and a raw feeling was experienced. About four months later she commenced to cough large quantities of frothy mucus, which was sometimes streaked with blood. For the six weeks before entering the infirmary she had been unable to swallow solid food, and the pain and raw feeling had become much worse. The patient had also been troubled with a "nasty sensation" in her throat, and she had got very much thinner.

Family History.—She had had one living child and ten premature births—three at three months and seven between five and six months. For six weeks before coming into the infirmary the patient had been on specific treatment, but the results were entirely negative.

CONDITION ON ADMISSION.

She was a fairly healthy-looking woman, but complained of severe pain like a knife cutting across the throat. The pain shot up to the left ear, and was much worse when she swallowed. Owing to the pain she could not swallow solid