CASE OF CYNANCHE TONSILLARIS:

SUDDEN DEATH BY ASPHYXIA: PASSAGE OF THE PURULENT MATTER OF AN ABSCESS INTO THE LARYNX AND TRACHEA.

By WILLIAM ENGLAND, M.D., Wisbeach.

Mrs. B., aged 30, very handsome, of fair complexion, the mother of four healthy children, had a tardy convalescence after accouchement in November, 1841. Although she had no cough she gained flesh but slowly, and in consultation with Mr. Burman, early in December, I was led to infer the existence of tubercular cachexia, and from stethoscopic examination, the probability of tubercular deposit in the right lung. After this threatened attack of phthisis Mrs. B. regained her usual health, with the exception of being thinner than prior to this accouchement. Since then she has had two children.

Sunday, August 12, 1849.—Mrs. B. got wet when walking with her husband. On the following day she suffered from sore throat, but having been subject to repeated attacks of quinsy for many years, and having always recovered from them without their being attended with dangerous symptoms, she refused having any medical assistance until a week after the commencement of the present attack.

Sunday, 19th, 2 P.M.—She was first seen by Mr. Burman, who found the case one of ordinary cynanche tonsillaris, and directed the frequent application of warm poultices to the external fauces, constant inhalation of the steam of warm vinegar and water, a gargle of infusion of roses with tincture of myrrh, and to take at bed-time a draught, with muriate of morphia a quarter of a grain; tartarized antimony, half a grain. The same evening the difficulty of deglutition was relieved.

Monday, 20th, 2 P.M.—Mrs. B. was much better, and the difficulty of deglutition continued to diminish. Repeat the draught at bed-time, and other treatment. Mr. Burman did not consider it necessary to repeat his visit in the evening. Before going to bed she ate some bread and milk for supper, and afterwards drank some wine whey. Her husband keeping one of the principal inns, Mrs. B. was as usual in the bar in the course of the evening.

Quarter to 11 P.M.—She went to bed, and was soon followed by her husband, who had wished her good night, and heard her response in a voice of her ordinary tone and strength, when she complained of faintness, from which she was relieved by her smelling bottle. In a few moments afterwards her husband was alarmed by a rattling sound in her throat, followed by instant suffocation. In less than a quarter of an hour Mr. Burman was at the bed-side, and found her sinking from asphyxia. On my arrival, in a minute or two, Mrs. B. was dead.

Tuesday, 21st.—Permission was given to inspect the larynx and trachea. After laying bare the whole surface of the vocal tube and trachea by a clean dissection of the external muscles, a longitudinal incision was made at once throughout its whole length from below upwards. As soon as the scalpel entered the trachea, a considerable quantity of sero-purulent

matter gushed out, and as the incision was continued through the cartilages of the larynx, the whole of the tube, and particularly the sacculi laryngis, were found distended with flakes of pus floating in sero-sanious matter. The pus was the purulent matter of asthenic abscess, and *not fœtid*. The mucous membrane sponged clean, presented a pale, uncongested, unphlegmasioid condition. The whole tube was in a state of integrity, without any perforation. The epiglottal aperture was abnormally patent. Both tonsils were considerably enlarged, the right in a much greater degree than the left, which, by Mr. Burman's report, had much diminished in size since his first visit. Neither tonsils had suppured.

REMARKS.—Nothing in medical statistics is better known than the extremely rare fatality of cynanche tonsillaris (quinsy.) Dr. Watson, in his excellent lectures, mentions only one unfavourable termination from his own personal knowledge, and which I shall presently allude to.

Dr. Gregory told the late Dr. Dnucan, jun., that among many hundred cases he met with only one that was fatal. Willan and Bateman, in their elaborate reports of the "Diseases of London," do not speak of any severe case of this form of angina. The only case that I can find recorded that bears any analogy to the case of Mrs. B., is one published by Dr. Watson, in the third volume of the *London Medical Gazette*; but in that case the asphyxiating cause was coagulated blood from a branch of the lingual artery being perforated by an abscess of the pharynx opening into the fauces below the left tonsil, on a level with the epiglottis. In the case of Mrs. B. also, the tonsils had not suppured, and I am inclined to think the abscess was pharyngeal, seated likewise under the left tonsil. That we were obliged to limit the *post-mortem* inspection is much to be regretted.

Wisbeach, August 24, 1849.

CLINICAL ILLUSTRATIONS.

MENORRHAGIA, UTERINE CONGESTION, &c.

By EDWARD BALLARD, M.D., East Retford,

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Menorrhagia, pain, &c.; difficult and painful micturition; enlargement of entire uterus; treatment by recumbency and bromide of potassium: recovery.

E. C., aged 28 years, married for five years to a footman who rarely visits her, by occupation a needlewoman, applied at the dispensary on February 17th, 1846. She bore a child about nine months after her marriage, and nursed him eighteen months, by which she became very much debilitated. Immediately on weaning him she again became pregnant, and when about three months gone, after an accidental tripping, she miscarried, losing a large quantity of blood, and