CASE
OF
SCIRRHO-CARCINOMATOUS TUMOR
IN THE
POSTERIOR MEDIASTINUM,

NOT DETECTED BY AUSCULTATION OR PERCUSSION.

By WILLIAM ENGLAND, M.D., Wisbech.

Jane Benn, aged seventy-four, a respectable unmarried woman, formerly a domestic servant, had been under the care of Mr. Weatherhead, of Wisbech, in July, 1840, for symptoms of an anomalous character, the more prominent of which were—constant pain in the direction of the spine in a line with the inferior edge of the scapulæ, accompanied with a feeling of great heat, described as extending from the epigastrium over the right hypochondrium to the point in the back where the pain was felt; a total loss of appetite, and general emaciation. These symptoms had existed for some months previous to her seeking medical assistance, with a hope of being relieved from the intolerable sense of heat before mentioned.

In August, 1840, at the request of Mr. Weatherhead, she sought my opinion, when the following were her general symptoms:—Considerable dyspnoea; pulse soft, regular, not quick; tongue red, rather dry, and shining; anorexia; general debility; complaints of pain almost constant between the shoulders on a level with the inferior angle of the scapulæ, both when sitting up and lying down. The pain extends also to both hypochondria, particularly the right, and is accompanied with extreme tightness across the lower part of the chest. Excepting some enlargement of the liver, no tumor was perceptible upon examination of the epigastrium and abdomen generally, although she complained of morbid sensation in the epigastric and umbilical regions. She had suffered but little, if at all, from rheumatism; with palpitation of the heart and difficulty of respiration she had been affected for a considerable time; pulsation of the jugular veins at the lower part of the neck.

Percussion.—The natural resonance was heard throughout the thorax.

Auscultation.—Vesicular respiration audible in every region. The pulsation of the heart perceptible both by the stethoscope and the hand placed upon the epigastrium and left hypochondrium; the rhythm quite regular; no morbid sound or murmur indicated the presence of valvular disease, though the impulse was rather more strong and laboring than natural over the inferior part of the sternum; the impulse of the apex heard as low as the cartilage of the seventh rib; although complaining of total loss of appetite, she could swallow liquid or solid food without any difficulty.

Diagnosis.—Cardiac asthma; dilatation of the right cavities of the heart; chronic gastritis.

Jane Benn derived some relief from the use of rhubarb and magnesia, the tongue becoming moister and less red; the emaciation progressed, and she died September 6.

Autopsy, September 7.

Thorax.—The ribs on each side of the cartilages soft enough to be easily divided with the scalpel; lungs collapsed, of a healthy cineritious color, crepitating throughout; no fluid, liquid or aeriform, in the cavities of the pleuræ; pericardium not dis-

tended; no adhesions, nor effusion; the heart in a lower position than natural; no valvular disease; right cavities dilated, the substance of the heart generally attenuated, being about two-thirds of the usual weight; behind the heart was a hard tumor, about five inches in length and two in breadth, descending posterior to, and closely connected with, the external coat of the aorta, commencing just below its arch; the inner coat of the artery was quite healthy; the external coat inseparably involved in the tumor, which, on being divided by a longitudinal incision through the artery, proved to be of a hard, fibrous, scirrhus-cartilaginous structure; the weight of the tumor was about four ounces, two-thirds the weight of the heart; the bronchial glands were much enlarged, and of a black color.

Abdomen.—Beneath the peritoneal surface of the intestines generally were black, isolated, tumefied points; liver much hypertrophied; near the edge of the right lobe was a hard, round, white tubercle, of the size of a marble; pancreas more than double its usual size, and indurated, its structure feeling like hard granules; spleen of larger size than natural; with a hard cartilaginous investment upon half its superior surface connected with its fibrous envelop, and presenting a white shining appearance when cut into, and about one-eighth of an inch in thickness; stomach vascular, of a dull slate color, its mucous membrane exhibiting the appearance of chronic inflammation, with softening; attached to the mucous membrane were several remarkable pendulous prominences, more like local hypertrophies of the membrane than enlargement of the mucous glands; uterus atrophied, its lower portion somewhat scirrhous.

REMARKS.

This case is remarkable for the peculiar structure of the tumor discovered in the posterior mediastinum. Tumors in the anterior mediastinum and aneurisms of the arch of the aorta may press upon the heart and displace it downwards. Dr. Copland states that cases of this kind have been recorded by Lancisi, Morgagni, and Otto. The existence of a cancerous diathesis in this case is evidenced by the upper portion of the fibrous tunic of the spleen being degenerated into scirrhus-cartilage; the softness of the ribs—with the numerous black points in the sub-serous cellular tissue of the stomach and intestines, as well as the black color of the bronchial glands—would seem to show some concatenation of morbid appearances, tending to establish the opinion of many pathologists, that melanosis is a variety of the degeneration of tissue, commonly called carcinoma. MM. Breschet and Ferrus in the *Dictionnaire de Medecine* (Art. Cancer), have noticed the rarity of the cancerous degeneration of the spleen, even when the stomach and liver have been seats of the disease. In the carcinomatous diathesis, although the bones are altered in structure, the pancreas and spleen have both been found in a normal state. With regard to the pancreas, however, its enlargement is thus described by these pathologists:—“Il n'est pas cependant rare de rencontrer le pancreas endurci et quelquefois double de volume; mais ici son organisation est constamment restée la même, et n'a aucun trait de squirrhe; c'est un espece d'infiltration sereuse du tissu cellulaire ou sont plongés les grains glanduleux.” Whether the deposition of the

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; dyspnoea; 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 dyspnoea 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.