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FATAL CASE OF LARYNGITIS.

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GEO. L. AMES, the subject of this case, a middling-sized man, a valuable citizen, and knife manufacturer by occupation, aged 35, had, from his youth up, enjoyed tolerable health until the present attack, which took place about the middle of December last, with a sense of painful suffocation in the *larynx*. Some years before this, he had experienced pain in the right shoulder, but this had long since subsided, when the present affection came on. At first his respiration was labored, but was most difficult in his sleep; was not observed in his waking hours until about six weeks before his demise. The patient complained of no pain in breathing, save the aching sensation at the top of the *larynx*, which became extremely annoying as he approached his final dissolution.

Till within the last four days of his illness, he had been under the direction of his medical advisers in Boston, near which place he resided. A seton had been inserted in the back of his neck, argent. nit. attempted to be applied to the part affected, and some mild alterant medicines taken internally, but all without any decided effect. The patient being on a visit to Burlington with his wife, where he met the family circle, consisting of his mother and five sisters, who had convened for a family interview, came at last under my observation. My first visit to him was the 22d of June inst. At this time his respiration had become extremely difficult and rough, giving audible testimony of his sufferings throughout the room. He frequently made an attempt to cough, though generally without effect. It was perfectly plain that the pathological seat of the disease was the *larynx*; consequently I applied my remedial means as near to it as possible, viz., administered internally the bi-chlor. mer., chlor. soda and gm. Arabic; scarified and cupped the throat, applied leeches, succeeded by a blister. The patient took the syr. Canadens. sang., scillæ and digit., and calomel as a cathartic, *pro re nata*.

Although there was every rational conviction of approaching dissolution, we vain would imagine that some relief was realized in the use of these means—expectoration being somewhat promoted, the pulse softened and the flush of the face removed; yet fatal suffocation took place the fourth day of my attendance, whilst the patient was yet able to walk the room.

*Post-mortem examination, 16 hours after death.*—Present, Dr. Marsh

(who had been my consulting physician), Drs. Pitkin and C. H. Hall (the latter operating), and G. M. Hall, medical student. Body of deceased round and well formed, though somewhat emaciated. On raising the sternum the heart and lungs appeared in a healthy condition, excepting a small adhesion at the upper portion of the right lung to the pleura beneath the clavicle. On separating this, which appeared of long standing, a sort of dark bloody engorgement was presented, perhaps tending to a species of ulceration. Yet this manifestly could have had no share in the fatal result of the case. After removing the *trachea*, the glottis and epiglottis were found much injected and thickened, and the *larynx* posteriorly was very tumid, and of a shining dark-red color, containing a mass of thick, dark foetid matter, the bulk, at least, of a large walnut. This appeared not sufficiently detached from the cavity to be thrown off, yet there was a line of separation between its walls and morbid contents, which was evinced by the fluidity of the matter around its borders, trans-fusing itself down the trachea, on its mucous lining.

*Remarks.*—This tumor was undoubtedly the immediate cause of death by obstructing respiration; and from the healthy structure of the other parts of the respiratory organs, *tracheotomy* seems to have been indicated. This possibly might have been a valuable remedial agent in a final recovery. At any rate, it doubtless would have prolonged life for a short time, at least; and perhaps relieved the unhappy sufferer. Yet it is not at all certain that the malignant character of the ulcer could have been changed into healthy ulceration, and the organ be made to return to its natural function, during the vicarious respiration. From the foregoing case the question is suggested whether, in a similar case, tracheotomy ought to be resorted to. It is my opinion that the operation ought to be performed, regardless of responsibility, in cases of such imminent danger.

*Burlington, Vt., June 30th, 1847.*

CHARLES HALL.

# REMARKS ON THE COMPARATIVE VALUE OF THE ANTERIOR OPERATION, WITH A DESCRIPTION OF A NEWLY-MODIFIED CATARACT NEEDLE.

By Edward H. Dixon, M.D., of New York.

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IN presenting to the profession an improvement in the cataract needle, the writer hopes to escape the charge of adding a useless novelty to an already overstocked arsenal of surgical implements, or a desire to attach undeserved importance to a modification of an instrument that has already received the impress of so many astute minds; where Scarpa, Beer, Jacob and others of such just pretensions to surgical skill, have preceded us, the present suggestion may be thought superfluous. Be this as it may, whilst presenting to practical ophthalmic surgeons an improvement for which we have long felt an urgent necessity, we are content to abide their opinion of its importance as a practical improvement, only remarking, that so far as the experience of nine cases will go, we are satisfied of its value to