

RETRO-PHARYNGEAL ABSCESS WITH RUPTURE, ASPHYXIATION AND DEATH FOLLOWING AN ACUTE ATTACK OF TONSILLITIS.

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R. T., male, aged 8. Family history, negative for tuberculosis and lues. Child's previous health good. Patient developed a mild attack of acute tonsillitis and consulted a physician who administered treatment and advised the parent to bring him back in two or three days, if not improved. Apparently, the child was in good condition the next day, and returned to school. Two weeks later he returned from school one afternoon, playful, cheerful and after eating his dinner, retired for the night. The next morning the child remained home from school, saying that he was feeling sick and weak but complained of nothing definite. About four o'clock in the afternoon the patient was seized with a coughing spell and complained of fullness in the throat. His mother was alarmed and called the family physician. He arrived as the child was taking his last breath. I was also called, but on my arrival, ten minutes after that of the other physician, the patient was dead. The physician reported that the child had died from asphyxiation, but was unable to assign its cause.

On examining the throat, I found a small amount of pinkish, muco-purulent discharge which I mopped out. Upon further examination I discovered a rupture of the mucous membrane in the pharynx, on the right side posteriorly, above the arytenoid. By inserting a bent probe in this opening I found a cavity containing some of the same discharge as was found in throat, but I was unable to make out any necroses.

Most of these cases have been reported in children under a year of age and with a history of trauma, tubercular or luetic involvement.

I think we may learn from this case: (1) how extensive a condition of this type can develop without causing any symptoms or complaint in a child of 8 years; and (2) how a mild attack of acute tonsillitis may be complicated with a serious result like this one.

From the preceding report you see the child's death was caused by asphyxiation due to the ruptured retro-pharyngeal abscess, following a mild attack of acute tonsillitis two weeks previous.

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