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I.

Case of a cartilaginous Tumor in the Trachea, producing Dyspnoea, &c.

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THE subject of this case was the Hon. Samuel Howe, one of the Judges in the Court of Common Pleas, a gentleman most highly estimated for his moral and intellectual excellence. His death took place recently at the age of 42 years, in this city. He was under my care the last sixteen days of his life; the history of his case before that time I derived from a written statement of his own.

He was of a feeble constitution, and from his youth was subject to frequent and severe turns of sick head-ache, accompanied with great costiveness. From the age of twenty-five till the last year, he considered his health as rather improving. Last spring he found himself more feeble, was extremely constipated in the bowels, and was obliged to use ca-

thartics; and the piles then supervened, which annoyed him greatly for several weeks. His flesh and strength were diminished, yet he never slackened his labors except for one fortnight in July. He then went to Saratoga, where he got much recruited.

It was on his journey from his residence in Northampton to Saratoga that his shortness of breath was first distinctly noticed; and it was then pointed out to him, as he was walking up a hill, by a fellow traveller. He afterwards recollected some slight trouble in this respect for some length of time before. During the autumn this difficulty of breathing increased and became quite observable, yet was not troublesome except on quick motion, or on rising ground; nor then was it painful. About the middle of November, when absent from home, after exposure to cold in the evening, the dyspnoea disturbed his sleep for the first time. About a week afterwards he had a slight hemoptysis, and on the last day of

November a second similar discharge, more copious; but at neither time had he any constitutional disturbance; so that he pursued his business, just as usual. The month of December he spent at Worcester in holding a court. His labors there were constant, though not unusually severe. He was moderate in diet, attended to get proper exercise, and thought his health improving. On the 26th of December, however, he spit blood again. On the evening of the 27th he found his breathing more laborious than usual. He went to bed at his usual hour, and soon felt easy. But just as he was falling asleep he was "roused by a sensation like that which is experienced from taking a drop of water into the lungs." He coughed and raised blood. His dyspnœa increased, and he found he could not keep in the supine posture; but he was relieved very soon on sitting up, though he continued to raise blood a little through the night, and in the afternoon following more copiously. He had no fever and not much cough at this time. On the 2d of January he left Worcester and arrived here on the following day without any material fatigue. On the 4th I saw him and noticed the following symptoms.

His countenance, naturally sallow, was more so than usual. He was rather thin, but not greatly emaciated. He had constant dyspnœa, but it was not great except when he spoke. Then it was immediately aggravated, and caused his manner to be rather hurried and his voice to want firmness. As he finished speaking he drew in his breath in a manner somewhat peculiar, slightly resembling that of patients in whooping cough,

at the end of a paroxysm. There was a slight wheezing in his respiration. He had not pain nor difficulty in inspiration, but could not get air enough. Since his attack at Worcester he had not assumed the horizontal position, and had not tried active exercise. He rarely coughed, and had expectorated only frothy mucus for some days, except a very little blood that morning, (the 4th); but when he did cough the dyspnœa was much aggravated. The thorax continued to be free from pain and soreness. The dyspnœa was sometimes accompanied by palpitation, but this was not urgent, and he had not any sense of weight nor of anxiety about the præcordia. His pulse was natural, and the functions of the alimentary canal were nearly or quite as healthy as usual.

On the Monday following, (Jan. 6th) I found his dyspnœa much increased. It had become so during the preceding night. He had all the appearance of a fit of asthma; except that the wheezing was slight in proportion to the dyspnœa. His countenance was altered. It was more sallow, and such as attends a sick head-ache; but he had not any pain in the head, nor elsewhere. He was not hot, nor was his pulse much accelerated. From this time he was never free from dyspnœa until the moment of his death, on the 19th. This symptom was distressing all the time, but was not at any moment so extreme as it often is in asthma. His cough increased, and twice or thrice in a day was urgent, distressing him by aggravating the dyspnœa. His expectoration was thin and somewhat frothy, until the last day of his life; when he suddenly dis-

charged, with very little effort, a quantity of pus, estimated at a gill. His principal suffering was from the fatigue of breathing; and the last week he referred to the *præcordia* as the seat and centre of distress or uneasiness, from this cause.

As his disease progressed from the 6th, his pulse got more frequent, and in the beginning of the second week had become hard and inflammatory. He also had more heat on the skin, especially in the afternoon, with dryness for the most part; but except once or twice I never saw his cheeks flushed. He had not chills at any time. His muscular strength was very little reduced at first, and he continued to put on his clothes and to sit up most of the day until the 18th. He was restrained from speaking by the knowledge that the dyspnœa would be aggravated by it. On the 18th he began to be comatose, but when awake he possessed his mind perfectly, with one or two exceptions, until within an hour or two of his dissolution. Within the last six hours of this event he talked an hour or more in regard to his affairs, his family and his friends; expressing a calm and entire submission to the divine will; manifesting the firmness and purity of mind and the sanctity of principle, which had always distinguished him.

The origin of the leading symptom in the disease of this excellent man, the dyspnœa, was not obvious; and I therefore solicited and obtained leave to examine the body. This was done on the 20th, in presence of Drs. Channing and Bigelow.

In the thorax there was found

a little serous fluid on both sides. The right lung, *in situ*, was found œdematous in all except the lower edge. This was inflamed to a small extent in front; but on turning up the lung, the lower and posterior part was found much more inflamed. The pleura over the inflamed parts was red and had a slight covering of lymph. The lung itself was hard, and on cutting into it was found in a state of suppuration. The pus was not in one large cavity, but, as in a honey-comb abscess, was in small separate cavities, or little cells.

On the left side the lungs were much more diseased. Here also the upper and front parts were the most healthy; but the largest portion of the left lobe was in the same state as the lower and posterior part of the right. The pleura at the lowest part was almost livid, that opposite to and that covering the diaphragm especially; and these parts were covered with a thicker coat of coagulable lymph than the others. In the left lobe there were also two small cavities, the largest not sufficient to hold half an ounce, containing pus. In the inflamed parts generally the pus was in small cells as on the right side.

On examining the trachea there was discovered, unexpectedly, what must be regarded as the prime cause of the disease. This was a cartilaginous tumor in the passage of this organ. This tumor was seated between one and two inches below the larynx. It was a preternatural growth of, and from, three of the cartilaginous rings of the trachea. These rings were thickened at their right side in every direction, to the extent of nearly an inch, measured on their circumference; and here

they were quite united into one mass. Projecting from them into the cavity of the trachea was a mass of cartilage, which occupied about one half of the passage. This mass admitted of some motion.

On inquiry of the immediate friends of the deceased since the examination, I do not find that any one recollects his having ever mentioned any uneasiness at or about the part thus altered in its structure. Since writing the above, however, I have been informed that some of his pupils had noticed in him a habit of putting his hand to his throat, as if he had some uneasiness there.

The heart was natural in size and appearance.

On opening the abdomen, a singular arrangement of the colon was noticed. A portion of this intestine was found lying between the diaphragm and left lobe of the liver. This portion passed upward, or rather backward, and then turned at an acute angle to pass down on the left side; so that the left lobe of the liver, in its anterior portion, laid between this intestine and the stomach. The liver was rather large and firm, but not hard; and was very full of bile, so as to have on its surface and in its substance a very yellow color. The gall-bladder contained two small calculi.

On this rare case the following reflections present themselves. First, that dyspnoea, the same in character, may arise from a variety of causes. Second, that any cause, preventing the perfect performance of the function of respiration, may give rise to inflammation in the lungs. Third, that inflammation of both the pleura and lungs may exist and

proceed to suppuration, without giving rise to pain.

Boston, Feb. 15, 1828.

II.

Account of a very remarkable solid, bony Tumor, formed in the cavity of the Abdomen. Communicated in a Letter from Dr. BRADSTREET to Dr. WARREN.

Newburyport.

MY DEAR SIR,

By Mr. — I send you a substance, in shape strikingly resembling the brain and beginning of the spinal cord, with its usual envelopes, the dura and pia mater, the structure of which appears to be bone. It was taken from the body of a maiden lady, Miss —, who died the first of December, aged about 73 years. For ten years or more she had been troubled with slow bowels, constipation, and sometimes colic. In the summer of 1822 she was afflicted with jaundice severely, but at length recovered very well. At that time, however, the existence of a tumor in the abdomen was first made known to her friends. We could obtain no satisfactory account of how long it had been there. I considered it to be a diseased ovarium. During her last sickness, (which seemed more like the failure of life from old age than any special disease, although a catarrhal affection manifestly commenced the indisposition,) she complained much of her back, and it was with considerable trouble, for some part of the time, that she was taken up and returned into bed. Pressure of the hand upon the tumor gave considerable pain.

Believing the tumor to have