

DEATH FROM THE BURSTING OF A TONSILLAR ABSCESS.

BY ALEXANDER LYONS, L.R.C.P. & S. EDIN.

THE following may be of interest. A man, aged 28 years, was admitted by me into the Torbay Hospital at 9.30 A.M. on August 13th suffering from a very large suppurative tonsillitis on the left side. He was given a warm bath and put to bed where he partook of a glass of milk. About half an hour afterwards the nurse in charge of the ward heard him coughing feebly and on going to ascertain the cause was surprised to find him cyanosed. She sent for me and I went immediately but the patient was dead when I arrived. I do not think that more than five or six minutes could have elapsed between the time when the nurse heard him cough and my arrival at the patient's bed-side.

At the post-mortem examination I found that the abscess had burst and that a large amount of pus had got into the upper part of the larynx.

On looking up the literature on the subject I find only one case of a similar kind recorded—viz., by Hilton Fagge.

Torquay.

A CASE OF FOREIGN BODY IN THE NASO-PHARYNX.

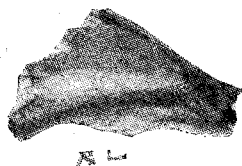
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THE presence of foreign bodies in the naso-pharynx appears to me, as far as I am able to ascertain, of sufficient rarity to justify the brief report of a case, although it is true that the symptoms did not amount to more than discomfort or inconvenience and that also in this instance the presence of the foreign body was not suspected.

The patient, a married woman, aged 48 years, was sent to me in July, 1900, by Mr. H. Beadnell Gill, who desired my opinion as to the question of involvement of any of the accessory nasal sinuses. The history was peculiar. For some years the patient had blown from the nose every morning either matter (probably muco-pus) or matter with hard offensive crusts. At times these were, according to her description, covered with mildew. The total duration of this trouble was about 14 years. On examining the patient there was obviously rhinitis sicca et atrophica and the naso-pharyngeal vault could be distinctly seen covered apparently with a crust of congealed mucus, blackish in colour. The naso-pharynx was so irritable that it was impossible to get any view from behind.

I did not see the patient again until March 3rd of this year, but when she came to see me, stating that she had a sensation of burning in the tongue, it was still impossible to get a look at the naso-pharynx. I then ordered the use of peroxide of hydrogen (10 volumes) to the vault of the naso-pharynx by means of a post-nasal syringe. Three days later a large fragment of the wing of the seed vessel of the ash or sycamore was removed from the naso-pharynx by the patient. The accompanying figure represents the piece removed.



Foreign body removed from naso-pharynx (natural size).

It is impossible to say when this foreign body was introduced into the nose and it is also equally impossible more than to speculate as to whether the inflammatory condition of the naso-pharynx was a result of its presence or whether the patient had suffered from some such condition before which had allowed of the foreign matter being more easily retained.

It is hardly necessary to state that the patient's condition has been much improved now that it is possible for remedial agents to be directly applied to the vault of the pharynx.

Harley-street, W.

A Mirror

OF

HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

SIDCUP COTTAGE HOSPITAL.

A CASE OF SUPPURATIVE THROMBOSIS OF THE LATERAL SINUS; OPERATION; RECOVERY.

(Under the care of Dr. T. M. CALLENDER.)

THE treatment of the jugular vein in cases of middle-ear disease is dealt with very fully in a paper by Mr. C. A. Ballance which appears in this number of THE LANCET, at p. 795. Ligature of the jugular vein for sinus thrombosis appears to have been first suggested by Sir Victor Horsley.¹

The patient was a man, aged 38 years. His previous health had been good. His wife had recently died from phthisis. He had three healthy children. He suffered from a "touch of the sun" six weeks before admission to hospital. On August 19th, 1901, he complained of a foul discharge from the right ear. He also complained of general weakness but there was no pain in the head or tenderness over the mastoid. The temperature on admission to hospital was 100.8° F.; next morning it had fallen to 98.2°. At noon of the following day he had a violent rigor and the temperature ran up to 105.8° and the pulse to 142. The patient became unconscious. After consultation with Dr. G. W. Davis and Mr. H. A. Duffett of Sidcup Dr. Callender decided at once to explore the mastoid and while getting ready to operate the patient was sponged with tepid water, with the result that the temperature was reduced to 102.2° and by the time he was on the operating-table he was conscious and consented to operation. A.C.E. was administered. Dr. Callender cut down on the mastoid, gouged away the bone, and found a quantity of foul pus in the cells; free communication was made between the wound and the auditory canal. The wound was douched and a gauze drain was put in. The patient seemed better for 24 hours after operation, but on the following evening his temperature was 104°. The discharge from the wound and ear was free and with cold sponging the temperature fell to normal. Next morning (two days after the operation on the mastoid) the patient had another very severe rigor and the temperature ran up to 104°. He complained of stiffness of the neck, but there was no pain or tenderness over the internal jugular and no sickness. His breath was foul. Dr. Callender resolved to operate again and to explore the lateral sinus as it was evident that the entire source of the mischief had not been reached, the rigors and foul breath which were assumed as being due to pyæmic pulmonary complications (though no definite physical signs could be made out in the lungs at this time) making the diagnosis of suppurative thrombosis of the lateral sinus probable. A.C.E. was again administered. Bone was gouged away over the lateral sinus. A hypodermic needle was thrust into the sinus and a little sero-pus was obtained, but no blood. The internal jugular vein was then cut down upon and ligatured, cutting between a double ligature. The sinus was opened freely; an opening was made in the upper end of the jugular into which was inserted the point of a No. 8 gum elastic catheter; a ligature was put round the vein and catheter to prevent escape of the contents of the vein into the wound. The lateral sinus was gently syringed from below upwards through a catheter with 1 in 4000 solution of perchloride of mercury. A large quantity of very foul pus and clotted blood came from the lateral sinus. The internal jugular vein was then ligatured above the opening made for the catheter, cut short, and the wound in the neck was closed. The lateral sinus was packed with iodoform gauze. The wound was dressed each day, douched out with 1 in 4000 perchloride, and packed with gauze. The

¹ Jacobson and Steward: *Operations of Surgery*, fourth edition, vol. i., p. 256.