

tation of the canula; its entire mucous membrane was discoloured—green, grey, &c.; the purulent matter in it and in the larynx was horribly foetid. The lungs were both in a state of grey hepatization, the right one most advanced; behind its lower lobe was an empyema, localized by adhesions; between this and one of the bronchial tubes which contained most pus, a tract of lung could be traced, yellower, softer, and more disorganized even than the rest, but no canal from one to the other by which matter had passed could be made out. The heart was healthy; kidneys rather large and fatty.

ST. GEORGE'S HOSPITAL.

DIFFUSE CELLULAR INFLAMMATION OF THE NECK, EXTENDING TO THE MOUTH, FOLLOWING A CARBUNCULAR SWELLING OF THE CHIN; FATAL PYÆMIA.

(Under the care of Mr. CÆSAR HAWKINS.)

If the circumscribed inflammation in the following case was at first a carbuncle, then it occurred at an age not obnoxious to such a condition, inasmuch as surgical writers state that, unlike boils, carbuncle is very rare in young people, and never occurs in robust individuals. The appearances were very much those of a carbuncle, only that the inflammation extended downwards along the neck from the lower part of the face, where it had commenced. Great dyspnoea followed, with difficult deglutition and general symptoms of pyæmia, which proved fatal. All the inflamed parts were infiltrated in every direction with pus; the mucous lining of the mouth was sloughy, the larynx healthy, and secondary deposits were found in the lungs. The progress of the inflammation from first to last was most rapid, and it illustrates forcibly the gravity of the prognosis in, we may say, all cases in which there is deep-seated cellular inflammation of the neck.

For the notes of the case we are indebted to Mr. Jas. Rouse, surgical registrar to the hospital.

John M—, aged nineteen, admitted on 31st August, 1860. Four or five days before admission into the hospital this patient noticed a small pimple on his chin; in the course of twenty-four hours it became extremely painful, and there was considerable swelling about it. He suffered so much from irritation that he was constantly fingering it. The swelling rapidly increased, involving the lower part of the face and neck. On admission, there was a large carbuncle-like swelling situated over the chin, nearly the size of a tennis-ball; the integuments over the tumour were discoloured, and very tense. There was diffuse cellular inflammation of the neck as low down as the lower border of the thyroid cartilage, and there was a similar state of inflammation over the lower jaw and lip. There was some difficulty in breathing; pulse 120, small; face anxious, and the skin clammy. A crucial incision was made through the discoloured portion of the swelling, and he was given three grains of quinine twice a day.

Sept. 1st.—The symptoms are more urgent; the swelling of the neck has extended down below the clavicles. He complains of great difficulty in swallowing, and the breathing is still oppressed. An incision was made in the neck.

2nd.—He is much worse; the swelling is rather less, but the difficulty of breathing is extreme. The face is much congested, and the skin covered with cold sweat. He was given wine and beef-tea every ten minutes throughout the day, but no benefit ensued, and he died at eight P.M.

Autopsy eighteen hours after death.—The body was in good condition and well made. On turning back the soft parts, the tissues over the lower jaw and the upper part of the neck were found much thickened, and infiltrated in every direction with pus. The mucous membrane of the mouth seemed in a sloughy condition, large strips being easily drawn away, and looking black and dead. On pressing the chin, small drops of pus were seen exuding into the mouth from the pores of the mucous membrane. The parts down to the bone were infiltrated, so that on dividing the periosteum over the lower jaw pus was found below it, but the bone was healthy. The thickening did not proceed very far, though a livid blush extended round a great part of the neck. The lower parts (below the hyoid bone) were quite healthy. The mucous membrane of the pharynx presented a livid redness. The follicles of the tonsils and the mucous follicles behind the tongue were somewhat enlarged. The larynx was healthy. The heart was very firmly contracted

and healthy. The pleural surface of the right lung was smeared with a small quantity of recent lymph. All parts of both lungs were occupied by small secondary deposits, which in most places were about the size of a pea, and consisted merely of a patch of extravasated blood in the tissue; here and there deposits of softening lymph could be seen. At the lower and back part of the right lung was a large inflamed portion, where a piece of lung about the size of an orange was consolidated and sank in water. The remaining viscera were healthy.

GUY'S HOSPITAL.

CALCULUS FROM THE TONSIL, OF THE SIZE OF A SMALL NUT, SPONTANEOUSLY EJECTED.

(Under the care of Mr. BRYANT.)

THOSE who are familiar with diseases of the throat are aware that occasionally the tonsils are the seat of small calculi or concretions, which vary in their consistence and chemical composition. When small and numerous, they occupy the follicles or excretory ducts; but when a single comparatively large one is present, it is situated in the parenchymatous structure of the gland itself. The smaller concretions vary in size, but generally are as large as grains of barley. Dr. Gross mentions, in his "Pathological Anatomy," that their volume seldom exceeds that of a mustard-seed. This may be true in the majority of instances, but is by no means the universal rule; for cases are now and then brought under notice, in which the general bulk may be considered large when the normal size of the gland is remembered. In March last, Dr. Gibb exhibited a calculus from the tonsil before the Pathological Society, for Dr. Baker, of Dawlish, of the size of a large pea. The specimen is figured in the 11th volume of the "Transactions" of the Society, just issued, and it consisted of the carbonate and oxalate of lime. In the case which we record to-day, the stone was as big as a small nut. Mr. Yearsley describes one which he found in an enlarged and indurated tonsil, which resembled a piece of rock coral in its peculiar form. Their composition varies; but the carbonate and phosphate of lime and animal matter are the ingredients usually observed, which sometimes are deposited in layers round a central nucleus.

When we reflect upon the frequency of disease of these glands, especially enlargement and induration, and that tuberculous deposits are frequent within their parenchyma, the explanation given by Dr. Gibb may be regarded as correct in many cases—namely, that these calculi are the resolution of tuberculous deposits in the tonsils, which subsequently give rise to inflammation, suppuration, and their consequent ejection. Such probably has been the progress of matters in the following case:—

A healthy man, aged thirty-eight, applied at the above hospital for relief, and came under the care of Mr. Thos. Bryant. He had been the subject of a sore-throat for eighteen months, and had often, upon an examination, observed his right tonsil to be much enlarged. During the last four months this enlargement had considerably increased, causing him to seek advice. When seen there was nothing about the appearance of the part differing from a case of ordinary chronic inflammation of the gland. It was firm to the touch, but not very painful, and caused little inconvenience except from its size. On his second visit to Mr. Bryant, he brought with him a calculus about the size of a small nut; it was hard and ragged, and apparently consisted of phosphatic salts. Three days after his first visit he said he experienced great pain, and after this had lasted about twenty-four hours, he felt something give way, causing him to cough, and in doing so the calculus was ejected from his mouth. On examining the throat, the size of the tonsil had considerably diminished, and in its centre was a distinct depression, which had been apparently the bed of the calculus. He perfectly recovered, but, unfortunately, would not allow Mr. Bryant to keep the calculus for further examination.

MEDICAL BENEVOLENT FUND.—At meetings of the committee held on October 30th and 31st, at 11, New Burlington-street—William Newnam, Esq., V.P., in the chair,—twenty-nine applications for pecuniary assistance were received from distressed medical men, their widows or orphans. Of the twenty-nine cases, twenty-seven were voted grants of money, one receiving £20, two £15 each, eleven £10 each, and thirteen £5 each; the total sum voted being £225. The sum of £464 17s. was ordered to be added to the Annuity Fund in Bank Stock, the sum now given in annuities being £268.