REPORT OF A FATAL CASE OF QUINSY IN AN ADULT.

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This fatal case of quinsy in an adult is reported on account of the comparative rarity of the occurrence, and to draw attention to the fact that the condition of peri-tonsillar abscess, though usually not serious in its consequences, may assume a dangerous aspect.

The patient was a young man 18 years of age, who, previous to the attack to be described, had enjoyed good health and had no organic disease. For some time he had been training for a running-race, and was in the habit of practicing in the evening in a running costume, and it was believed by the family that in this way he caught cold. On Saturday, October 16, 1909, he first suffered from severe tonsillitis on both sides. On Tuesday, October 19, the family physician was called, and diagnosed a quinsy, severe on the right side with some swelling on the left side; the patient was then having some difficulty in breathing. On the following day, or five days from the beginning of the attack, the condition on both sides was much worse. The right tonsillar region was intensely swollen, as was also the left. An incision was made on the right side in the morning, and a small amount of pus was evacuated. This did not relieve the condition much, and in the evening an attempt was made to incise the left side. On account of the difficulty in opening the mouth, and the resistance of the patient, this was not successful, and $\frac{1}{8}$ grain morphine was given hypodermically at 5 p. m. to relieve the suffering. Respiration was difficult at this time, but there was no particular noise or stridor to indicate a narrowing of the glottis. At about 7 o'clock, the family telephoned their physician that the boy was apparently much worse, and was having more difficulty in breathing. They were instructed to allow him to sit up with the aid of pillows at his back. They telephoned again at 8 o'clock that they thought he was dying. The physician immediately asked me to assist him. We arrived at the house within ten minutes, and the patient was dead.

No definite or connected account of the exact manner of his death could be obtained from the family on account of their excited condition, but as far as we could learn, he had been more quiet for the short time previous to his death than for the remainder of the last hour. He had not been disturbed before our arrival, the

bed-clothes were in perfect order, and there were no signs of a struggle to indicate that he had been fighting for air. The general attitude indicated that he died very quietly, and this seemed to be the opinion of the family.

An inspection of the pharynx revealed the following: The right tonsillar region and also the left seemed to be only moderately swollen, and there was a retro-pharyngeal swelling involving the right side of the posterior pharyngeal wall. There was no edema of the uvula or soft palate, and a hasty examination led me to believe that there was not sufficient swelling to cause suffocation by its presence, or to produce an edema of the larynx, and I considered that he must have suffered from some other condition than that referable to his throat. I first made an incision through the anterior pharyngeal pillar on the left side which was followed by a flow of pus amounting to about a dram, I should judge. In wiping this away, I noticed that a very free flow of pus came from behind the tonsil, apparently through a perforation of the posterior pillar, and pressure on the tonsil forced out about 6 drams. A similar quantity was evacuated from behind the tonsil on the right side through an incision in the anterior pillar, and about an ounce from the retro-pharyngeal abscess. The parents would not permit an examination of the larynx. It struck me as peculiar that with this immense quantity of pus there was no edema of the uvula, but I do not know if it could disappear through post-mortem change so soon after death.

The case was a particularly sad one, occurring in the practice of a very competent physician, one who is particularly careful to call a consultant whenever the occasion requires it, and it appealed to me how easily the gravity of the case may be overlooked by one accustomed to see severe quinsies with some difficulty in breathing, clear up by spontaneous rupture, or after a small incision.

In looking for a cause of death in this particular instance, I could not find one that entirely satisfied me, and it is with the view of hearing the opinion of the members of this society that I report the case. The conditions that suggested themselves to me were suffocation due to aspiration of the pus from the ruptured abscess on the left side, general sepsis, septic endocarditis, and laryngeal edema, but his illness (five days), and the manner of his death did not point especially to any of them. While many deaths from hemorrhage in adults have been reported, I have found very few from other causes, and those mostly due to endocarditis.

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