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## FATAL DISEASE OF THE LARYNX, ACCOMPANIED BY ULCERATION AND ABSCESS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The increased interest that has been awakened in the profession within the last few years, in regard to affections of the throat, has induced me to give the details of the following case; and although it may throw no light on the subject, yet the accumulation of cases may elicit something of importance in the diagnosis and treatment of these very obscure forms of disease.

Mr. S——, æt. 51, a thin, spare man, of a nervo-lymphatic temperament and previous good health, consulted me in the month of August, 1851, for a partial aphonia of some months standing. He gave the following history of his case. Some time during the spring previous, he had discovered his voice growing somewhat “husky,” but attributed it to a “cold,” although there were no other catarrhal symptoms present. He gave no attention to it, as it occasioned little inconvenience, until, from the earnest solicitation of his friends, he was induced to seek medical advice. It may be well to remark that there is a predisposition in the family to affections of the throat, and a sister of the patient died a few years since from what her physicians called paralysis of the muscles of deglutition, although it was an obscure case. These circumstances operated somewhat, perhaps, to awaken his fears.

Upon examining his throat before a strong light, I found the mucous follicles of the pharynx enlarged, with occasional patches of ulceration; some of them as large as a split pea. The epiglottis was easily brought into view, and seemed healthy. There was no pain whatever in the region of the larynx, nor was it tender under pressure. He had no cough, but a frequent “*scraping out*” of the larynx, which he said was not prompted by any tickling or uneasy sensation, but from an instinctive idea that there must be something there that obstructed the free use of his vocal organs. Although there was some obscurity in the absence of usual symptoms, still I gave it as my opinion that there was chronic inflammation and thickening of the mucous membrane of the larynx, and advised the use of counter-irritants externally, and nitrate of silver to the diseased surface.

The affection gave him so little inconvenience that he did not feel disposed to submit to the treatment, and I therefore saw but little of him professionally, until the summer of 1852, when he again consulted me. The symptoms were nearly the same, and the previous treatment was again advised. He now consented, and I passed a sponge-probang, loaded with a solution of nit. argenti (℥ij. ad aq. ℥j.), into the cavity of the larynx. It produced considerable spasmodic action, which soon subsided. This I repeated every other day, with croton oil externally, for a few weeks, with an evident improvement in the use of his vocal organs. In ordinary conversation, this improvement was not very perceptible—but upon effort, he could make a much louder tone than before. He now neglected to present himself, and resorted to the trial of various remedies suggested by his friends, such as astringent gargles, chewing oakum, &c., but without benefit, until in January, 1853, he contracted a severe “cold,” which produced *complete* aphonia. The acute catarrhal symptoms soon subsided, under appropriate treatment, but with no return of his voice. There was not even any pain or tenderness about the larynx, nor dyspnœa. There had been at no time difficulty of deglutition. I again applied the nitrate of silver as before, with blisters, and administered iod. potass. (gr. ij. ter die), but with no perceptible advantage.

In the month of March following, he began to have some difficulty in respiration, which gradually increased until it became quite inconvenient. Dr. Parker, of New York, was consulted about this time, who confirmed the diagnosis I had before made, and advised the use of mercurials carried to slight ptyalism, and the continuation of the counter-irritants. He was accordingly put upon the use of bi-chloride of mercury in comp. syr. sarsaparilla, until his gums were slightly affected, but with no amelioration in his symptoms. The dyspnœa continued to increase, until he was nearly incapacitated for any exertion, and finally, after a night of intense suffering, from threatened suffocation, I opened the trachea (June 18th), and inserted a silver canula, from which he experienced immediate relief. From the advantage we now had of having the parts at rest, and the facility of applying topical remedies to the mucous membrane of the larynx, they were again resorted to, with some faint hope of benefit. I should mention, perhaps, in connection with the operation of tracheotomy, that we found the rings of the trachea, as well as the cricoid cartilage, quite firmly ossified, which made it somewhat difficult to make the necessary opening into the trachea. The presence of the ossific deposit suggested to me the possible nature of the disease—and the subsequent history and progress of it, most painfully confirmed the suggestion. About this time, the throat in the region of the larynx began to enlarge, externally, from the formation of an abscess, and in the course of three or four days, it having pointed on the right side of the larynx, I opened it, and there escaped about a teaspoonful of pure, healthy-looking pus. From the small amount of matter dis-

charged, and the still remaining enlargement of his throat, I was convinced of the presence of a deep-seated abscess, bound down by the deep cervical fascia, and suggested the propriety of making an incision through the fascia, and thereby giving exit to the matter. But from the severity of the operation, and the hopelessness of affording permanent relief, it was abandoned. The superficial abscess was kept discharging for two or three weeks, by the aid of poultices, &c. ; but it seemed to have no connection with the (probable) deep-seated one. He was now put upon the use of cod-liver oil, with Lugol's solution of iodine, and generous diet. At this time the larynx was perfectly occluded, as he could not force a particle of air through it when he put his finger over the end of the canula. A profuse expectoration of muco-purulent matter was now established, which of course was expelled through the canula. There was also an almost intolerable fetor from the throat, which led me to suppose that the laryngeal cartilages, in their ossified condition, were being involved in the ulcerative action that was now evidently going on.

On the evening of the 25th of September he had a violent fit of coughing, followed by a profuse expectoration of pus, which continued through the night and next day. The enlargement of the throat, which had continued about two months, now rapidly subsided, until it became even smaller than natural, from a sinking in, over the top of the larynx. The expectoration of pus gradually diminished. On the evening of October 22d, I was sent for in haste to see him, as symptoms of suffocation had suddenly come on. I found him quiet, however, but restraining his desire to cough, fearing a return of the suffocation. I immediately removed the canula and desired him to cough ; and when he did so, I saw a whitish-looking substance at the bottom of the wound, which I removed with some difficulty by a pair of forceps. It was a portion of bone, one inch in length, half an inch in width, and about one eighth of an inch in thickness, and quite spongy. He shortly afterwards expelled another piece, rather smaller and less spongy. The fetor from the wound immediately subsided, and he found that quite a column of air could be expelled from the mouth when the tube was closed. His spirits revived, and he seemed to be improving. He had been supported for the last few weeks by porter, quinine, &c. ; no treatment being particularly directed to the local disease, as none seemed available. Our hope (a shadow) rested on Cullen's *vis medicatrix naturæ*. But the truce was of short duration. The swelling in the neck again returned, accompanied by the same intolerable fetor and purulent expectoration. At the same time the skin became involved in the ulceration, and its destruction displayed a hideous-looking cavity—extending from within half an inch of the os hyoides to, and involving, the cricoid cartilage. From this time he rapidly failed. The ulcer continued to spread into the surrounding tissues. There was an *abundant* purulent expectoration, which continually harassed him—so that he got but little sleep, except

in the interval of coughing, which was usually about ten minutes. About 2 o'clock, on the morning of the 4th of December, an alarming attack of hemorrhage came on, from a large vein destroyed by the ulceration. It was checked by the application of cold, although not until after it had materially weakened his pulse. The hemorrhage recurred some three or four times, subsequently, but not to any alarming extent. Stimulants were freely resorted to, to sustain his sinking powers. On the 22d of December, on attempting to drink, the fluid was observed to escape from the wound in front; and in a day or two afterwards both fluids and solids so escaped. His food and drinks were now administered through a tube introduced into the œsophagus; but he rapidly sank, and died without a struggle, December 29th.

*Autopsy*, fourteen hours after death. Body very much emaciated. The trachea, larynx and œsophagus were removed from the body. The epiglottis was much smaller than usual, owing to an irregular thickening of the lining membrane. Upon laying open the trachea, posteriorly, the cavity of an abscess was found occupying the position of the cricoid cartilage, and which had burst near the rima glottidis. The lining membrane of the larynx was thickened, corrugated, and had a granular appearance; part of it was ulcerated, through which the abscess had communicated with the pharynx.

Upon cutting into the substance of the lungs, they were found completely filled with pus. Other organs healthy.

A. H. THOMPSON, M.D.

*Walden, Orange Co., N. Y., March, 1855.*

## CASE OF DISLOCATION OF THE FEMUR INTO THE SCIATIC NOTCH.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you a brief report of a case of dislocation of the femur into the sciatic notch (which presented what seemed to me a note-worthy peculiarity), for publication in the Journal should you think it of sufficient importance.

Very respectfully, your ob't serv't,

*Pittsfield, March 20th, 1855:*

T. CHILDS.

On the 13th of October, 1850, I was called, with Drs. H. H. Childs and Dickinson, to see H. L. B., of Stephentown, N. Y., in whom Dr. Dickinson had diagnosed a dislocation of the femur, without deciding as to the particular variety. The accident occurred on this wise. The patient, a man of intemperate habits, went to bed intoxicated on the night of the 17th, in an attic above his grocery. Some time in the night, he rose to go down stairs, and, not having slept off his debauch, went to the wrong end of the stairway, and stepped off (ten or twelve feet) with one leg, leaving the other behind long enough to receive the whole momentum of