

rapidly and necessitate immediate tracheotomy. The reader should refer to page 46 for further details as to the treatment of this complication.

RETRO-PHARYNGEAL ABSCESS.

This is a somewhat rare condition, and the majority of cases are met with in young children, though adults may also be affected. It is usually idiopathic, and consists in a collection of pus beneath the mucosa of the posterior wall of the pharynx. It is the result of inflammation and suppuration of lymphoid tissue, which is found in children at the level of the second and third cervical vertebræ. The affection may, however, be secondary, and in that case it almost invariably results from caries of the cervical vertebræ, though it may be due to the burrowing of pus from other regions, e.g., the ear.

The condition may run an acute or a chronic course; in the former case, pain and fever are predominant symptoms, and in all varieties there is interference with respiration and with deglutition, while in children a croupy cough is a notable feature. Stiffness of the neck is also frequently met with, especially in the cases due to vertebral caries. On examination, a smooth fluctuating swelling is found on the posterior wall of the pharynx, to one or other side of the middle line. The abscess rarely extends above the soft palate, but sometimes it spreads towards the œsophagus. In young children the diagnosis is often difficult, for the condition is liable to be mistaken for laryngeal croup; but the presence of the swelling if it can be detected, and the difficulty in swallowing, should obviate this error. In the idiopathic variety the prognosis is favourable if treatment is not delayed; in the secondary cases it depends on the primary condition.

TREATMENT is necessarily surgical: the abscess may be opened through the mouth, the patient's head being placed in the dependent position in order to prevent the pus from entering the larynx. In cases associated with cervical caries, access should be obtained through an incision behind the posterior border of the sternomastoid. This operation requires the most careful aseptic precautions, and should be relegated to the surgeon.