

passed the respiration. He told us that it had been tapped many years ago, and some fluid let out. About a week before I saw him a considerable quantity of abominably fetid puriform matter passed into his pharynx and mouth, which he said almost choked him, and after this discharge the tumour became unusually flaccid. But in a short time it seemed to refill, and again and again a profuse discharge of frothy, fetid, puriform matter recurred. For the last day or two he had been frequently hawking up this stinking matter, which poisoned the whole room. His breath, too, was intensely fetid. He could only lie on the right side.

He had been very deaf for many years, but was an intelligent man, and gave a very clear account of the case. Until lately his general health had been good, and he cared little for the tumour until it began to embarrass his breathing: but since the fetid discharge his strength and spirits had given way, and he then felt very ill, and began to despair. In fact, at this time his health was not only being rapidly destroyed by the poisonous discharge, but his life was directly threatened by the sudden way in which, from time to time, it escaped into the fauces.

The tumour was undoubtedly one of those large, simple, watery cysts which have been called hygromata or hydroceles of the neck. It had evidently opened into the throat, probably into some part of the pharynx, perhaps into the side of that cavity, just above the glottis. It could hardly have communicated directly with the windpipe, because, although when his mouth was suddenly filled there was much distress and a sense of choking, yet the symptoms were not so urgent as they must have been had the matter passed directly into the larynx or trachea; and moreover the matter was spat out without much cough or evidence of expectoration. At this time he could not bear the introduction of the laryngoscope.

We all agreed, however, that something must be done to relieve him, and that the case admitted of no delay. Removal of the cyst by dissection was out of the question, and even had it been practicable such an extensive operation would not have been, in my opinion, justifiable, because it appeared to us that a very fair prospect of success was offered by a much simpler measure. I proposed first to puncture the tumour, to be quite sure of its nature, and then to lay its cavity freely open by a simple incision. In this way the discharge would escape through the wound instead of into the pharynx, and thus the most urgent and distressing symptoms would be at once relieved, and then there was every chance that the cyst would gradually contract and disappear.

So on the 6th of March the cyst was laid open. Our patient had lost ground considerably since we had last met—poisoned, I suppose, by the