

Toronto Hospital Reports.

CASE I. SINGULAR CASE OF ENLARGEMENT OF LYMPHATIC GLANDS OF THE NECK AND THORAX.

W. C., Act. 24. Admitted June 1st. About three weeks ago the patient, having previously enjoyed his usual health, noticed a slight difficulty in breathing, and at the same time a lump made its appearance on the right side of the neck. The dyspnoea increased gradually and became of a more alarming nature until yesterday when he was almost dying, apparently from apnoea.

He has at present a good deal of difficulty in getting breath, and is occasionally seized with spasms of the glottis which threaten to stop respiration altogether. Since the commencement of his illness, the tumor above-mentioned, which first made its appearance in the submaxillary triangle on the right side, has gradually increased in size and now extends into the superior carotid triangle. It appears to be an enlarged lymphatic gland, is very moveable and of a hard nature. The respirations are frequent but the lungs do not appear to fully expand, and the walls of the chest move to a very slight extent. On inspection of the chest the right side appeared larger than the left, and the impulse of the heart was found to be lower down and more to the right side than normal. On percussion, slight dulness, was discovered over both sides. On auscultation, the respiratory murmur was found to be feeble, and some moist rales were heard throughout the chest. No other abnormal sounds were discovered either in connection with the lungs or heart. The pulse is rapid, about 120 per minute. The blood appears to be imperfectly aerated, as the surface of the body is blue from stagnation in the veins and capillaries. The appetite is pretty good, but the patient finds great difficulty in swallowing especially at times. The bowels are somewhat constipated. The mind is clear, speech is somewhat hurried owing to difficulty in respiration. The temperature of the body was not measured.

June 3rd. Patient had a severe attack of dyspnoea yesterday, from which he was much relieved by a mixture containing Tr. Belladonna, Tr. Valerian Ammoniata and chloroform. He breathes a good deal easier to-day. A fly blister was ordered to be applied to the front of the neck

extending from the thyroid cartilage to the sternal space, and the antispasmodic mixture continued.

June 4th. Patient appears to be a good deal better and says that he breathes easier than he has done for the last week. An examination was made with the laryngoscope to-day. Nothing abnormal was found in the larynx or upper part of the trachea, but once or twice during the examination the patient was seized with spasm both of the glottis and pharynx. The contraction of the muscles of the Pharynx was so great that nothing could possibly pass through the isthmus of the fauces. The spasm continued for a few seconds and gave the patient the greatest distress. Inhalation of watery vapor ordered, and instruments for the performance of tracheotomy kept in readiness.

June 5th. Patient had a most violent attack of dyspnoea this morning, which was, however, relieved by antispasmodics and the inhalation of steam. After the attack had passed off a large quantity of thick viscid muco-purulent matter was coughed up, and after each spell of coughing a good deal of relief was shown. It was also noticed that the patient breathed easier when the tumour on the right side of the neck was passed upwards and backwards. It did not at any time, however, press on the larynx or trachea.

June 8th. Patient was breathing with no more than the usual difficulty this morning, when he was suddenly seized with a convulsion. From this he slightly rallied when he again became convulsed and suddenly expired. It was considered that it would be of no use to perform the operation of tracheotomy, as the fatal symptoms appeared to arise from the brain and not from dyspnoea. He appeared to have no more than the ordinary difficulty in respiration.

A *post mortem* examination was made by Dr. Hillary thirty hours after death, of which the following are the notes at the time:

The body showed no great amount of emaciation. Rigor mortis had not yet passed off. An incision was made from the chin to the ensiform cartilage, and another transversely under the chin, and the integument and fascia were reflected on each side so as to expose the muscles of the neck. A hard lobulated tumour of a whitish appearance