Allin (E. M.)

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of the
Author

ALLIN

ON

Retro-Pharyngeal Abscess.

RETRO-PHARYNGEAL ABSCESS;

ITS

Medical History

AND

TREATMENT;

WITH A

STATISTICAL TABLE OF FIFTY-EIGHT CASES.

BY

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RETRO-PHARYNGEAL ABSCESS;

ITS

MEDICAL HISTORY AND TREATMENT.

THE formation of abscess between the posterior wall of the pharynx and the cervical vertebræ is not of so rare occurrence as the very general silence of medical and surgical authors upon the subject would prepare us to believe. When we consider that the diseases and obstructions to which the pharynx and œsophagus are liable, have received a large share of the attention of the profession, it is not a little surprising that this affection, comparatively easy in its diagnosis, in the majority of cases, and vitally important in its results, should have so generally escaped the notice of careful observers. It is very true, that in the periodical medical publications, may be found, with reference to this subject, quite a large number of valuable facts and observations, the records of the practice and opinions of thinking men, but these lose much of their value by isolation and diffusion. In but one general work,* however, upon the practice of medicine or surgery, which I have been able to examine, is there to be found more than a slight allusion to the occurrence of abscess in this situation, and, even there, we have only a citation of two cases, almost directly from the journals where they were originally published. In an edition of Sir Astley Cooper's lectures, published in London, in 1821, the sources of danger in cases of abscess are

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* "*Stokes' and Bell's Practice of Medicine*," Vol. 1.

enumerated, and among them, I have found the following :— "Thirdly, when not seated in parts important to life, yet by their pressure on any essential organs render the case very different. Matter, for example, seated behind the pharynx, so as to press on the trachea, will destroy life." A similar reference is made in another edition of the same lectures, by Mr. Tyrrell, and the occurrence of two cases briefly alluded to, the first of which being unrecognized, terminated fatally, the other recovered. In some of the medical dictionaries, too, similarly slight suggestions are met with. Mr. Porter, in an appendix to his very able work upon the "*Surgical Pathology of the Larynx and Trachea*," states, that he has met with purulent collections between the œsophagus and trachea, and indeed Hippocrates makes a like statement, but neither of them makes any mention of such collections behind the pharynx or œsophagus.

One reason for this silence is, probably, to be derived from the fact, that other diseases with which the abscess is very generally associated, and which are, in truth, often its consequences and indices, are of so severe a character as of themselves to absorb the entire attention of the practitioner, and are attributed, without sufficiently accurate physical examination, to the influence of other and more generally recognized causes. Hence the subject is rendered one of no small degree of interest; and it will be my endeavor, in this article, to bring together as many of the facts and phenomena belonging to it as may be of practical utility, and to point out the methods by which at least relief may be afforded, and in the greater number of cases, a permanent cure be effected.

My attention was first attracted to an extended investigation of this disease by the admission of a very interesting and instructive case into the New-York Hospital in the early part of the summer of 1850, the phenomena and treatment of which I had the opportunity of observing during a period of nearly three months.* In December of the same year, another case, very different in its origin, progress, and termination, from the first, and therefore of increased interest, came under my ob-

* *Case* 47.

servation;* and within a little less than two years, two other cases still have been met with in the institution. In the first of these latter cases,† the existence of the abscess was not detected until the post-mortem examination, the symptoms being attributed to inflammation of the larynx, and treated accordingly; and in the other,‡ the anterior wall of the abscess was accidentally ruptured during the introduction of a probang, the object being to apply a solution of the nitrate of silver to what were supposed to be syphilitic ulcers of the throat, the true nature of the disease having been neither recognized nor suspected. In addition to these, Professor Parker, of the College of Physicians and Surgeons, has met with three patients afflicted with the disease, two of whom died,§ a cure being effected in the other case,‖ after an *explorative* opening of the abscess. I have also had the opportunity to learn the history of two cases occurring in the private practice of Professor Alfred C. Post, of this city, both of which were of the chronic variety, and associated with caries of one or more of the cervical vertebræ.†† By the kindness of Dr. W. H. Van Buren, I have been enabled to examine a very beautiful specimen of abscess in this region, which he removed, post mortem, from the neck of a child six months old, and which is preserved in his pathological collection, in the museum attached to the College of Physicians and Surgeons. The history of the case is recorded very briefly in the minutes of the New-York Pathological Society, and published in the "*New-York Journal of Medicine*" for July, 1850.‡‡

The earliest mention of the occurrence of abscess behind the pharynx, which I have seen, is to be found in the medical works (Praxeos Medicæ) of Platerus, published in 1625.‡‡ This being included, I have encountered reports, more or less extensive, of *fifty-eight* cases; and among all these, only *twenty-eight* have been relieved or cured. This is a large mortality to attend a disease so amenable to treatment as is this, when early recognized; and there is no doubt that it is simply from the very general ignorance, or forgetfulness of its existence,

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* *Case* 49. † *Case* 42. ‡ *Case* 50. § *Cases* 43 *and* 55.
‖ *Case* 45. ** *Case* 56. †† *Cases* 57 *and* 58. ‡‡ *Case* 1.

that the real cause of that mortality is to be derived. It is a fact worthy of notice, that in seven of the cases which recovered, the formation of the abscess was actually completed before a thought of its existence was entertained, and a cure effected by the spontaneous or accidental opening of its cavity, rather than by any preconceived plan of treatment. These facts have led me to consider the subject a very important one, and deserving a careful investigation.

In order to be prepared to comprehend many points in the diagnosis and effects of abscess in this region, it is necessary to remember the anatomical relations of the pharynx; anteriorly, to the tonsils, velum palati, and larynx; laterally, to the internal carotid arteries, internal jugular veins, glosso-pharyngeal, pneumogastric, spinal accessory and hypo-glossal nerves, the superior cervical ganglion of the sympathetic nerve, and some of the deep cervical lymphatics (glandulæ concatenatæ); and posteriorly, to the five superior cervical vertebræ, with their superjacent muscles, and a few of the deep lymphatic glands, which are prolonged backwards between the pharynx and vertebral column.* These glands are more frequently found behind the pharynx in infants and children than in adults, though their presence is not confined to this period. The situation and arrangement of the petro-pharyngeal, occipito-pharyngeal, and deep cervical aponeuroses, together with the proper fascia of the pharynx, are to be constantly borne in mind, as well as the loose texture of the arcolar tissue, intervening between the pharynx and spine, in which the abscess has its seat.

The occurrence of retro-pharyngeal abscess is confined to no one period of life. It has been met with in an infant in the first month of its existence, and in the adult of sixty years. Of the cases that have been recorded, however, the greater number were observed in children who had not reached the age of ten years. The reason for this more frequent occurrence of abscess at this period it is somewhat difficult to assign; though, perhaps, some propriety may be attached to the suggestion, that, in many instances, it is attributable to a scrofu-

* *Cloquet's Anatomy*, page 755.

lous diathesis, of an hereditary character. This view receives support from the fact, that in nearly all these patients the disease is traceable either to an inflammation, enlargement and suppuration of the lymphatic glands, behind the pharynx, or to caries of the vertebræ. The irritation and tendency to inflammation, always attendant upon the process of dentition, may also be referred to as influencing in some degree the commencement of suppurative inflammation in this neighborhood.

In the consideration of this subject, two distinct forms of abscess will require attention, the *acute* or *idiopathic*, depending upon a local acute inflammation, and the *chronic* or *symptomatic*, consequent upon disease primarily affecting the cervical vertebræ. These two varieties present many points of resemblance, both in their effects upon neighboring organs, and in their surgical treatment; but, at the same time, in their origin, progress, pathological conditions, and medical treatment, there are many and strongly marked distinctions.

ETIOLOGY.

1. *Of Acute Abscess.*

a. Predisposing Causes.—The conditions of the system in which abscess is liable to be formed here, are the same which predispose to their formation in other parts of the body, and do not materially differ, whether they contribute to the development of the acute or chronic form. They may be the result of an hereditary scrofulous tendency; for, under the influence of that disease, the lymphatics are particularly liable to inflammation, and that of suppurative character. In a similar manner, a system affected with the poison of syphilis is pre-eminently exposed to the operation of external influences, which a strong and untainted constitution would be able to resist. Long continued habits of intemperance, also, produce an irritable, inflammatory condition of the system, and hence, abscess is not unfrequent in persons addicted to this vice. Difficult dentition has already been referred to as another and an important predisposing cause. To these may also be added that state of the system, and locally, of this region, re-

sulting from various cutaneous diseases, and especially those complicated with soreness of the throat, such as scarlatina, variola, and others.

β. Exciting Causes.—One of the most common exciting causes of the formation of acute abscess in this region is exposure to cold and damp air, followed by an inflammation in the pharynx itself, this inflammation proceeding to suppuration, the pus being deposited between the proper pharyngeal fascia, and the muscles of the pharynx lying upon it.

Mr. Fleming, in an article upon this disease, ("*Dublin Journal of Medical Science*," vol. 17,) asserts his belief, that a very frequent source of its origin is to be looked for in an acute inflammation of the small lymphatics behind the pharynx. He says, "That this affection is, not unfrequently, an acute inflammation of those glands, particularly in childhood, I am strongly disposed to think, and I am confirmed in the opinion even by the history of the very cases which I have adduced.* That those glands are only occasionally found in this situation, I admit, and hence, probably, the rare occurrence of this particular form of disease ; but that they exist more frequently than is generally imagined, I am equally certain, and I also believe that those affections of the throat termed scrofulous, when engaging the back of the pharynx, and presenting deep ulcerations, are often no more than chronic suppuration and ulceration of them."

In some of the recorded cases, suppurative inflammation was induced by the presence of foreign bodies in the pharynx, such as a bone of a fish, penetrating, or, as in one case,† passing entirely through the posterior wall of the pharynx, the bone itself having been found in the cavity of the abscess at the post-mortem examination. M. Mondière has assigned "retrocession of erysipelas of the face," as the cause of an abscess, of this kind, which came under his observation, and M. Prion, of Nantes, has also met with an instance, which he attributes to the same origin.‡ In the earliest of the cases at the N. Y. Hospital, to which I have alluded,§ erysipelas of the face must have coexisted with, and it is possible that it was the

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* *Cases* 23 and 24. † *Case* 39. ‡ *Case* 15. § *Case* 42.

cause, direct or indirect, of the abscess. Again, the existence of stricture of the œsophagus, or of rheumatism, has been mentioned as a reason for inflammation, and acute abscess in this region. Sometimes the abscess is developed without any assignable immediate cause, as in the very interesting case reported by Dr. J. H. Clark, of New Jersey, in the *N. Y. Journal of Medicine*, for July, 1849.*

2.—*Of Chronic Abscess.*

a. Predisposing Causes.—These, as has already been remarked, are of the same character with those of the acute form, and therefore, it is not necessary that they should be here repeated.

β. Exciting Causes.—Chronic abscess behind the pharynx is referable, in nearly every instance, to caries, or to tubercular disease of the cervical vertebræ. The process of formation in *psoas* abscess is well understood, and as it is almost precisely identical with that connected with the upper portion of the vertebral column, it will not be advisable at present to enter into any detail with reference to it.

The irritation and subsequent inflammation produced by the presence of a fish-bone, was mentioned as one cause of the acute variety of this disease. This same cause may also be, indirectly, the origin of an abscess, chronic in its formation and general characteristics, by producing, primarily, caries of one of the vertebræ. A case of this kind, the bone piercing the pharynx, and entering the body of one of the vertebræ, is recorded in the *London Lancet*, for June, 1847, page 581.†

Having thus briefly alluded to the main circumstances, to which may be ascribed the commencement of this disease, we are prepared to enter upon the consideration of the

SYMPTOMS.

1. *Of the Acute Abscess.*—The phenomena, which are

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* *Case* 43. † *Case* 39.

strictly peculiar to acute pharyngeal abscess, are somewhat equivocal in their nature, and it is principally by symptoms, common to this and the chronic form, that the existence of their true cause would be suspected, and accurately ascertained. The premonitory signs of the disease, like those of nearly all inflammatory affections of the throat, are, an undefined sensation of local uneasiness, stiffness in the back of the neck, accompanied with chilliness, followed, in a greater or less degree, by febrile excitement. These general symptoms are soon succeeded by pain and soreness in the throat, which pain is aggravated during the act of deglutition. Febrile excitement is not, in all cases, well marked, for very frequently the feeling of chilliness is continuous,* never leaving the patient entirely, though more severe at one time than at another; a fact peculiar to this form of disease, if associated with the local pain just mentioned, and one that should always lead us to suspect, and endeavor to arrest, if possible, the formation of a purulent deposit in the region of the pharynx. Unfortunately, it is not probable that the aid of the physician would be solicited at so early a period, for in this stage of nearly all the throat diseases, domestic remedies are called in requisition, rather than the advice of an intelligent medical man. In very young children, the commencement of the disease may be attended by convulsions, a fact which receives explanation in the very great preponderance of the nervous system, at this period of life; and the strong tendency to its disturbance by any unnatural source of irritation. Associated with the pain and soreness of the throat, of which I have spoken, there is not unfrequently swelling, œdematous in its character, of the anterior and lateral portions of the neck. Sometimes this tumefaction is very extensive, and will be very liable to occupy the attention to the neglect of the actual source of danger. This symptom is also common to this disease and to œdematous laryngitis, an affection in which it is of exceedingly great importance that an early and accurate diagnosis should be made.

As the disease advances in its course, pain and soreness of the throat are increased, a peculiar fulness about the fauces,

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* *Case* 34.

and a sensation as of some foreign body arrested at the base of the tongue are experienced, deglutition becomes difficult and painful, the patient complains of excessive thirst, the respiration, at first attended with a slight snuffle, becomes labored, irregular, sometimes hissing, at other times, stertorous or roaring, or accompanied with a gurgling sound, from the passage of air through the viscid mucus, which collects about the fauces; the voice is very much changed, becoming markedly nasal, and resembling that consequent upon cleft palate, a cool perspiration, more or less profuse, appears about the head, the face and surface of the body are pallid, and the pulse sometimes full and forcible, but always quick and very frequent. If the disease is not recognized, and consequently is allowed to proceed, all these symptoms are rapidly aggravated. The dysphagia becomes very severe, attempts to swallow solid food proving entirely unsuccessful, and even fluids taken into the mouth, being immediately rejected, partly by the mouth, though chiefly by the nostrils. The laboriousness of the breathing is greatly augmented, and interrupted by frequent and convulsive paroxysms of dyspnœa, or of suffocative cough, threatening immediate death. At this stage of the disease, also, in young children, the dyspnœa is liable to produce convulsions, from which the little patients never recover. At other times derangement of the cerebral function, indicated by somnolency, or perhaps coma, is a prominent feature in their case. These paroxysms are induced or rendered more severe, by attempts to swallow, or by assuming the horizontal position, and the patient consequently maintains an erect or partially erect posture. During these attacks of suspended respiration, the face is flushed, and sometimes of a dark leaden hue, the head thrown forcibly backward between the shoulders, the lower maxilla projected forward, the lips livid and cold, the tongue often protruded from the mouth, and the pulse exceedingly rapid, sometimes attaining the height of 130 or 140 beats in a minute. Should the tongue be retracted within the mouth, and the patient requested to protrude it, it is spasmodically thrust out, and returned with considerable difficulty. There is also frequently a course mucous râle to be heard along the course of the larynx and trachea.

Upon examining the throat, there *may be* detected more or less congestion of the internal surface of the mouth and pharynx, and when this is the case, there may be also some swelling and redness of the tonsils, and of the epiglottis. Should the seat of the abscess extend above the level of the glottis, as is the fact, in nearly every instance, a tumefaction of the pharyngeal parietes can be seen, upon which is spread out the velum of the palate. If now the fore-finger be passed into the mouth, back to the posterior wall of the pharynx, a firm, elastic tumor can be distinctly felt, commonly ovoid in shape, situated between the vertebræ and pharynx, pushing forward the latter, and, in many instances, even separating the alæ of the thyroid cartilage of the larynx. This separation can sometimes be detected by an external examination. The tumor may not always be found directly in the median line, and it may involve other organs in the neighborhood, but this does not change the character, though it may influence the severity of the disease, for the results will be the same, and the same plan of treatment will be required. I have spoken of the tumor as conveying an *elastic* feel, rather than one of fluctuation, for the reason that it is almost impossible to obtain, satisfactorily, the sensation of fluctuation in this region, inasmuch as but one finger can be passed down to the swelling.

When the termination of this abscess is fatal, death is almost always the result of asphyxia, produced by compression upon the larynx, though it may be caused by the opening, either spontaneous, or artificial, of the abscess, its contents passing into and deluging the larynx and trachea.

2. *Of the Chronic Abscess.*—The chronic variety of this abscess is almost universally symptomatic of some constitutional disease, traceable, more or less directly, to hereditary or specific taint; and the most frequent of these is caries of the vertebræ. The symptoms which belong exclusively to it are manifested, therefore, principally, during its formation, and are similar, with a few local modifications, to those attendant upon vertebral caries generally. Among the earliest of thses are to be noticed more or less stiffness and dull pain about the neck, posteriorly, the pain being increased by the movements of the head, and, in some instances, being most severe in the

evening and night. Very frequently these phenomena, from the small amount of inconvenience they occasion, are, for a long time, overlooked or neglected, or attributed to other causes than vertebral disease, a neglect which involves consequences of the most serious character to the patient. As the abscess becomes augmented in size, these symptoms become more marked, and are sometimes accompanied by a partial or complete closure of the jaws, a feature of the case, by the influence of which the diagnosis, derived from physical examination, is rendered unsatisfactory or impossible.

In cases of this kind, the cavity of the abscess is liable to follow a more extended route than is usual in the acute form. Thus, the purulent matter may find its way, downward, through the loose areolar tissue behind the œsophagus, even into the posterior mediastinal space,* or, again, into the lateral portions of the neck, beneath the deep fascia. In the case reported by Dr. Clark, of New Jersey, to which allusion has been made, the abscess not only existed behind the pharynx, but "extended from the mastoid process down along the course of the sterno-cleido-mastoid muscle of the right side, to the situation of the thyroid gland, which it fully occupied, giving it the appearance of goitre."†

All these symptoms may continue, and the abscess constantly increase in size, for an extended period, before producing any of the phenomena which excite alarm, and demand immediate and active treatment; for it is a well-established law in pathology, that a steady but gradually augmenting pressure may be continued, with impunity, upon organs essential to life, during a long time, no urgent symptoms presenting themselves until the compression has been carried beyond a definite limit.

When the collection of purulent matter has become so great, as to begin to press upon and interfere with the function of important neighboring organs, another class of phenomena is presented. Dysphagia, increasing in severity, is followed by excessive dyspnœa, and nearly all the symptoms of acute

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* *Case* 34.

† *New-York Journal of Medicine.* July, 1849. Case 43.

idiopathic abscess. These have already been described fully under their appropriate head, and require no repetition. There is one peculiarity, however, which is exhibited in very many cases of the chronic variety, of great importance to recollect. In its later stages, fever, of a low typhoid character, makes its appearance, and, unless it is promptly met and skilfully treated, death will inevitably ensue. The alleviation of the dysphagia, too, by opening of the chronic abscess, is not always as satisfactory as in the acute form; for, by the long-continued tension, and greatly increased thickness of the posterior wall of the pharynx, its elasticity and contractile power are very much impaired, and the obstruction of the canal continues, nearly as complete as before the opening, the result being, sooner or later, death from defect of nutrition.

DIAGNOSIS.

In the greater number of cases of retro-pharyngeal abscess occurring in adults, its existence can be distinguished from any other affection with but little difficulty, if the surgeon possesses the knowledge of, or suspects the possibility of its occasional formation. A local examination by the eye, or the finger, or by both, will generally reveal the true character of the disease. But this examination cannot always be satisfactorily effected. This is especially true in very young children, for obvious reasons, so that the recognition of the difficulty must be derived principally, if not wholly, from the rational signs. Complicated, as these sometimes are, with convulsions, or cerebral derangement, they are very liable to misinterpretation, the treatment being directed to these symptomatic complications, a suspicion of purulent collection behind the pharynx being never entertained.

The disease which most resembles *acute* pharyngeal abscess, and with which, therefore, it is most liable to be confounded, in the earlier period of life, is *croup*. By referring to the account of the phenomena, exhibited during the formation of the abscess, already recorded, it will be noticed that very many are entirely identical with those which occur in the course of an ordinary case of croup. There are, however, some well-

marked points of difference between the two diseases, a careful attention to which will almost always guide to an accurate diagnosis. In the first place, the commencement of an attack of croup is very different from that of pharyngeal abscess. In the former, the peculiar crowing cough marks the beginning of the disease, in almost every instance, and more or less difficult and audible respiration is present from the first; in the latter, the crowing cough is never heard, and dyspnœa, increasing *gradually* in severity, is always and necessarily preceded by difficulty of deglutition, which is seldom urgent in croup. Again, in croup the difficulty of breathing is often very much relieved when the head is low, and is not increased by external pressure upon the larynx; in retro-pharyngeal abscess, on the contrary, the assumption of a horizontal position is immediately attended with so severe aggravation of the dyspnoea as to render its continuance impossible, without sacrifice of life; and pressure against the larynx from before, backwards, produces a similar effect, though in a less degree. The character of the voice, too, will very generally afford material assistance in the formation of a diagnosis between these diseases. In croup, it is at first hoarse, then weak and whispering, but always distinct; in pharyngeal abscess the peculiarity is well marked, and consists, as has already been intimated, in an obstructed nasal or guttural modification, it being very difficult to understand what the patient endeavors to communicate.

A specimen of a singular form of retro-pharyngeal abscess, the symptoms having been attributed to spasmodic croup,* was exhibited at the first meeting of the Pathological Society of London, by Dr. Peacock, a brief report of which, on account of its peculiarity and interest, I will transcribe: "The sac of the abscess, which was the size of a small egg, was seen situated between the bodies of the upper cervical vertebræ and the back of the pharynx, not causing, however, much projection of the latter from its being flattened in front. In connection with the anterior surface of the sac there sprang a small cyst, forming a nipple-like prolongation into the pharynx, and completely closing the orifice of the glottis. It admitted the point

* *Case* 41.

of the little finger, and was freely movable, and perfectly translucent at its extremity and sides. The preparation was from an infant seven months old. The child had occasionally suffered from dyspnœa for three weeks, the symptoms having been very urgent for the last three days of its life. In the intervals of the dyspnœa, the respiration was natural, but the slightest exposure to cold, motion, or excitement, brought on a recurrence of the symptoms, which were attended, in inspiration, with a croupy sound."*

Another disease with which acute pharyngeal abscess may be confounded is *laryngitis*, accompanied with *œdema of the glottis and epiglottis*. The one can, however, be almost always distinguished from the other, if it be remembered that, in cases of the œdematous effusion, difficulty of breathing is most urgent during an *inspiration*, while, when this form of abscess is the cause, the dyspnœa is more continuous, being nearly the same during expiration as during inspiration. The sensation communicated to the finger in an examination by the mouth, is very different in the two cases. In the one, a soft pultaceous swelling is felt just at the base of the tongue, and the epiglottis, swollen and curled upon itself, is detected with comparative ease ; in the other, the tumor is hard and elastic, situated *behind* the larynx ; and the epiglottis may be felt or seen, entirely free from œdema. The more rapid progress of inflammation, and the total absence, or comparatively small degree, of dysphagia in laryngitis, will also aid in the formation of a diagnosis.

The *chronic* form of pharyngeal abscess has been mistaken for stricture of the œsophagus, for syphilitic ulceration of the throat, and for wry neck ; but the error is directly traceable, in every instance, to ignorance or forgetfulness of the occasional occurrence of abscess in this region. Thorough exploration, then, is the great means by which this affection is to be distinguished from others occurring in the neighborhood, and when made intelligently, will seldom fail to reveal the true

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* *Lond. and Edin. Month. Jour.* Oct. 1847.

cause of the dangerous conditions of deglutition and respiration above enumerated.

PATHOLOGY.

The appearances presented in a post mortem examination of abscess in this region do not materially differ from those of abscess elsewhere. Enough has already been said in the course of this dissertation to indicate the seat of the affection, and to suggest its effects upon neighboring organs. The only peculiarity worthy of special notice is connected with the chronic variety. One of the causes, as we have seen, of this form, is scrofulous disease of the vertebræ; and it is an important fact that, while in the lumbar and dorsal regions the *bodies* of the bones are the seat of the disease, in the cervical region it ordinarily is confined to the *articular surfaces.* For this reason, in long-continued cases, in which the abscess has been opened, and the disease has not been arrested, dislocation of the vertebræ may take place, and death may, in this way, be the result of laceration or compression of the spinal cord.

PROGNOSIS.

From what has now been said with reference to this affection, it is right to infer, that in cases of its acute variety, if the difficulty is recognized, and the proper treatment employed, a favorable termination may be expected. If it passes unrecognized, and no spontaneous or accidental opening into its cavity be made, death is certain. In chronic cases, the result of treatment is not always so satisfactory. The existence of an abscess may be definitely ascertained, and immediate and essential relief afforded, by opening it, yet the disease of the bones may not be benefited by treatment, but continue to annoy the patient, until the dislocation just mentioned, or want of nutrition, terminate the case. In these chronic cases, too, as has been before noticed, the pus may extend downwards, in the loose areolar tissue behind the œsophagus, into the thorax, death being produced by an inflammation of the pleuræ and lungs, induced by this contact of purulent matter; and again, it is possible, that the prognosis may

be modified by the formation of metastatic abscesses in one of the important internal organs, as the liver, or the lungs.*

TREATMENT.

From the enumeration which I have given of the different varieties of disease with which this form of abscess has been frequently confounded, it may be easily understood, how, in these cases, attempts have been made to effect a cure by emetics, purgatives, vesication, the application of leeches, phlebotomy, and other antiphlogistic remedies. In more than one instance, too, where the symptoms have been attributed to the existence of syphilitic ulceration of the throat, a strong solution of the nitrate of silver has been applied, locally, and the constitutional treatment of syphilis been persevered in, until the accidental rupture of the abscess, or death, revealed the nature of the affection. It is very evident, however, that it is only in the early stages of this disease, before the formation of the abscess has far progressed, that benefit is to be expected from the employment of these remedies, if indeed they are of service at any period of its progress. The process of suppuration, when once established, and deep seated, cannot be arrested simply by the use of antiphlogistic treatment, either general or local. Resort, therefore, to an operation, as a more direct and reliable means of relief, is inevitable, though this is, by no means, all that is required, to effect an entire recovery of the patient. Hence, the proper mode of treatment is necessarily divided into the *surgical*, or that adapted to a removal of the immediate cause of the urgent symptoms, and the *medical*, or that by which the patient is restored, as nearly as may be, to his original condition.

The surgical treatment of retro-pharyngeal abscess must obviously be the same in both the acute and chronic forms. I shall therefore lay aside these distinctions, for the present, to be again referred to, when I come to consider the medical treatment required by each variety.

A temporary relief to the alarming dyspnœa may be afforded, by an opening into the larynx, the opening being made

* *Case* 43.

between the thyroid and cricoid cartilages, as in the usual operation of laryngotomy. This formidable operation would certainly never be resorted to, if the real cause of the symptom it is intended to relieve were ascertained, and it is mentioned here, not for the purpose of recommending its employment, in any case of this kind, but because, in some recorded cases, the practitioner supposing the case to be croup, the operation has been performed, the alleviation of the dyspnœa has been prompt, and apparently satisfactory, but a speedy return of all the fearful phenomena has given a fatal termination to the case, and the post mortem examination alone has discovered to the surgeon his error. The history of a case of this kind is given in the "*Archives Generales de Medicine*," tom. 57. p. 257.*

Tracheotomy has also been adopted, as a remedy for the same symptom, but with the same ultimate result as laryngotomy, though somewhat longer delayed. Mr. Carmichael, of Dublin, was called to see a woman at the "Female Penitentiary," in that city, who presented the symptoms which I have described, as belonging to abscess behind the pharynx. The existence of such abscess was not detected, the diagnosis of acute laryngitis was decided upon, and the operation of tracheotomy was performed. The condition of the breathing was much amended, for the time, but on the second day she died, and a large abscess was found between the pharynx and the cervical vertebræ. It is very evident that these operations can only afford, even temporary, benefit to any other symptom than the dyspnœa. The difficulty of deglutition will, of necessity, remain as permanent as before. Thus, in the case just referred to, Mr. Carmichael says, on the day after the operation, "the patient now respired with ease, but the most alarming symptom was her total inability to swallow, even the smallest drop of liquid. She informed me, by writing, that she was starving, and felt the most acute pain from hunger."† These operations therefore, at best, are only palliative in their effects, and are not to be relied upon in the treatment of this disease.

The only method of operating, from which permanent bene-

* *Case* 19.

† *Medico-Chirurgical Review*, Vol. II. p. 518. *Case* 7.

fit can be expected, is that of a free opening into the cavity of the abscess, through which its contents may be discharged, and the immediate cause of the dyspnœa and dysphagia thereby be, partially at least, removed. This opening may be made in various ways. Mr. Fleming, in a somewhat extended article on "*Peculiar Affections of the Throat*," &c., proposes, for this purpose, the use of a "pharynx trochar," which he has invented, and which he thus describes:—"It consists of a trochar about four inches long, one extremity of the canula being slightly curved, the other with a ring on the upper surface to receive the fore-finger; into this canula was passed a jointed stilette, with, at its opposite extremity, a ring for the thumb, and a movable screw to graduate the projection of its point."* The head of the patient being held by an assistant, this instrument, the point of the stilette being concealed, is guided upon the finger, backward, through the mouth to the anterior wall of the abscess; the stilette is then pressed forward to its limited mark, withdrawn, and the pus discharged through the canula. There is one good quality belonging to this instrument, and but one. It is, that, by the aid of the canula, the purulent collection may be evacuated, and the possible entrance of matter into the trachea be thus avoided. But, notwithstanding this advantage, I would not recommend its use. I have already mentioned the great thickness and firmness of the posterior wall of the pharynx, in this disease, and have also spoken of its elasticity. If, now, the trochar be pressed against this firm elastic surface, the wall will yield before it, to a considerable distance; the stilette, being pushed forward, will pierce this wall, and by the sudden elastic spring, may, unless the utmost caution be observed, be driven against, or into, one of the vertebræ: caries may take place, and an abscess, acute in its character, and promising a speedy recovery, be converted into a chronic sinus, requiring months for its closure.

The same objection may be urged against the use of the "pharyngotome" of Petit, invented expressly for the opening of abscesses of the velum palati, and tonsils, but which has

* *Dublin Journal of Medical Science*, Vol. XVII. p. 49.

also been used for opening abscess behind the pharynx. The curved trochar of Sir Everard Home, for puncturing the bladder through the rectum, has also been recommended, but to that again the same objection is offered. Another very serious objection to the use of a trochar is, that the opening made by it is too small, and will close the moment the canula is withdrawn, so that the operation must either be frequently repeated, or the opening enlarged, by the aid of some other instrument.

The method which I would adopt, to effect the discharge of pus, is much more simple and effectual than those which have been mentioned, and may be described as follows. The head of the patient being firmly supported by an assistant, pass the fore-finger of the left hand into the mouth, raise the velum palati, and press the point of the finger against the tumor. Then, with an ordinary scalpel, or bistoury, the blade being covered with adhesive plaster to within half an inch of its extremity, let a free incision be made, in the median line, through the posterior wall of the pharynx, into the cavity of the abscess; withdraw the instrument, and the operation will be completed. The pain attending the operation will not be great, for the tension and thickening will have destroyed, to some extent, the sensibility of the part. By making a free incision at once, the necessity of repeating the operation is avoided, and the discharge of the purulent collection is more complete and satisfactory. No fistulous track is left to annoy the patient, and the recovery is more speedy, than when only a small opening is made. Should the position of the abscess be such, as to render it advisable that the incision be made at either side of the pharynx, particular care should be observed to avoid wounding the internal carotid artery, an accident which has occured, in opening an abscess of the tonsil. The consequences of such an event are evident.

The abscess being thus opened and the dyspnœa relieved, our attention must now be turned to the subsequent treatment of the case. And here we find it necessary to recur to our former divisions of this abscess into the acute and chronic forms.

The treatment adapted to cases of acute pharyngeal abscess, after the purulent matter is discharged, is very simple,

and demands but a moment's remark. It consists, in the external application to the neck of emollient and soothing remedies, such as poultices or warm fomentations, until the urgent symptoms shall have been entirely relieved, and the quantity of discharge from the abscess shall have been much diminished. When this result has been attained the recovery may often be facilitated, by the local employment of some astringent gargle. A very excellent combination for this purpose is the following:

R.	Bi Boratis Sodæ,	℥ij.
	Tincturæ Myrrhæ,	ʒj.
	Syrupi Simplicis,	ʒss.
	Aquæ Puræ,	ʒviss.
		Misce.

The condition of the general system is very generally such, as to call for the administration of tonics, and in many cases, even stimulants may be required. For the fulfilment of this indication, probably no better article of the Materia Medica can be recommended than the sulphate of quinine, and the most convenient mode of employing this remedy is in solution.

R.	Di-Sulphatis Quiniæ,	gr. xvj.
	Acidi Sulphurici Diluti,	℥ss.
	Syrupi Zingiberis,	ʒj.
	Aquæ Puræ,	ʒvij.
		Misce.

Cochleare Magna sumenda ter in die.

This treatment, in connection with a nourishing diet, steadily persevered in, will, in almost every instance, restore the patient to his accustomed health, the time required for his complete recovery being subject to some variation, according to the effect which the disease may have produced upon the constitution.

In the medical treatment of chronic abscess behind the pharynx, our principal assistance must be derived from constitutional remedies, and these will be somewhat different, according as the cause is different, to which the formation of the abscess may be traced. If the patient be suffering from the effects of scrofulous or syphilitic cachexia, attention will

be required to its relief. A detail of the mode of treatment adapted to these conditions would, however, be entirely foreign to the subject under consideration. So, too, the complication of disease of any of the cervical vertebræ, either recognized or reasonably suspected, will materially modify the character of the treatment, subsequent to the evacuation of the abscess. Here, then, as in the acute variety of the disease, so far as the treatment of the abscess itself is concerned, rest, tonics, and nourishing diet, are to be mainly relied upon to effect a restoration of the patient to his original condition.

I have thus, as I proposed at the commencement, attempted to collect and exhibit systematically, and as concisely as is consistent with clearness and completeness, the most prominent facts and phenomena attendant upon the progress and full development of retro-pharyngeal abscess; and to designate the modes, both surgical and medical, by which the disease may generally be conducted to a favorable termination.

In illustration of the principles thus advanced, I have prepared the following tables; in which are presented the most interesting and valuable points of fifty-eight cases, the histories of which, free access to the volumes of the large medical library of the New-York Hospital, and the kindness of medical gentlemen of this city, have enabled me to collect. I regret exceedingly my inability to examine the number of the "*Annales d'Obstetrique*" for December, 1842, in which M. Mondiére refers to thirty cases which he had then collected. I have endeavored to find a copy in several of the private medical libraries in the city, but my search has been unsuccessful. I cannot add these cases to the present tables, inasmuch as it is very probable that the greater number, if not all of those which he mentions, are the same that I have encountered. I may, however, here remark, that of these thirty cases, eighteen terminated fatally; other than this fact, I can obtain no satisfactory information concerning them.

Sex.	Age.	Cause.	Duration of Disease.	Treatment.
1.	Infant.	Swallowing a fish bone.	Acute.	Antiphlogistic. No opening.
2. M.	14		Existed for a long time without annoying patient.	Phlebotomy and leeches. No opening.
3. M.	Youth	Exposure to cold.	Acute.	Decoct. Sarzæ, with various gargles. Later, laryngotomy.
4. F.	Adult.	Swallowing a fish bone.	Acute.	Leeches applied, but spontaneous opening on 7th day.
5. M.	Adult.	A blow with button of fencing foil, passing through right nostril into pharynx.	Three weeks from date of injury, 13 days from first symptoms of abscess.	Antiphlogistic, until spontaneous discharge of pus by the mouth, on eighth day of abscess.
6. M.		Syphilis and caries of vertebræ.	Chronic, though symptoms not urgent until a few days before death.	Not opened.
7. F.			About a month	Antiphlogistic, during a month. Tracheotomy then performed with temporary benefit.
8.	Infant.		A few days.	Not opened.
9.	3 years	Had suffered from convulsions and enlargement of cervical glands. Probably scrofulous.	A few days.	Leeches, blisters, and emetics in early stage. Afterwards abscess opened by a gum-lancet.
10. M.	24	Swallowing a piece of bone.	Thirteen days.	Very little treatment. Not opened, but on seventh day patient vomited small quantity of bloody purulent matter, and globules of pus were found in the stools.

Result.	Post Mortem Appearances.	Remarks.	Authorities.
Death by asphyxia.			PLATERUS. *Praxis Medicinæ.* 1625.
Death.			SEVERINUS. *De Recondita Abscessuum, Natura,* p 190. 1643.
Death.			SEVERINUS. *Op. Cit.* p. 191. 1643.
Recovered.		Bone discharged with the pus of the abscess.	M. HEVIN. *Mem. de l'Acad. Royale de Chirurg.* T. 1, p. 465. 1761.
Recovered.		The injury was followed by extensive emphysema of neck, which continued seven days, when abscess began to appear.	MR. MOREL. *Parisian Chirurg. Jour.* Vol. 2, p. 318. 1794.
Death by asphyxia.	Three cervical vertebræ opposite larynx were carious.		MR. CARMICHAEL. *Med. Chirurg. Review.* Vol. 2, p. 520. 1819.
Death by asphyxia, 3 days after operation.	Abscesses extended from 2d to 7th cervical vertebræ. Its walls firm and unyielding.		MR. CARMICHAEL. *Med Chir. Rev.* Vol. 2, p. 518. 1821. Also, TROUSSEAU & BELLOC "*Traite Prat. de la Phthisie Laryngienne,*" p. 83.
Death by asphyxia.	Abscess extended from left side of vertebræ to right mastoid process; its coats were strong and thick, white, fibrous externally, and granular within.	A tumor, supposed to be an indurated gland, formed at angle of jaw, and bloody purulent matter was twice expectorated.	DR. SYM. *Glasgow Med. Jour.* Feb. 1828.
Recovered.			DR. R. J. CULVERWELL. *Lond. Lancet.* Mar. 1828. p. 927.
Death from an attack of fever, excited by the abscess.	At junction of pharynx and œsophagus, mucous membrane had been pierced by the bone; at left side of neck abscess had formed in which the bone was lodged.	At time of spontaneous discharge of pus and blood, pain ceased, and patient could swallow with comparative ease.	DR. GIBERT. *Lond. Lancet.* June 1828, p. 393.

Sex.	Age.	Cause.	Duration of Disease.	Treatment.
11.		Swallowing a piece of bone.	Acute.	
12.		Swallowing a piece of bone.	Acute.	
13.				Bronchotomy proposed, but abscess opened by puncture with scalpel.
14.				Same treatment as in last case.
15. M.		Exposure to cold and damp air and erysipelas of face, of three days duration.	About twenty days.	An incision with a "pharyngotome" on the ninth day, and again on tenth.
16. F.	48	Caries of cervical vertebræ from syphilis.	Four months, from June 28th to Oct. 16th.	The existence of abscess was early recognized but the opening delayed.
17. M.	30		Several weeks.	Opened by straight bistoury through the mouth.
18. M.	Adult.	Acute inflammation of pharynx after syphilis.	A few days.	Opened through anterior part of neck.
19. M.	40	Exposure to cold.	Eleven days.	Abscess not opened, but laryngotomy performed.

Result.	Post Mortem Appearances.	Remarks.	Authorities.
Death.			DR. CORBY. *Lond. Lancet.* June, 1828, p. 393.
Recovered.		Bone at length descended into stomach and escaped per anum.	M. FILLEAU. *Lond Lancet.* June, 1828, p. 393.
Recovered.			MR. TAPLEY. *Lond. Lancet.* Dec., 1829, p. 359.
Recovered.			MR. TAPLEY. *Lond. Lancet.* Dec., 1829, p 359.
Recovered.		The pus was of color of wine lees.	M. PRION. *Arch. Generales de Med.* Vol. 22, p. 412, 1830.
Death by Asphyxia.	Cavity of abscess lined with false membrane, containing four ounces of pus, serous, inodorous and of grayish color; left and superior articular apophysis of axis eroded and cartilage destroyed; left lateral mass of atlas destroyed, and no articular surfaces on that side; left condyle of occipital also eroded, and its artic. cartilage gone. Abscess and caries also of left parietal, and sixth rib, and of fifth lumbar vertebra.	Head was inclined to left side, and patient treated for several months for torticollis, supposed to be dependent upon "muscular spasm."	DR. M. SOLON. *Arch. Generales de Med.* Vol. 24, p. 335, 1830.
Recovered.		Tumor situated in right parotid region.	M. FORGET. *Gazette Med. de Paris.* Sept. 1835.
Death by Asphyxia.	Abscess extended into thorax, and pharynx presented evidences of hyperemic inflammation	Epiglottis scarified, œdema being suspected.	J. S. F. MEANDRE DASSIT. *Theses de Montpellier.* No. 78. 1836.
Death by Asphyxia.	Abscess found pressing on cavity of larynx.	Considered to be a case of croup.	DR. BALLOT. *Arch. Gen. de Med.* Vol. 57, p. 257. 1837.

Sex.	Age.	Cause.	Duration of Disease.	Treatment.
20. M.	Adult.		Chronic.	Abscess opened by an incision in neck five lines posterior to edge of mastoid muscle.
21.	1 year.		A few days, not more than seven.	Abscess not opened. Tracheotomy advised, but not allowed by parents.
22.	Four months	Not assigned; though probably scrofula.	Thirteen days.	Not opened.
23. M.	3½	Following cerebritis.	Acute.	Abscess opened on tenth day and enlarged same evening.
24. M.	Seven months		Acute.	Abscess opened by "pharynx trocar."
25. M.	Four weeks.	Erysipelas of face and scalp.		Spontaneous opening.
26. F.	Nine months	Inflammation of fauces from exposure.	Nine days.	Treated as a case of croup No opening.
27.	Nine weeks.	Supposed to be congenital. From birth, child had whenever it took the breast thrown itself backward and seemed nearly suffocated. Otherwise in good health.	Eight days.	Treated as a case of laryngismus stridulus. No opening. Patient had convulsions.

Result.	Post Mortem Appearances.	Remarks.	Authorities.
Recovered.		Several abscesses had appeared before in other situations.	DR. MEQUIN. *Journal des Connaissances.* July, 1837.
Death by asphyxia.	Abscess lined with coagulable lymph, and extending from cranium to near thorax; pressed upon larynx and trachea.	Attended with convulsions.	DR. J. BYRNE. *Am. Journal Med. Sciences.* Vol. 22, p. 511. 1838.
Death by asphyxia.	Epiglottis, larynx and trachea covered with viscid mucus; pus thick, flocculent, and of greenish yellow color.	Entire family scrofulous.	M. BESSERER. *Arch. Gen. de Med.* Vol. 71, p. 483. 1840.
Recovered.			DR. C. FLEMING. *Dub. Jour. Med.* Vol. 17, p. 42. 1840.
Recovered.		Several children of same family had died of hydrocephalus.	DR. C. FLEMING. *Dub. Jour. Med.* Vol. 17, p. 45. 1840.
Recovered.		Attended with convulsions.	DR. FITZPATRICK. *Dub. Jour. Med.* Vol. 17, p. 58. 1840.
Death by asphyxia.	Accidentally cut into; no traces of disease in larynx or œsophagus; anterior wall of abscess very thin; pus healthy.	Existence of abscess not suspected.	DR. W. C. WORTHINGTON. *Provincial Medical and Surg. Jour.* Vol. 3, p. 494. 1842.
Death by asphyxia.	Cyst thick, firm, and cartilaginous, sending a process behind the sternocleido mastoid; pus healthy.	An elder sister of fifteen months, a few days before was seized with a fit of suffocation, followed by severe convulsions, which subsided and recurred again and again, and died in the night. No physican called and no post mortem.	DR. E. O. HOCKEN. *Provincial Medical and Surg. Jour.* Vol. 5, p. 45. 1842.

Sex.	Age.	Cause.	Duration of Disease.	Treatment.
28. F.		Exposure to cold.	Six days.	Free bloodletting, leeches to neck, and astringent gargles. No opening. Fauces and neck repeatedly examined but no cause of the symptoms ascertained.
29. M.	4		Acute.	Abscess opened spontaneously during an act of vomiting on eighth day.
30. F.	60	Lodgment of bone in pharynx which remained three hours.	Six days.	Abscess opened by puncture with a trocar. Some air escaped from the wound.
31.	Four months		Acute.	Punctured several times.
32. M.	50	Caries of vertebræ.	Chronic.	Not opened.
33. M.	35	Exposure to cold.	A few days.	Not opened.
34. M.	40	Exposure to cold. Ushered in by a chill, and shivering continued a week though the skin was hot.	Eight days.	Treated antiphlogistically as laryngitis, till day of his death, when a probang was passed into œsophagus but no pus escaped.

Result.	Post Mortem Appearances.	Remarks.	Authorities.
Death.	Abscess situated immediately behind glottis, containing half an ounce of pus; also minute deposits of pus between cricoid and arytenoid cartilages.	There were intense arterial excitement, dysphagia and aphonia, with but little difficulty of respiration. Parturition took place on fifth day of disease, and in the intervals of pain she could speak with natural tones of voice.	DR. CASPAR MORRIS. *Quarterly Summary of College of Physicians, Phila.* 1842.
Recovered.		Of delicate constitution.	M. DUPARCQUE. *Annales d'Obstetrique.* Dec. 1842.
Death by entrance of air into the veins a few minutes after puncture was made.	Abscess behind pharynx and œsophagus extending into posterior mediastinum. It had burst by numerous openings into œsophagus, and reticular tissue between it and vertebræ was infiltrated with pus; the veins had been eroded and opened by ulceration.	This tumor was also observable on right side of neck exteriorly.	MR. R. W. SMITH. *Dub. Jour. Med.* Vol. 25, p. 497. 1844.
Recovered.			DR. O'FERRALL. *Dub. Hospital Gaz.* March, 1845.
Death by hemoptysis.	Lungs filled with tubercles; disease of first two, fourth and fifth cervical vertebræ.		*Jour. des Connaissances.* April, 1845, p. 156.
Death by asphyxia.	Mucous membrane of pharynx and of larynx reddened; abscess contained unhealthy pus of chocolate color.	Patient had been treated for synovitis of knee joint.	M. RODRIGUEZ. *La Clinique de Montpellier.* July, 1845.
Death.	Membrane of pharynx and larynx reddened; abscesses at back part and in muscular structure of pharynx extending down through posterior mediastinum to diaphragm; pus healthy; some pleuritis.	Drank largely of stimulants for six days after chills commenced; pus in expectoration on 6th day.	DR. TAYLOR. *London Lancet.* Jan. 1846, p. 74.

Sex.	Age.	Cause.	Duration of Disease.	Treatment.
35.			Five months.	Not opened.
36.			Seventeen months.	Abscess opened.
37.			Three months.	Abscess opened.
38. M.	2½		Eighteen days.	Abscess opened by a pharyngotome on fifteenth day.
39. F.	20	Lodgment of fish bone in pharynx. An attempt was made to remove it by a blunt hook, which was unsuccessful, and a probang was passed down to stomach, followed by great pain, and difficulty of swallowing.	Twelve days.	Leeches and antiphlogistic treatment at first. On tenth day, laryngotomy performed, with relief to breathing but not to swallowing; on the eleventh day, a piece of cartilage of larynx removed, but without much benefit.
40. F.	Adult.	Impaction of fish bone in pharynx, producing caries of cervical vertebræ.	Eight weeks.	Abscesses recognized and opened by pharyngotome on seventh day; required reopening on twenty-second day, after which recovery was rapid.
41. F.	Seven months	"Debility."	Three weeks. Urgent symptoms three days.	No opening. Tracheotomy proposed, but not performed; symptoms attributed to "spasmodic croup."
42. M.	29	Exposure to cold, and erysipelas of face.	Entire duration twelve days. Urgent symptoms two days.	Treated for erysipelas and delirium tremens. Abscess not opened.

Result.	Post Mortem Appearances.	Remarks.	Authorities.
Death by asphyxia.			*London & Edin. Monthly Jour.* Aug. 1846. p. 146.
Recovered.			*London & Edin. Monthly Jour.* Aug. 1846, p. 146.
Recovered.			DR. M. WADE. *London & Edin. Monthly Jour.* Aug. 1846, p. 146.
Recovered.		Presented characteristics of, and for some days mistaken for, croup.	M. BESSEMS. *Gaz. Med. de Paris.* Dec. 1846, p. 994.
Death by asphyxia.	Large abscess behind pharynx and œsophagus accidentally opened, containing very fœtid pus mixed with air; the bone, an inch and a quarter in length, was lying loose in abscess; no evidence of point of entrance of the bone.	Throat could not be examined, for patient was unable to open the mouth; bone doubtless pushed through pharynx by probang.	DR. JNO. ADAMS. *Lond. Lancet.* June, 1847, p. 581.
Recovered.		First apparent indication of abscess was a diffused, indistinct swelling on right side of trachea and extending behind it; posterior wall of pharynx very much thickened; pus very fœtid.	DR. JNO. ADAMS. *Lond. Lancet.* June, 1847, p. 581.
Death by asphyxia.	Abscess behind pharynx having a cul de sac, which entirely filled opening of glottis; wall of cul de sac very thin and transparent.	Dyspnœa intermittent and produced by exposure to cold or any excitement.	DR. PEACOCK. *Arch. Gen. de Med.* Vol. 79, p. 220; and *Lond. and Edin. Mon. Jour.* October, 1847. With a drawing.
Death from the complicated diseases.	Large abscess, containing healthy pus, extending from second to fifth cervical vertebræ; larynx healthy; vessels of pia mater much injected and sinuses of brain distended.	Examination of throat was made, and though Dr. B. felt a bulging at posterior portion of pharynx, he did not suspect abscess.	*N. Y. Hospital Records.* Attendance of DR. GURDON BUCK, Jr. March, 1849.

Sex.	Age.	Cause.	Duration of Disease.	Treatment.
43. M.	49	For some months previous he had articulated with considerable difficulty, and occasionally had "sensation of choking." Immediate cause, probably riding several miles, exposed to severe snow-storm.	Two months, with an intermission of a week.	Antiphlogistic at first; afterwards an unsuccessful explorative opening into external tumor near larynx; and still later, another explorative opening in front of larynx, through which a large quantity of illaudable pus of a pea-green color escaped.
44. M.	Two months	Influenza was epidemic at the time.	About four weeks.	Abscess ruptured on eighth day by pressure with finger.
45. F.	11	Probably caries of cervical vertebræ.	Eight months.	Abscess opened by transverse incision.
46.	Six months		A few days.	Tracheotomy suggested but not performed. Abscess not opened.
47. M.	29	Patient of scrofulous constitution. Immediate cause, exposure to cold.	Disease commenced five months before symptoms became urgent, when he was admitted to Hospital. Entire duration, about eight months.	Antiphlogistic in early stages. Upon admission into hospital, abscess readily recognized, and opened by a guarded scalpel through mouth.
48. M.	56		4 days under treatment: entire duration not mentioned.	Large swelling on right side of neck, involving the tonsil and velum palati, opened in velum, and pus discharged. The next day another opening in tumor externally, enlarged on third day. Pus fœtid; discharge free. Patient improving on fourth day.

Result.	Post Mortem Appearances.	Remarks.	Authorities.
Death from asthenia and metastatic abscesses in the lungs. Purulent absorption?	Sinus leading to abscess extended from near thyroid gland, along sterno-cleido-mastoid of right side to mastoid process; abscess directly in front of vertebræ, and extending nearly to thorax; lungs contained tubercles, and several small metastatic abscesses.	Eighteen days before death a small tumor appeared in front of larynx, presenting indistinct fluctuation.	DR. J. H. CLARK. *New-York Journal Medicine.* July, 1849, p. 34.
Recovered.		Symptoms at first attributed to influenza.	DR. C. FLEMING. *Dublin Jour. Med.* Feb. 1850, p. 223.
Recovered with exception of limited motion of head.		Of strumous constitution; lateral curvature of spine.	DR. C. FLEMING. *Dublin Jour. Med.* Feb. 1850, p. 224.
Death from exhaustion.	Abscess passed behind pharynx; inclosed in a dense cyst; lying on bodies of cervical vertebræ and in contact with basilar process.	Pathological specimen in Museum of College of Physicians and Surgeons, New-York.	DR. W. H. VAN BUREN. *New-York Journal Med.* July, 1850, p. 32.
Recovered with stiffness of the neck, and some obstruction of voice.		Pus inodorous, and mixed with it lumps of curdy substance. At time of opening, no indication of vertebral disease, though suspected at a later period; glands of neck became much enlarged.	*N. Y. Hospital Records.* Attendance of DR. GURDON BUCK, Jr., Sept. 1850.
Died very suddenly. Cause of death uncertain, but not from asphyxia.	Walls of pharynx much thickened, and contained large quantity of pus in sinuses between the muscular fibres; also a deep sanious abscess extended upwards towards palate, downwards and backwards behind larynx, and opened opposite epiglottis.	Lungs were much congested, and left pleura contained six ounces of purulent serum; superficial veins of brain and dura mater filled with blood.	MR. CURLING. *London Lancet.* Oct. 1850, p. 485.

Sex.	Age.	Cause.	Duration of Disease.	Treatment.
49. M.	40	Fell on a door step, striking inferior maxilla, and suppurative inflammation extending from the wound.	Entire duration, eleven weeks. Urgent symptoms appeared nine weeks after injury.	Abscess easily recognized, and opened by scalpel through mouth.
50. M.	Adult.	Inflammation of fauces after syphilis.	Acute.	Treated for secondary syphilis. Abscess accidentally ruptured by probang, while applying solution of "Nit. Arg." to ulcers of fauces.
51. F.	Adult.	Exposure to cold, and inflammation of pharynx.	Acute.	Abscess not opened.
52. M.	Adult.			Abscess opened by trocar.
53.	Adult.		So long as to be considered stricture of œsophagus.	Abscess opened by a probang, accidentally.
54.				Abscess not opened.
55. M.	One year.	Scrofulous diathesis. Mother died of phthisis soon after birth of child.	Nine months.	Abscess not recognized, and no opening. Treated as tonsillitis.
56. F.	4	Child of scrofulous constitution.	Chronic.	Abscess opened through mouth with a lancet.
57. M.	30	Caries of cervical vertebræ.	Several weeks under observation.	Abscess recognized, and opened through mouth by bistoury. About a drachm of pus escaped.
58. F.	4	Supposed to be caries of cervical vertebræ, though no rough bone detected.	More than three months.	Abscess opened through mouth by bistoury; required reopening several times, from recurrence of severe dyspnœa. Cause of dyspnœa not recognized immediately.

Result.	Post Mortem Appearances.	Remarks.	Authorities.
Recovered.		Pus thin and mingled with firm and opaque flocculi; had suffered from epilepsy for several years.	*N. Y. Hospital Records.* Attendance of DR. JOHN WATSON. Dec. 1850.
Recovered.			*N. Y. Hospital Records.* Aug. 1849.
Death by asphyxia.	Abscesss pressing on epiglottis and glottis.		SIR ASTLEY COOPER. *Lectures by Tyrrell.* Vol. 1, p. 68.
Recovered.			SIR ASTLEY COOPER. *Op. cit.*
Recovered.		Existence of abscess not suspected.	DR. ABERCROMBIE. *Diseases of Stomach,* &c. p. 99. Edin. 1832.
Death by asphyxia.	"Abscess found between vertebræ and upper part of œsophagus."		DR. ABERCROMBIE. *Ibid.*
Death by asphyxia.	Uvula and tonsils natural; abscess two inches long, containing ounce and a half of pus, thick, caseous, and chalky matter mingled with it; several pieces of bone in left pleura. Vertebræ not diseased.	From its birth child had an eruption on skin, which passed away after three months, when disease of throat commenced.	DR. W. PARKER. 1839.
Recovered.			DR. W. PARKER. 1848.
Recovered, probably, though abscess not entirely closed when last observed.		Symptoms not urgent; no dyspnœa; rough bone felt, with a probe through abscess.	DR. A. C. POST. 1848.
Recovered.		Some disease had existed for a long time, in neck, drawing head to one side, and attended with pain and tenderness on motion; posterior wall of pharynx pushed forward, and entirely closing larynx.	DR. A. C. POST. 1850.

The following is a synoptical review of the fifty-eight cases of retro-pharyngeal abscess, reported in the preceding table:—

Sex.—Males, 28. Females, 13. Not stated, 17.

Age.—Under 10, 20; 10 to 20, 4; 20 to 30, 5; 30 to 40, 5; 40 to 50, 4; 50 to 70, 3; age not mentioned, 17.

Causes.—Exposure to cold, 10; erysipelas of face, 2; lodgment of bone in pharynx, 8; blow with a fencing foil, 1; inflammation following a fall upon the inferior maxilla, 1; after cerebritis, 1; syphilis, 4; caries of cervical vertebræ, 6; scrofula, 5; cause not assigned, 22.

Duration.—Acute, 33; chronic, 17; no note of, 8.

Treatment.—Abscess opened, 30; through the mouth, 21; through the side of neck, 3; through the neck, anteriorly, 2; accidentally, 3; spontaneously, 4; abscess not opened, 23; operation of laryngotomy, 3; tracheotomy, 2.

Result.—Death, 30. From asphyxia, 18; asthenia, 2; asthenia and metastatic abscesses, 1; hemoptysis, 1; fever excited by the abscess, 1; delirium tremens, etc., 1; entrance of air into veins, 1; cause of death not given, 5. Entirely recovered, 25; some stiffness of neck remaining, 2; abscess not entirely closed, 1.

Post-mortem Appearances.—These present so great variety in their character, in the cases reported, that no satisfactory classification of them can be made, and the reader is therefore referred back, for information on this point, to the appropriate column in the table.