FOUR CASES

OF

CHILDREN

WHO HAD ATTEMPTED, BY MISTAKE, TO
DRINK BOILING WATER FROM THE SPOUT OF A TEA-
KETTLE;

*With Observations on the Seat and Treatment of the Effects
of this Accident.*

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COMMUNICATED
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I AM not aware that the following accident has been described by any previous observer. I have therefore thought that an account of four cases of it, which have fallen under my notice, might not be deemed unworthy of a place in the Medico-Chirurgical Transactions.

It is the custom with some poor and inconsiderate mothers to allow their children to drink through the spout of the tea-kettle, on returning from replenishing this utensil at the spring or pump. This practice has led, in many instances, to the fatal or dangerous accident about to be described. The children have afterwards attempted to drink through the spout of the tea-kettle, when it has but shortly

before been taken boiling from the fire, supposing it still to contain cold water.

The effects of this accident are not, as might be supposed, *à priori*, the symptoms of inflammation of the œsophagus and stomach, but of inflammation of the glottis and larynx, resembling those of *croup*; and the case constitutes another instance in which the operation of laryngotomy, or of tracheotomy, may be performed with the effect of preventing impending suffocation, and perhaps of saving life.

It appears probable, indeed, that the boiling water does not actually penetrate into the stomach, or even into the gullet, but that its course is arrested by a spasmodic action of the muscles of the pharynx. In passing to the posterior part of the mouth, however, it scalds the epiglottis and glottis, which afterwards become more and more swollen, until at length the rima glottidis, or orifice into the larynx, becomes completely obstructed.

Of the four patients whose cases are about to be given, one recovered from imminent suffocation immediately after violent screaming; two died from suffocation—one 10, the other 17 hours after the accident; the fourth was completely relieved by the operation of tracheotomy—survived 34 hours, but died, exhausted by the irritation produced by the primary affection.

CASE I.

A. Litchfield, a little girl, aged three years, attempted to drink through the kettle-spout, a few minutes after it had been removed from the fire in a boiling state. She had no assistance for three or four hours, during which period a difficulty in respiration came on, and gradually augmented. A medicine, containing oil and syrup, was recommended. The dyspnoea continued to increase, and the little patient was bled from the jugular vein; the difficulty in respiration still, however, became more urgent, and threatened suffocation. At this period leeches were prescribed, and directed to be applied to the throat. The little girl was much terrified on seeing the leeches, and screamed violently, so that they could not be made to apply. From this moment, however, the respiration became comparatively easy; and the little patient recovered completely in the course of a week, and still remains well.

The parents of this child suppose that the violence of the screaming ruptured the vesicles by which the breathing was impeded, and thus proved an unexpected means of cure.

CASE II.

John Langton, aged two years. In August 1816, about eight o'clock in the morning, and just after the water had boiled for breakfast, he attempted to drink through the kettle-spout. He cried out immediately. In about four hours, he began to labour and rattle in breathing; the dyspnœa increased gradually; at length, the face became livid, and the feet cold, and he died from suffocation, about 17 hours after the accident.

There was not much difficulty in swallowing, and there was no vomiting.

The dyspnœa resembled that observed in the croup, and the noise was so great as to be heard at a considerable distance.

The little patient was bled from the arm, and oil and syrup were given, but without any appearance of benefit.

CASE III.

A little girl, aged two years and a half, about four o'clock in the afternoon, attempted to drink through the spout of a tea-kettle, which had been just taken off the fire with a view of preparing tea. She screamed out; her mother carried her to a

surgeon ; on her return home, the little patient began to breathe with difficulty, and with a rattling noise. She could swallow, however, and there was no vomiting ; she instantly cried out, indeed, for something to drink.

The difficulty and rattling in breathing increased, and the respiration was performed with great effort, the integuments of the neck near the trachea being drawn inwards at each inspiration.

This little girl lay some hours as if she were gasping her last, and died suffocated, and rather suddenly, at two o'clock, ten hours after the accident, having previously become pallid and cold.

CASE IV.

A little girl, aged two years and half, attempted to drink through the spout of a new tea-kettle, which had boiled only ten minutes before. The mother was brought up stairs by the cries of another child ; she sent for her medical man, who prescribed oil, mucilage, and syrup.

On seeing this little girl five hours afterwards, I found it affected with difficulty in breathing, with a hoarse croupy noise, referred to the top of the larynx. It was able to swallow without manifest pain, or coughing. The tongue and all the inter-

nal parts of the mouth were blanched and blistered. The pulse was frequent.

The dyspnœa gradually increased. To prevent impending suffocation, tracheotomy was performed at half after four o'clock, A. M. twelve hours after the accident. The relief was immediate. The little patient sat up, played, and looked cheerful. The voice was extinct. The respiration was free through the orifice made into the wind-pipe.

At ten o'clock, A. M. the difficulty in breathing had much returned. The face was pale, and the child appeared to be dying. In the afternoon, however, it was better, the difficulty of breathing being again much relieved. It swallowed imperfectly, a little passing, at each attempt, into the trachea, and being returned through the orifice by coughing. The little patient seemed once more to be in a promising state.

The next day at ten o'clock, A. M. the little girl was worse, and apparently sinking. The respiration was not, however, difficult ; but the pulse was almost imperceptible, and the extremities cool. She died at half after two o'clock, P. M. thirty-four hours after the operation, apparently from the exhausting influence of the original disease.

On dissection, there was observed a swollen, blistered, and corrugated state of the epiglottis ;

and a similar state of the posterior fauces, tongue, and internal mouth. There was a little mucus in the larynx, but no perceptible morbid condition of the œsophagus or stomach. There was no inflammation of the trachea, not even near the orifice made by the operation.

Such have been the symptoms and results of the cases of this accident, with which I have hitherto become acquainted. The important question now is, what should be the plan of treatment in any future case? If the suffocation were imminent, I should not hesitate to propose the operation of laryngotomy or tracheotomy, and the former would appear to reach below the seat of this affection. But I now regret that I did not propose the scarification of the epiglottis and glottis, so as to evacuate the blisters. I have also conjectured that it might be possible to enlarge the orifice into the larynx, either by removing a portion of its edges, by means of a cutting instrument of a proper form, or by introducing a tube; the latter expedient appears to be particularly adapted to a case which *time* would cure, and which would not probably be materially aggravated by a cause of irritation.

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