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Hospital Reports.

ST. GEORGE'S HOSPITAL.

TRACHEITIS: TRACHEOTOMY: RECOVERY.

Under the care of H. W. FULLER, M.D.: with remarks by G. GODDARD ROGERS, M.D., Medical Registrar to the Hospital.

E. W., aged 8, was admitted September 24th, at 1.30 P.M. She was in good health up to the 20th, when she had slight sore throat. Next day, there being some distress in breathing, a medical man was sent for, who pronounced it croup, and applied a few leeches, followed by a blister on the 22nd. Nothing very alarming in the symptoms occurred until the morning of the 24th, about nine o'clock. She then changed rapidly, and, when brought into the ward, was blue in the face, pulseless, and covered with cold perspiration. After recovering from the fatigue of the journey, she rallied a little, and the pulse could just be felt, beating at 140 per minute. She expectorated a little mucus, and, after taking an emetic, brought up one or two shreds of white membrane. Some calomel was then ordered every four hours; but towards 3 P.M. she showed such signs of distress that it was proposed to give relief by an operation; and tracheotomy was performed by Mr. Pollock at a quarter past three. The moment the incision was made, several plugs of false membrane were coughed out through the wound; and so much relief was obtained that the little patient fell asleep on the table before the introduction of the tube. No hæmorrhage followed, and she slept at intervals during the night. Abundance of croupy exudation, mixed with thin mucus, escaped through the canula for four or five days. With the exception of a smart attack of dyspnoea on the night of the 26th, her recovery was rapid, and she left the hospital cured in the second week in October.

REMARKS. I am induced to bring the above case under notice, because it affords an excellent example of the beneficial effects of tracheotomy under a seemingly desperate condition. Croup is not a disease of such very frequent occurrence in our hospitals, and every fresh fact connected with a successful treatment of the secondary stage must possess some practical interest.

One or two circumstances appear to me to have contributed in a great measure to the satisfactory result of the operation. The child had been previously in excellent health, and was better fitted to bear up against the exhaustion of this formidable disorder. Judging from the comparatively mild treatment at first adopted, the symptoms were not very urgent; and probably the inflammation did not assume an intense character until ten or twelve hours before admission. Although, therefore, the signs of deficient aeration of the blood were very marked, yet this had been of short duration, and time had not been allowed for permanent injury by engorgement or effusion into the air-cells of the lungs, the functions of which organs were resumed without any difficulty immediately the opening was made in the trachea.

The same fortunate combination of circumstances occurred in a successful case of tracheotomy for croup in 1854; whilst, in two fatal cases during the past eighteen months, everything in the previous history pointed to an unfavour-

able prognosis. In one, the patient had been exhausted by a long illness; in the other, the mother imprudently allowed the child to play out of doors after unequivocal symptoms had manifested themselves. When a patient is on the point of dying from apnoea, how great a difference it makes whether there be that amount of vital force remaining which shall allow of the immediate driving out of the false membrane! Not the least remarkable fact connected with E. W.'s case is the facility with which this was accomplished. That the circulation of venous blood had not existed long enough seriously to affect the nerves of respiration (although there was an approach to a semi-comatose state), was proved by the coughing up of shreds of false membrane previous to the operation. On the whole, it appears to me that a favourable termination may be looked for when the exudation has been very rapid, and the previous health robust. The accumulation in these cases is less tenacious, and of a whiter colour, than in an asthenic subject; and, even should it extend into the bronchial ramifications, it is more easily expelled than a thick yellowish adventitious membrane, which may be limited to the trachea. In both the unfavourable cases to which I have alluded, the secretion during life was with difficulty removed even by forceps; and, at the *post mortem* examination, the smaller bronchi were found completely filled with it.

I do not know whether the stagnation of blood in the whole respiratory tract is favourable to the further deposition of the peculiar membrane of croup; but a supply of arterialised blood to the pulmonary capillaries, and its renewed circulation in the submucous areolar tissue of the air-tubes, must surely beget a healthy action highly conducive to the separation of the morbid product; and, should secretion still go on, it will probably limit itself to the ordinary bronchial mucus, with a few flakes of membrane floating in it.

Hospital Gleanings.

NEW APPARATUS AND MODE OF TREATMENT FOR ANEURISM OF THE BRACHIAL ARTERY: CASE OF POPLITEAL ANEURISM CURED BY COMPRESSION WITH SIGNORINI'S TOURNIQUETS.

Two very interesting and very practical cases are now in the hospitals, illustrating the treatment of aneurism by the method of compression. One of the patients is J. T—, a young man, aged 25, under the care of Mr. SOLLY, at St. Thomas's Hospital, labouring under traumatic aneurism of the brachial artery. Mr. Solly has adapted a very ingenious compression apparatus: one pad pressing apparently on the axillary artery as it leaves the edge of the latissimus dorsi to become brachial, while a second pad, placed higher up, commands the circulation in the subclavian of the same side; thus effectually stopping the current of blood in the sac of the aneurism, and leading to coagulation. The progress of the case up to the present has been quite satisfactory.

The treatment of aneurism by ligature during the last few years has made rapid strides under the beneficial agency of chloroform, and the tendency in hospital consultations is rather to have recourse to the ligature, even in cases of the most formidable character. We hear for the first time of a