ASSOCIATION MEDICAL JOURNAL:

BRITISH

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

No. CCIV.

LONDON: SATURDAY, NOVEMBER 29, 1856.

Hospital Reports.

ST. GEORGE'S HOSPITAL.

TRACHEITIS: TRACHEOTOMY: DEATH TWENTY-EIGHT HOURS AFTER THE OPERATION.

Under the care of J. A. WILSON, M.D.: with remarks by G. GODDARD ROGERS, M.D., Medical Registrar to the Hospital.

T. D., aged 4½, the youngest of eight children, was admitted on November 2nd, at 6 P.M., suffering from croup. He had not been quite well since an attack of scarlatina six weeks before. The mother stated that, when any of her children had colds or coughs, they were invariably troubled with more hoarseness and croupy respiration than usually attends these complaints. On October 31st, the child sat for a long time in a cart at the door, and caught cold; but it was not until 11 P.M. that his mother heard him cough. He slept well, and went out to play the following morning. At dinner he did not eat heartily as usual; and about 7 P.M. had much wheezing and cough, for which a mustard poultice was put on his throat.

In the morning (Nov. 2nd), a medical man was sent for, who gave calomel, etc.; but as the child was worse at 6 P.M., he recommended the parents to take it to the hospital.

When admitted, the respiration was stridulous, but there was scarcely any lividity of the face, and the pulse was easily felt. As he had been barely twelve hours under treatment, it was thought better to continue the calomel and salines than to resort at once to the operation. Several smart paroxysms of dyspnoea occurred during the night; but at 10 A.M. on the 3rd, the child was better. About noon severe dyspnoea came on, and tracheotomy was performed by Mr. Hewett at 1 P.M. There was but slight hæmorrhage attending the operation; yet the child was a good deal exhausted. No distinct shreds of membrane were coughed out through the wound, but only thin mucus. At 2 P.M., the breathing was much distressed, but soon after the child sank into a quiet doze. During the night it was tolerably easy, and the bowels were freely moved.

When visited on the 4th, the respiration was tranquil, but the face was too much flushed, the tongue coated, and the pulse inflammatory and frequent. Two very thin and offensive motions were passed in the forenoon. At 3.30 P.M. the breathing became harsh and laboured. There was scarcely any discharge through the tube. The face became pale, and the lips bluish. The removal of the tube produced no improvement; and shortly after death ensued from suffocation.

At the *post mortem* examination, the subcutaneous tissues and muscles, especially on the right side of the tracheal opening, were found indurated and infiltrated in several places with purulent fluid. The pharynx was very vascular; the tonsils enlarged and hardened, with cicatrices on their surface. In one or two places, small recent ulcers existed. The inner surface of the larynx, and the whole of the trachea, to a point only just short of its bifurcation,

was lined by fibrinous exudation, which at the upper part of the windpipe was very firm, and formed a distinct cast of the tube. The bronchial lining membrane was very vascular, and covered with thick mucus.

REMARKS. The above forms an unfortunate sequel to the successful case which I reported a few weeks since; but whilst tracheotomy in croup is exciting so much attention, both at home and on the continent, the record of fatal cases ought to be given with as much fairness and candour as those of recovery. To be partial is to defeat all the best objects of those who, according to their respective convictions, are striving to uphold and sanction, or to oppose and condemn, the operation.

I think the untoward termination now recorded helps to prove what I before stated, as to the previous condition of the patient exerting an important bearing on the issue of the case.

In this instance, according to the mother's account, there was a family predisposition to affections of the respiratory tube; and as scarlatina, with its throat complications, had occurred but a short time previous, it must be evident that there was a great tendency to an asthenic condition, and a want of power to get rid of that which blocked up the windpipe. No doubt instances present themselves where several children in the same family have successive attacks of croup, and all do well; but let any disease make its appearance in the intervals, and obtain a firm hold on the constitution; in the child so afflicted, should croup again arise, the chances of its recovery will be somewhat desperate; whilst its brother or sister will rapidly recover from the uncomplicated inflammation. I could mention cases where this has happened, and in which the parents have been too ready to charge the medical attendant with want of skill; when all the remedies in the Pharmacopœia would have been of no avail—the system being prostrated by some secondary affection.

We must also remember that, in this country at least, we have to fight against accompanying bronchitis and pneumonia, which evidently prevail in our cases of croup much more than in France, and prevent our putting forward so favourable a statement of tracheotomy as M. Trousseau has lately done.

Although, knowing that certain risk *does* attend the operation, it is advisable to adopt medicinal remedies for some time, yet the nice point of treatment is to hit the precise moment for rendering opportune surgical aid. Some valuable remarks bearing on this subject, from the pen of Mr. Jones, of Jersey, will be found in a recent number of the *Medical Times*.

Whether earlier recourse to the operation would have benefited this particular child, is very doubtful. In my own mind, I think not. There was so much bronchitis and pneumonia causing oppression at the chest, that the patient had but a slender chance of recovery any way. The immediate relief to the breathing from the opening in the trachea was quite as marked as in any case which has occurred in our hospital; and possibly, if the larynx and adjacent parts had been free from all previous ulceration and induration, my task would have been a more pleasant one. But nobody could have foretold the state of the throat; and though the case proved fatal, it was no small satisfaction to know that the little patient's sufferings were greatly alleviated by the operation during the brief time it survived.