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CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

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CASE XIV.

TRACHEITIS; TRACHEAL ABSCESS: PHYSICAL SIGNS: RECOVERY.

A little girl, aged two years and nine months, was seized in the evening of October 2nd, 1846, with hoarseness, and difficulty of breathing, both of which symptoms became greatly aggravated the following morning, accompanied with a short, hacking, dry cough. I saw the child, in conjunction with its medical attendant, on the evening of the 3rd. The most prompt and energetic measures had been adopted; the trachea had been freely leeches, followed by a blister; calomel and antimony in full doses at frequently repeated intervals had been persevered in; and that most admirable plan of keeping up a constant supply of warm moist air throughout the apartment was in full operation. It was ascertained from the mother that she had lost two children from croup, but that this child had been in apparently good health up to the period of seizure.

The countenance was now anxious; the skin not very hot; voice extremely feeble; cough stridulous; respirations panting and accelerated; pulse 120, small and jerking; tongue moderately clean; bowels confined; evacuations healthy; urine very high-coloured, without deposit; had been very sick from the medicine.

Physical signs.—*Percussion*: Stroke-sound normal over the entire chest.—*Auscultation*: Respiratory murmur almost inaudible throughout the left lung; of diminished intensity in the right; no rhonchi in either lung; harsh and loud tracheal breathing over the neck; vocal and tussive resonance diminished; cardiac sounds quick and irritable.

The energetic and judicious treatment which had been adopted from the first, having been apparently carried as far as the strength of the patient would admit, the calomel and antimony were now laid aside. The diffusion of warm moist air to be unremittingly continued day and night; a roll of flannel dipped in boiling water to be applied as a vesicant to the throat; a saline mixture, containing the bi-carbonate and nitrate of potash, with compound tincture of camphor, was prescribed every four hours, and an improved diet of arrowroot and mutton-broth.

4th. Hot-water blister has operated favourably; dyspnoea less; cough still troublesome, with slight

mucous expectoration; pulse 100, of feeble strength; respiratory murmur still inaudible throughout the left lung; louder, but yet of diminished intensity in the right; has to-day been more cheerful, and inclined to amuse herself. To continue the diffusion of moist air; to continue the medicines; to take a tea-spoonful of port wine in arrow-root three or four times a-day.

5th. Has had a bad night, with increased dyspnoea and cough; is listless, with great disinclination to be moved; physical signs as yesterday. The hot-water blister to be re-applied to the throat; the moist air to be continued. Medicines, wine, and diet, as yesterday.

6th. In every respect better; expectorated this morning about a tablespoonful of pure pus; dyspnoea greatly diminished; cough also much less; pulse 86, of better strength; respiratory murmur still feeble, but now audible throughout both lungs; appetite improved; evacuations healthy; urine paler. Medicines, diet, and diffusion of warm moist air to be continued.

From this date the little patient rapidly recovered without an untoward symptom.

Remarks.—This case presents in summary, many features of interest, and of practical importance. Its history was that of croup; it occurred in a family, two members of which had died of that disease; its attack was sudden, and in the evening, its febrile course advanced with great rapidity, while the distinctive characters of the affection became progressively and fully developed. The auscultatory phenomena were few but important. In addition to the local signs of dyspnoea, rapid motion of the larynx, and tracheal breathing, there existed natural resonance on percussion over the entire chest. This circumstance, secondary in itself, at once became valuable in reference to auscultation, inasmuch as the stethoscope indicated almost complete exclusion of air from the left lung, while the right lung, although not fully supplied, returned throughout a normal murmur. The fact of the healthy condition of the lungs and pleura being satisfactorily established, the point for diagnosis resolved itself into ascertaining the cause of the obstruction which obtained in the left bronchus. Simple inflammatory turgescence of the mucous membrane,—œdema,—a firm plug of tough mucus,—false membrane from secretions,—or a foreign body might equally occur to obstruct the passage of air through this tube. The point, however, necessarily remained matter of conjecture, until all doubt became finally removed by the bursting of the abscess, and the sudden discharge of purulent matter, to the immediate relief of the little sufferer.

Abscesses of the trachea are very rare. Andral mentions them as occasionally occurring, but more frequently, he observes, as an extension of the suppurative action commencing externally to that tube, penetrating its walls, and thus discharging their contents. In these cases, together with abscesses situated in the pharynx, œsophagus, or neighbouring parts, dysphagia most generally becomes a prominent symptom, the absence of which phenomenon throughout the progress of the above case, may be further adduced as a negative auxiliary to the diagnosis. The distinctive signs between tracheal abscess from which pus is discharged, and an ulcerated surface or an inflamed mucous membrane secreting that fluid, rest principally upon the great and speedy relief which the patient experiences in the former instance, and the generally rapid cessation of the discharge. In the latter circumstances, on the contrary, the purulent drain not unfrequently continues for an indefinite period in spite of treatment, aggravating rather than relieving the sufferings of the patient.

Of the diffusion of warm moist air in the treatment of pulmonary disease in children, as advocated by Dr. Golding Bird, I cannot speak too highly. In no instance have I adopted it without witnessing the most marked beneficial effects.

The vesication by hot water, was, I am convinced, from the rapidity of its operation, as also in the result produced, of great service in the above case.

From the tendency to pulmonary engorgements, and rapid debility, I believe that depressing measures may be, and frequently are, carried to too great an extent in the treatment of croup and laryngeal inflammation in children. The rapid improvement (although at first but temporary,) which followed an improved diet with wine, was most marked in the case of the above little patient.

With a view to prevent spasm of the glottis, a few drops of the compound tincture of camphor were added to each dose of the mixture. This, as suggested by Dr. Bird, is also an important adjunct, spasmodic proving the immediate cause of sudden death, in very many cases of laryngo-tracheal inflammation.

CASE XV.

ACUTE PHTHISIS: PHYSICAL SIGNS: DEATH.

Mrs. —, aged 30, of leuco-phlegmatic habit, was delivered in November, 1845, after a lingering labour, of a dead child. She had lost two or three relations from phthisis, but had herself been well and free from cough prior to her confinement. About a month after this occurrence, she became the subject of cough, followed by expectoration and emaciation. I saw the case in consultation, in January, 1846.

The countenance was anxious; emaciation and debility extreme; voice confined to a whisper; skin hot and rather dry; no nocturnal perspirations; tongue clean; appetite very indifferent; bowels regular; urine high-coloured; pulse 120, very small and feeble; complains of occasional pain in both sides; cough incessant, especially at night; expectoration purulent, not copious, and thrown off with difficulty, in consequence of the great debility; has not had hæmoptysis, but a few specks, evidently blood, have been observed more than once in the sputa.

Physical signs.—*Percussion* elicited no appreciable

dulness.—*Auscultation*: Breath-sound tubular under the right clavicle; harsh and slightly tubular throughout both lungs, in front as well as behind; a small muco-crepitation universally diffused over both lungs.

Treatment.—This could only consist in supporting the strength, in addition to which, the mineral acids, with the syrup of the iodide of iron, and sedatives at night, were prescribed.

This poor patient survived only eleven days from the period of my first seeing her.

The foregoing case presents a graphic instance of that melancholy form of disease—acute phthisis. In reference to diagnosis, it illustrates a fact of great practical value,—viz., that notwithstanding the extensive deposit of miliary tubercles throughout both lungs, the resonance of the chest is sometimes not materially, if at all, diminished. This circumstance obtains only, I believe, in cases of acute phthisis, and may be attributed for the most part, to the miliary indurations being scattered with such rapidity through the tissue of both lungs, as to prevent that comparative modification of sound, which is elicited in the ordinary forms of the chronic disease. The small muco-crepitations, arising from capillary bronchitis, excited by the irritation of the deposit, where extensively heard and not limited to the base of the chest, becomes frequently (in addition to the unequivocal symptoms which generally obtain,) one of the most marked physical signs which we possess, of the existence of acute phthisis. The observance that the symptoms continued, “despite the remedies employed,” as mentioned by Sir James Clark, will not unfrequently materially assist in the formation of a correct diagnosis in this often obscure affection.

In the treatment of acute phthisis, when fully developed as in the above case, our best directed measures prove indeed unavailing. A carefully regulated and nutritious diet; the mineral acids with sedatives, and the syrup of the iodide of iron, are the remedies from which I have seen most benefit derived. I have at present under my care several cases of chronic phthisis in the second and third stages, for which I have prescribed the cod-liver oil. The only remark which I at present feel warranted in making, is, that I have hitherto found it well borne by the stomachs of phthisical patients. The best vehicle for taking it, as recommended by Dr. Bradshaw, is linseed tea.

CASE XVI.

PHTHISIS: PHYSICAL SIGNS: REMARKS.

H. G., aged 36, by trade a miller, applied as an out-patient at the Ipswich Hospital, September 12th, 1846. States that he has been the subject of cough for two years, which was at first dry, but subsequently attended with expectoration. Has once also had hæmoptysis, but only to a slight extent. He is not aware of having lost any relatives from phthisis.

General symptoms.—Great emaciation; countenance sallow; eyes prominent; tongue clean; appetite tolerably good; bowels regular; urine high-coloured; pulse 86, feeble; cough very troublesome at night and in the morning; expectoration muco-purulent; complains of pain between the shoulders; perspires at night, and has very rapidly lost strength.

Physical signs.—*Inspection*: Chest much emaciated; ribs rise and fall freely.—*Percussion*: Scarcely any

appreciable difference between the two sides in front, both affording good resonance, slightly defective perhaps under the left clavicle; evident dulness over the superior scapular region of the left side.—*Auscultation*: Respiration healthy over the entire right side; of slightly diminished intensity, with increased resonance of voice and cough, under the left clavicle; cavernous respiration, voice and cough with large moist crackling over the supra-spinous fossa of the left scapula; around this spot and throughout the remainder of the lung, the respiration healthy.

Treatment.—A blister beneath the left clavicle; the mineral acids, with the syrup of the iodide of iron.

This patient resided in the country, and did not return to the hospital, from which it may be presumed, that the case rapidly terminated unfavourably.

Remarks.—The circumstances attending the above case, afford an apt illustration of the necessity of careful examination of the *entire* chest, in *all* cases of pulmonary disease. Had the anterior regions been alone examined, without removing the patient's clothes, the really advanced nature of the affection would have been overlooked, and a probably too favourable prognosis given. The amount of apparent disease which existed in the front of the chest, was by no means sufficient to excite immediate alarm; indeed, had it not been for the previous occurrence of hæmoptysis, the physical signs elicited from this part might have been attributed solely to congestion.

A single cavity situated in the posterior surface of the lung, surrounded by apparently nearly healthy structure, is unusual. The fact of its occasional occurrence should direct attention to the condition of the posterior and middle portions of the lung, even although the anterior aspect present but slight indications of disease. At the request of the friends of the patient to be made acquainted with the condition of the lungs, a very unfavourable prognosis was given. This may have operated in preventing his return to the hospital, although I fear, from the obvious emaciation and debility, that a fatal termination has ensued.

(To be continued.)

CASE OF CATALEPSY: EMPLOYMENT OF ELECTRO-MAGNETISM.

By W. HENCHMAN CROWFOOT, F.R.C.S., Beccles.

J. H., aged 30, of a delicate constitution, and very sensitive mind, but of loose and intemperate habits, had been sentenced, for a slight offence, to imprisonment and hard labour in the Beccles prison. From the first moment of his committal he seemed to feel most acutely the disgrace of his situation; he associated very little with the other prisoners, was silent, and exceedingly depressed. Whilst at work on the treadmill, on the afternoon of the 15th of last June, he complained of giddiness and of some pain in the head, and had a slight bleeding from the nose; he asked, and obtained permission, to retire to his cell, where the turnkey found him on his bed, at six o'clock, in a state of insensibility. He was pallid, the pupils were dilated, and the pulse weak and quick; he sobbed occasionally like an hysterical woman; some cold water was dashed on his face, but produced no effect. He was removed to the infirmary of the prison; mustard

poultices were directed to be applied to the calves of the legs, a blister between the shoulders, and some aperient medicine to be given till it should operate.

June 16th. 8 a.m. The aperient medicine has operated freely; he is sensible when spoken to, but unable to speak; the urine passed is high-coloured; the pulse weak, and variable as to frequency; when questioned as to his having any pain, he puts his hand to his forehead; he had taken no food, but was now prevailed on to swallow a little milk. As he complained of his head, he was placed upright, and a vein opened in the arm, but after the loss of about two ounces of blood he became pallid and faint, and the arm was immediately tied up; the blood was thin, and loose in its texture.

6 p.m. Quite insensible; has passed no urine since the morning.

9 p.m. Insensible, but some high-coloured urine had been passed, after indications of much uneasiness; some milk had been got down with much difficulty, and attempts to have more swallowed were desired to be made during the night.

17th. 7 a.m. Much improved; at about five o'clock this morning he became sensible, and spoke to the men who were placed to take care of him; he still complains of pain in his forehead; is unwilling to speak much, and seems to be quite unconscious of what passed yesterday; his pulse varies from 80 to 100; skin moist; urine high-coloured. To repeat his aperient, and continue his milk. His wife, who arrived this morning, says that he had a similar affection about nine years since, which lasted several weeks, during which time he had frequent returns of insensibility.

8 p.m. The medicine operated in the morning; at noon he again became insensible, when it was discovered that his upper extremities retained any position in which they were placed till they were again moved by the bystanders, but they could easily be made to assume any posture, as if made of a flexible metal, so exactly balanced were the powers of the flexor and extensor muscles. This cataleptic condition did not, however, extend to the lower extremities, as the legs, if raised, immediately fell on losing their support. The power of swallowing was now entirely suspended; the pupils were insensible to light; and the pulse varied from 80 to 120 beats in the minute.

10 p.m. Consciousness appears to be returning; some milk has been swallowed, and the patient has passed his urine upon being desired to do so.

18th. 8 a.m. Had been restless during the early part of the night, but about midnight he became again cataleptic, and remained so for about three hours, when he awoke, but relapsed into the same state at five o'clock, and still continues in it. Pupils slightly dilated and immovable; pulse 70; skin moist; no urine has been passed since last night, but about a pint of milk was taken during the lucid interval. There is a remarkable absence of all expression in the countenance.

8 p.m. At about eleven o'clock in the forenoon the patient became sensible, passed his water, and took some food. He complains of pain in the forehead, and in the left side of the epigastrium; pulse 70; tongue clean; he is very disinclined to talk. During the attacks the pulse varies much as to force and