the larynx nor in the secondary ramifications of the bronchi, into which it extended, was it of a character liable, or in that quantity sufficient, to obstruct the passage of air. It will be noticed that in the second case mention is made of a slough, and not of a membrane. I have, however, since reading Bretonneau's remarks in this regard, who says that "the supposed sloughs are not portions of gangrenous mucous membrane, but exudations upon its surface," chosen to consider it rather a membrane than a slough. Mr. Hutchinson also, in the *Medical Times and Gazette*, says the same thing, and gives a case in point, in which he peeled the supposed gangrenous portion easily, and without causing bleeding, from a deeply red, shining, but otherwise unaffected tissue beneath.

The manifestly contagious nature of the disease under consideration is a no less strong reason for separating it from croup. In Dr. Bullard's cases, out of 47 families, there were only 15 in which the other members all remained healthy; and in no case where separation from the sick person had been effected early in the disease, has he noticed that it has spread to the separated individuals. Of course, it may be argued, on the other hand, that all the members of a family are equally exposed to the operation of local causes of disease. In the cases here recorded, however, three children living on the same floor were all exempt, being carefully kept from associating with the children attacked.

All writers, I think, agree in this, that diphtheria is a constitutional disease, having its lesion in the throat. The sudden fatal termination in these cases, when convalescence seemed well-established, is a reasonable proof of this. In relation to croup, however, there has not been, as yet, any reasonable ground for believing it anything more than a local disease. Moreover, some other symptoms, such as the partial paralysis, the soreness of the throat in swallowing, the fœtor of the breath, and the enlargement of the glands of the neck in diphtheria, tend still more to separate the two diseases. In conclusion, it may not be improper to say that during the whole course of the malady in this instance, the idea of croup never entered the mind of any of the gentlemen who attended or saw the cases.

CROUP—TRACHEOTOMY—RELIEF FOR A TIME—DEATH.

BY DAVID P. SMITH, M.D., SPRINGFIELD, MS.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Dec. 12, 1855, I saw Master C., aged 6 years, who was suffering from the symptoms of aggravated tonsillitis. He had had enlarged tonsils for two years, and the previous spring part of one had been removed, to give relief to the mechanical difficulty of breathing. Fearing complete suffocation if there was much tumefaction, I at once put him upon a vigorous course of

treatment, consisting of emetics of ipecac and zinc, tinct. bloodroot, a little calomel, and when the breathing was very labored turpeth mineral to free vomiting, and applications of nitrate of silver. Sleep was procured by opiates whenever he seemed exhausted. He went on very well until the sixth day, when he coughed up what, from the report of his parents, must have been false membrane. All this time he was up, with his clothes on, playing about the floor. On the eighth day from the commencement of the disease, his symptoms began to increase in intensity, and his cough to assume the peculiar croupy sound. Vomiting was produced several times, with turpeth mineral, but no improvement followed. This evening, Dr. — saw him in consultation. He continued growing worse until the next (Friday) evening, when he seemed near his end. Dr. — was now added to our consultation. Death seeming inevitable, we proposed tracheotomy, and, with the parents' consent, preparations were made to operate. Anticipating some trouble, for the child was short-necked and fat, Dr. — volunteered to go for more assistance. During his absence, the child rapidly choked up. Desiring the father to hold up the boy, just as he appeared to have breathed his last, I made the first incision. A slight effort at inspiration followed, then the head fell forward upon my left hand, the index finger of which was in the wound. Dr. — kindly and ably assisting me and throwing back the child's head, I hastily opened the trachea, and inserting a catheter inflated the lungs. With the assistance of Drs. — and —, who then entered, a double silver catheter was inserted into the trachea, through which respiration was easily performed. So near death, however, did the child come, that at least one quarter of an hour elapsed before it breathed without assistance. This was at midnight; the following morning, the little fellow was sitting up in bed, tossing about his playthings. He seemed, for a time, perfectly free from disease. Early in the afternoon, however, he began to be restless, and gradually grew worse, breathing short and struggling for breath, until his death, which occurred at 6½ o'clock the following morning—30½ hours after the operation.

On *post-mortem* examination, we found a tubular false membrane both above and below the opening into the trachea, which was through the two upper rings. This tube of false membrane extended far down into the lungs.

CASE II.—March 18th, 1856. Willie —, aged 5 years, was taken with croup in the night. Very energetic treatment was had recourse to by Dr. —. I was asked to see him about midnight. Drs. — and — saw him the next day; but medical treatment seemed of little avail, and he rapidly grew worse, until at noon, about 13 hours after the commencement of the disease, in full consultation, it was determined that tracheotomy should be performed. A paroxysm of dyspnoea, amounting almost to actual suffoca-

tion, hastened us, and in the midst of his convulsive struggles for breath I commenced the operation, making my first incision high in the neck, so as to avoid the thyroid body, and, despite the struggles of the child and his convulsive attempts at breathing, working downwards, I got my left forefinger between the sternohyoid muscles, which felt like iron wires, so convulsively were they drawn. The trachea was then with some difficulty opened, through the first and second rings, and a tube inserted. The breathing immediately became calm and placid, and the little fellow sank into quiet rest. In the course, however, of a few hours, his pulse became quick and hard, restlessness and shortness of breath increased, and he gradually grew worse and expired about 15 hours after the operation.

On *post-mortem* examination, we found the windpipe, above the opening made by the operation, perfectly occluded. Below the opening, the mucous membrane was very red, seemingly intensely inflamed. This condition of the mucous membranes extending far down into the lungs, led us to suppose that death took place from the intensity of the inflammatory action.

This is, so far, all my experience upon the subject of tracheotomy in croup. The operation is a difficult and an anxious one to the surgeon, and an appalling one to the by-standers; yet the immediate and perfect relief afforded by it, for a considerable space of time, in these two cases, which are all that I ever saw, has influenced me much in its favor. I shall not shrink from its performance in the next favorable case that presents itself. Such is, I know, the opinion of most if not of all who witnessed its performance in these two cases.

ON THE STRUCTURE OF POLYPI OF THE FEMALE URETHRA.

[Read before the Biological Society of Paris, by Dr. A. VERNEUIL. Translated from the *Gazette Médicale de Paris*, for the Boston Medical and Surgical Journal.]

THE external orifice of the urethral canal in women is frequently the seat of a pediculated growth, which has for a long time, and in all the books, been designated by the name of polypus of the urethra. These tumors all resemble each other very exactly; they are generally of small size, and of a very deep red color; the enlarged portion projects beyond the meatus, while the pedicle, more or less elongated, is sometimes inserted into the circumference of this orifice, sometimes adheres a little more deeply to the interior of the canal, without, however, exceeding a few lines in this direction. These little growths sometimes bleed freely, but they are chiefly remarkable for the very acute pain with which they are accompanied, not only during micturition, and when they are touched, but also during coitus, which they sometimes render extremely painful. The whole vulva may become painful, and these symptoms, which correspond inadequately with the anatomical