CLINICAL RECORDS.

A Case of Diphtheria. Reported by ALFRED F. PENNY.

THE following notes I have taken on a case of diphtheria which was recently under the care of Dr. Corley at the Richmond Hospital, Dublin:—

On Friday night, Nov. 30th, 1888, about 11 30 o'clock, a little girl named Maggie Thompson, aged eight years, was brought to the Richmond Hospital by her mother, suffering from diphtheria. The Resident on duty, who was the first to see her, found her in a condition bordering on suffocation, suffering from intense prostration, aphonia, severe inspiratory dyspnœa, and well-marked substernal pitting. The tongue was large, covered with a whitish fur, and a distinct false membrane could be seen on the palate, pharynx, and fauces, which, judging from the dyspnœa, had evidently spread down into the larynx and trachea. She had also a very frequent pulse, an extremely bad smell from the breath, and, judging by her expression, appeared to be suffering great distress. Owing to the critical condition of the patient, and taking into consideration the imminent danger of death by suffocation, it was determined, subject to the consent of the child's parents, if necessary to perform tracheotomy, and she was at once admitted into hospital. On admission her throat was poulticed, an emetic of ipecacuanha wine was administered, and the throat was sprayed occasionally with lime water. A tent composed of a few sheets was also constructed over the bed, and the air rendered moist by steam from a bronchitis kettle. After vomiting had supervened, the patient's breathing became slightly better, but there was still well-marked inspiratory dyspnœa and substernal pitting; and as it was very evident that unless some improvement took place it would be imperative to resort to operative measures, everything that was necessary was prepared beforehand in case such an emergency should arise. About 3 o'clock a.m. the Resident on duty retired to bed, the nurse having been previously instructed to immediately call the house surgeon should she notice signs of suffocation in the child. In accordance with her instructions the nurse carefully watched the child, and a little after eight o'clock in the morning, observing that the patient was rapidly becoming asphyxiated, immediately called the house surgeon, Dr. Nash, and the resident pupils. Owing to the critical condition of the patient, being almost in the last stage of asphyxia, and her radial pulse having completely disappeared,

it was apparent that the only chance of saving her life lay in the immediate performance of tracheotomy, and she was quickly placed on the table, the shoulders being raised and the head and neck well thrown back. Dr. Nash then made an incision extending from the crico-thyroid membrane downwards for about an inch and a half, carefully avoiding the anterior jugular vein, and keeping well in the middle line. The deep fascia was then opened, and the fascial septum between the sterno-hyoid muscles exposed. About this point some venous hæmorrhage took place, which was easily stopped with a catch forceps, and the septum between the sterno-hyoid muscles being incised, the muscles were held apart. The loose connective tissue covering the isthmus of the thyroid was now seen and divided, and the isthmus drawn down with a blunt hook, the trachea being then easily exposed. At this stage of the proceedings the visiting surgeon, Dr. Corley, arrived and completed the operation.

Having steadied the trachea by sticking a small sharp hook into its front surface, it was now carefully opened, and the cricoid cartilage cut, the edges of the wound being held apart. Immediately the opening was made, the trachea, which was almost choked up with pus and false membrane, was cleaned out, a few bits of the membrane taken away, and a modification of Fuller's bivalve canula was inserted. At the same time the child became immensely relieved, the lungs commenced to expand freely, the pulse returned, and the expression of the child's face indicated the comfort it experienced in being able to breathe freely. Nearly the whole operation, with the exception of opening the trachea, was performed by Dr. Nash, and performed, too, under very unfavourable circumstances.

After the operation the patient was kept in a separate room, and the canula, which showed a tendency to become plugged with the secretion, kept clear with a feather. Dr. Corley, later on, examined the lungs, and found them both quite clear, and as the breathing was good, the case appeared to be progressing very favourably. Towards evening, however, the patient lost ground very considerably; paralysis of the muscles of deglutition set in, the respirations became more frequent, the pulse small, quick, and irregular, and the extremities got very cold. At half-past one o'clock the following morning the pulse had completely gone, and the paralysis had spread to the muscles of the neck, and at five o'clock that morning the patient died from asthenia.