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SOME SUGGESTIONS ON THE IMPORTANCE OF EARLY INTUBATION AND THE USE OF ANTI- TOXINS IN MEMBRANOUS LARYNGITIS.

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In my experience of intubating over one hundred cases of membranous laryngitis, I have observed that most physicians postpone intubation longer than they should. I have always advocated early intubation in all cases of membranous laryngitis, be it diphtheritic or otherwise, because, in a great majority of cases, it will become necessary later, when valuable time has been lost and the patient has lost vitality and is more exhausted.

The chances of recovery are much greater if the operation be performed early than if it be reserved as a last resource, and the younger the child the greater the risk in waiting. If the operation be delayed too long, the engorgement of the lungs, which always accompanies sudden stenosis of the larynx or trachea, leads to bronchitis and catarrhal pneumonia, and is thereby liable to bring about a fatal result. If left until all other treatments have failed and systemic infection is marked, a sudden and even a complete oxygenation of the blood will not restore the normal condition, and the patient will succumb to the intense toxemia.

My experience has convinced me that the accident of placing the tube in the esophagus, which often happens to those who are not familiar with the operation, is due to the fact that the handle of the introducer is not lifted high enough so the distal end of the tube points toward the mouth of the larynx instead of the esophagus. The distal end of the tube should come against the left forefinger holding up the epiglottis, which also aids in directing the tube. The tube should not be forced into the larynx, but should drop into it of its own weight, well

it would lead us to the supposition that the labyrinth (internal ear) might have the same defect (i. e., not being plumb with the vertical or horizontal plane of the body or the horizon). If it were not plumb, I believe that the person would be subject to faulty equilibration. How would we know this? The only way to tell would be to remove the entire temporal bone from the head of the dead subject whom we knew to have been through the Bárány tests and known to have faulty equilibration from either eye muscle or ear defects or both; take the bone, get the plumb of the upper ridge of the petrous portion and the zygomatic root, then cut the bone open and see if the semicircular canals were plumb with spirit level. This would have to be done by an expert anatomist.

To determine whether defective equilibration were due to tilting (declination) of one or both labyrinths, both would have to be examined pathologically to determine whether there were any pathologic defect due to syphilis, measles, scarlet fever, etc., or blood vessel defects.

Another thing that would have to be determined would be whether one leg was slightly longer than the other and the amount, and take that amount and figure how many degrees of a circle that would cause in inclination of the body side-wise. Then ascertain if the labyrinths have inclinations to a similar degree; or whether the labyrinths are plumb with the earth's vertical plane, even if one leg is shorter than the other.

I advance these theories in the hope that some able scientific investigators may be able to elucidate this problem.