

November 30th. Has had carbolized douches and an enema daily. One suture removed from each angle.

December 3d. Four remaining sutures removed.

December 8th. Union perfect. Was sent out for ten days, preparatory to repair of perinæum.

December 18th. Reports that she was taken unwell the day after leaving hospital, and that the flowing and pain were much less than before the operation. Has less pain in back, but still some dysuria. After a few days of rest and douching, on the 22d, the perinæum was cleared of cicatricial tissue and closed in the usual way with wire sutures.

December 29th. Sutures removed. Perineal body well restored, but some gaping of the integuments to be restored by granulation.

January 15th. Discharged well, and directed to return later for a pessary should the retroversion recur.

A CASE OF SEVERE LARYNGEAL SPASM IN AN INFANT.¹

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THAT pressure upon the recurrent laryngeal nerve may produce severe and even fatal laryngeal spasm is a fact which has been repeatedly verified by autopsies. This pressure is generally due either to the presence of a malignant growth or an aneurism, and is of course far more likely to occur in adults than in children. Writers on children's diseases refer to spasmodic affections of the larynx as occurring in one of two forms: laryngismus stridulus (thymic asthma), or that far commoner form of spasm which so frequently accompanies ordinary catarrhal laryngitis. Neither Bouchut, Meigs and Pepper, J. Lewis Smith, West, or Steiner (in his *Compendium of Children's Diseases*) make any mention of enlarged cervical glands as a factor in the production of laryngeal dyspnoea, except to doubt their having any connection with laryngismus stridulus — called also child crowing or thymic asthma. The following case bears directly upon this point, as it proves the direct connection of pressure by enlarged glands with spasm of the glottis in its severest form.

January 24, 1880, I was asked to see an infant of nine months, whose previous history is as follows:—

From birth (although of fairly healthy parentage to all appearances) she has suffered the train of evils usually attributed to scrofula, including ulcerations of the cornea, ozæna, aphthous stomatitis, and enlarged cervical glands; and in spite of healthful surroundings and assiduous care her existence had thus far proved a struggle which seemed likely at any time to end unfavorably. During the four days preceding the date of this visit her symptoms had been those of catarrhal laryngitis — certainly nothing more.

I found the child's attendants in a state of terror and confusion, which her condition certainly appeared to warrant. She lay in her mother's arms, with her head thrown back, livid, and seemingly moribund. The respiration at times ceased entirely, and then recommenced with convulsive gasps, ending in a deep breath, drawn evidently with the greatest difficulty. The symptoms were far more intense than anything I had ever seen. The pulse could not be felt, and as the intervals between the respirations grew longer and the breaths themselves shorter the situation became ex-

tremely unpleasant. On each side of the neck there were swellings composed of groups of enlarged glands, which had existed some days, but had given no evidence of fluctuation, and were still perfectly firm to the touch. Having no bistoury with me, I hastily made quite a deep incision in the more prominent swelling (that on the left side) with a pen-knife, but was disappointed in seeing nothing but blood, and that in considerable quantity, flow from the cut. After a little probing with a hair-pin, however, a discharge of pus ensued, which may have amounted to a teaspoonful, and was followed immediately by a marked change for the better in the child's symptoms, — the respiration at once becoming regular, and the patient going quietly to sleep after taking a little rum in milk. Two days later the same performance was repeated, and opening the swelling in the opposite side of the neck had an equally good effect. Since that time no enlarged glands have been discovered, and the child has had no respiratory trouble of any kind.

I think under the circumstances we are justified in regarding pressure by the enlarged glands upon the recurrent laryngeal nerve as the immediate cause of the spasm; and I see no reason why pressure of this kind should differ in its effects from that caused by malignant growths or aneurisms, both admitted factors in the production of fatal laryngeal dyspnoea. In an adult the same degree of spasm would have probably occasioned much less trouble, as the soft and fibrous texture of the infantile larynx renders atmospheric pressure an important factor in narrowing the opening of the glottis during inspiration, whenever spasm of the tensors is present to hinder the free entrance of air. The child's immediate recovery in both instances from symptoms which I feel sure would have speedily led to death proves (at least to my mind) that the case was one of spasmodic contraction of the tensors, from interference with the filaments of the recurrent nerve which supply these muscles, and not one of paralysis. If the latter had been present, atmospheric pressure would have speedily closed the glottis, and nothing short of tracheotomy would have afforded relief. In adults, on the other hand, the presence of paralysis (unless of both abductors only) would still have admitted of respiration being performed, owing to the cadaveric position assumed by the affected muscles, the wider aperture of the glottis, and its firmer texture offering the necessary resistance to atmospheric pressure. The only case I have been able to find record of in which enlarged cervical glands play an important part in causing laryngeal troubles is given in Morell Mackenzie's work (London, 1880). Here a case is related in which there was complete anæsthesia of the interior of the larynx and paralysis of the thyro-epiglottic, ary-epiglottic, and crico-thyroid muscles, causing the epiglottis to maintain the erect position, and rendering the cords lax when adducted. Here the trouble was due to a mass of enlarged glands pressing upon the superior laryngeal nerve on one side, and pressure upon the corresponding nerve of the opposite side by a post-pharyngeal abscess besides enlarged glands. In a short time the abscess discharged, the glandular enlargement subsided, and all symptoms promptly vanished. The case which forms the subject of this paper, occurring in so young a child and being so plainly due to the pressure caused by enlarged glands, is unique, so far as I have been able to discover by tolerably careful reference to the literature of the subject.

¹ Read before the Boston Society for Medical Observation.