

much exhausted; pulse small, feeble; face purple; no vomiting.—Opiate draught; frictions with mercurial ointment over the abdomen; twenty leeches.

7. Extremities cold; face purple; vomiting; frequent hiccup; abdomen tumid and tympanitic, painful; respiration short, oppressed; pulse insensible; copious discharge of faecal matter through the wound. The woman died in a few minutes after the visit.

Examination twenty-four hours after Death.

Peritoneum vascular; the abdominal cavity contains a quantity of sero-purulent fluid; there is but slight adhesion between the gut and parietes of the abdomen. The intestine had been divided at eight or nine inches above the cœcum. The obstacle to the passage of faecal matter was now sought for, and found at the junction of the cœcum and colon; the former was so contracted as scarcely to admit the point of a female catheter; at this place the intestine was closely adherent to a mass of scirrhous matter which was attached to the pelvis. The small intestine, for a short way above the cœcum, was inflamed. The other viscera were healthy.—*Arch. Gen. de Med.*, August, 1838.

The operation of gastrotomy in the case which we have just recorded, appears to have been a bold proceeding, but we think that it was fully justified by the circumstances in which the patient was placed. Death was imminent; there remained the doubtful chance of an operation, and the surgeon did not hesitate to adopt the only course, though a dangerous one, which presented a prospect of saving his patient. It must, however, be confessed that many of the most eminent physicians and surgeons reject the operation altogether on the grounds of the uncertainty of the symptoms of ileus and of its precise seat. But in the present case the existence of a tumour in the ileo-cœcal region indicated with sufficient precision the seat of the obstruction, while the general condition of the patient was not such as to contraindicate an operation. The late Baron Dupuytren once performed gastrotomy, but without success, in a case of ileus; on the other hand, in a memoir presented to the Royal Academy of Surgery, Hevin mentions fifteen cases of the same disease, in two of which gastrotomy was performed with success.

CASE OF

PRIMARY LARYNGO-TRACHEITIS.

By MARTIN H. LYNCH, *M.D.*, and
WILLIAM DAWSON, *Esq.*

THE following is an example of croup occurring in the adult person:—

Mrs. H., aged 28 years, in the eighth month of pregnancy, having been engaged in washing a very warm room on Wednesday, the 9th of May, and having, while heated, imprudently exposed herself to a current of cold air, attributed to this circumstance some slight bronchitic symptoms which appeared on the following day, and continued for about forty-eight hours, when there were superadded uneasiness, almost amounting to pain, in the anterior part of the neck, sibilous respiration, great dyspnoea, high fever, &c. We were not called upon till the 15th. Mrs. H. had been, up to our visit, under the care of a druggist, who had merely administered a purgative, and applied a few leeches to the throat.

May 15, 11 o'clock, A.M. Skin hot; countenance pale, but tumid and anxious; thirst (cold water being preferred); bowels not freed since the day before yesterday; tongue moist, furred; region of the larynx painful on pressure; deglutition very difficult; pulse 124, hard, and resisting, although small; great dyspnoea; whispering voice; sibilous and difficult inspiration; cough, which sometimes occurs in paroxysms, when it is "barking" (to use the expression of her mother, who is in attendance upon her); darting pain on the right side of the chest since morning; expectoration viscid, of a yellowish green; her mother states that before we had seen her, she had coughed up a tough flat substance of an irregular form like a piece of skin; internal fauces and pharynx in a natural state.

On examining the chest we found the sound, on percussion, clear; *no abnormal sounds* were heard on applying the stethoscope, but it was equally impossible to hear the murmur of respiration, in consequence of the loudness of the laryngeal râle, and probably on account of the weakness of respiration, resulting from the obstruction in the glottis. The pulling forward of the tongue *was not productive of pain*. We endeavoured to get a view of the epiglottis but failed, the attempt always giving rise to a paroxysm of dyspnoea and coughing; we found that her mother's description of the character of the cough during the paroxysm was perfectly correct, it was "barking," and at the same time ringing and clangous.

The treatment consisted in the application of leeches to the region of the larynx the administration of purgative enemata the exhibition of the following solution o

tartarised antimony, to be given in half-ounce doses, so as to maintain nausea, and excite moderate vomiting.

Rc *Tart. of antim.*, gr. iij;
Distill. water, ℥viii.

Mercury was ordered by way of inunction into the axilla, and a large blister to be applied, *inter scapulas*, and to extend to the nucha. A draught containing five drops of Battley's sedative solution to be given every three hours.

The patient was visited at intervals of three hours at the most; there was nothing new observed until three o'clock, except that the signs of foetal life had disappeared; at half-past three o'clock she stated that her breathing was performed with more ease, especially after vomiting; turns in the bed without assistance or much difficulty; expectoration copious, paroxysms of threatened suffocation fewer; the bowels have been once freely moved.

Repeat enema; continue medicines.

This improvement continued until four o'clock, A.M., on the 16th, when suddenly she was attacked with paroxysms of dyspnoea of unusual severity, which quickly recurred until she expired at 7 A.M.

Necropsia, twenty-nine hours after Death.

The neck was very short; when the trachea was exposed we were struck with its very small calibre; indeed it might, in this respect, be compared to that of a child.

The mucous membrane covering the epiglottis was vascular, especially towards the base, and was covered posteriorly, *i. e.* on its laryngeal surface, with a yellow, viscid, puriform matter; the epiglottis was erect, hard, and wonderfully thickened, representing one-fourth of a *sphere* instead of a *plane*.

The larynx and trachea were split open posteriorly along the median line, the internal surface of the larynx was covered with a viscid, ochre-coloured, puriform matter. The trachea was lined with a buff-coloured membrane, nearly as thick as the rings of the trachea, and extending to the bifurcation of the bronchi; it formed a perfect cylinder, except at one point posteriorly, and at the lower part of the trachea, where there was a longitudinal deficiency; the cylinder of false membrane was free inferiorly, it was adherent above.

The larynx was lined with a thin filmy continuation of the tracheal false membrane; this filmy membrane was shreddy at some points, through which it seemed to give exit to the ochre-coloured matter. The mucous membrane of the trachea, where the detachment of the false membrane left it visible, was found highly vascular. The folds of the membrane forming the edges of the glottis were hard and swollen, the ventricles of the larynx were hardly visible, being nearly obliterated by the inflammatory thickening and exudation.

The lungs exhibited sanguineous congestion even at the superior part, but were soft, crepitating, and the blood was easily expressed. The bronchial tubes exhibited an inflammatory injection below the termination of the false membrane, but on following up their dissection, we perceived that the vascularity gradually disappeared as we approached the smaller tubes, and ultimately disappeared altogether, the mucous membrane being in a perfectly natural state. In ascertaining the existence of vascularity, we did not omit careful washing in order to distinguish between inflammatory injection, and mere colouring produced by the blood effused during dissection.

No appearances were found in any other part of the body sufficient to account for death.

The larynx, trachea, and as much of the pharynx and fauces, as a hurried dissection allowed us to remove, have been carefully preserved by one of us (Mr. Dawson), and the preparation has been placed in the museum of the Newcastle-upon-Tyne School of Medicine and Surgery.—*Dublin Journal*.

This case was clearly one of simple, uncomplicated inflammation of the larynx and trachea; during life we ascertained that the fauces and pharynx were quite free from disease, a fact confirmed by dissection.

The distinction between uncomplicated or *primary* croup, and *secondary* croup, or that which is consecutive upon affections of the fauces and pharynx, is one of great importance, inasmuch as the former is always attended with sthenic symptoms, but the latter generally with symptoms of an asthenic character. The credit of making this division is due to Dr. Copland and Dr. Stokes.—(Copland's Dictionary, 1835, Art. Croup; and Stokes on Diseases of the Chest, Dublin, 1838.)

That *primary* croup, leading to the formation of a false membrane, is an extremely rare disease in the adult, may be inferred from the fact, that Dr. Stokes, notwithstanding his great talent, experience, and research, has been able to bring forward but one case of it.

The circumstance of no pain being produced by drawing forward the tongue, seemed to point out that the epiglottis was not much affected; nevertheless, dissection showed that it had been intensely inflamed.

Although we endeavoured to avail ourselves of every remission of the symptoms, the use of the stethoscope led to no results, whether we applied it to the thorax or over the trachea.

We consulted upon the propriety of performing the operation of tracheotomy, but determined against its expediency. First, because without any *leading question* having been asked, we had been told, that some false membrane had been coughed up. Secondly, because the cough was very different from that of pure laryngitis, being, on the contrary, like that of croup, clangous, ringing, and as it were metallic.

UNIVERSITY COLLEGE HOSPITAL.

TREATMENT OF VARIX.

E. H., aged 25, a lady's maid, was admitted June 21, under the care of Mr. Liston. About six years ago, during the time she was travelling, her left leg became frozen, and was afterwards suddenly exposed to considerable heat, by the limb being immersed in a mash-tub. In consequence of this treatment the veins of the leg became varicose, and the limb flexed at the knee-joint. This state of flexion continued for some time, when it was overcome by main force, and the limb was moved with freedom. She has had recourse to a variety of treatment under various surgeons without experiencing any relief. On her admission the veins of the leg were much enlarged, and there was a small ulcer on the inner ankle.

July 25. Mr. Liston passed eight needles under the principal varices and applied twisted sutures. The ulcer soon healed and the veins ceased to appear enlarged.

30. Three of the needles were removed to day; the other five on the 31st. Water-dressing applied.

August 4. The leg bandaged to day. Went on well till the 16th, when she was discharged cured.

BRITISH MEDICAL ASSOCIATION.

Sept. 18, 1838.

ROBERT INNERARITY, Esq., of Baldock, Herts, was elected a member.

A report from the Branch Association at Stroud was read, and was highly satisfactory. The Stroud branch already numbers fourteen members, Dr. Wilmot is the President.

A communication was also read from Mr. Bedingfield, of Stowmarket, relating to, and severely commenting on, the proceedings of the Poor-Law Commissioners in that neighbourhood.

Communications were also read from Dr. Maunsell, of Dublin, Dr. Cowan, of Reading, and Mr. Massy, of Nottingham.

It was moved, seconded, and carried, that a class of corresponding and honorary members be instituted.

The remaining portion of the evening was devoted to the subject of the forthcoming anniversary. It was determined that an annual oration should be delivered on the anniversary of the Association; the subject chosen for the present year was that of *Medical Reform*, and Dr. Granville was appointed orator.

MEDICAL SOCIETY OF LONDON.

THE Society held its first meeting for the session on Monday evening, and notwithstanding the unfavourable state of the weather, there was a full attendance of members. An elaborate paper on "Club-foot" was read by Dr. Little, an abstract of which we may probably find room for next week.

REGULATIONS OF APOTHECARIES' HALL.

In the abstract of the Regulations of Apothecaries' Hall, published in our last Number, we omitted to mention that two courses of lectures on midwifery and diseases of women and children should be attended in *separate* sessions, and *subsequently* to the first summer session. This is the only change which the Society of Apothecaries have made in the curriculum for 1838. We had sent to "the Hall" for a copy of the new regulations, but received for answer that none had been published since last year.

CORRESPONDENTS.

The letters signed "ROBERT LYNCH, M.D.," cannot appear in our columns. That the wholesale slaughterer should be defended by the advocate whom he has hired, is not surprising, but it is somewhat extraordinary that so cunning a quack should engage a scribe who cannot put pen to paper without displaying the grossest incompetency to execute the commonest duty of a literary hack. Not a single sentence of either of his present productions contains two lines grammatically constructed. As for his arguments and reasonings, they are especially distinguished by ignorance and mental imbecility, and almost deserve preservation for these qualities.

A Constant Reader, Exeter. Such an apprenticeship will not qualify for the examination.

Amicus Justitiæ. Unless the inquest involved points of medical inquiry, a notice of the proceedings would be foreign to our Journal. Ample publicity might be secured in some other metropolitan Journal.

The Shrewsbury and Nottingham newspapers have reached us.

The communications of Mr. Samuel, Mr. Rayner, Mr. Rogerson, and Mr. Edward Thompson (whose letter was correctly addressed), have been received.