

riage" from outside passengers, and a hundred times as many one-horse vehicles of every shape and colour, all rolling on to prosperity, and first put in motion by the breath of our approbation. As one of the monuments most honourable to our public labours, we have carefully preserved in our museum innumerable walking-canes, patent umbrellas, and other humble but genteel accompaniments of professional pedestrianism, presented to us by persons whom we helped into coaches. Though making men happy is obviously our chief work and greatest pleasure, the world, we think, is indebted to us for another favour, scarcely of less importance than bringing genuine merit into demand and notoriety—we allude to our destruction of the reviewing tribe. We, nay, the youngest reader of us, whose dreams, since receiving his first fee, and killing his first patient, are all of gold,—must remember the time when these reviewers were considered a superior order of beings, living, like angels, in a state of invisibility, and as incapable of misrepresentation; when their flats were looked on by poor-devil authors as fate, and their pens as possessed of something like the power of Mercury's wand, which might place them in the heaven of public admiration, or lower them to the shades of obscurity and contempt. No one ever thought of litigating their decisions; the profession literally laughed at their wit, admired their learned allusions, and even enjoyed Roderick's jokes. Is this, we ask, the case at present? Just look at one of the "moderns" reading one of the "ancient" journals. You will see him glancing over a whole page in less than a second; just catching a syllable, or a word, in each sentence, like a short-hand writer; his whole frame evidently agitated with impatience to have done; and his fingers turning over the leaves as rapidly as if they had been ventilated by a whirlwind. We have disciples, indeed, so expert at deciphering the hieroglyphics of the old reviewers, that they are quite content with a perusal of the "table of contents;" and for our own part we shall bet a thousand to one that, supply us with the "index" of one of those rhapsodies at the end of a year, we shall give their language and opinions on any given subject; with those errors, only, committed by the printer. Nay, so thoroughly are we acquainted with their opinions, modes of thinking, and phraseology, from frequent exposition and analysis, that,

"Detur nobis locus, hora, custodes,"

as Crispinus says, and we shall undertake to write "leading articles" for Roderick; "reviews" for Jemmy Johnson, and "philosophy" for Dr. Craigie, in a style that no human being will be able to discriminate

from that of the great originals. And yet, after all the good we have done, it is melancholy to have persons, who ought to know better, assert that we are exhausted, growing dull, getting old; that the charm of youth has passed away from our constitution. We are certainly growing old, thank God. Like Homer, we sometimes nod, "Quandoque dormitat bonus Homerus." But are the writers in *THE LANCET* the only drudges in the world who are to be denied the luxury of an occasional nap? Or are they to run over for ever with fun and philosophy, like the ever-warm, sparkling, and fertilizing waters of a Gyser? More are apprehensive that we shall be exhausted of "lectures;" others, that our repetition of "hospital reports" will become tiresome; that, in short, we shall expire of a gradual decline. There are persons, my dear Doctor, at the head of whom stands William Cobbett, who are always complaining and prophesying evil; but there is not, we assure you, the least cause of alarm on this head. In a hundred years hence, there will be abundance of new lectures to publish; varieties of disease, and improvements of its treatment, to be recorded; readers and pupils to be amused and instructed; in fact, about that time, we think, *THE LANCET* and the profession will be wonderfully improved; and should it ever happen that the genius of man should become exhausted, and the world so pure and enlightened, that our assistance will be unnecessary, we shall begin to think seriously that its end is approaching; but not one hour, my dear Doctor, sooner than that, says your devoted servant,

ERINENSIS.

Dublin, Oct. 17th, 1829.

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#### ON THE NATURE AND TREATMENT OF CROUP.

*By JOHN KIMBELL, Esq., M.R.C.S.*

I SHALL possibly incur animadversion for presuming to submit to the public, however briefly, the crude opinions of a country-practitioner, and I anticipate that many well-informed persons will not coincide with my conclusions; but I feel confident that the motive which has led me to trespass upon your valuable space, will be an adequate apology to all those whose approbation I am desirous to obtain. I have, for a long time, been in the habit of using a formula in the treatment of croup, which has been attended with remarkable success. It has, in consequence, acquired some little local reputation; and it will, I trust, be pardoned me, for preferring a fair and extensive trial through the medium of your pages, to the partial utility, doubtful justice, and perhaps ulti-

mate neglect, which it might obtain from private communication.

In this district, from local causes, croup is unusually prevalent; and it has fallen to my lot, partly from the success alluded to, to witness more specimens than commonly occur to one person. We have also, at times, abundance of the *bastard croup*. It is unnecessary here to dwell upon the symptoms, which, under the name of the former, do with the ordinary treatment, so often lead to a fatal termination; but there can be no doubt, that if activity of "antiphlogistic practice," and prompt attention, only, were requisite, the results would be far otherwise than they are reported to be, as there are very few infantile maladies, to the rapidity and danger of which, the public and the medical profession are more sensibly alive. I have been induced to think that the fatality in croup is mainly attributable to an erroneous pathology, and, consequently, to the misdirection of our attentions in the mode of treatment; and death appears to me to be produced, at least in the generality of instances, not by the systematic violence of the peculiar pellicular inflammation, nor by the, often trifling, quantity of plastic effusion which attends it, but to be directly owing to the spasm which is obviously present, and operative, at least, to a certain extent, in every case. That the actual straitening of the oral aperture by false membrane, is not generally the cause of death, there cannot be much doubt. I have never witnessed an examination after death by croup, where an opening has not been left, such as to lead those present to think it adequate to the further prolongation of life; and in the recorded cases of cyanche laryngea in adults, this circumstance is still more forcible, while it is a strong concurrent fact, repeatedly observed, that the fatality in croup is in no wise proportional to the extent of the tube affected, but rather correspondent to its site; those cases being most grievous, rapid, and fatal, in which the inflammatory process is developed directly upon the apparatus for contraction. Again, that inflammation in an open passage, lined by mucous membrane, and occasionally so limited, as to leave but slight traces after death, should proceed rapidly to a fatal termination, by its effects on the system, is unsupported by analogy, and would be a very remarkable occurrence in the history of disease. I am, therefore, led to conclude, that the peculiar complex condition which we denominate inflammation, is not, in croup, the principal cause of death. To preclude the admission of noxious bodies, nature has endowed the entrance of the lungs with a degree of irritability, very exquisite, even in the healthiest state. A morbid increase, or exaltation of the natural irritability, ac-

companied with afflux, (whether cause or consequence,) and the symptoms arising from those two states, constitute inflammation. Morbid irritability, occurring in the muscular and musculo-ligamentous tissue, exhibits those phenomena of abnormal and irregular contraction, which we call spasm. Without canvassing their specific nature and difference, or the reciprocal power of each to produce the other in every case, it is evident that spasm is of very frequent occurrence in textures immediately subjacent to an inflamed organ, or associated with it in office. Whenever the mucous lining, or other texture near the extremity of an open passage, is inflamed, the muscles connected with it, and particularly those subservient to its closure, are sure to partake of the spasmodic condition. Inflammation of the urethra, inflammation of the neck of the bladder, and abscess in the vicinity of the rectum, are obvious examples; and the levator, the acceleratores, and the sphinctery, are excited to frequent and irregular contractions. The natural and morbid irritability of parts is, I believe, pretty generally, in a direct ratio to each other, exclusive of circumstances of situation.

In the part attacked by the croup, the natural aptitude to contract every moment for the purposes of self-preservation, is much greater than in the rectum and urethra; the apparatus is more complicated; the function is vital. A brief interruption, in the other cases but of little moment, is here, by the non-expansion of the great pulmonary receptacle, an obstacle to the return from the head; from that cause, an increased portion of the ascending current, unable to penetrate the cranium, is diverted, by the superior laryngeal branches, to the parts before oppressed; and thus the reflected consequence of the contraction of the aperture of the glottis by spasm, is to aggravate its primary cause—a specific inflammation of the mucous membrane; that secondary effect is productive of still further spasm, and, after repeated paroxysms, each depressing still lower the vital power, harassed by ineffectual cough, distressed for breath, and labouring at the heart, the little subject is destroyed. The immediate cause of death is, a condition of brain, which is inadequate to maintain the organic stimulation requisite for the continuance of those functions which constitute visible life; that state arises from non-oxygenation, the non-performance of which, in the very last act, is, perhaps, mainly to be referred to the presence of mucus, and in some degree, perhaps, to the peculiar effusion in the larynx and trachea. From the preceding view it follows, that were it possible, by the maintenance of narcotization, by the free use of

anti-spasmodics, or by their joint co-operation, to effect the removal of spasm, to prevent any vexation but that arising directly from the inflammatory process, its course would be rendered milder, and it would probably re-approach to the nature of the common catarrhal affection, with which it always appears to commence. Time would be gained to establish some control over the local action by the ordinary means; and for the removal or consolidation of the lymph, nature might be freely trusted to her own resources. A trial of considerable magnitude has convinced me, that this view is substantially correct. The supposition of the important influence of spasm, derives confirmation from the success of the practice, which would be otherwise totally unaccountable. I am of opinion, that all the worst symptoms of the malady are attributable to the *spasm only*; that there is not any thing in the specific nature of the action present, nor in the parts affected, (excepting their great readiness to take on spasm,) which should *necessarily* produce a very heavy mortality; and I feel satisfied, that if instead of combating inflammation, we resolutely, and from the commencement, address ourselves to subdue spasm, the termination of the great majority of the cases of croup will be far other than it has been. At all events, I can state, distinctly, that in my hands the subjoined plan has been so remarkably fortunate, that I have scarcely seen a fatal case since it has been adopted; and it has been equally successful in the hands of other persons at a distance, who have been supplied with the medicine. It possesses the rare advantage of making *no inroads upon the patient's strength*; for I have frequently seen a child at play, and, to all appearance, as well as ever on the *third day*, after having had all the symptoms of true croup. And it may well be demanded, Of how few children could that be said, if they were merely subjected to the ordinary treatment *without any malady*? Bleeding "freely" with leeches, and perhaps from the arm, blistering the surface of the neck, applying caustic to the fauces, drastic purging, calomel by cart-loads, and antimony "*usque ad nauseum*," are quite enough to exhaust the life of an irritable and delicate infant. I never bleed or blister a child in croup; I have never thought it requisite to do so, since I have adopted the plan alluded to, although such an auxiliary practice would be in no other respect incompatible, than as tending to invalidate the general strength. The treatment I allude to, consists in confining the child to a uniform and rather warm temperature, giving an emetic of ipecacuanha, and, in an hour after, commencing the following mixture:—

*Pulveris valerianæ*, ʒij.;  
*Oxymel scillæ*, ʒj.;  
*Tincturæ opii*, gtt. xx.;  
*Aquæ distillatæ*, ʒj. M.

I administer a teaspoonful every hour, if the child is from two to five years old; if from five to eight, every five-and-forty minutes, so as to maintain the anodyne effect of opium, and the sub-nauseating expectorant, antispasmodic effects of the squill and valerian, until the symptoms are removed, which commonly happens in ten or twelve hours, and which I have never seen protracted beyond eight-and-forty. On their subsidence, I have, in general, given a brisk dose of calomel and jalap.

This plan will also be found exceedingly efficient in whooping-cough; and I can state, that when it is uncomplicated with tubercular disease, I have found my method more certainly and more speedily of use than any of the numerous procedures which are recommended. In a violent special catarrh, accompanied with convulsion or spasmodic cough, it was but natural to infer that an anodyne, expectorant, antispasmodic, would be useful; but it is a curious proof how little analogy is to be relied on in therapeutics, that its administration in spurious croup, (a disease to all appearance wholly spasmodic,) is infelicitous, and, in fact, inadmissible. In that malady I have experienced most beneficial results from the internal use of arsenic, or sulphuret of potass. aided by regular attention to the bowels, the shower-bath, spinal vesication, or anodyne spinal friction. In conclusion, it may not be wholly useless to point out the difference between the *spurious* and *true croup*. Croup always commences with symptoms of catarrhal inflammation of the mucous membrane; sturmatation; coryza; slight short cough, hoarser or shorter than natural; and, perhaps, slight tenderness upon the anterior part of the neck. This first state may last a few hours, or several days, *but is never wholly wanting*. It is followed by that condition which is commonly known as "croup," short clangous cough, (of an intonation peculiar to itself, and well known, but little capable of comparison,) occurring by paroxysms, accompanied with sibilous or stridulous inspiration, as if the air passed through a narrow aperture. During the exacerbation, the face swollen and purple; the eye, protruding and livid; the lips, with all those appearances of suffocation which supervene to any hindrance of the pulmonary circulation; persistence of the stridulous respiration between the paroxysms; and, after a gradual increase of these symptoms for one, two, three, and sometimes, after their protraction, even so late as six or seven days, labour of the respira-

tory muscles, small, quick, intermittent pulse, relaxation of the capillaries, accumulation in the great venous reservoirs, stupor, and death; although this last often takes place accidentally, in the progress of the malady.

Bastard croup, (the "pseudo croup" of the French; the "laryngismus" of Mason Good; the "acute asthma" of Millar; the "spasmodic croup," or "suffocating nervous catarrh" of others,) is an ailment which varies much in the severity of its symptoms and the periods of their return. It often appears in the form of what the mother calls a fit, and several times in the course of a day; it occurs to the child (when in perfect health, or labouring under slight catarrh only,) upon its commencing to cry, while laughing, on being tickled, on suddenly awakening from sleep, in short, on any slight excitement. It appears to consist entirely in the distressing anxiety and struggle for breath, occasioned by spasmodic closure of the glottis, and terminates in a long drawn noisy inspiration, after which the child is as well and playful as if nothing had happened, although death is by no means unfrequent during the spasm; but, in its severest shape, this malady for the most part occurs *at night*. Then, aggravated by fright, and perhaps modified by some peculiarity of the muscular or nervous system, it is accompanied by cough, short, dry, and sonorous, accompanied with appearances of suffocation, like croup; and, towards the end of the paroxysm, the child is often left pale, covered with sweat, and with livid lips, as in the last stages of that complaint, the voice being left rather hoarse, and the respiration stridulous for some time after the paroxysm. The symptoms then subside gradually, often to recur upon the following night in a lighter degree, and run a course not unlike that of ordinary catarrh. The diagnosis consists in the suddenness of the attack, and the inverse order of the severity of the symptoms, with the persistence of the suppressed or altered voice, and stridulous respiration between the paroxysms, together with the general appearance of the child, so well known to those who have seen many specimens; but the discrimination is difficult, and there can be little doubt that the maladies have been often confounded, or that many of the reputed cures of croup are, in reality, cases of the spurious kind.

Knowle, Warwickshire,  
September 28, 1829.

CLAIMS OF THE AMERICANS TO THE DISCOVERY OF THE ERGOT OF RYE.

*To the Editor of THE LANCET.*

SIR,—At page 74 of your last journal, amongst other observations of Dr. Wetherill, is the following: "The use of ergot, in hastening the process of labour, was originally made known to the public by a citizen of New York, Dr. Stearns. It was Dr. Hosack, my late preceptor, of the same city, who first suggested its use, and gave the ergot to arrest uterine hæmorrhage. It has been said that the *candle* was originally lit in Italy, but if so, why was its light kept under a bushel?"

While, Sir, our Transatlantic brethren have sent forth such works as Dewees' Midwifery, Beck's Medical Jurisprudence, Chapman's Therapeutics, and Barton's and Bigelow's Medical Botany, it ill becomes any medical man to depreciate their labours; but Jonathan, as we all know, is a creature who cannot bear too much caressing; we must not then allow him to shine in borrowed plumes; and I, therefore, contradict Dr. Wetherill's assumptions, through the same medium that he has communicated his mistaken impressions. The fact is, that the first notice that occurs of spurred rye as a uterine remedy was in the year 1688, when Camerarius stated that the women, in certain parts of Germany, were in the habit of employing it to accelerate parturition. From that period till 1774, no author had made mention of its being used; and it was then that a very brief letter from Parmentier to the editor of the *Journal de Physique*, made known that it was frequently given as a child-bed remedy by Madame Depelle, a midwife at Chaumont, in the Vexin. But this letter, which is a mere announcement of the fact, contained no other information. It was reserved for M. Desgranges to make known more fully the singular property of ergot. Having met with several midwives, in 1777, both in Lyons and its environs, who from a traditional knowledge were accustomed to employ it with no little mystery, he at length made trials of it, which for the most part were crowned with success. He published at different times, and in various journals, the results of his practice, and specified the peculiar circumstances which he conceived admitted or contra-indicated the employment of this remedy. It is therefore to the zeal and knowledge of Desgranges that the world is indebted for a precise acquaintance with this valuable remedy, which he propagated, with all his talents, against the strongest prejudice. When this discovery was first announced, it was only employed in the department of the Rhone and some of the frontier departments. Soon af-