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CASE OF CHRONIC LARYNGITIS—TRACHEOTOMY—RECOVERY.

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F. M., 3 years of age on the 22d of March, 1856, when about 2 years of age had, according to the account of his mother, an attack of scarlet fever, soon after his recovery from which, he was observed to be somewhat hoarse, with occasional slight cough. After a while, some dyspnoea, with shrill breathing, was observed, which symptom went on slowly increasing, until I saw him, in July, 1856. At that time, his breathing was labored, with dilatation of the *alæ nasi*, drawing-in of the lower part of the chest, a shrill-sounding respiration, and shrill, whispering voice. The vesicular murmur was masked by the laryngeal sound. The glottis was very far back; so that I could not at any time bring the epiglottis into sight. There was some dusky color in the face; but he was in quite good flesh, and with the general appearance of good health, excepting the above-mentioned dusky appearance, which was not very marked. He was cheerful and lively in manner. I applied, with the sponge-probang, a solution of nitrate of silver, a drachm to the ounce, to the larynx, which was repeated every day at first, afterward not so often. I ordered croton oil to be rubbed on the outside of the throat, and one grain of calomel to be given three times a day, and kept the bowels quiet with a drop or two of laudanum. Under this treatment the symptoms decidedly improved, though at no time did he recover his voice, or get entirely rid of his shrill and labored breathing. For a time he seemed so much better that the nitrate of silver was dispensed with, and his calomel stopped. Soon, however, the symptoms returned with their original severity; the nitrate of silver was again applied, but the calomel was only given for a short time, owing to the unfavorable influence it seemed to have upon his general health. He again improved somewhat, though not to the degree he had before.

About the 27th of August, I was out of town for a week, and

placed him under the care of my friend Dr. D. H. Storer, who tells me that one night he was called to him, and found him suffering under an attack of dyspnoea, almost amounting to suffocation, which, however, yielded to a powerful emetic. When I saw him on Sept. 2d, I found him worse than before, losing flesh, more dusky, and almost completely aphonic. The dyspnoea was very great. This condition grew worse and worse day by day, and I decided to perform tracheotomy, and appointed Sept. 9th for the operation. On the morning of that day, I was called in great haste, the messenger saying that the little boy was dying, if not already dead. On arriving at the house, I found that, on getting him up to dress him, he suddenly fell back senseless, blue, and apparently dying; but before I got there he had recovered, and was about as he had been the day before. About an hour afterward I operated, opening the trachea below the cricoid cartilage. There was nothing noticeable about the operation, except the advantage derived from having the trachea fixed by a tenaculum hooked below the cricoid; and the immediate calm which followed the free admission of air to the lungs, which was more marked than I remember ever to have seen in any other case—the change from great and painful agitation (in spite of ether) to perfect calm, almost death-like, in its contrast to the previous struggle for breath. The trachea appeared perfectly healthy at the part opened.

The child slept tranquilly for two hours; the first quiet sleep he had had for months. His general health began immediately to improve, and he gained flesh, strength, and color. As soon as the soreness immediately resulting from the operation had subsided, he had a solution of tannic acid, a scruple to the ounce of rose-water, applied on the sponge-probang to the larynx once a day, which was afterward increased to three times a day, when his mother had learned the mode of applying it. About a fortnight after the operation, I etherized the patient, and withdrawing the tube, and stopping the opening in the trachea, found that air would not pass by the larynx. I then re-introduced the tube, and putting a stick between his teeth, made a careful examination of the throat with my finger. I found the epiglottis thick, standing up rather stiffly, and larger than in its normal state. The top of the glottis felt quite healthy; a block-tin sound (No: 6) could be passed down through the larynx, so as to click against the tracheotomy-tube, with perfect ease. At a subsequent period, the sound was several times passed from the opening, upward into the posterior fauces.

About three weeks after the operation, some inflammation of the cellular tissue occurred on one side of the opening in the throat, shoving the tube to one side, and followed by suppuration and gradual subsidence. I repeated my examinations, under ether, every week or fortnight. In the latter part of December, I found that considerable air passed by the larynx, when the tube was with-

drawn, and the orifice stopped. I then had a tube made with an opening on the upper side, and got the mother to persuade the little fellow to try how long he could stop the opening with his finger, and gradually to wear a cork for a short time inserted into the opening.

On Jan. 29th, he kept the cork in, over an hour, breathing tranquilly and without noise; when, owing to a fit of coughing, his mother removed it, thinking he would "strangle." On the 30th, he wore it for several hours during the day, and kept it in all night. On the 31st, having kept the cork in since yesterday, he walked up to my house, at noon, without any disagreeable symptom. I removed the tube, and when I visited him the next morning, at about 10, A.M., the orifice had completely closed, so that no air passed, and no signs of an orifice remained. He still, Feb. 8th, speaks in whispers, but more and more loudly, breathes well, and without noise, has no cough, and is as healthy-looking a child as any one of his age.

During this period of nearly five months, he learned to talk quite distinctly by exploding air from the posterior fauces, and, for twenty-four hours after the opening was closed, he continued to do so, but he now speaks in the natural way, though in whispers.

MISPRONUNCIATION OF WORDS BY MEDICAL MEN.

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MESSRS. EDITORS,—In the retirement of country life, without the advantages of the society of medical professors and other literati which you enjoy in town, it becomes a would-be "respectable village practitioner" to make the best use of all the advantages which he *can* obtain, and I was therefore glad to see in your last week's issue an article on the "Pronunciation of Medical Terms." It is true ("pity 'tis," &c.) that there is a remarkable want of uniformity among medical men in the pronunciation of many words, and we should owe a debt of gratitude to him who corrects us. Will "A Medical Student" please, considering the times, to accept my note of hand for the amount due—"Value received, I promise to pay, &c. &c." (for the remainder, "Inquire at the office").

Sitting down, then, with the comfortable feeling, which one enjoys when hearing a sermon reproving his *neighbor's* faults, that I should see how wrong it was for Dr. A. to say this, or Dr. B. to say that, and how rightfully I had pronounced them all, I had hardly glanced at the first column when a cold chill came over me, which, as I gradually completed the list, became an actual rigor, followed by violent fever and excessive perspiration. To the pronunciation of the majority of these words I at once acceded, and, in fact, could hardly conceive that some of them, as, for instance, *datura*, *jugalis*, *secale*, *tinctura* or *vagina* could be pronounced