

Clinical Department.

AN INTERESTING CASE OF TRACHEOTOMY.

BY O. G. PFEIFFER, M.D., DENVER, COL.

WILLIE L., four years old, had an attack of membranous croup, which advanced until tracheotomy became necessary. As my assistants did not arrive soon enough, I cut down upon the trachea, made an incision below the cricoid cartilage, and inserted the tube.

Forty-eight hours later the membrane had formed below the tube, and before a messenger could find me, the child had slowly become asphyxiated, had passed through several convulsions, was of a blue and white mottled facial appearance, and was making an occasional struggling respiratory effort in which all the muscles of the face, throat and chest joined, but which drew no air into the lungs.

At first, the frequent futility of tracheotomy in diphtheria and membranous croup was uppermost in my mind; the next instant the thought occurred, Why were not tracheotomy tubes made longer with, perhaps, a flexible rubber prolongation of the tube? Then the thought occurred to me that, as the trachea was plugged with croupy deposit, Why could not the calibre of the trachea be dilated by the passage of a rubber bougie? Meanwhile, the child was practically dead.

A small new No. 8 soft rubber catheter was hastily seized and pressed through the tracheotomy tube, and forced on down the trachea some three or four inches. It was then withdrawn. The next struggle of the child for air was accompanied by a slight squeaking noise of air sucking a little through the trachea. The subsequent efforts of the child for air were assisted by artificial respiration with such success that, in ten minutes, the child had regained consciousness and looked around. The breathing improved.

Having been so fortunate by the introduction of the rubber tube as to get a little air into the lungs, I concluded, after the child had breathed a few times, to introduce it again. This was done, and a violent effort of coughing forced out a membranous cast of the trachea, half an inch long, that had been loosened by passing the tube. In a few minutes, the boy was breathing gently and easily, had regained consciousness and recognized his mother.

During the next four days and nights this tube had to be passed down the trachea and the loosened mucus coughed up; after these four days the trachea became clear of membrane, and in three weeks the child was well.

The lesson this case teaches is, that persistent effort, even in a seemingly hopeless case of tracheotomy, may avail something, and also raises the question, Might it not be an advantage to make tracheotomy tubes longer, with a flexible rubber prolongation of the inner canula?

— Mr. Elihu Stevens, aged 101 years and six months, the oldest man in the State of Maine, died August 11th, at Belgrade, where he was born, January 26, 1788. He was the father of twenty-two children, the most of whom are now living, and his descendants in the third, fourth and fifth generations numbered three hundred and twenty-six at the time of his one hundred and first birthday.

Reports of Societies.

MEETING OF THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

MAY 11, 1889, the President, Dr. J. P. REYNOLDS, in the chair.

Dr. TOWNSEND read a paper entitled

AN EPIDEMIC OF MEASLES WITH REMARKS ON RÖTHELN.

The reader described an epidemic of 76 cases of measles many of which were mild, some exactly resembling the description given of rōtheln while others were typical cases of measles. He concluded that this was an epidemic of measles as of some 73 other children exposed who did not contract the disease, 66 had had measles before, most of these in an epidemic of the year before. This later epidemic although generally of a severe type, contained one case at least which he related and which closely resembled the description given of rōtheln.

At the same time that the mild epidemic was at its height a small epidemic occurred at the McLean Asylum, all of the cases being in adults and all resembling the description given of rōtheln. The following conclusions were drawn:

(1) That mild epidemics of measles occur in which many of the cases exactly resemble cases described as rōtheln.

(2) That in the severe epidemic of measles similar cases resembling rōtheln are occasionally found.

(3) That enlarged cervical glands and sore throat are sometimes found in measles and are not always present in cases described as rōtheln.

(4) That there is no distinct symptomatology for rōtheln.

(5) That the strongest evidence in favor of the individuality of rōtheln is the fact that previous attacks of measles or scarlet fever afford no protection from this disease.

(6) That as second attacks of measles do occasionally occur, it is impossible to make the diagnosis of rōtheln, unless, as in the Charterhouse and asylum epidemics, we meet with a series of cases many or all of whom have previously had measles.

(7) That as it is impossible to say how many second attacks of measles may occur in a given epidemic, this evidence of the individuality of rōtheln is made somewhat problematical, and gives rise to the question, which the author was unable to answer, Is it possible that in some epidemics and not in others measles attacks equally those who have had measles before and those who have not, and afterwards affords no protection from measles? In other words, is rōtheln a mild form of measles?

Dr. C. P. PUTNAM, a guest, was a thorough believer in a separate disease, rōtheln, and he saw no reason why there might not be several different diseases, resembling each other in some particulars. He had seen several eruptive diseases this winter, which resembled rōtheln, but which did not give rise to other cases. He thought that cases described as rōtheln never gave rise to regular cases of measles, and that this was therefore an unanswerable argument in favor of rōtheln as a distinct disease. He related a case of a young man whose father two weeks before had an evanescent