

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Case of Pseudo-membranous Laryngitis. By Dr. W. CHEW VAN BIBBER, of Baltimore.

Recoveries from pseudo-membranous laryngitis are so rare that each is worthy of being remembered.

The following case is interesting on account of the urgency of the symptoms, the unmistakable character of the disease, and the promptitude of the relief.

Hugh Brady, aged 3 years and 2 months, was observed on the 11th of January to have catarrh with cough and hoarseness.

On the 13th, Dr. J. L. Webster was called; found him with high fever, difficult respiration, ringing, croupy cough, voice a whisper, throat inflamed, tonsils enlarged; no membranous exudation on tonsils or fauces.

On 14th. Cauterized the throat with water ζ i, nit. argent. grs. xiv. Prescribed calomel and emetics, with a blister on the sternum. This treatment was continued until I saw him in consultation, on the 23d, the 12th day of the disease.

Symptoms.—Respiration 32, forced; *alæ nasi* expanded and mouth open; loud blowing and hissing sound in inspiration and expiration, but louder in inspiration; head thrown back, buried deep in the pillow; laborious heaving of chest; countenance of fearful anxiety; eyes open and glassy; pupils contracted; profuse perspiration over head, chest, and upper extremities; legs and feet dry and hot; pulse full and fast, 140.

Sibilant and mucous rales on both sides; if any other sounds existed, they were masked by the loud blowing sounds in the larynx and trachea. Tongue and mouth parched and dry. No false membrane could be discovered on the throat by the red light of a candle.

Having acquired some dexterity with the probang, we attempted to pass Dr. Green's instrument into the larynx. Saw the epiglottis erect, but failed to get the sponge entirely through the cartilages. From the violent expulsive efforts produced we concluded (which is no doubt true) a small portion of it dropped into the trachea. In a few moments there were expelled by these efforts many fragments of false membrane, the longest of which was nearly two inches, ragged and detaching itself in water; was light coloured and tough; we attempted to pass it again, and a third time with the same result. At the last attempt there was no more false membrane expelled.

In half an hour an emetic of sulph. cupri. Continue calomel with mercurial plaster to the throat.

24th. No better. Pulse quicker and more contracted.

Used probang with the same results as before, three times in succession. The solution being, aq. ζ i; nit arg. (crys.) ζ i. An emetic of alum ζ i, repeated. Suspend calomel.

25th. Better.

26th. Greatly relieved. Laryngeal stridulous sound almost gone, loud

mucous and sonorous rale in both lungs, particularly the right. Profuse perspiration, and urine scanty. R. Mur. ammon. grs. iij; tinct. digitalis. ℞ss; ext. hyoscyamus, gr. ʒ. Every two hours in solution. Sponge the surface with a solution of salt and water, and frictions with warm flannel.

27th. Better in every respect, and from this time he recovered.

It has been said (and with what justice you can determine) that "Physicians have been tinkering at the constitution for two thousand years, and but two specifics are recognized, viz., mercury and sulphur." That the nitrate of silver may prove, when properly applied, a specific in pseudo-membranous laryngitis, I sincerely hope, and from the effects I have observed from it when applied to false membrane appearing on the tonsils and pharynx, I think it not improbable.

Internal Mechanical Obstruction overcome by Mechanical Forces. By RICHARD H. TOWNSEND, M. D.

At nine o'clock, Saturday evening, December 16th, 1848, I was called in haste to visit Mr. J— M—, who was then labouring under strangulated hernia. Upon examination, I found an inguinal hernia on the right side, about as large as an ordinary sized lemon, tense, and very painful to the touch, owing to the repeated trials which the patient had made for its reduction, previous to my being sent for. Taxis was then resorted to by myself, but without success. I then ordered a large tub to be brought into the room, into which I placed the patient with his feet projecting outside, and added warm water until it reached his umbilicus. I then placed a ligature upon the arm and bled him from a large orifice thirty ounces, which made a perceptible impression upon the pulse, but without syncope. Then closing the orifice, and while the patient was still in the bath, applied firm and continued pressure to the tumour, and in forty seconds it was reduced. The patient was then taken from the bath, placed in bed, and a truss applied, but owing to its ill fit, a second protrusion took place, and I was again sent for at one o'clock in the morning, to reduce it the second time, which was done with very little difficulty. Ordered a dose of castor oil, to be given at 8 o'clock in the morning and left. Sunday 12 o'clock A. M., the oil having been thrown up and sickness at stomach continuing, gave him half an ounce of the liq. ext. of senna, which was repeated during the evening, but without the desired effect. Monday morning 8 o'clock. Passed a restless night with frequent vomitings of a grayish coffee-ground appearance, a tympanitic state of the abdomen, and constant eructations. During the day gave him three several doses of cream of tartar and jalap, assisted by stimulating enemata, all of which proved equally ineffectual in removing the obstruction.

Tuesday. The vomiting still continues, the abdomen distended, pulse, 120, small and weak, and constant thirst. Gave one grain of calomel every hour, with fomentation and spiced plaster to the abdomen, without the least abatement of the symptoms. At 12 o'clock, midnight, met Drs. Tucker and Goddard in consultation, who coincided with me in the belief that there must be some internal obstruction, and that the patient would in all probability die. Croton oil, however, was given, and to be repeated at short intervals.

Wednesday Morning, 10 o'clock.—Had no sleep during the past night; the croton oil had been thrown up and the vomiting was incessant. Pulse more feeble, insatiable thirst, eructations amounting to hiccough, and all the symptoms of approaching dissolution. I visited him again at 12 of noon, when I found him propped up in bed with the bowl between his thighs, and he still vomiting and retching. I now resolved to try one more expedient, and ordering a