Feb. 5th. The breathing is improved. The expectoration is of a dirty brown colour. Her voice is good. She enjoys her food, and has scarcely any dysphagia.

Feb. 8th. She was up for an hour or two in the middle of the day, and got a chill.

Feb. 9th. An attack of dyspnoea occurred last night. Sinapisms were kept upon the chest, and a blister ordered at noon.

Feb. 10th. She is very hoarse; but the respiration is not so laboured. Oxymer of squill and dilute sulphuric acid were prescribed.

Feb. 15th. She has been constantly inhaling the vapour of vinegar and water with but little benefit. She passes restless nights, and is often nearly suffocated. On the back of the left forearm a small pimple, of which she took no notice, has assumed the character of a rupial sore.

Feb. 22nd. During the past week she has often been unable to lie down, on account of her breathing. She is weaker, and has been taking brandy. The blister upon the chest has been repeated. At night the breathing was quite stridulous; she had diarrhoea, and pains in the loins and abdomen, which made the nurse fear labour might come on.

Feb. 23rd. This morning, after passing a restless and disturbed night, her face became dusky; there was great orthopnoea; and at midday tracheotomy was performed by Mr. Pollock. There was considerable hemorrhage from the thyroid veins, but no further ill consequences. She remained sitting up in bed after the operation, and every five minutes, after a fit of struggling, thin blood-stained mucus was coughed up through the tube. At half-past two P.M. the pain in the back and abdomen recurred, and increased up to 11 P.M., when labour came on, and soon ended in a perfectly natural manner. She improved daily from this date.

On the 26th there was some renewal of the dyspnoea, in consequence of obstruction in the lower part of the tube. This frightened her, and she hindered her progress by constant nervous anxiety for its removal. The sore upon the arm was dressed with black wash, and she took sarsaparilla and iodide of potassium. There was plenty of milk for the child, which was puny, and soon showed an eruption of an undoubtedly syphilitic nature upon its forehead and arms. The tube was kept in the trachea until the end of March, when it was withdrawn, and the wound allowed to heal. Whilst remaining in the house for the surgical treatment of her secondary symptoms, she became jaundiced. This delayed her departure, but she left us cured early in June.

REMARKS. Although, from the known habits of this patient, there was from the first little doubt that the laryngeal symptoms were the effect of syphilitic lesion in the part, yet until auscultation and percussion had been repeatedly tried, it was impossible to affirm that the case was not one of laryngeal phthisis. The length of time the cough had continued, the gradual emaciation, and the worn aspect of the woman, would all have strengthened this opinion.

Dr. Graves in his lectures remarks, that the diagnosis is one of extreme difficulty, until periostitis or eruption of the skin have appeared; and then he says we may with confidence refer all the symptoms to the same origin. Our suspicions were verified by the after appearance of a sore on the mother, and by her giving birth to an infected child. Great difference of opinion exists as to whether phthisis, acute bronchitis, or pneumonia complicate secondary symptoms, or bear the relation of cause and effect. We can scarcely suppose that the bronchitic symptoms in this patient were totally unconnected with the venereal poison. As before remarked, the history of the case pointed to syphilis as the cause of the laryngitis; but I believe for the previous six months the syphilitic bronchitis, of which Dr. Graves makes mention, had been at the bottom of all the mischief. And not only were the bronchi the seat of inflammation, and of the peculiar chronic irritation dependent upon the existence of syphilitic virus in the system; but the posterior palatine arches and the commencement of the pharynx must have participated. Even if there were no lesion, the simple fact of irritation existing in the adjoining parts must have interfered with the harmonious action of all the muscles during deglutition, and with the subsequent rhythmic contractions of the œsophagus. Hence the frequent dysphagia; and perhaps also the vomiting and retching, which certainly often appeared to be caused by improperly excited reflex action, rather than by undigested aliment or other source of irritation in the stomach itself. The term "irritation" being somewhat vague, I prefer to regard the disease as a low form of inflammation, with thickening of the mucous lining, and loss of elasticity in the submucous areolar tissue,

which gradually extended from below upwards; the bronchi recovering themselves to a great extent, and permitting a free passage to the air, whereas their calibre was formerly diminished; whilst the larynx and upper part of the respiratory tract, at first patulous and fit for duty, became inflamed, thickened, and, lastly, ulcerated. The œdema of the glottis next followed, with all the symptoms which rendered an operation necessary.

For the above reasons it was wise to prefer tracheotomy to laryngotomy; for probably by the time the disease had reached the larynx the tracheal lining was sound, and fit to bear the contact of the tube. Thus all the worst part of the affected mucous surface was above the seat of operation, and the vocal organs had time and quiet afforded for their recovery.

Did the limits of this paper allow, the case recorded might open the much debated question of infantile syphilis, and the *modus operandi* of hereditary infections.

On the subsequent history of the patient it is unnecessary to dwell. The attack of jaundice appeared totally unconnected with her previous complaints; and as she was removed to a surgical ward to be treated for syphilis, we saw but little of her after the middle of April.

Original Communications.

INTESTINAL OBSTRUCTION.

By F. BRITTAN, M.D., Physician to the Bristol Royal Infirmary; and Lecturer on Practice of Medicine, Bristol in the Medical School.

LAST April, I published in the ASSOCIATION JOURNAL a case of intestinal obstruction in a woman aged 28. It lasted ten days, and was accompanied with stercoraceous vomiting during the last two days. There was a copious flow of urine throughout. The bowels were freely moved after the use of castor oil, opium, enemata, and O'Beirn's tube; and the patient appeared to be doing well, but complained of pain about the anus, which was found to be occupied by an immense slough. On the ninth day after the bowels had first acted, symptoms of tetanus set in, of which she died.

On *post mortem* examination, the pelvis was found occupied by a mass of cancer enveloping the rectum. The omentum was loaded with nodules of cancer, which, by deposit in masses about the colon, had narrowed its calibre, so that in three spots it would not admit the point of a finger.

In the JOURNAL for December 13th, 1856, under the head of "Hospital Gleanings", is also the report of a case of obstruction in Guy's Hospital. In this case, stercoraceous vomiting was the prominent symptom all through: the flow of urine was uninterrupted. O'Beirn's tube was not used, under the impression that the case was one of fistulous opening between the colon and stomach. The patient died; and the obstruction was found to be caused by a peculiar twist in the sigmoid flexure of the colon.

I have thus referred to these two cases, because I think they are useful for comparison with each other—the *post mortem* examination in each case giving certain information as to the seat and nature of the obstruction; and also with the subjoined, which has just occurred, and which I report from my notes of cases.

CASE. On Sunday, I was requested to see a young lady immediately, on account of obstinate constipation and vomiting of matter with faecal odour. I found her to be a well made girl, about 15, of rather sluggish habits, not much developed, having never menstruated. She never had any illness, but some months since complained of pain in the left hypochondrium, and in the corresponding part of the back, without sickness or pain after food. The bowels had often been rather torpid. On the previous Tuesday she ate heartily, but complained of headache; and next morning had a dose of castor oil, after which the bowels acted once slightly. The same evening, she took Gregory's powder; and on Thursday morning, oil again; but the bowels did not act. On Friday and on Saturday, she had two compound rhubarb pills, but with only very slight fluid evacuations following enemata. She had vomited for the last three days whenever she took anything into the stomach. On Saturday and Sunday, the matters returned had a faecal smell. Her countenance is now anxious and distressed; pulse 120, small; tongue very coated, dark, and dry; thirst incessant; bowels not very tender, but tympanitic;

the urine passed freely. The most tender spot is about one inch to the left of the umbilicus, only reached by firm pressure. There is no hernia. I ordered her hydrocyanic acid mixture, with two grains of calomel and a grain of opium, in a pill, every six hours: the abdomen to be swathed in hot wet flannels, and a copious warm water enema to be administered at night. The enema brought away a very little pasty looking matter. Judging by her sensations, it must have passed high up into the colon. Three pints were injected.

Monday. The vomiting continues, if anything is taken. The bowels are more swollen. The pain is still more intense in the same spot, but it seems to have moved about. There is not much general tenderness of the abdomen. She lies with the legs down, and can bear pressure. The countenance is more anxious. The following medicine was ordered:—

R Pilulæ sapon. c. opio gr. iv; pilulæ aloes composiæ gr. j. M. Fiat pilula quartis horis sumenda.

R Olei ricini ʒss; olei terebinthinæ 3 ij. M. Fiat haustus. She was directed to have soda water for drink.

Tuesday. There has been no evacuation, but vomiting continues. The bowels seem hardly so tympanitic. Pulse 110. She has not slept much.

6 p.m. The vomiting has continued; the vomited matters have a fecal odour, and evidently contain the oil and turpentine. She looks better, and is more quiet.

Wednesday. She is more quiet; has no pain in abdomen but in one spot over the spleen. She has vomited only once. She seems very sleepy, and quite under the influence of the opium. She was ordered to discontinue the pills, of which she had taken seven.

8 p.m. She is still very sleepy; has had no sickness. She has had beef-tea. Pulse 90.

Thursday. She looks and feels better in every respect, but is still very drowsy. The tongue is cleaner. The bowels were moved at 12 in the night, when she had a copious thick motion, with lumps in it; and twice since she had more fluid motions. The pain moved, she says, as the bowels acted; it is now much less. The abdomen is still tympanitic. The countenance is more natural.

7 p.m. The bowels have been moved again, Pulse 105. The pain seems moved; she now feels it about the umbilicus, and it is of a griping character. She is free from sickness and tenderness. The motions passed contained solid matter, small in calibre, like a child's. The tongue is cleaner. The effect of the opium has passed off. She was ordered to have a grain of opium in a pill, to be repeated if restless.

Friday. She is better in every respect. The bowels have been again moved. She had a good night. The abdomen is less full and tense; the tongue cleaner; pulse 90. She asks for food.

Saturday. She is improving. There are griping pains across the colon. Tongue almost clean. She has had no motion. She was ordered to have half a grain of opium at night, and half an ounce of castor oil next morning.

Sunday. She is much better; bowels moved. There is no tympanitis.

From this time she rapidly improved, and lost all pain, except an occasional return of the old uneasiness in the epigastrium; but required some doses of hydrargyrum cum creta and castor oil, to promote the evacuations, and to correct their quality. She is now quite well, with the bowels acting regularly.

REMARKS. There was here, happily, no *post mortem* examination to give certain information as to the lesion, and its exact nature can only be a matter of conjecture. There was not sufficient tenderness, nor did the symptoms otherwise point to peritonitis nor enteritis as the cause of the obstruction; nor had she ever suffered from either of these, to induce constriction of the gut by bands, or bridges, or old adhesions; and I was therefore inclined to diagnose intussusception. It will be observed that the relief of the bowels was very slight from the Tuesday to Saturday, probably only the effect of the enemata acting from below the obstruction, as is frequently the case in hernia; also that, on Thursday, Friday, and Saturday, the vomiting was incessant, whilst for the five following days there was no action of the bowels at all. The early vomiting would lead to the supposition that the obstruction was high up in the canal; but the second case referred to, in which the vomiting was a prominent symptom all through, seems to discountenance or afford an exception to the general rule, that vomiting is earliest and most severe when the jejunum is involved; for here the lesion was in the sigmoid flexure of the colon. In all three cases, the secretion of urine was uninterrupted, as usual

when the obstruction is low in the canal, and absorption of fluids can continue. In the present case, the abdomen was only moderately tumid. From all these circumstances, and the seat of the pain, with its apparent mobility, I was led to ascribe the obstruction to the lower part of the ileum. Intussusception may be remedied by the disinvagination of the involved portion of gut, or, as in a case that occurred in our infirmary some years since, in which nine inches of gut passed in a motion from the bowels, by separation of the invaginated portion, or by adhesion at the neck of the involution, the in-folded portion remaining and narrowing the tube. The latter may have been the case here, and would appear to be so, from the peculiarly small and compressed appearance of the solid fecal matter. However speculative these suppositions may be, the case affords another instance of the advantage of treating intestinal obstruction by opium, or opium in conjunction with aloes, rather than by attempting to overcome it by purgatives.

TRACHEOTOMY IN CROUP.

By THOMAS O'CONNOR, Esq., March, Cambridgeshire.

Is tracheotomy likely to combat the formidable disease, croup? If so, what is the time to be selected for its performance?

This is a question of statistics—a grave problem to be solved only by a faithful and minute record of cases.

One would not resort to so severe a proceeding as that of opening a windpipe of a child before exhausting every other means of saving life, and until he was reduced to the alternative of either performing the operation, or informing the friends of the patient that the case was beyond the control of medicines.

Let us suppose a case in which the hot bath, bleeding to syncope (if not to syncope, it were at least useless), antimony in full doses every half hour or every hour, calomel in small doses every two hours, and blistering the throat, have been fairly tried in vain; where the pulse is small, and ranges from 140 to 160 or 170 in a minute; where the countenance is assuming a leaden hue; where the efforts at respiration are painfully laborious, and the abdominal muscles are brought into play to their utmost. Is the patient at this stage to be abandoned to a certain fate, the most horrible to witness, that of slow strangulation, torturingly protracted? or is the surgeon to make an opening into the trachea, and at once relieve the breathing? It appears to me, that if nothing more were gained than the remarkable ease this proceeding gives the patient, it would be quite sufficient, on the score of humanity, to determine the question.

CASE. I was called about two o'clock in the afternoon of December 13th, to a girl six years old, suffering from croup. I at once bled her to syncope; and when she had rallied from the faintness, placed her in a hot bath, which was maintained at a high temperature until the head and face were covered with large drops of perspiration. This condition is perhaps the most simple, and at the same time the truest criterion of the full effect of a hot bath. Antimonial wine was then given, in ten-minim doses, every half hour; a blister was applied round the throat from the chin to the sternum; and two grains of calomel were given every two hours. The antimony and calomel were continued in these doses for sixteen hours; the former kept up constant nausea, the latter produced no visible result; and I may here say at once that I have never seen calomel exercise any control over croup.

December 14th. At six o'clock, it was evident that if I trusted to medicine alone, the patient must perish miserably in a few hours. I proposed to her friends to open the trachea; and with their consent fixed seven o'clock for performing the operation. I left for the purpose of providing myself with the necessary implements, and had just arrived at my residence, a mile distant, when I was overtaken by the father of the girl, who informed me that the mother had changed her mind, and "would not have her child pulled about"; consequently, that the operation must be abandoned. She, however, urged by the advice of her neighbours, and, it may be, by the struggles of the child, relented between nine and ten o'clock at night, and sent to request me to perform the operation. I at once proceeded to the house, and opened the trachea. On dividing three or four of the rings, the adventitious membrane was squirted out through the opening with a force equal to that of a popgun. On blowing through this membrane, which, considering it the growth only of a few hours, was of astonishing density, it was found to be a very good cast of the trachea from the cricoid cartilage down to the bifurcation, extending a short