

# The Canada Medical Record.

MONTREAL, MARCH, 1879.

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### PHARMACEUTICAL DEPARTMENT.

## Original Communications.

### Two Successful Cases of Tracheotomy in Laryngeal Diphtheria. By THOS. JOHNSON ALLOWAY, M.D., L.R.C.S., and L.R.C.P., Edin.

Read before the Medico-Chirurgical Society of Montreal, 7th March, 1879.

G. C., aged three years, strong, well nourished male child, was attacked with croupous diphtheria on morning of March 1st, 1878. Notwithstanding every effort the disease continued to spread. On the evening of third (3rd) laryngeal symptoms set in, which continued to increase in severity until the morning of the 4th, when, with the kind assistance of Dr. Roddick, I operated. There was only a very slight quantity of blood lost; urine highly albuminous. I used Trousseau's large size silver tube. The wound was well brushed over with a mixture of equal parts of carbolic acid and glycerine, and dressed in the ordinary way. I filled the air with moisture by means of large flat baths, having the hot water continually renewed. Carbolized steam was also constantly being generated. No medicines whatever were given once the surgical treatment was commenced.

From the date of the operation until the tube was removed on the *tenth day*, there was not a single interruption in the progress towards recovery. The wound closed well by placing an ordinary piece of strapping across it.

S. F., a little girl aged about 2 years 9 months. This was a patient of Dr. Rodger who asked me to see the case for him, he being himself confined to his house at the time. I saw the patient on the 1st October. I found well-defined patches upon both tonsils about size of split pea, these were said to

have been much larger, but were now disappearing. Child was then, and had been, suffering from laryngeal symptoms for ten days previous, such as loss of voice and dyspnoea. This condition increased in severity until the 6th, when lividity and retraction of chest walls set in and urgent necessity for operation became apparent.

Having obtained consent of parents, I operated that afternoon with the assistance of Dr. Roddick. We had some difficulty in reaching the trachea, as it seemed to occupy a position considerably to the right of middle line of neck. Very little bleeding occurred. Same tube as used in first case.—Temp. 102°, pulse 160.

7th. Temp. 99½, pulse 134, resp. 43. Sleeping quietly and taking food well.

8th. All well.

9th. Temp. normal. All well.

27th. Not so well.

28th. Wound has taken on a diphtheritic action. Surrounding parts are œdematous. Removed tube and applied thermo-cautery, to wound as far down as tracheal rings. I now inserted a hard rubber tube with moveable shoulder instead of silver one, which we thought had been pressing rather hard upon the edges of wound.

29th. Pulse high, temp. normal, some vomiting.

30th. All well.

Nov. 7th. Found that there was a small growth growing through fenestra of tube which prevented the inner tube being inserted after it had been out about ten hours. This growth was no doubt formed of granulations from the wound; the fenestra being situated a little too high up on the tube. Put patient under chloroform and removed the outer