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DIAGNOSIS OF CROUP.

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The summons, oftenest at night, to see a child, previously healthy, who has an acute attack of what the mother calls, or dreads, as "croup," is of sufficiently frequent occurrence and significant import to be worthy our attention. Observe, at the outset, that the case supposes a child, in fair health, with an acute attack, in which the symptoms point to a throat lesion. This will exclude a number of diseases which, with others, are purposely passed by with brief mention.

Croup may be mistaken for (1) *tonsillitis*, but inspection excludes that. (2.) A *foreign body* in the larynx or trachea, but the absence of the peculiar cough, of fever, the paroxysms not completely intermitting and the history of the case sufficiently exclude this. (3.) In ordinary *bronchitis*, symptoms do not point to the throat, but in that form called capillary we have unremitting dyspnoea and fine râles in the lungs. In any lesion likely to be called croup, the dyspnoea at least remits, and râles, if present, are coarse, and only there because of a previously existing bronchitis. (4.) *Whooping cough* occurs in epidemics, and so, if no epidemic be prevalent, may fairly be left out. (5.) *Retro-pharyngeal abscess* is excluded by the child's being supposed in previous good health, the most common cause of such abscess being caries of vertebra, which implies a child in bad health. Furthermore, with it we would have difficulty of swallowing not present in croup, tumefaction and stiffness of the neck, while its access is seldom so sudden as that of croup. (6.) *Edema of the glottis* is a disease of adults nearly always, and when present in a

child is a sequel to a previously existing disorder, while the premises suppose a healthy child. (7.) *Hysteria* is excluded by our patient being a child, while hysteria generally occurs in adult women.

The way being now cleared of these seven already mentioned (they being left out of consideration for the future), the practitioner, summoned to our supposed case, may fairly ask himself what disease of several he is likely to meet. It will be almost certain to be one of three: 1. LARYNGISMUS STRIDULUS; 2. LARYNGITIS CATARRHALIS ACUTA; 3. LARYNGITIS CROUPOSA, called respectively spasmodic, false, and true or pseudo-membranous croup. These three diseases have one symptom common to them all, viz., dyspnoea, or attacks of dyspnoea, bordering on suffocation and depending on obstruction at or in the larynx. You may fairly ask me at the outset to define these diseases and give their pathology, as at the present stage of medical science their names are not so frequently at the ends of our tongues, nor their pathology as well settled as that of many other diseases.

LARYNGISMUS then consists in spasm of the larynx, due to irritation, the means of communication between the source of irritation and the larynx being the par vagum. The term laryngospasm is, perhaps, best reserved as a name for spasm of the larynx, considered as a symptom, while the name laryngismus is reserved when considered as a disease. It is doubtful if it be a disease at all, any more than dropsy is a disease, although the Royal College considers it such, and in so far, we are bound to accept it as such. I do not discuss its pathology, whether due to enlarged thymus gland or not, but content myself by stating it again and more fully: "It seems to be an independent affection of the par vagum, or of its recurrent branch, due either to pressure along some part of the course of one of these nerves or to centric irritation at the root of the vagus, or else we may be compelled to regard its exalted sensibility as a reflex phenomenon arising from excitement of some other nervous trunk. In most cases," continues Niemeyer, "its pathogeny is obscure."

In the second place, ACUTE LARYNGEAL CATARRH consists of inflammation of the mucous membrane of the larynx, so that the normal cylindrical epithelium, which forms the uppermost layer of the larynx, falls off largely. The mucous