

CANADA LANCET.

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ON CROUP.

STRAY GLEANINGS FROM WELL-KNOWN FIELDS.

The first stage of croup comprises all the symptoms prior to the attack proper, or second one when the disease may be said to be fairly developed. The third stage is that of collapse, or threatened suffocation from obstruction of the trachea, produced by the formation of a deciduous membrane, or by the pouring out of a quantity of purulent lymph which fills the air passages. (Dewees, p. 477, Copeland, 317.) Burns says that the most frequent cause of the immediate production of an attack is cold and wet.

Measles, Cheyne says, often sets in with ringing cough and catarrhal symptoms, so closely resembling those of croup that the most experienced are liable to mistake them for the commencement of the latter disease. But the rapid disappearance of them as the efflorescence appears, soon dissipates the doubt. (Copeland, 317.)

In croup alone the fauces are not inflamed, and never show diphtheritic exudation. When complicated with diphtheria, tincture of iodine should be applied to them. (Rankin, 52, 117.)

Hoarseness.—Cheyne says, that on the appearance of hoarseness, croup should be apprehended and avoided against. He recommends confinement to a warm room, abstinence from all stimulating food, tepid bathing and nauseating doses of wine of ipecac, with syrup of tolu and mucilage.

Cold Applications.—These have been formerly commented upon in this journal. (p. 81.)

Kimball's Treatment.—He never bleeds or blisters a croup, but, considering it a spasmodic affection, prescribes valerian, squills and opium, after clearing the stomach by an emetic of ipecac.

Pulv. Valer. ʒ gr. ; Oxy mel Scilla. ʒ drac. ; Tr. Opil. ʒ m ;
ana ad ʒ drac. M.

This dose to be given every hour to children of from 2 to 3 years of age. Those from 5 to 8 years may take it every one-quarter of an hour.

This mixture is continued until complete relief is obtained, which he finds generally to be in from 10 to 12 hours, but never beyond 48. (Copeland, 317.)

Green's Treatment.—Dr. Horace Green, after having previously evacuated the stomach with ipecac, cauterizes the fauces, and the trachea from the larynx down to its bifurcation, with a strong solution of the nitrate of silver, (40 to 80 grains to the ounce of water), by means of a probang pushed into it until the epiglottis is held with a finger of the left hand, and repeats the operation every few hours, whenever, in bad cases, until relief is obtained. He considers this treatment suitable to all stages of croup, but that the earlier it is applied the greater the chance of success.

The larynx, he says, does not increase in size up to the age of 12 years, that of a child of 2 years being equally as large as one ten years older. At the aperture of the glottis between these ages it is from $\frac{1}{2}$ to $\frac{1}{4}$ an inch in diameter, and therefore the

sponge, at the end of the probang employed, should not exceed a third, or at most, a half an inch in diameter in order to pass the aperture of the glottis and enter the laryngeal cavity. (Medico-ch. Rev. July, '59, p. 168.) This operation is much easier than usually supposed by those who have not tried it.—Ed. Meigs both cauterizes and bleeds largely, (Braithw. 117.) Chapman finds the average time required to subdue croup by Green's method, to be from 5 to 6 hours. (Rankin, '55, 317.)

Watson recommends first, a warm bath, (98° F.); then bleeding; next tartar emetic ($\frac{1}{2}$ to $\frac{1}{4}$ gr. doses) every fifteen minutes until symptoms of collapse are produced, giving brandy very carefully if the prostration becomes too great. (Practice, p. 361.)

Baths from 93° to 100° relax without stimulating, promote emesis, and prove useful in overcoming spasm in all stages but the last. Keep the child immersed from 15 minutes to half an hour. Copeland, 317, thinks the time may in some instances be prolonged to two hours. The nurse might be instructed to test the temperature of the water by means of her arm inserted for a few moments up to the shoulder before immersing the child.—Ed. After the bath the patient should be well dried and wrapped in blankets to promote sweating. (Wood's Practice, 447.) Churchill says that baths may be employed either before or after the bleeding. (On Children, p. 285.)

Bleeding from a vein is not so applicable, as a general rule, in cities as in country places. If too fat to find a vein, immerse the hand or foot in warm water, when the swollen veins may readily be detected in them.

Two leeches are sufficient for a child a year old; three for one of two years; four for three years, and so on. Place them on the trachea when you can watch them, but on the sternum if compelled to leave. The flow of blood should not be checked afterwards until a decided effect has been produced by it.

When a weak pulse becomes full and hard by bleeding, it may be repeated with advantage. (Copeland, 317.)

To each dose of tartar emetic Condie recommends the addition of 3 grains of calomel and 3 of muriate of ammonia. (Watson, 562.) Burns says that in true croup as soon as calomel produces green stools the symptoms become alleviated. (Midw., p. 775.)

Cheyne directs antimony in half grain doses, without bleeding, in the second or congestive stage. After each emesis the medicine is withheld for two hours until the disease is subdued. Undue action of the bowels is controlled by opium. (Watson, 561.)

Chloroform.—Richardson says that he has treated croup at its onset by means of chloroform inhalations, with a success that he has never witnessed from any other mode; but, unfortunately, it has frequently to be continued for many hours. (Braithw. 117.)

Vapor Baths.—Dr. Budd, of Bristol, recommends