AN INAGURAL DISSERTATION
ON
Croqhe

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
John Z. Webb

OF
Tennessee

1853

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.
Infantile spasms or tractionitis: This disease comes on with something like acid or from a damp atmosphere. The affection is characterized by a shrill sound in inspiration somewhat like the crowing of a cock. The sound is owing to the spasmodic contraction of the glottis.

Symptoms: The attack is sometimes sudden, and generally after night the child awakes with a start, and in great apparent alarm and again the child is found to be lying very still and generally upon his back.
sonorous breathing, pulse, full, and bounding, the skin hot and dry; and on auscultation, we hear a whistling sound. The bronchial tubes appear to be choked up; it is with great difficulty that the child can breathe, the breathing becomes so hard, sometimes, the inspiration can be heard from one room to the other. All these symptoms get worse if not arrested. The circulation through the lungs becomes impeded, the countenance becomes livid, and turgid, and the child soon dies from suffocation. This disease will generally run its course in five,
or six days, and sometimes in two when the disease becomes established. Though some say they have never seen an instance of it being cured while others profess to have cured it in an early stage this malady is an inflammation of the trachea with an effusion of coagulable lymph thrown off from the distended vessels of its inner surface. This disease strictly speaking is an inflammation of the larynx and trachea. The mucous membrane becomes inflamed the larynx is in the majority of cases the part first affected in certain mild cases it has been supposed to
be unattended with fever, and readily cured by simple means. This membranous exudation does not take place in cases of simple laryngitis-trachitis, have only been denominated spurious croup: they are only cases of spasmodic laryngitis. The symptoms which distinguish croup are dyspnoea, and a peculiar hoarseness, of the voice loud ringing cough, ribulant inspiration, in most cases the disease is proceeded by symptoms of catarrh, or bronchitis, the patient is affected with chillings succeeded by increased heat of the surface, lassitude, loss of appetite, and cough sometimes symp
Tons of catarrh are present for several days and at others the tendency to cough is exhibited from the first at first it is usually during the night the symptoms develop themselves, the child often retiring to rest is suddenly awakened from his sleep with difficult wheezing respiration and frequent paroxysms of loud cough, the skin is hot face flushed the voice hoarse and indistinct he frequently complains of constriction about the throat in general these symptoms abate after a short period breathing becomes more free the patient again falls into sleep and on awaking
in the morning with the ac-
ception of some degree of hoar-
ness and cough presents no
symptoms of serious disease
the pulse is more frequent and
cough hoars and resonant. the
child runs, generally all day
with little ill convenience from
his suffering, and as evening
approaches the respiration become
difficult; and loud wheezing
with cough convulsive and ring-
ing, the patient experiences a
sensation of suffocation and
often carries his hand to his
throat to remove the cause of
his suffering. about this time
the face become flushed and
swollen the pulse is hard and
quick and the voice is hoarse
and weak the cough is unattended with expectoration or perhaps there may be a small discharge of glairy mucous streaked with blood these for-going symptoms may in a short time moderate if so they soon increase again in violence and usually continue with slight remission during the night exacerbations are augmented with severity sleep appears to favour their return if the patient remains awake they are excited by the slightest paroxysms of coughing only the disease be arrested by appropriate treatment the symptoms augment in in-
tensity, and the remissions slighther and shorter the cough loses its acute, ringing sound, but the loud wheezing respiration is heard beyond the apartment which he occupies. Dyspnœa excessive, the face swollen and livid, his lips purplish, and the forehead covered with large drops of perspiration, the skin becomes cold, the pulse small and full, and extremely rapid. The patient is thirsty and swallows with little difficulty. There is often expelled about this time of a cough, or by vomiting, a quantity of thick, mucous, sometimes mixed with fragments of a membranous ap-
pearance these symptoms may continue for a longer or shorter period. The voice however at first the respiration short and convulsive and the patient is every moment in danger of suffocation. There is now but little cough if any, or expectoration, the pulse is feeble irregular and intermittent [and the] and the patient at length ceases to breathe. In other cases however the disease commences more abrupt and proceeds with greater rapidity and violence the child retires to bed in appearance of perfect health and is suddenly awoke with a violent fit of loud ringing cough
His respiration is loud wheezing and oppressed and attended with a feeling of immediate suffocation there is great restlessness the face is tumid and of a dark and red colour the eyes appear to be injected and swollen the pulse frequent and hard. These symptoms have not the slightest remission but increase in intensity and the patient dies as from actual suffocation. In some cases death will occur in a few hours and again life may be prolonged for several days and perhaps recover but when the symptoms are so developed death is almost the certain result but in
cases which it gradually develops itself and of some duration, and in those which occur suddenly with symptoms of the utmost severity and runs a rapid course. Group presents various shades of intensity. The duration may last according to the intensity of age, constitution, and treatment. If the disease presents itself in any form, if in the attempt it be judiciously treated the progress may be shortened duration. Group has for its progress different periods. Periods, it differs from six to thirty or forty hours, sometimes more or less, cases sometimes last for weeks, may attain a
chronic form. The diagnostic symptoms of croup, are hoarseness of the voice and a deep, ringing cough, a loud wheezing sibilant inspiration. The hoarseness is the first symptom that may occur as in bronchi-ritis; in many cases observed previous to dyspnocia, cough and fibril reaction. In violent attacks of croup, dyspnocia commences with the onset and continues with little abatement through the whole course of the disease, when the disease closes the dyspnocia is equally intense and continues for a short period the respiratory movement is much impaired and convulsive action in the neck, shoulders
and chest, inspiration goes on generally through the dia-
phragm, the contractions of which are violent and convulsive.
Fever is generally present in this disease vomiting sometimes occurs, but is not an inva-
riable symptom. In some cases we fail to get a vomit with
the most active emetic rem-
edies to be employed in cases
must depend much upon the
age and condition of the child
if the patient is of a strong
constitutional temperament
we can use more active med-
icines to abort the disease but
on the other hand if the patient
is of a weak debilitated habit
use these mild means by which
The disease is generally treated.

Treatment, the treatment of croup varies according to the age and constitution of the patient as a general rule in croup in mild cases or in the first stage of the disease an emetic should be given and continued every ten or fifteen minutes until nausea and vomiting is produced small doses of ergotamine and calomel followed by a warm bath will frequently cut short the disease where it is not severe but in a very phthisic habit high reactionary fever at the onset pulse full and hard face flushed cononous breathing bleed the patient if fever con.
time blood should be freely drawn from the arm or leeches applied to the throat this treat-
ment should be continued until a decided impression be made small doses of antimony in eyp
subsequently to full vomiting and sufficient deflecting by the lancet has the sanction of the best writers on the disease after the disease has continued for some time and fever still continue, and inflammation occurs a blister will be beneficial applied over the chest and stomach with nauseating doses of ipaecuana tincture or eau de syrups of squills. Sometimes tracheotomy is resort
ed to with great relief.