

AN

INAUGURAL DISSERTATION

ON

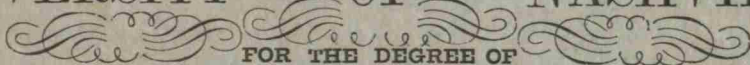
croup

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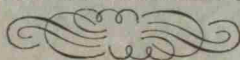
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



DOCTOR OF MEDICINE.

BY

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OF

and Tennessee



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Croup

Infantile spasms or tracheitis; this disease comes on with something like a cold, 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.

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sonorous breathing, pulse
full, and bounding, the skin
hot and dry and on aus-
cultation, we hear a whist-
ling sound, the bronchial
tubes appear to be choked
up it is with great diffi-
culty that the child can br-
eath, the breathing becomes so
hard, sometimes, the inspira-
tion can be heard from one
room to the other. all these
symptoms get worse if not
arrested; the circulation thr-
ough the lungs become im-
peded, the countenance becomes
livid, and turgid, and the
child soon dies from suffo-
-cation. This disease will gen-
-erally run its course in five,

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or six days, and sometimes
in two when the disease be-
comes established. though some
say they have never seen
an instance of its being
cured while others profess
to have cured it in an ear-
ly stage this malady is
an inflammation of the trachea
with an effusion of coagula-
ble lymph thrown off from
the distended vessels of its
inner surface. This disease di-
rectly speaking is an inflama-
tion 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 ca-
ses 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 laryngæo-tracheitis,
have only been denominated
spurious croup: they are only
cases of spasmodic laryngitis
the symptoms which distinguish
croup are dyspnoea, and a pe-
culiar hoarseness, of the voice
loud ringing cough, sibilant
inspiration, in most cases
the disease is preceded by
symptoms of catarrh, or bron-
chitis the patient is affected
with chilliness succeeded by
increased heat of the surface,
lassitude, loss of appetite,
and cough sometimes symp

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Forms of catarrh are present-
-ed for several days and at
others the tendency to croup
is exhibited from the first at-
-tack it is usually during the
night the symptoms develop
them-selves; 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 symp-
-toms abate after a short pe-
-riod breathing becomes more
free the patient again falls
into sleep and on awaking

in the morning with the ac-
ception of some degree of hoarse-
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 conveniences from
his suffering, and as evening
approaches the respiration becomes
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 becomes flushed and
swollen the pulse is hard and
quick and the voice is hoarse

and weak the cough is un-
attended with expectoration
or perhaps; there may be a
small discharge of glairy
mucous streaked with blood
these fore-going symptoms may
in a short time moderate.
If so they soon increase again
in violence and usually con-
tinue with slight remissions
during the night exacerba-
tions are augmented with
severity, sleep appears to
favour their return if the
patient remains awake they
are excited by the slightest
paroxysms of coughing unless
the disease be arrested by
appropriate treatment the
symptoms augment in in-

-tensities and the remissions
 slighter and shorter the cough
 loses its acute ringing sound
 but this loud wheezing res-
 -piration; is heard beyond the
 apartment which he occupies.
 dyspnoea excessive; the face
 swollen and livid his lips
 purple and the forehead cov-
 -ered with large drops of per-
 -spiration the skin becomes cool
 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 frag-
 -ments of a membranous ap-

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pearance, these symptoms may
continue for a longer or short-
er period. The voice however ex-
tinct 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 fee-
ble irregular and intermittent
[and thro] and the patient at
length ceases to breathe.

In other cases however the
disease commences more abrupt
and proceeds with greater ra-
pidity and violence the child
retires to bed in appearance
of perfect health and is sud-
denly awoken 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 occurs suddenly with symptoms of the utmost severity and runs a rapid course. croup 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 attack it be judiciously treated the progress may be shortened duration. croup has for its progress different periods periods, it differs from six to thirty six hours, sometimes more or less, cases sometimes last for weeks, may attain a

chronic form. ^{and} The diagnostic
symptoms of croup, are hoarseness
of the voice and a deep
ringing cough a loud whee-
sing sibilant inspiration the
hoarseness is the first symptom
that may occur as in bronchi-
tis in many cases observed
previous to dyspnoea, cough
and febrile reaction. In violent
attacks of croup dyspnoea
commences with the onset and
continues with little abatement
through the whole course of the
disease. when the disease closes
the dyspnoea is equally intense
and continues for a short pe-
riod the respiratory movement
is much impeded and convul-
sive action in the neck, shoulders,

and chest. respiration goes on generally through the diaphragm the contractions of which are violent and convulsive fever is generally present in this disease vomiting sometimes occurs, but is not an invariably symptom. In some cases we fail to get a vomit with the most active emetic remedies to be employed in croup, 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 medicines to abort the disease but on the other hand if the patient is of a weak debilitated habit use those mild means by which

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The disease is generally treated.
^{my} 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 vom-
iting is produced small doses
of ipecacuanha and calomel fol-
lowed by a warm bath will
frequently cut short the disease
where it is not severe but
in a very plethoric habit
high reactionary fever at the
onset pulse full and hard
face flushed sonorous breathing,
bleed the patient if fever con-

- times blood should be freely
 drawn from the arm or leeches
 applied to the throat this treat-
 - ment should be continued un-
 - til a decided impression be made
 small doses of antimony in croup
 subsequently to full vomiting
 and sufficient depleting by
 the lancet has the sanction of
 the best writers on the disease
 after the disease has continued
 for some time and fever still
 continues, and inflammation oc-
 - curs a blister will be benefi-
 - cial applied over the chest
 and stomach with nauseating
 doses of ipecacuanha Tarteremetac
 or comp syrup of squills.

Sometimes Tracheotomy is resort-
 - ed to with great relief.