

which she continued to do until about two months ago, when she was unable to do it. It now remained out, she was confined to her bed, gradually growing worse, but her husband not in a condition of mind to recognize the serious state of her health. Her son, a very competent physician, she did not consult, although he saw her daily until about January 28, 1890, when, noticing her condition, the odor of the room, etc., he made careful inquiry of his sister, and then for the first time, learned of the serious condition she was in. He immediately sent for one of his neighboring physicians, who made an examination, but was unable to state positively what he believed to be the real trouble. February 1, 1890, the doctor called at my office desiring me to see his mother at once. I did so the following day, and found a sloughing fibroid protruding from the vulva, presenting the most offensive odor possible. The room had been kept thoroughly ventilated, but the odor was almost unbearable, and the patient seemed much distressed and in a very anxious condition of mind. She stated that she supposed for a long time that her flow had returned, and that she did not think there could be anything seriously wrong until the mass protruded from the vulva. The fibroid had its attachment to the anterior wall of the uterus, and very curiously rested between the cervix and posterior wall of the bladder. By passing the catheter into the latter viscus I obtained a very correct idea of the surroundings and concluded to remove it with the chain écraseur, which I did with little trouble. After removal the uterus returned kindly to its position. She made an uninterrupted recovery and is again able to care for her invalid husband.

The point that I wish to present is this, that these cases are to be found all over the country, and that in some way, and in some manner we should indicate to our patients the importance of their yielding to a more prompt examination, when such histories present as are here given. Our young women should be taught in our schools, academies and colleges more on the subject of menstruation. They should know more about their reproductive organs from chaste, moral and intelligent teachers. Mothers should know more of the functions of their own individual organs, and learn to teach their daughters.

Finally, the profession should exercise more care in impressing upon young wives and mothers the knowledge that in so many cases they so sadly need, and not assume the care of patients who are so unwilling to have the necessary examination made.

The Committee of the International Medical Congress to be held at Berlin has decided to give their guests a grand farewell banquet at an estimated cost of 15,000 marks (\$3,750).

CROUP.

Read in the Section of Diseases of Children at the Forty-first Annual Meeting of the American Medical Association, Nashville, Tenn., May 21, 1890.

BY C. R. EARLEY, M.D.,
OF RIDGWAY PA.

Dr. William Cullen calls this disease "Cynanche Trachealis."

"This name has been given to an inflammation of the glottis, larynx, or upper part of the trachea, whether it affect the membranes of these parts, or the muscles adjoining. It may arise first in these parts, and continue to subsist in them alone; or it may come to affect these parts, from the cynanche tonsillaris or maligna spreading into them. In either way it has been a rare occurrence, and few instances of it have been marked and recorded by physicians. It is to be known by a peculiar ringing sound of the voice, by difficult respiration, with a sense of straitening about the larynx, and by a pyrexia attending it."

We will now refer to the writings of Bartholomew Parr, M.D.¹

"ANGINA TRACHEALIS."

"In compliance with Dr. Johnson and consonantly with our observations in a former article, we mention this species as a separate one, and distinct from that sometimes comprehended under this title by other authors.

"The croup we shall consider under the appellation of angina stridula, and confine the present term to the malignant angina, extending to the trachea, or to that species of the disease in which the larynx and trachea are originally attacked. To this complaint authors have not, perhaps, paid due attention; it is indeed seldom an original disease; yet within our observation, it has appeared to be so. It is truly an erysipelatous inflammation in contradistinction to the phlegmonic; nor does it materially differ in its treatment from putrid pneumonia, or angina maligna. We need not in such instances dread the power of the bark in inducing dyspnoea, but employ it freely with cordials. The only question is whether blisters are more admissible or more effectual? From our own experience we cannot encourage their application; but they certainly do no harm."

"ANGINA STRIDULA."

"This is the cynanche trachealis of Cullen; a disease that, for its singularity and fatality, has fixed the attention of pathologists and practitioners. We wish we could solve the difficulties, or direct a more scientific or successful method of cure than has hitherto been adopted.

"The angina stridula, is also called angina membranacea, interna, perniciosa, polyposa, catarrhus suffocativus and morbus strangulatorius. It is chiefly a disease of children, and is distinguished by a difficult inspiration sounding as through a brass tube, harsh cough, with seldom any tumor in the throat, and no difficulty in swallowing. This definition differs from that of Dr. Cullen who is a little warped, by his adherence to system.

"A cold and a short cough precedes for some days, when the harsh breathing comes on, with little or no fever; sometimes suddenly, at others more gradually, increasing by degrees, till suffocation closes the scene.

"The disease consists of a membranous substance lining not only the trachea above its divarication, but also its minutest branches, though the large parts of the tube are first affected. It has been considered as a spasmodic disease by some, as it attacks suddenly, and is relieved by warm baths and asafoetida, and as inflammatory by

¹ Parr's Medical Dictionary, A. D. 1808. Vol. I, pp. 119-120.

others, who rest with equal security, on the cough preceding, and the utility of bleeding."

The "Edinburgh Practice of Physic," Vol. I, pp. 352 to 381, twenty-nine full pages, discusses the subject of croup, and gives full reference to, and quotes freely from authors as to theory and treatment of this disease, before the publication of that "Practice." In the treatment recommended by the "Edinburgh Practice," the use of bark is strongly recommended.

John Eberle, M. D., ("Practice," Vol. I, pp. 323 to 336, Fourth Edition, A. D., 1838), discusses the subject very freely under the names of cynanche trachealis, croup and hives. The latter name for croup, was used by the people in the country. It was often called bold hives. His treatment was bleeding freely and followed by emetics, calomel, and the warm baths. He gives us thirteen pages of his theory. John Mackintosh, M.D., ("Practice of Physic," First American from Third London Edition, A. D. 1834, Vol. I, pp. 277 to 285), gives the usual history of croup of those days. In his reference to the appearance on dissection, he says:

"On opening the trachea, false membrane is found lining the organ in various states; sometimes it is soft and diffuent; sometimes partial; at others extending beyond the bifurcation. Sometimes it is found of very considerable thickness and firmness, of a tubular form, corresponding exactly with the canal which it covers, and extending an inch or two into the branches; on some occasions, the first divisions of the tubes are as completely lined as the trachea. Frequently the larynx is similarly affected."

We also give an extract of what he says as to treatment:

"This is a disease of all others which requires promptness of decision, and activity in practice; for if false membrane be allowed to form, not above one case in the hundred will be saved. The worst cases are those in which a sore throat has been neglected, and the inflammation has spread into the windpipe; or those in which patients have labored under bronchitic symptoms for a week, or perhaps more, before the disease has affected the trachea and larynx, under which circumstances, a recovery is rather to be considered as an escape, than as an event to be expected."

We have thus quoted some extracts from the writings of Dr. William Cullen under the name of cynanche trachealis, and Bartholomew Parr, M.D., who refers to Cullen, and uses the name angina trachealis, but considers the croup under the appellation of angina stridula, etc. Also from the "Edinburgh Practice of Physic" Dr. John Eberle ("Practice"), and from John Mackintosh, M.D., ("Practice of Physic"), and all these authors describe to us in their writings, on croup, the disease we call diphtheria in some of its forms.

Morell Mackenzie, M.D., of London, in his very valuable works on the throat, nose, pharynx, larynx, trachea, cesophagus, nasal cavities and neck, fully describes croup under all its names, and gives a full history of it, and proves it be-

yond a doubt, to be one form of diphtheria. He quotes many of the most prominent authorities to prove his position.

We find proof of the identity of croup and diphtheria in the practice and writings of such authorities, as Dr. Mackenzie, whose opinion is respected and quoted as authority, in all parts of the world; also, Drs. Hillis, Semple, and Virchow, who only yielded to the principle advanced that diphtheria and croup were identical, after a long and thorough investigation.

Dr. George Jackson (*British Medical Journal*, Feb. 19, 1870), pronounced diphtheria and croup identical. Sir William Jenner, (*Lancet*, Jan. 2, and 16, 1875), gave his adhesion to this doctrine. The renowned Dr. Traube, of Germany, also had accepted the unity theory.

We might quote authorities filling pages to prove the identity; but it is a question that each practitioner can settle in his own mind. My experience in an extensive practice since the fall of 1846, has proved beyond a doubt in my mind, that croup is only a form of diphtheria. My treatment of the disease in its first stages, was an emetic of ipecac which has always proved perfectly safe and sure, and when attended with a high fever I have used freely a solution of ipecac, chlorate of Potassa, and the chloride of sodium, in small and repeated doses, together with warm baths and friction of the entire body and limbs, in the febrile stage, and as soon as the surface becomes moist, change the friction and baths to rubbing and bathing with bay rum or alcohol and water, equal parts, used two or three times a day, and the use of quinine in large and repeated doses.

The first time I used quinine in croup, was in Sept. 19, 1846. I was called in great haste to see a little girl, 1 year and 9 months old, whom the friends thought dying. They had used Cox's hive syrup, and all the medicines usually kept in the house in those days, to meet cases of croup. On my arrival I found nearly all the ladies of the then small town, much excited, as they thought the child dying, and were shaking and fanning her, as she was struggling for breath. I at once gave a very large dose of quinine, and with great effort the child swallowed it, and soon began to breathe easily. I repeated the quinine from every one half to one hour in smaller doses. The warm wheat bran bath they were using, was kept up for a time, and the child bathed with alcohol and water afterwards, and with the free use of a solution of ipecac and chloride of sodium, the patient was soon well.

This was my first use of quinine, and I had never seen it recommended for croup. I at once reported the case to my friend Dr. Frank H. Hamilton, then at Buffalo, N. Y., formerly at Geneva, N. Y. Since that time I have used quinine in the treatment of croup and always

found it satisfactory, if given in doses as required.

I sometimes use a brush or sponge for applying the solutions to the larynx and trachea, something after the plan of those recommended by Dr. Mackenzie. I used these brushes first in 1846, by making the handle in the same form from a whalebone, by bending the end of the bone, and piercing it with holes, then securely sewing through them, a very fine sponge or linen lint on and around the end for the brush, and trimming carefully before using.

My first treatment of diphtheria, was on Nov. 1, 1860, and I gave the treatment as directed by the medical journals of that day, and my patient died. I then adopted the same treatment I had used for croup in 1846, only being governed by the different stages of the case and the constitutions I had to treat. In the inflammatory or stage of high fever, I use ipecac, chlorate of potash, chloride of sodium, bicarb. of soda and gum acacia, and free bathing with strong saline baths. I use quinine, iron, and carb. ammonia in solution, also whisky, brandy or wine, and stimulants generally, taking good care of the stomach and bowels at the same time using creta præp. freely in case of diarrhoea, being very cautious as to the use of cathartics. I never give calomel or any medicine that will in any way weaken or prostrate, but always support and build up the entire system.

Out of 489 cases of diphtheria I treated from November 1, 1860, until February 15, 1861, as reported by me in the *Cincinnati Medical and Surgical News*, Vol. II, No. 4, page 104, only five died and 484 recovered. That same course I have since adopted and with the same results.

I will here quote an article from the May number of the *Medical World*, Vol. VIII, No. 5, page 181:

“Croup” is not confined to the air-passages alone. A form of croup attacks the urethra sometimes, and is indicated by the excretion of characteristic white membranous structures, mixed with more or less blood and pus. Croup of the bladder is more frequent in females, the membranous substance being reddish in color, and in much larger pieces.”

This statement is correct as to cases of diphtheria. The membrane may be found covering any part of the mucous membrane, mouth, nose, fauces, trachea, bronchia, stomach, bowels, kidney, urethra, rectum and vagina. I have at this time a small box of the membrane taken from the vagina. I also have had cases where wounds on any part of the body where the cuticle was removed were covered with this fungi. I call these cases diphtheria and not croup. All of which is respectfully submitted.

HOSPITAL BURNED.—The Mercy Hospital at Davenport, Ia., was partially burned on June 11. One of the Sisters perished in the flames.

OPERATIONS FOR THE RADICAL CURE OF HERNIA IN EARLY INFANCY AND CHILDHOOD.

Read in the Section of Surgery and Anatomy at the Forty-first Annual Meeting of the American Medical Association at Nashville, Tenn., May 20, 1890.

BY THOMAS H. MANLEY, A.M., M.D.,
VISITING SURGEON TO HARLEM HOSPITAL, NEW YORK.

My object in submitting this article to the Section of Surgery is with a view, mostly, of presenting a few notes on a small number of cases in which, during the past four months, I performed operations for the cure of hernia, besides to offer a few comments on such cases as come within the scope of such operation.

I am particularly desirous of obtaining the views of several surgeons as to the desirability of doing a celotomy in early life, and their opinions as to the temporary or permanent character of such a cure as is wrought by modern surgical methods.

My cases are seven in number, all boys, the oldest seven years and the youngest three weeks; no history of heredity or injury in any of them. In every instance the protrusion was discovered shortly after birth. In none of them could a truss be worn with comfort, and in two no sort of contrivance would retain the hernia in its proper cavity. I had no deaths or dangerous complications after operation, and in all except one case the incision healed promptly and completely within fifteen days after the cutting was done.

Case 1.—P. B., aged 7 years, was first brought to me when 1 year old, with a large protrusion on the left side. From the mixed nature of the anatomical derangement and pathological condition I was unable to decide what the mass consisted of, as it in many respects was like a hydrocele of the cord, a scrotocele, or a new growth. I was not quite sure that it could be wholly reduced. On general principles, however, I recommended a truss. I saw nothing more of him again for four years. His father informed me that he secured a truss as I directed, but it gave the lad so much pain that it had to be laid aside, when he consulted others, who were undecided as to what the little fellow was suffering from. However, with nearly uniform accord they advised that a truss be worn. Another truss was applied, but in spite of it the hernia would slip down. However, as it was supposed it would prevent matters from getting worse, he was obliged to constantly wear it. I now advised an operation, but the father would not consent to it until two years later. I saw the boy again in December, 1889, when the protrusion had attained more than twice its former volume, and swung like an immense pouch down the inner side of his trousers, to such an extent that his mother could not devise any sort of garment which would effectually conceal this repulsive deformity; and