
The Throat and the Voice, by J. Solis Cohen,
M.D. 1879

Rare Medical Books

1879

The Throat and The Voice: Part 1, Chapter 5: Croup

Jacob Solis Cohen

Follow this and additional works at: https://jdc.jefferson.edu/throat_and_voice



Part of the [History of Science, Technology, and Medicine Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Solis Cohen, Jacob, "The Throat and The Voice: Part 1, Chapter 5: Croup" (1879). *The Throat and the Voice, by J. Solis Cohen, M.D. 1879*. 7.

https://jdc.jefferson.edu/throat_and_voice/7

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *The Throat and the Voice, by J. Solis Cohen, M.D. 1879* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

suffocation. The ease which follows, justifies the operation merely as an alleviator of distress.

Another point which should be realized by parents is the great danger of lifting a patient, low with diphtheria, in disobedience to the physician's injunctions. The heart becomes so feeble, at times, that the extra exertion necessary to pump the blood into the upper part of the body against gravity is too much for it, and it ceases to beat. The physician knows when this is imminent, and tells the attendant *not to allow the patient to rise or be raised for any purpose whatever*, until he deems such precaution no longer necessary.

CHAPTER V.

CROUP.

THERE is a spasm of the air-passage sometimes called pseudo-croup or false croup, (see page 78;) but it is of nervous origin altogether, and has no affinity with croup other than that the main symptom is always spasm, which also occurs in some cases of croup, but is by no means a constant manifestation.

True or membranous croup is chiefly an inflammatory disease of the upper air-passage, attended with the deposit of a membrane like to that which accumulates in the air-passages in diphtheria. The deposit may extend along the windpipe, and even great distances along the bronchial tubes and their ramifications. There are no reliable chemical or microscopic tests which can distinguish between the deposits in croup and in diphtheria. On this account many physicians consider the two diseases to be identical. Others, among them the author, believe that they are not identical, and that there is no primary or special blood-poison at work in croup as in diphtheria, and that the danger to life in croup resides

wholly in the locality of the inflammatory process and its mechanical results. In this view, croup is not to be regarded with the same dread as diphtheria, though it is also often fatal. It rarely attacks adults.

The false membrane in croup sometimes exists in the accessible portions of the throat, and then its resemblance to diphtheria is so great, that only the absence of the symptoms of a low form of fever can distinguish it.

A frequent cause of inflammatory or true croup, if not the chief one, is the vicious method, so much in vogue by silly and vain parents, of leaving children partly undressed, to show off their pretty necks, shoulders, and legs. This practice causes an unequal temperature of the surface, and renders the little victims of parental vanity extremely susceptible to ill effects from slight exposure to cold and dampness.

The special symptoms of croup are hoarseness, soon increasing to loss of voice, with increasing difficulty of respiration, attended at times by severe and noisy efforts of inspiration, and sometimes terminating in suffocation from accumulation or unfavorable position of the false membrane, or even, at times, from spasmodic closure of the upper part of the air-passage, or paralysis of the muscles that keep it open during health. There is usually some little fever with slight catarrh or cold for a day or two, attracting but little attention, with a moderate amount of cough and hoarseness. Then there is a flushed face, towards

evening generally, with undue brilliancy of the eye, increased heat of skin, and abnormal frequency of pulse; and towards midnight the little patient is awakened with a paroxysm of difficult breathing, often the first symptom to excite alarm. The cough becomes shrill and harsh, like the sound of a cock's crow or a blast through a brass trumpet. The cough and the voice gradually become muffled, and finally may become extinct, so that the child is seen to cry and cough without making noise enough to attract attention. The difficulty of respiration increases as the matters accumulate in the air-passages; and the soft parts above the chest, below the chest, and between the ribs, become more or less deeply indented or depressed by external atmospheric pressure at each ineffectual attempt to expand the lungs by inspiration. The child tries to grasp something to help its breathing, often clutches at its throat, and exhibits the most unmistakable evidences of threatening suffocation. If not relieved spontaneously or otherwise, the flush fades from the face, the lips become pale and then livid, perspiration pours out over the surface, and the efforts at respiration become less and less vigorous, until they cease in the death struggle.

In the treatment of croup there are the same indications for the use of steam- and lime-fumes as in the analogous condition of diphtheria, as well as for the operation of incising the windpipe for access of

air to the lungs when there is uncontrollable occlusion above it. In the two diseases, the great points promising success, are a disposition to cough and a desire for food ; and everything should be subservient to encouraging these conditions. It is highly necessary that skilled assistance be continuously at hand for at least the first twenty-four hours after the windpipe has been opened, as the life of the child may be imperilled by sudden occlusion of the artificial passage, demanding instantaneous attention to avert immediate death. The chances of saving life by timely tracheotomy in true croup are infinitely greater than they are in diphtheria, because there is no blood-poison at work, and the main indication is fulfilled if the mechanical obstruction to respiration is overcome. The foreign matters are to be viewed in the light of foreign bodies accidentally inhaled into the air-passages and threatening suffocation from mechanical obstruction to the access of air to the lungs. If the accumulations in croup plug up the smaller air-passages, or even the windpipe below the point at which an opening can be made, the chances of success from the operation are diminished. To be successful, the operation must not be delayed too long ; for if carbonic acid accumulates in the blood from prolonged want of due oxygenation, the patient may die, poisoned from this cause, even several days after a tracheotomy successful so far as procuring freedom of respiration is concerned.

CHAPTER VI.

ACUTE LARYNGITIS.

LARYNGITIS is the name employed to designate inflammation of the larynx. Acute laryngitis is a severe inflammation of the larynx, very apt to be confounded with croup, when it occurs in children, and with various other affections in both children and adults. It is exceedingly dangerous to life because a moderate amount of swelling, inseparable from severe inflammation, which would be of much less immediate importance in any other part of the body, is liable here to close up the narrow air-passage to such a degree as to interfere with breathing, and thus lead to death by choking or suffocation. A violent form of laryngitis, due to accidental swallowing or inspiration of acrid and caustic substances, has already been alluded to (page 30).

The special affection to which attention is here directed, however, is an inflammation of the lining membrane of the larynx, due usually to sudden exposure to cold, in a person subject to severe sore throat, or convalescing from some disease in which