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An Inaugural Dissertation on Cynanche Trachealis Submitted to the Faculty of Jefferson Medical College of Philadelphia, for the degree of Doctor of Medicine.

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An Inaugural Dissertation

on

Omphalochi

Submitted to the Faculty

of

Jefferson Medical College of Philadelphia

for the Degree of Doctor of Medicine

By James Ross

of Washington County, Rhode Island

Philadelphia Feb. 1846
This disease has its origin
in most cases in an inflammation of the
mucous membrane lining the trachea and
bronchi. The latter however is the part
most frequently affected; but it extends sub-
sequently to the bronchi, often throughout
their ramifications, and to the tissue of the
lung itself; giving rise sooner or later in
most cases to the condensation of coagulated
lymph upon the inflamed membrane of
the air passage, forming a pseudomembrane, extending, in some instances
throughout, the minute ramifications
of the bronchi and involving more or
less the air cells themselves. The alpha-
minus coarse hoxton is exceedingly dry.
In some instances this adventitious membrane is not formed at all; the inner surface of the vocal pipe is seen to be mere cornea, reddened and blemished, and often only with slight mucous, or perhaps with a few streaks of convolute albumen here and there.

Croup is particularly a disease of early life; male age is the chief predisposing cause of the disease. The interval that lies between the two periods of weaning and puberty is the time during which its manifestations are chiefly to be apprehended. Very few cases of it occur during the first year of infantile life.

Some writers are of the opinion that the disease occurs more frequently at the second year than any other. This is supposed to be connected with the changes which ensue in regard to diet upon the child.
being ascertained. The number of children affected with croup gradually decreases from the second year onwards. It is the opinion of some writers that it more occurs in adults as a primary disease. But it is known occasionally to happen subsequently to the period of puberty and up to the 21st year; and sometimes later. From the observations of different authors it would appear that males are more frequently affected with the disease than females. It is said that children of a warm-quininous temperament, of a florid complexion, incline to fatness, and to all appearances as the enjoyment of perfect health, are those in whom croup is most liable to occur as a primary disease; and hence those females in which this temperament prevails, almost every infant is attacked with the disease, as it reaches its first or
When croup has once occurred in a family, it is very liable to occur again either to attack the same children or some others of the family. Croup is exceedingly apt to recur again. Relapses may happen within a few days after apparent recovery, and these are generally very perilous. But beside this tendency to the return of symptoms, the child is often affected a cough, a cold, hoarseness, and even with a fever once for a long time. And it is obvious, since these relapses of the acute attack continue, it is easily brought back again.

Among the chief exciting causes of croup is undoubtedly the impression upon the body of a cold and damp atmosphere, or sudden transitions of temperature. Hence the disease is found to be most prevalent during the variable climate and chiefly weather which prevails in the Spring.
and close of Autumn. It is also of much
more frequent occurrence, in situations natu-
really abounding in moisture, than those of in-
opposite character. Some authors have con-
sidered it to a certain extent, endemic in
Valleys surrounded, by High Mountains,
and in the vicinity of Lakes and large
rivers. It may be produced at any season
of the year, by sudden alterations of
temperature. It not infrequently occurs spo-
radically. Sitting or lying down on a damp
ground, or in a current of air after the body
has been heated from exercise, or a sud-
den chilling of the body from any other
cause, is very apt to induce the disease.
It is mentioned also as being particularly
apt to occur, in the course of, or immedia-
tely subsequent to an attack of Measles and
Pneumonia. Suddenly mental emotion
and especially fright, or mental state of fa-
nervous excitement, into childish young chil-
dren. They are often thrown, when, however,
tended or excited, often operate as an ex-
citing cause of pneumonia. Irritation of the
digestive organs, a cold, confined, or unpro-
atmosphere, and irritation can also me-
tion these as exciting causes of spasmotism.

There are various divisions of

The causes of asphyxia, however, may be
said to be the following: 1st. There
is a spasmotic contraction of the glottis
called spasmotic cough. 2d. The false

cough of writers, an exanthematic inflam-
ation of the mucous membrane ac-
panied with more or less thickening.

3d. The true diphtheritic cough in which
there is a membrane formed, and in
which are efforts to check its progress af-

It has commenced forming gently, prove of but little avail.

The disease is in a majority of cases preceded by symptoms of bronchitis. Then is a slight and diffuse affection of the membrane lining the air passages. Frequently, more or less prodromic symptoms are experienced previous to a full attack of the disease. The child has that is popularly called a cold, sneezes, coughs, and is feverish. The patient is affected with more or less chilliness, succeeded, by increased heat of the surface, lassitude, and loss of appetite. These symptoms vary in intensity and duration. In most cases the fever runs high, commences with the disease and continues until its closing stage. In others, the febrile excitement is less intense; hence the term is termed the various course, there is often especially in the
The text on this page appears to be a handwritten document. The handwriting is cursive, and the content is not clearly legible due to the style and quality of the writing. Without clearer visibility, it is difficult to transcribe or interpret the text accurately. The page contains multiple lines of text, but the specific content cannot be discerned from the image provided.
children no symptoms whatever of fever. It is usually during the night that the proper symptoms of the disease are developed. In some cases the coughing symptoms make their attack very suddenly, without any apparent premonitory indications. The child after retiring to rest suddenly awakens from sleep with difficult and wheezing respiration, and frequent paroxysms of a loud ringing cough. The voice is hoarse and quaff-cottoned; there is total loss of the power of speaking. The child frequently complains of a sense of constriction in the throat and sometimes of pain about the larynx. The cough is very peculiar and distinctive. The epithet "brassy" has been pretty given to it. The noise according to some observers resembles that which would be occasioned by coughing through a brassen trumpet.
It is a ringing cough; and the expiration has a ringing character; breathing is often accompanied with a crowing noise. In general these symptoms, after a short period, gradually pass away, the respiration becomes more free, the patient falls again into sleep, and on awaking in the morning, with the short exhalations of a degree of hoarseness, and a slight cough, presents no symptoms of any serious disease. On the next evening the respiration becomes again gradually difficult, loud and whistling, and the cough convulsive and ringing. The patient feels a sense of impending suffocation, and carries the hand to the throat, as if to remove the cause of suffocation.

The face becomes swollen and flushed, the pulse hard and frequent, and the voice hoarse and almost inaudible.
The cough is generally without expectoration, or perhaps causes a discharge of glairy mucous streaked with hoa. The violence of these symptoms may moderate after a time, but soon again increases in violence and usually continues with remissions and augmented exacerbations during the night. These appear to favor their retention, or if the patient remains awake, they are often excited by cries, or by the slightest paroxysm of coughing. The aspect becomes exasperate and the patient is in a state of great agitation and distress.

In consequence of the increased obstruction in the air passages, the hoa ceases to be only articialized; and the skin gives a dusty, the face becomes swollen and livid, the lips purplish, the pulse becomes quick and irregular and the extremities cold. The thirst becomes often excessive.
There is often preceded by the cough, or
by vomiting. Which often takes place at
this period, a quantity of thick, frothy
mucus, sometimes mixed with, phlegm,
and shreds of a membranous appearance.
These symptoms continue for a longer
or shorter period according to their in-
tensity. The cough known as the made
cay goes on from bad to worse, ceases to
be loud and changing, and becomes
honey, and inaudible at a short dis-
tance, and the voice sinks into a whis-
per. The respiration becomes short and
convulsive, and the patient is every mo-
mment in danger of suffocation. The
head is thrown back, the face becomes
pale, the eyes dull and inanimate
and the head face and neck are
battered in a cold clammy sweat. The
is now but little cough, or expectoration.
The pulse is feeble, irregular and intermittent, and the patient at length ceases to breathe, the intellect being in general unaffected throughout the attack.

Gangrene most commonly runs its course rapidly (sometimes fatal), sometimes within 24 hours, and often within 48 hours of the attacks. It may, however, continue, five or 10 days, before it terminates. The later death or recovery is the result. The ordinary elevation of the arm is from 24 to 36 hours, though there are cases in which it has been posthumous to the 6th or 12th day. It is particularly liable to recur in the same individual after a longer or shorter interval. Life is extinguished in pure circumscibed effusions by the accumulation in the writhing of the convulsed membrane like substance which so frequently attends this disease.
and is so peculiar to it that it has the
name of membranous cough. Then in
cases of recovery mentioned in which the sub-
stance has been expectorated in the form of
nearly a tube, representing a cast of the trachea.

The treatment must very somewhat
according to the stage, severity and progress of
the disease, and the violence of the attack.

When the child is suddenly seized with
a paroxysm, as in spasmodic cough, relief
is generally afforded by placing the patient
in an upright position, with the head
slightly inclined forward, and exposure to
a full draught of fresh cold air. Dr. Mit-
chell recommends the cold water douche which
almost always gives immediate relief. Any
means should be taken to remove as
much as possible compression from the
nerves of the neck. Stapping the child
slightly on the back, will occasionally cure in removing the spasm. Friction along the shin has been recommended. If the paroxysm does yield to the above means, the patient should be put as soon as possible into a warm bath; whilst in the bath, cold water should be sprinkled on the face, which will generally overcome the paroxysm. Thermometric bowel is dependant on circumstances, and hence an examination of the child's system should be made, and if these are found to be at any point swollen or inflamed a sulcination should be made down to the tooth. The bowels of the patient should be well moved. The child also should have a pure fresh airy atmosphere, and all methods should be adopted to prevent a recurrence of the spasm.
In the intermittent form or full
morbidity of attacks, in mild cases, or in the
early and forming stage, an emetic fol-
lowed by immersion in a warm bath
and afterwards the administra-
tion of small doses of antimony com-
bined with calomel, will in many
instances not only stop the further pro-
gress of the disease. Almost composites
upon the disease speaks of the good
effects of emetics early in the forming stage
of the disease. Some little discrepancy
of opinion exist as to the best emetic
to be employed. The chief object however
to be kept in view in the choice of an
emetic is that appears to be the greatest
profit, certainty and activity of its opera-
tion, and these properties being combined
in tartarized antimony it is preferred
in most cases. In many mild cases
The compound honey of squills, given in a sufficient quantity to operate freely as an emetic, and continued subsequently in macerating doses, will very effectually cut short the disease.

In cases of greater severity or in which the emetic, given in the forming stage has failed to arrest the disease, the most effectual remedy is unquestionably blood letting. It should be full and decided. Sometimes the application of a different number of leeches to the throat, will be sufficient; but in every instance there is marked by symptoms of considerable severity, or the patient is robust and phthisic, the pulse hard and full, and disease very great, blood should not be taken from the arm or butts, but rather to an extent to make a change
Impression upon the system. An eminent English author recommends when blood letting is employed it should precede the emetic, or at any rate the operation or act of vomiting. If the symptoms should again recur with any degree of violence, the bleeding should be repeated. The bleeding must be governed in all cases by circumstances of the patient. In some cases one bleeding will most effectually control the symptoms; but in others we must bleed again and again, if the symptoms recur before the pulse continues firm, the skin sound and the望信 considerate. After the first bleeding the exhibition of an emetic and inversions in a warm bath will prove a powerful assistant. It sometimes happens that an emetic given upon the accession of the disease will not operate,
often not even expectorate, until the patient is blest with the common
bath employed; when immediately
follows vomiting will take place in
spite of the emetic administered.
After the patient is taken from the
warm bath, immediately should be
placed in bed and enveloped as soon
as, the hemorrhages induced by the
bath and emetic being encouraged
by the previous doses of tincture of
antimony. After emulsion has taken place
in the air passages, one chief reliance
is to be placed on the use of carbonate
and tincture of antimony.

Blisters are strongly
recommend by some writers, but with
questionable propriety. In the outset
they are likely to do harm. If used
at all, they should be placed not
on the throat, but across the upper part of the sternum, or between the shoulders.

During the disease strict attention should be paid to the diet of the child. The diet throughout the entire stage of the disease should be mild and unimpeaching. During the convalescence, the diet should be gradually and cautiously improved. Care being taken that no excess be committed. As there is very considerable danger of a relapse for a long time after recovery, even the slightest exposure to cold or moisture, or to the least trifling variations of temperature, the child therefore should be carefully guarded, by appropriate clothing and every other precaution.

When all means have failed to arrest the disease, in a stage of approaching death, have come on, a lividity of the lips, colorless skin, blue.
tendency to stupor. Trephectomy has been recommended as the last resort. With regard to the propriety of this operation there is considerable diversity of opinion. The success cases attending this operation have been very few. From statistics of 146 Operations of Trephectomy it is shown that but 39 were cured, the remaining dying almost immediately.
The lesson to improve the distribution has been
recommenced as the last test on Monday.
Please find the friendly of the operation team
in action at a nearby university.

The feedback shows a distinct improvement. The feedback
has been very positive. From students of
100 operations of the before it is shown
that this is a significant increase. Keeping
up with these improvements immediately.