AN
INAUGURAL DISSENTATION
ON
Croce

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Infantile spasms or trochitis; 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 is
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-
table lymph thrown off from
the distended vessels of its
inner surface. This disease
strictly 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-
nes it has been supposed to.
be unattended with fever and readily cured by simply means. This membranous exudation does not take place in cases of simple laryngia-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, rubidant inspiration, in most cases. The disease is preceded 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; in fact 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 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 convenience from
his suffering and as evening
approaches the respiration become
difficult and loud wheezing;
with cough convulsive and ringing
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 un-
attended with expectoration
or perhaps there may be a
small discharge of glairy
mucous streaked with blood
these foregoing symptoms may
in a short time moderate
or they soon increase again
in violence and usually con-
tinue 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
paroxysm of coughing only
the disease be arrested by
appropriate treatment the
symptoms augment in in-
lenticy, and the remissions slighter and shorter the cough loses its acute, ringing sound but this loud wheezing respiration is heard beyond the apartment which he occupies dyspnoea increases the face swolten and livid his lips purply and the forehead covered with large drops of perspiration 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 fragments of a membraneous ap-
pearance, these symptoms may continue for a longer or shorter period. The voice however is tinet the respiration short and convulsions and the patient is very moment in danger of suffocation. There is now but little cough if any, or expectoration, the pulse is feeble irregular and intermittent 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 awoken with a violent fit of loud ringing cough
This respiration is loud wheezing and apparatus 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. 

Such cases present various shades of intensity the duration may last according to the intensity of age, constitution and treatment of the disease present itself in any form, if in the abstract it be judiciously treated the progress may be shortened. 

Progress has for its progress different periods periods, it differ from six to thirty six 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 bronchitis in many cases observed previous to dyspnoea, cough and fibril 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 period. The respiratory movement is much impeded 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 and inva-

rially symptom. In some cases
we fail to get a vomit with
the most active emetic rem-
edies to be employed in crisis
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 those 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 ipecacuanha and opium 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 pace flushed zonorous breathing bleed the patient if fever con-
From the arm or leeches applied to the throat this treatment should be continued until a decided impression be made. Small doses of antimony in group subsequently to full vomiting and sufficient depressing 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 ippecacuanha lacerameter or cough syrup of squills. Sometimes tracheotomy is resorted to with great relief.