

**A CASE OF MEMBRANOUS CROUP, COMPLICATING LABOR, IN A
WOMAN 19 YEARS OF AGE.**

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EMILY W., a widow aged 19, native of New York, was admitted to Bellevue Hospital, January 1st, 1856, as a pregnant woman, in her eighth month. For some time she had been, and was then, subject to occasional hysterical convulsions. She was a woman of delicate habit and nervous temperament, but presented no marks of constitutional disease.

Nothing occurred to call especial attention to the patient until the evening of the 5th, when she had another attack of convulsions, accompanied by some dyspnoea and aphonia. This attack was regarded as purely hysterical; and, the convulsions and dyspnoea subsiding after the administration of equal parts of the wine of ipecac. and the tinct. of assafœtida, the diagnosis was thought to be confirmed. The aphonia, however remained; and the dyspnoea returning again, one of the visiting physicians was requested to see her on the 8th. Having examined the chest, and finding no evidence of inflammatory or constitutional disease, he looked upon the trouble as spasmodic, and directed the treatment accordingly.

On the afternoon of the 9th her symptoms became much aggravated; pulse 120 and full; considerable dyspnoea and some cough (though not stridulous), with a frothy expectoration; pain over the larynx and extending round to the back of the neck; tenderness on pressure, and dysphagia. There being no leeches at command, inhalations of steam, and hot fomentations to the neck, were ordered. In the evening leeches were applied over the larynx and the fomentations were continued. The dyspnoea was somewhat relieved, and the patient seemed better. She began, however, to complain of pains in the lower part of the abdomen, and, premature labor being feared, opium was given to prevent it. Nevertheless, about noon the membranes ruptured and the second stage of labor advanced rapidly. The dyspnoea in the mean time became greater, the pulse weaker and more rapid. The patient kept tossing about

the bed, and suffered extremely from the pains of parturition. The head advanced into the inferior strait, when its progress ceased—the pains recurring frequently, but being wholly ineffectual except to exhaust the patient.

Directions had been left by one of the visiting physicians, that if the dyspnœa increased, the larynx should be opened. When the child's head had been arrested for an hour and a half, the condition of the patient became so desperate—pulse 140 and very feeble, and the face livid from the dreadful dyspnœa—that it became evident, unless the breathing could be relieved, the patient must die undelivered.

Under these circumstances laryngotomy was decided upon, and performed by Dr. Draper, the House Physician, who had her in charge. The relief was instantaneous—the patient breathed freely and without any cough, and fell into a calm sleep. Within three hours the uterus resumed its action, and a dead child was expelled. The uterus contracted firmly, and there was no hemorrhage.

Until midnight everything promised well. Then her pulse, which had been reduced by the operation from 150 to 120, began to grow weaker and more rapid; the respiration continued free, but grew more frequent. Stimulation was in vain. She died on the morning of the 11th inst., a little more than twelve hours after the operation.

Autopsy, twenty-eight hours post-mortem. The larynx and trachea being removed, were found completely lined by false membrane. This commenced on the under surface of the epiglottis, within less than one line of its edge, and covered the inner surface of the larynx, filling up its ventricle. It formed, also, a collapsed cast of the trachea, bronchi and bronchial tubes as low as their fourth bifurcation. Beyond this, the mucous membrane was covered with a reddish exudation not yet fibrillated. The mucous membrane beneath the layer which covered it was stained with blood, and its vessels highly injected. All the other organs were in their normal condition.

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