On Langugismus Strictu Sen.

SYNONYMS. Psychomote Bouts. Infantile Asthma. Crying Inhibition of Children.

Although I have adopted the name, langugismus strictu sensu, as being that by which this disease is usually known, I do not approve of it, nor of any other by which the disease has been designated, seeing that most of them, including langugismus strictu sensu, merely express a symptom common to ordinary cough, from which it is very desirable to distinguish the peculiarity affection forming the subject of this paper, the treatment of the two diseases being as widely different as their pathological characters; if, however, the name of langugismus strictu sen. be retained, and it is certain, the most prominent physiological symptom of
the disease, I should suggest that instead
of讥culous the word simplex, nervous, or
missibilis be adopted, until some name more
in accordance with the scientific nomenclature
of the day be decided on; perhaps one of the
most expressive, if not scientific names which
has been given to it, is the Ælito Ærunc nervus
of Quercus.

Considering the frequency of this disease
the alarming character of its symptoms, and
in many instances its rapidity, or I should rather
tes, sudden death or termination, we cannot
but feel surprised at the little or no notice
which has been taken of it by medical writers
until within the last few years for previous

untold
to this period, we may search in vain through any of the popular works on the practice of physic for an account of this disease, or if we do find the symptoms detailed, they are under the head of cough, with which language must be evidently been considered identical, it being undoubtedly one of the most prominent symptoms of cough, and of fatal cases, most probably the terminal cause.

The inaugural dissertation of Dr. James Simpson, De Ostiatibus Infantium, of Edinburgh, Edin. 1761, is the earliest treatise which I have met with, giving an account of this disease. Dr. Simpson's thesis evinces much originality of thought, and careful observation, nevertheless the writer
While evidently alluring generally to laryngismus stridulus, confounds it with croup, particularly in the etiology and treatment, the former being principally that of laryngismus, much of the latter being that of croup, he says, "Hunc itaque morbum dicimus esse afficiens laryngis spasmodicam, a stimulus circens professo vel aetem partes resistit provocatius," a

din something forth of reflex action; he then refers to cold, applied to the surface, as being a frequent specific cause, evidently in his remarks including croup and laryngismus. He also considers denutrition as oftentimes giving rise to this disease, and under this head his observations to accurately and forcibly apply to laryngismus, that they ought to be reduced, as they are the earliest brought under the notice of the profession with
reference to this disease. After describing the general effects of dentition, he remarks, "aliter autem
in alis, quibus semem in alii sunt, aut alii causis infirmior est languent, his enim sepe
primis quae in fulmen dentis accipierit afferente
languent, ut illius confectionem infatium in atrocem aestimaret
peropsonum cum clando sem, cui ni ordinat presens
remedium, pro qua ite, misericordiae profundato. De
et post-acceptum primo, remittat morbus, et
decius fat, nondem omnium tanta sunt: vi enim
primi illius aequatus, male opportunum acce reditum
corpus, et quaevis agitatio vehementer, et vescn, tuber,
cunt alme, morbus non satiis profligatum denuo
accidat, et periculum hoc tota dentitionis tempore
imminet; presente se nescit ant intermissione
perint medicamenta solonec. Ergo de le morbus
hie aliquo nulla tibi, interea tamen comite
lapicula lervire, et sicco. Evanescentes paropsonum.
actuates complexion human, manifesto indicat, par
velocamin partes versus, melbourne frisele chele
prasmocam — hic male le modere volumes,
nullus est labirinti locus, quin dentem precisum
laberinti sit actio. — After recommending the use
of such means as may facilitate the progress of the
test through the lungs, Dr. Simpson advises that on
the first suspicion of mischief in the lungs, blisters
should be abstracted from the jugular veins, "suo facto
secus omnis metus illie tollit turpitudinem.
Insulis" he prescribes blisters to the nape and front of the neck, oil
of almonds to be put into the mouth beforehand, to
discharge the fluids "spasmos coactos", the use of various
antispasmodics, particularly valerian, respecting which, he
gravely observes, "ejus virtutes etiam felicis non
sunt ipsoe; hae enim animalem convulsions
praebent tentantiae". Dr. Simpson then proceeds to
give some sound directions as to the use of calomel,
attention to the absence, discharge, chlotitis treatment.
After Dr. Simpson’s treatise appeared, Dr. Home, in 1765—was the next author who wrote upon this disease, which he described as having recently prevailed in the neighborhood of Hebii and on the opposite coast of India, and to this circumstance Dr. Cullen alludes in his celebrated work on the Practice of Physic, in which he describes the symptoms of dyspepsias sinusitides but without giving the disease a name. Lescam speaks of it as having only recently appeared, and mentions Dr. Home’s work as the first published on the subject.

Dr. Thomas in his work on the Practice of Physic, which was very popular about twenty five years since, so far from noticing dyspepsia or sinusitis as a distinct disease from croup, says in reference to that latter, “the distinction into dyspepsia and inflammation must be objected to, as the disease is always to be considered...”
as arising from inflammation, a position in which I imagine he will be supported by few physicians of the present day, who have been much of this disease, although at a meeting of the medical society of London, held on April 5th 1824, during a discussion on large pinnas striata, Dr. Clutterbuck stated that the spasm was occasioned by irritation resulting from inflammation of the lungs, and that acting on this view, the indications of treatment were to open the irritability of the parts by anodynes and other remedies and relieve the inflammation by counter irritation. Dr. Clutterbuck further added, that beyond that, we had nothing to guide us, that the disease was not usually fatal, and if so, it was in consequence of being complicated with other diseases although this is the opinion of a celebrated physician, it is very difficult to imagine it the opinion of a physician who has had much experience of the disease in its different varieties.
Mr. Laennec, in his work on diseases of the chest, although devoting ten pages to the consideration of cough, does not mention this disease, nor does he describe any symptoms such as we meet with them in laryngismus strobilus, can it be that the disease is only met with in certain localities? It would almost appear as though that were the case; for I have known several practitioners in extensive practice in various parts of the country, who have never met with the disease, and some of more circumscribed practice in London who have never seen it, although I, during twenty years practice of average extent and mixed character, in the north west quarter of London, have had under my care, I should think, between thirty and forty cases, varying in the severity of the symptoms, from the slight attack of the newborn infants, which plays off in a few days or weeks, by the aid of a little mustard oil or arsenic, to the intense and terrific laryngismus, which attaches its victim without a moment's warning, and destroys life in as short a space of time as I occupy in writing these facts. In none of the cases I allude to, were
There evident symptoms of inflammation, or ulcerous inflammation action going on in the lungs, while in the majority of cases the history, course and symptoms of the attack completely negatived the supposition of any inflammation existing.—It is a singular fact that previously to the year 1847, only one case was recorded as having been admitted into the Hôpital des Enfants Malades at Paris, and one other case is given by Mr. Constant in his “Bulletins de la Séraphine.” Whether any cases have been published since that period I cannot say, but in reference to the rarity of the disease in France, a very curious observation is made in the work of M. Boeck. Billet and Bichet, namely, “Nous n’avons connu en France, que par tradition Allemande et Anglaise.”

Tom., 2. 1. 252.

It is not my intention to treat of the various kinds of eruptions attendant on certain loco...
or general diseased conditions of the system, and in which, as indeed, in the disease under consideration, the lymphosis is not a disease, but a symptom of a more general affection; and as a symptom, is not limited to any one form, to any one disease, or to infancy; on the contrary, it occurs in various forms, in various diseases, and in adult age as well as in the earliest period of life, being met with frequently in hysteria, which stimulates to many diseases, in apoplexy, after convulsion, in the effect of narcotic poisons, in epileptic and puerperal convulsions, &c. &c. I wish here to allude solely to that form of the disease named by the modern good, lymphosis streptococcus, and which, from the frequently evanescent nature of the attack, as well as from other symptoms, it appears impossible to consider as of inflammatory origin.

My recent state it was impossible to understand satisfactorily or describe accurately the correct pathology of this disease; for the removal of much of this difficulty we are indebted to the investigation
of flowers, legumes, and others, but to still more. To the anatomical analysis of the nervous system by Sir Charles Bell, who was the first to determine the relative functions of the two sides of the cerebral nerves, and the splendid results of whose untimely research have paved the way for the more advanced discoveries since made in the physiology of the nervous system. In mentioning the name of the late Sir Charles Bell, I cannot refrain, even in a paper like the present, from paying that tribute of respect due to a surgeon to the memory of one who contributed so much to the advancement of medical science. One can refrain from paying the tribute of esteem and respect due to an old friend to the memory of one whose kind encouragement and counsel, stimulated and assisted me at the outset of one's professional life.
It is chiefly by the aid of the discoveries of Dr. Monstall Wall, that we are enabled to arrive at the true pathology of this disease, and it is to that gentleman we are indebted for having traced in so beautiful and scientific a manner the lines of action of the vis nervosa acting in and through the spinal system. Pleading it before us for examination in its reflex, centripetal and retrograde forms of action in health and disease, and which has opened to wide a field for the researches of future physiologists for the study of the animal imperturbables, the vis nervosa of spinal nerves, the vis mentalis of cerebral nerves, and the irritability of muscular fibra (of the nature of all which we are at present profoundly ignorant), form the very highest department of physiology, and there is no investigation worthier the study of the loftiest range of intellect. — Laryngismus is a mere or half complete closure of the throat (when complete, it certainly cannot be called...
Stridulous, occasioned by pressure upon, or some limitation communicated to, the trigeminal or recurrent laryngeal nerve, which seems to affect exclusively motor endowments, and supplies the muscles which govern the aperture of the glottis, these muscles, which separate and bring together the arytenoid cartilages, the limitation communicated to the recurrent laryngeal nerve may arise from a variety of causes, in that form of the disease which is the subject of this paper, it frequently arises from teething, being occasioned by the unyielding firm causing the young teeth to press on the dental branches of the maxillary division of the trigeminal nerve; this is probably the more frequent cause of that form of the disease which is accompanied from the commencement by cerebral affections. The limitation may likewise arise from defaecation, the presence of indigestible food...
in the stomach, or the effects of improper diet generally
on young infants, causing imitation of the gastric rami-
culations of the faœ vagus. Hence we almost invariably
find the disease attack infants brought up by hand,
particularly if it occur before derituation; over feeding,
or food from imperfect breast being equally liable to induce
the disease — Pneuma of the Thymus gland on the
inferior laryngeal nerve, may also occasion the disease:
Hence the appellation of Thymic asthma which has
been given to it; by Mr. Marshall Hall,
with greater propriety of nomenclature, terms it
laryngismus parasiticus when occasioned by the
pneuma of enlarged gland, or tumors on the
inferior laryngeal nerve, but this gentleman
doubts the occurrence of this cause of the disease,
and still more, of its being frequently as has been
represented — Dr. Watson in his valuable lecture
on the practice of physic, states that Mr. Hugh le
was the first who considered that the enlarged thymus gland was probably a frequent cause of large jimson stricture, but Mr. Hood, of
Kilmarnock, in the Edinburgh Journal of
Medical Science, for January, 1824, several
years before, gave expression to his opinion as being a frequent cause
of this disease. Mr. Hood supported his opinion
by a clear and detailed account of the history,
course, treatment and post mortem appearances
of several cases, in all of which there was
considerable enlargement of the thymus gland. Mr. Hood’s memoir is stated by S. Collyer,
in his medical dictionary, to be one of the most valuable which has appeared in modern times.
An opinion in which, with certain qualifications, I
concur: three years after Mr. Hood’s paper
appeared, both in Germany, and afterwards, first
Montgomery, Ley and others have confirmed his opinion
for minimain found in several cases of the disease
which came under his observation, a collection of
enlarged glands in the neck which prepare for the
five vagaries. An interesting case in which this
chiasma arose from my perinephric lymphoid
plaque, is described in the Lancet of February 1855.
In this case, the tendency of several individuals in
one family to be attached with this disease, as
noticed by Copland, Reid and others, is illustrated, a
male child in the family having fallen a victim to the
three years previously to the occurrence of the laryngeal,
which not all of a female child, born healthy, and continu-
so for six months, when she was observed to be
subjected with short catchings of the breath, and all
the ordinary symptoms of cough, nausea and chills.
Medical treatment at first produced a less frequent
recurrence of the attacks, which however, soon ceased
on with diminishing intervals, up to the time of
the last illness, when without warning, or perceptible
change, the catchings of the breath preceded an attack,
so the child died almost instantly.
In the first months appearances were, a healthy state of body, the brain
trivial, but the lungs and heart, although normal in
structure, greatly enlarged, weighing 30 grains,
covering a large portion of the heart and lungs,
and compressing all the large vessels at the
base of the heart; the immediate cause of
death was asphyxia, or more correctly speaking, apnoea, but
whether produced by the pressure of the enlarged
stand upon the cause, or by the exercise of the physician
instructed by the precaution of the enlarged head upon the
superior turgid gland, venes, Mr. Seal, who narrates the
case, of proper doubt, but I agree with him to the
latter supposition—

By a singular coincidence, while engaged in writing
the preceding pages two evenings since, I was hastily
summoned to see the child of a Hungarian refugee,
which was tried to be in a fit. I hastened to the
attending, but on reaching the house, about 300 yards
distant, I found the child clear. The history of the
case was, that the girl, while nursing it in her lap,
allowed the foot to slip off the fender, the shock
shattered the child, who attempted to scream, but
immediately made a convulsive moan, became lind in
the face, made one convulsive struggle, shrugged its head on
child. It was a remarkably well formed and finely developed
female child, eleven months old. I had never been in
its lifetime, but was informed that it had been suffering from this disease for about five months or two months previous to its being assigned, since the first attack it had been constantly under treatment by various practitioners but about six weeks before its death, it was twice seen by a physician who on each occasion applied something by means of a small sponge "down its throat," as the Father described it after that, the child and the attack became more apparent, suffering more frequent, producing-liberated a highly imperfect state of nervous sensibility, notice it had two or three attacks in a day, the slightest cause being sufficient to induce one, such as the Father blowing his nose, shutting the door, or even a rabbit falling from the post. At last, having been held this morning, I previously made a postmortem examination, the abnormal appearances were those of strangulation or asphyxia, congestion of the branches of the carotid arteries, and cerebral veins engorgement of the heart, the left ventricle having a thick, a little blood in the hemispheric cavities.
The left antrum contained a considerable quantity of dark blood; but the right antrum and ventricle were quite filled with black blood. The thymus gland was
I have little doubt, the "fossae trigonales", being about double the size usually met with in a child of that age. Dr. Walsley, the Coroner, remarked, that in many of the cases which came under his observation, and they were very numerous, the enlarged thymus gland was the apparent cause of the disease — In the case just mentioned, the thymus gland was cleared, yellow, and a mass by the mass, and that is all which had been observed in several published cases, simple hypertrophy
and moderate distention of its substance, the result of venereal congestion, favored by constitutional inclinations, and overfeeding; in some cases there had been ulceration of the thymus gland, in others abscess in it, containing tuberculous matter, or puriform fluid; there can be little doubt that the enlargement is frequently of a tuberculous
or within a few months after, resisting all dietetic and therapeutic means for its removal, and after those may have been abandoned, and the disease allowed to run its course, it has disappeared on the child attaining 12 or 13 months of age, a period when we know the Rhums fleuret has naturally diminished in size.

It has been objected by Dr. Marshall Hall, that where there are intervals of complete freedom from attacks the disease cannot be considered one of paralysis; for if so, it would be permanent and not in fits; this objection, however, is not valid for the paralysis is not perfect, but the muscles which it affects are unable to antagonise the contractures of the joints, only when these are unduly excited by the immediate cause of the paroxysm; the effect of such a premonition can be overlooked except by persons familiar with the symptoms. It would be perhaps a weakening of the motor nerves of the remnant's rather than, strictly speaking, a paralysis, and its influence worn out in manifest in the former when the Rhums fleuret is settled in the same manner as it is with the Rhums fleuret, failing only when the act of crying or vomiting, or sudden fright or the cause tends to close it with more
force than usual, and we know that as in epilepsy so in the disease under consideration, repetition of the attacks occasions a more opalescent state of nervous sensibility, independent of which, moreover, experience has proved beyond contradiction, that children naturally of nervous or susceptible temperament, or born of parents similarly constituted, are much more prone to the disease than other, this fact observed by Dr. Bell and others, has been verified in most of the cases which have fallen under my observation. Indeed I cannot recall to my recollection one case which does not bear out this opinion, the case of the child of the Hungarian refugee, does so in a striking manner, the mater, a young Hungarian of good family and exquisite sensibility, having been, while pregnant with this her first and only child, opposed to great innovations and hardships and the deepest-afflictions of mind —

The convulsions, contractions and general convulsions which frequently succeed, have induced Dr. Count, Cheyne, Mont and others to consider the convulsion as symptomatic of incipient disease of the brain — Dr. Cheyne relates three cases in which examinations after death discovered such lesions; in one,
deadful tumours in the brain, in and the various congestions
and serious affection, (a very likely consequence of languishing), in
the fluid, incrustation of the brain and alliteration of the
convolutions, others have found no trace of disease in brain
decortication, but even when they have done so, there
can be little doubt but the cerebral mischief has been
the consequence, and not the cause of the impediment.
To the question of respiration — Those who considered that
the spasms and convulsions which so frequently accompany or
follow languishing, were evidence of disease in the brain
or its membranes, founded their opinions on pathological
and physiological theories which the experimenter of
dr. d'Alembert can completely set aside, for Laennec, and I
think, has satisfactorily proved, that no disease of the
cerebrum or cerebellum, limited in themselves or their
effects to the cerebrum or cerebellum, or both, is attended by
spasmodic or convulsive movements, which movements
can only be induced through the medium of the medulla
oblongata or spinalis — In accordance with the clearly
demonstrated view of the physiologist Laine just quoted, respecting
the excited motory system, I consider that if from prejudice
or any other cause, the superior (or anterior) language usage,
be irritated, lancinisms may be induced, the impression being communicated to the spiral nerve circle, and thence reflected through the occiput upon the laryngeal muscles. It seems probable that not only any of the afferent fibres of the 11th pair of nerves, but those of the fifth pair may also have a similar effect. Power, for a transient paroxysm is readily produced in some children by a motion of the surface of the face and chest to a breeze of wind, or by their being suddenly exposed in the arms of a nurse. A similar effect, although to a slight extent, is produced on the respiratory organs of the adult by the sudden application of cold to the surface of the face and chest, as, for instance, by using a cold shower bath, or plunging into cold water.

We find that after repeated attacks of the disease, or its persistence in a continued form, not only does congestion of the brain and its consequences frequently ensue, but congestion of the general system comes on, and the secretion, especially that of the bladder, becomes augmented.

The effect produced upon the central cord may by reflex influence various parts of the body.
of the muscular system, and cause those contractions
of the flexors of the feet and hands, formerly designated
cropetalic spasm, but termed in the scientific
language of Dr. Dr. Haller, Christopher and Charisms.
Having been more prolific and distinctive than I
intend to in the preceding remarks on the history
and nature of the disease, the etiology of which
has of necessity been expected dwell upon in the
observations made relative to its pathology and
physiology, I will not therefore dwell at any
great length on that division of the subject which
naturally follows in this place, namely, the various causes
which give rise to hypersthesia, and declare, a correct knowledge
of which is of the utmost importance to the medical
practitioner, as without it, he cannot treat the anomaly
with satisfaction to himself or advantage to his
patient; for as Celsius truly remarks, "Regue enim
crediunt, propter cum sine, gnomos morbos curant.
convenient; qui unde situt; ignotus" — — —

— "cum vero recte sunturum, quem prima oris
causa non felicit." At long last, since, this affection
as I have already remarked, was supposed to be a
chance of the brain, or its membranes, that is now
well known not to be the case, but that it is
a malady of which the cause is variously stated in
the aliment, the stomach, the intestine, and perhaps
the lymphatic fluid, of which among others the earliest effects
are spasms, langüisms, Chrismas, parisms, sphincterisms,
and amongst the vesiators, distorted features, actual closure
of the pharynx, and convulsion more or less general, dilated pupils,
insensibility; lastly, congestion of the encephalon, with
eventual effusion, as an ultimate effect. We see here
that the cause of these events is the reverse of that
which attends primary obstruction of the encephalon, i.e.,
the cerebral symptoms precede the spinal generally.
We frequently see stomachs, and particularly vomiting, before any central symptom manifests itself, the cause or source of irritation being probably seated in the cerebral region, in the disease under consideration, on the contrary, the cerebral symptoms are always secondary to the larynx, and in milder forms of the disease are entirely absent, although there is no doubt that migraine and future disease of the brain, bent or length, may follow quickly on a very severe attack of laryngism or after a repetition of slighter attacks — Among the immediately exciting causes of the symptomic constriiction of the fistula which constitutes this disease, the most frequent is the presence of irritant or materia-alimenta in the stomach or intestines, hence to give the larger number of cases seen in children after becoming re who have been brought up by hand the greatest care in feeding children under 12 months old, being the thicker and curdled food which is given to them, a confined state of the bowels will also occasion the disease, in newborn infants retention of the mucus may give rise to it — It is to
justice or intestinal irritation, the most frequent cause of the disease is headache, especially if the face and chest to a cold air, breathing an impure atmosphere, or sudden and powerful emotion, whether pain, joy, or simply surprise, but these latter I suspect generally give rise to an attack, only when the disease has existed some time, and when we are found in epilepsy, even although the original cause of the disease may have been removed, this may nevertheless continue, the previous repeated attacks having given rise to a state of expectant sensibility in the medulla spinalis, so that almost incredibly slight causes will suffice to bring on an attack, no matter whether by means of direct or reflected irritation; this is also the case in other disorders of the nervous system which characterize early life. Another cause of the disease is enlargement of the thymus gland, also often enlarged glands or tumors in the face, feet or side of the neck, although some writers deny that cause; one case is mentioned by Dr. Macleod in which aneurysm of the aorta occasioned the disease.
The most usual periods for this disease, to make its appearance is between the age of nine and twelve months, but it may come on at birth, or at any intermediate period between that and from seven years of age. I do not remember, however, to have seen a case in which the first attack came on after 18 months. I have related a case which occurred in an infant two days old, from the imitation of retained mucus, and I have likewise seen three or four, probably arising from a similar cause; the symptoms appeared soon after birth, and disappeared in a few days under the use of mild aperients. Anterior to last summer I attended a baby in the Acorn Hospital, which was of an extremely easy nature; the child's head having made some much lep preserve there is little on such occasions, but immediately on its birth it attempted to cry, and the curing inspirations of coughing were the first signs of it to attend, the affection was more persistent than ordinary, the child was placed in a warm bath, and a teaspoonful of castor oil was administered, which emptied the bowels

freely, but produced no effect on the disease, for it continued without any complete intermission, without much increase or diminution in the degree of the symptoms, except when buckling or being rubbed, at these times more severe from gout and occasionally came on; beyond applying a few drops of water on the face with some force on these occasions, the treatment was confined to castor oil and calcined magnesium, to act on the bowels and neutralise any acidity which might exist there, also a few droplets of hydrarg. c. nit. to increase the activity of the liver, and occasionally a little Spirits. Vetter. Intern. — The mother's health being above the average, and having abundance of milk, all other food was intempered, and the medicines alluded to produced no good result. I recommended this for a time at least, and thing should be done beyond attending to the chiefly of the mother and the secrections and operations of the child, when the latter in its state it was about two months old, the mother went into the country with it, and when I saw her about half weeks afterwards or her return to London, the child was
had entirely disappeared, and the child has never since then had any return of it, whether an equally fortunate termination would have resulted or not. At all events, so distinctly had the child remained in London, I will not venture to affirm.

I have seen three cases of the disease affecting at birth, and continuing until the death of two of the children before completing their first year. These children suffered from convulsions, from spasms and twitchings, and even from unmistakable symptoms of mental imbecility. The third child is now living, is about 4 years of age, but is perfectly active, the language is good. One never observed during the last three years. In these cases I have no doubts that the mischief originated in the prolonged labour of the mother, causing severe and long continued pressure on the cerebral and spinal systems of the infant. (They were all primiparous.) In none of these cases was the mother delivered by forceps, and there was a breech presentation, the face being turned towards the pubis, some unavoidable delay occurred in delivering the head, and this child, as well as the other two, was born asphyxiated, and all were resuscitated only after more than ordinary exertion by
Inflation of the lungs

Some authors have described several different varieties of the disease, but they are merely phases of one malady, of which only two distinctions need be made, namely, the mild and the severe.

In the majority of cases the first symptom which attracts the attention of the parent or nurse, is the crowing inspiration or whistling noise occasioned by the air rushing through the nostrils in a state of spasmodic constriction, a noise something between the hooping cough and the whistle of the wind. And whenever this symptom appears even in a slight degree, it is always advisable to pay attention to it, however well the infant may appear in other respects. Should the shrillness of the glisting persist, and the attempts to fill the lungs continue ineffective, but for a few seconds, a sense of suffocation in the lungs is apparent; the countenance becomes timid and pale; the eyes are staring, and the child is evidently in great distress; the extremities also become livid; the head is thrown back,
and the spine bent, (opisthotonic) at length a strong inspiration takes place, and the patient falls asleep, with or without a previous of crying — The paroxysm may occur often in the course of the day, but it is most apt to occur on first awaking, or on exposure to causes of irritation, or when excited, about to cry, or startled by any cause — This affection may continue to recur at longer or shorter intervals for many months, complicated or not with cerebrum or other symptoms. At length the means employed may be successful in removing the cause of the disease, and consequently the disease itself; but if the morbid state on which the attacks depend be not removed, they may become more frequent and severe; and the little patient may be carried off by an attack with the usual signs of asphyxia, no cough or other symptoms of irritation in the lungs having been present during the course of the disease; this, however, is not always the case, as for instance, in the fatal attack related by Dr. Armstrong in the Lancet for July 12th, 1857, and which Platez had communicated by
The mother of the child alluded to who is at present under my care, the coughing inspiration has been present in the first attacks but the principal symptoms in the third and fatal one were the two points unstable cough, the dyspnoea and convulsions. The post-mortem examination revealed an enlarged thymus gland extending from the thymic gland to the pericardium, in filling the space between the trachea, caricle, and pharynx, the large veins appeared almost flattened by the pressure, the pan vaginal and clavicle post mortem from their natural course, and consequently depressed.

Although as already stated, the stridulous respiration is frequently the first symptom which attracts attention, in many cases the infant appears to have been suffering for some time, to have lost its appetite, to be fatigued by day and restless by night, and to present many of those ill defined ailments which are improperly ascribed to teething as length the coughing inspiration to lengthen.
and should the disease continue, before long the same
symptoms already enumerated, present themselves.
Cerebral convulsions take place owing to the intumescence
circulation; convulsions come on, also that peculiar
contraction of the hands and feet, which we likewise
just infrequently observe during injury without any
Spasmodic affection of the respiratory organs. It differs
much in degree, sometimes the thumb is drawn into the
palm by the action of its adductor muscles while the
fingers are unaffected; at other times the fingers are
closed more or less firmly while the thumb is...
hand generally precedes the affection of the
foot, and may exist without it. In two cases
I have seen, since, (two occurring to hand on different occasions,
and in one remarkable case in particular, which I shall
afterward allude to) seen the conjunctival spasm
and general stiffness producing effusion into the
cellular tissue of the face and dorsum of the hand, thence
towards the being imminent appeared, and the day
before the more distinctly epileptoid attack came on,
evidently showing that the crowing inspiration and
the other phenomena that attend it are
merely a collection of symptoms betokening disturbance
of the nervous system in general, and the respiratory
nerves in particular—

This disease may attack a child suddenly,
the crowing inspiration being the first symptoms,
and the eruption of the blisters becoming suddenly
to complete their life is destroyed with the capacity
of insensitiveness by a cord. I have never heard of this
sudden and fatal termination occurring in a first
attack; but in cases where the child had for some
months been subject to attacks of laryngismus, with
complete intermissions at first of several days, and often
afterwards of only a few hours, I have had two instances; in one,
the child about 12 months old, had been subject
to attacks of laryngismus for 15 months, coming on
at the commencement of that period, once a fortnight,
and practically diminishing intervals of immunity,
until three weeks or a month previously to the fatal
termination, when the attacks were almost daily, and
latterly occurred twice oftener in a day, but with the
exception of these seizures the child presented no symptom
of indisposition, and was moderately plump, occasionally
during the last attacks there was slight chilliness; I had seen
the child about an hour preceding its
death, when it appeared much as usual, the mother
having afterwards to go into an adjoining room, and this
Infants flung on the bed, leaving it in charge of its sister, and had only entered the next room when a scream from the elder child recalled her, she reached the bed, but the infants was clung to her clothes and the attack and its termination, it appeared that when the mother had placed the child on the bed, and turned away, it attempted to cry, but being excited, the language of its name went on and prevented further designation. I may observe that in both these cases, the children had been reared, dispense in the one case, before the attack made its appearance, whether it was so in the other. I cannot remember, but I rather think it was. Unfortunately in both instances a post-mortem examination was refused.

The only disease with which it appears at all likely to compare gangrene in strangled appears to be the case. Never left a child head of more than one case, where it was mistaken for hooping cough. In the fatal case of the Hungarian child, to which I have alluded, it was so. I suppose such an error in diagnosis can only occur in these instances where a cough accompanied the
disease, in which cases a severe fit of coughing (or indeed without being very severe), is frequently accompanied by stridulous inspiration, and the medical attendants not having been present during the occurrence, and probably not having carefully inquired into the history and course of the disease, forms his opinion largely from the two symptoms brought to the prominently forward by the child’s friends or nurse, namely, the cough and crowing inspiration, a careful investigation into the nature and cause of the illness will, however, easily enable him to distinguish between the two, in hooping cough we have the cough at first short and paroxysmal increasing in severity, the characteristic which if not being less than a fortnight or more from the commencement of the disease, the Lene, the vomiting which is so troublesome, yet so beneficial, the crisis means eradicated in hooping cough will also assist as in purging pom pom — In laryngismus, the crowing inspiration has probably been lead antecedents to the existence of any cough, or if both should have first manifested themselves almost at the same time, the crowing will frequently be heard without the cough coming on, and the cough will no doubt be often heard without any crowing inspiration, moreover if the practitioner should have an opportunity of being present during a paroxysm whether
of cough, it can cause no difficulty in determining to its nature, the worst of cough, being much shriller and louder, the causing noise of cough, being something between it and the hiccough of cough, this latter disease is the only other for which cough, and it has been recorded by many writers to be nearly a certainty, although the treatment of the two diseases is as different as their etiology or histology, the one is a purely inflammatory disease, the other is essentially phlegmonic in its character, and is rarely accompanied by inflammation or cutaneous symptoms, the respiration during the interval is almost on it may be quite normal, whereas in cough it is from the commencement more or less difficult, according to the severity of the disease, and together with the crying features of the character of hoarseness, presenting from the beginning symptoms of much irritation in the mucous lining of the lungs, and often a part of hoarseness, but as the disease advances, the coughing respiration arising from diminished calibre of the larynx and consequent by inflammatory congestion, or the formation of false membranes in consequence of the severity of the inflammation - The coughing respiration in cough persists while the disease continues a period of a few hours or perhaps
in a few days, while that of laryngismus striatus may continue for a few seconds and disappear for a few hours or longer. Should this attack prove fatal, the post-mortem appearances will be more decisive as to the nature of the disease than those which presented themselves during life, as in laryngismus unconnected with any, no traces of irritation in the respiratory passages can be detected. The peculiar breathing sound, and the absence of one of the physical signs of disease in the chest, will readily distinguish it from all affections of that cavity or the organs contained in it.

Our prognoses in that disease must be extremely guarded, as even in the mildest attacks we cannot say that there will be no danger, while in very severe and apparently hopeless cases, occurring in most of the cases, I remember one severe attack since, in which epileptic convulsions came on with great severity causing much general convulsions and affusion not only into the cellular tissue, but within the cranium, as evinced by the common dramatic symptom, the case attended to 28 hours, but the convulsions having ceased, the secondary symptoms yielded readily to simple remedies, the child recovered, and having
suffered for many weeks afterward from similar attacks of the disease, it eventually left her altogether under more efficacious treatment and constant watchful—In our prognosis we must be guided also by the cause of the disease, but in every case it will be advisable to explain to the friends of the patient, something of the nature of the disease, the manner in which it might suddenly prove fatal, although a medical practitioner having seen it even a few minutes preceding the future attack, could not be any improbity discover any symptoms of approaching death—Favorable circumstances will be, the abrupt cause easy of removal, the attacks being slight and coming on at long intervals, the child not being of an illusory character, the few complication with other diseases, the absence of local, and still more of glandular complications in confinement; of course, the reverse of one or all of the above symptoms will be unfavorable—

Respecting the treatment, medical practitioners have differed in accordance with their own pathological theory of the disease, in this as in every other case we should treat it, not the name, but the symptom which presents itself.
and tracing these to their cause, endeavor to effect its
removal, "caput rostrum capi est effectus." The indication
of treatment will be, to avoid the exciting causes of the
palsy; to remove the morbid conditions on which
they depend; and, to endeavor to prevent their being
followed by fatal results — The most frequent exciting
cause is dentition, we should always therefore examine the
state of the gums, and if we find them tense, congested,
hot, or pemphigus, and the teeth near the surface, we shall
immediately decide them to free extraction along the median
line, but if confined only to one tooth, it will be better to
make a crucial one, if serviceable at all, one sacrifice;
will be sufficient. The practice of repeating them over
after day is not only cruel and unnecessary, but,
positively injurious, as in a child of an excitable or irritable
nervous temperament, (as most afflicted with this disease
are), the annoyance caused by forcibly opening the mouth,
and still more the pain of lancing the gum, might
be enough to occasion an exacerbation, indeed, it is well
known to have done so in many instances. The
kept or perhaps equally frequent exciting causes, is justified or intestinal irritation, as perhaps hepatic derangement, these must be treated by appropriate remedies, small doses of saline or hyoscymum canadensis to relieve the hepatic congestion, and stimulate the biliary secretion, followed by castor oil or magnesium to empty the bowels and remove any irritating or imperfectly digested food, the magnesium, especially if calcein, having the advantage of neutralizing any acid which may exist in the stomach, on which or from, moreover, it acts beneficially by allaying irritation. Although a moderately free action of the bowels is desirable and highly beneficial, Ponder that any thing approaching to low peristalsis is decidedly injurious, for although the doctrine of mason as to the counter stimulants or emollients to effect of purgatives may be correct in some diseases, I feel sure it is imprison in this case, as tending to reduce the strength, and increase the irritability of the nervous system. The condition of the kidneys ought also to be attended to, and if the secretion of urine be deficient, or symptoms of local or general afflux present themselves, diuretics will be of great advantage.
In all cases it will be of the utmost importance to attend strictly to the diet of the child. The greater frequency of the disease in children brought up by hand, evidently points to the probability of error in dress being a common cause of the malady, where practicable, and the child is under 12 months old, a healthy wet nurse is the best source from which to derive its aliment; when this cannot be expected, aged milk will be a good substitute, various kinds of food may be tried, and that which agrees best with the child should be used—corn's milk and water, chicken tea, real broth (milk), barley meal, nuts boiled to an smooth pulp in water, arrowroot, etc. In the first, take one that wholesome be given, be free from lump, and not too thick, in this respect being the general cause of children brought up on fluids suffering to much from intestinal irritation, and malnutrition.

With regard to antiparasmodies, I have no confidence in them in this disease, with one which I have found of the slightest benefit, in one case it not only relieved the cough, but the languishment, and lessened the nervous irritability, where there is a tendency to cerebral congestion, likewise it ought not be given.
The inhalation of ether, and also of chloroform has been tried with good effect. I have never seen them administered in large doses, and should not consider it advisable to employ ether, from its irritating effects on the mucous lining of the air passages, and also from its more irregular action and operating effects, but I should be much disposed to try the use of chloroform in those cases where, the cause having been removed, the disease appeared to be kept up by increased sensibility of the spinal cord, or the efferent motor nerves of the lung. - Tobacco enemas have been recommended, as I have mentioned a case in a child two years old, where the attacks were suspended for a month by an enema of tobacco. The tobacco proves Aq. 3i, but that is a remedy requiring even still greater caution than the chloroform, for Mason Good makes unfavorable of emetics, and says, they generally effect a cure if employed early. I certainly have not found that to be the case, but I have never followed up their administration as Dr. Good recommends by maintaining
the chyloous is expected by the emetics, by keeping the patient
for some hours in bed; that treatment appears more applicable
to crump — bleeding has been recommended by some,
and condemned by other physicians, where there is much
vascular congestion attendant to fever; it may be very
necessary, but in the majority of cases, is more likely
to prove hurtful —

Where the disease is occasioned by the preface
grippe of typhus or other fevers, improving the general health,
the internal and external use of Torride and nitroprussine,
with lig. nitropruss. or some mild bitters, infusions twice three
times a day, is serviceable. Dr. Roth, who has paid much
attention to this disease, advises when the carbuncle arises from
thyreotropies, thyroxine gland, a place
that, the continued administration of small doses of
sodium, and the keeping a small blister open on
the abdomen for months together, as being a likely means
for promoting the absorption of the fluid; great
cautions to necessary in pursuing Dr. Roth's treatment.
as the existence of disease in the phrenic gland is a matter of extreme difficulty to discover; Dr. Coakley says it may be inferred to exist when the infant is pale, flabby, and confused, when the attacks are intense, suffocative, and unattended by any marked evidence of local affection; this may be the case, but it is too vague and uncertain to warrant the use of violent remedies. It should certainly in those instances prove improving the general health, increasing the vigor of the system, and by carefully watching the child, endeavor to ascertain all circumstances immediately preceding the paroxysm, in the hope of ascertaining and guarding against the immediately exciting cause.

When all these restraining remedies have failed, change of air has been much advocated by many physicians, and I think deservedly, I have seen it of infinite advantage in several cases;
One case in particular has made a strong impression on my mind, it is the one alluded to in page 38. The patient was the child of Spanish parents; the mother, having an extremely nervous temperament, she suffered much at the birth of this her first child, which, however, prospered. The labour having been severe and protracted, the child prospered generally until about 5 months old, when recurring dyspepticsions were occasioned by hiccoughs, the attacks of dyspepsia became constitutional of bowels. The attacks of dyspepsia increased, and suffered from constipation of bowels, the attacks of dyspepsia became gradually more severe and with diminished intervals between the severe, tempo, jejune contractions and general epilates. Symptoms acc. to anon. followed. Indeed, the preceding the dyspeptic attacks, some weeks after the commencement of the sickness, a general attack of impetigo made its appearance, preceding the
such an extent, that in a week or ten days, the whole face and part front of the head were covered with thick
membrane. I hoped at first that this might relieve the
primary disease, but on the contrary it aggravated all
the symptoms which, however, were not ameliorated after
the mistake had yielded to treatments in the course
of six or seven weeks, the languishing and epileptic
symptoms became at length so aggravated, that general
congestion and serious effusion were to a greater or
less degree always present, and after severance of the
attacks the child remained comatose for 21 hours or
longer. Stalismus was occasionally perceived, the child
practically tore its plump lips and healthy colour, its
face became as pale as any base, and its countenance
with intense imbecility of mind, from physician made me
in consultation on the case, among the others,
Sir James E. Park, without resorting to any violent
measures, every means and plan of treatments which
was delivered free of any pain or symptoms following the extraction of the teeth, the soreness was carefully attended to, and was managed as usual. The most careful attention and the use of the best medicines were applied. The child was taken out in the air (carefully protected) and the situation improved. The child was taken care of in the best possible way and the situation improved. However, the whole situation was unfavorable, and we ourselves anticipated an unfavorable result. At length, when the child was about 12 months old, the parents returned to Vienna. The child had one attack after another. After going on board the Steamer in which they sailed from Trow Point, in that, which was not the smallest of the former ones, was the best that could have been. The child was taken care of by the best doctors; even after being in London and its neighborhood, the child maintained a fine healthy boy, the mother and two
two children since, neither of whom had the least symptom of the disease—by the change of air and climate did not affect the cure in this instance, what did? In a case where a child had previously breathed on fresh air, lived in a small close room, and in addition, was fed on unwholesome or impure food, I knew that a nurse used to feed a nursery was large and well ventilated, all the as was also the room in which the child slept at night—

Although change of air may be successful in some cases, it is disastrous fails in others. Yes, mentioned one in which change of air and the patient's personal habits, but in which a temporary and short-lived effect—a cure—

In some of the earlier cases there—
but commenced
with, and acting on prejudices in favor respecting the pathologic
of the disease, which I then thought might be connected
with irritability of the mucous lining of the lungs or upper
parts of head. I tried the inhalation of the respiration
causing from decocation of poppy seeds, but without
effect never saw the slightest benefit accrue— I
have known some remarkable effects follow cold
air, whether applied to the surface of the head or respires.
it may produce inflammation in this way, by reflex action
in giving rise to catarrhal affections which are due
to affections the lungs from—children of
weak constitution, after the chest, and the state of
the glands, respiratory & lungs have been attended to, mild
tones may be used with advantage, as the better
infusions quinine. Cordial of them & the last will be
the best tonic where engorged glands are suspected to occasion
the disease. In a word, our treatment of this malady
should be directed to removing the cause of irritation,
and improving the tone of the nervous system.
always bearing in mind that dysphagia is rather a symptom than a disease, and that it frequently occurs as do many of the hysterical affections of females from too great nervous sensibility, the muscular apparatus of the pharynx being so nicely adjusted, and the aperture to narrow in children that any disease of nervous system affecting the motor nerve apparatus is likely to be first manifested here, afterwards becoming further advanced as shown by the convulsive contractions and more general convulsions, or even by paralysis, according to the nature of lesion.

With reference to the strict indication of treatment which I have mentioned at the commencement of this part of the subject, namely, to prevent the phenomena being followed by fatal results. Major Porter and Tyler, and more recently Mr. Marshall Hall, have advocated the performance of Tracheotomy; in certain epileptic seizures, and the dysphagia of adults arising
from the preface of tympanit. it would be proper to try it,
but in the disease under consideration, it can only be
justifiable as Dr. Boyland remarks in any extreme cases,
or when the chile is apparently dead or hopelessly
In these latter, there can of course be no objection, but
in extreme cases, short of apparent death, I imagine
an opportunity for operating can rarely occur, unless the
practitioner happen to be present during the attack, as
otherwise, should he be sent for immediately on the
artery, even though he may reside in the immediate neigh-
phone of his patient, the sperm will have relaxed on the patient
suffering, rendering the operation unnecessary in the former
case, unless in the latter; much unfortunately we have
no means of prognosticating in what cases the patient
sperm may occur; in my own practice I usually pro-
unnecessarily. I have in mind he was inclined to operate, it would have
been in the case of the Spanish child above mentioned,
and to which I had been sent for on several occa-
sions.
The page being that the child was just lying in bed.

In the whole, I do not consider that traction is likely to be beneficially employed in the disease under consideration, although it will undoubtedly be frequently practised with advantage in other cases.

The profession is much indebted to Mr. Hall for his able remarks on the subject of traction, and for the simple instrument known as tenaculae, which he has advocated for the operation; no instrument could be safer in mobilised tendons, but for my own part, I should prefer the oscillating scalpel and tenaculum, and in case of emergency, should not hesitate about using a small knife and piece of catheter; however, this is foreign to the subject of the present thesis, which having been already extended to an inconceivable length, must now be brought to a conclusion

In the above I have omitted to notice the use of curative means advocated by some practitioners...
Namely, counterinsects, in the application of stimulants such as extract of silver and tinctures of mercuric to the gl坚s and lining of the lungs was practiced by Dr. Hastings in this country, and which is a revivis of a plan pursued many years since by Sir Charles Bell in other diseases of the lungs; it has also been used by Dr. Moore from others in New York—Dr. Moore tried it, and I have been long to recommend it, seeing that it evidently comes from a mistaken physiology of the disease—Counterinsects

Drone tried some grams since, but more from and benefit from their use, although

Dr. Moore has found a brilliant compound of

Luminas, Salvarsan, &c. Scottlette &c. &c. 

Relieve the coachFredr contractures. The eunice

was relieved by the flame and chest, it was certainly this advantage of Dr. Hastings' plan, that if it fails to relieve it is more likely to aggravate the symptoms in the chest.