

Letter by Dr. John L. Atlee.

The following account of a case of Cynanche Tonsillaris, in which tracheotomy was resorted to, is from the pen of the operator himself, the eminent physician and surgeon, John Light Atlee, M. D., to his uncle, E. Atlee, M. D.:

Dear Uncle: My son, William, was taken, on the 9th of January, with the premonitory symptoms of fever, which, by the next morning, was fully developed, and accompanied by the usual symptoms of Cynanche Tonsillaris. He had also a hoarse cough, indicating some affection of the larynx, which we did not think of much consequence, as he had been frequently troubled with it before. The fever continued three days, when it yielded to purgatives and antimonials, so that on the 13th he was so far convalescent as to amuse himself during the day and evening in playing about the chamber. On that night, however, his sleep was restless and disturbed, and he would frequently start up in bed in great alarm. About three o'clock, on the morning of the 14th, we were awaked by alarming symptoms of suffocation, which, however, subsided so completely before I was sufficiently awake to observe them that I again lay down in security. These paroxysms recurred occasionally until daybreak, when his mother, in great alarm, awaked, and told me that she thought William had the croup. Finding her apprehensions to be well grounded, the most active measures were adopted, and Drs. Humes and Muhlenberg were called in to my assistance. Bleeding, emetics, calomel and blisters were freely resorted to, assisted by seneca and the

hive syrup, but although we were able to procure temporary relief from the paroxysms, they would recur at intervals of six or eight hours. He remained in this situation through the 14th and 15th, and on the night of the 15th, just after midnight, a violent paroxysm came on, and before I could adopt any decided measures for his relief he was on the point of suffocation. I sent immediately for the physicians and ran down stairs for my instruments, determined, if other means should be unsuccessful, to open the trachea. On my return he was gasping for breath in his mother's arms, just on the point of dying from suffocation. Under these trying circumstances, I cut through the integuments and completed the opening into the trachea, just as the physicians entered the room.

For a minute he lay apparently lifeless; he then opened his eyes and looked around him, at the same time breathing so softly and sweetly that I could scarcely realize that life was not extinct.

In about five minutes he had so far recovered as to appear, with the exception of the wound, entirely well. The wound was kept patulous until an instrument could be procured to keep it permanently distended. The mucus was expelled by coughing through the artificial opening, and removed as it accumulated—he breathed softly and sweetly—his pulse and skin were natural. The larynx, however, remained closed, and he breathed only through the artificial opening—he was unable to make any sound, and could only indicate his wants by the motion of his lips.

His physicians, with whom Dr. Carpenter was now associated, thought with me that there was a fair prospect of recovery, but on the following evening his breathing became more frequent, with other febrile symptoms, followed by a paroxysm similar to that

which had preceded the operation. It appeared to me as if a spasm had seized the trachea below the opening, as the whole trachea was so contracted that I could scarcely introduce a probe. I succeeded, however, in doing so, opened the trachea, and immediately he expelled a firm coagulum of lymph, which had formed in the trachea and bronchia. Temporary relief followed, but in a few hours the paroxysms returned and continued to recur until they terminated his existence about 5 o'clock on the morning of the 17th.

So distressing were the spasms that I almost regretted the performance of an operation which only prolonged the dear child's sufferings. But it was one of the means which had been successful in other hands, and had I omitted it I should forever have regretted it. Indeed, I have always reflected upon myself for having once before neglected to operate under similar circumstances.

JOHN L. ATLEE.

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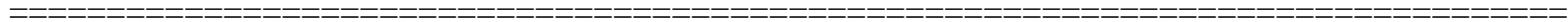
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