A post mortem examination discovered in the brain traces of foregone subacute inflammation; and there were also, in the lungs, the remains of previous inflammatory action.

ON THE TREATMENT OF SCALDS OF THE GLOTTIS.

By John Sloane, M.D., Leicester.

DURING a residence of seven years and a half in two large country hospitals, I have seen six cases of scald of the glottis in children, from the mistake of drinking boiling water from the spout of a kettle. As, in five of these cases, the untoward symptoms which result from this injury appeared to me to be effectually controlled by the treatment adopted, I believe I shall do some service by directing the attention of the profession to it. I shall briefly describe all the cases which have fallen under my observation.

Case I. Scalof the Glottis succeeded by urgent Dyspnoea: Tracheotomy: Pneumonia: Death. Dec. 27th, 1852. Robert Johnson, aged 3 years, of Radford, was admitted into the General Hospital, Nottingham, under the care of Mr. Eddison. The child was stated to have very recently attempted to drink boiling water from the spout of a kettle; but this was easy. The mucous membrane of the mouth was congested, and over the posterior parts there was a number of white spots. The child was ordered to take every two hours a teaspoonful of a saline mixture containing one-sixteenth of a grain of tartar emetic; also every two hours a grain of calomel; an hour to intervene between the dose of the mixture and the powder. About the first admission, rapidly increasing dyspnoea came on, with coughing of eruption and some lividity of lips and countenance. He was ordered to have the air which he breathed saturated with steam. This was accomplished by putting the child in a small Ward, in which water was boiled in an open vessel, the steam from which escaped into the apartment. Six hours after admission, the dyspnoea having become very urgent, Mr. Eddison performed tracheotomy, which opening was in the upper rings of the windpipe. A tube having been inserted, a copious effusion of transparent mucus was expelled, and in a few minutes the patient was aslpe. Flanmel's, wrung out of hot water, were placed over the opening; and the medicines were omitted.

Dec. 28th. He slept soundly during the night. Some mucus riles were audible over the chest. On attempting to swallow a little tea, it was returned by the nares. He was ordered to have injections of beef-tea every six hours.

Dec. 29th. The patient swallows greedily. The mucus riles are diminished. The enemata were omitted. He was ordered to have beef-tea and a mixture of tea and milk, one spoonful every hour. The tube was removed. Milk crepitation was heard all over the chest. He takes his beef-tea well.

Jan. 6th, 1853. He progressed favourably till last night, when the effusion into the bronchi became much increased, accompanied with considerable dyspnoea. Steam was constantly poured into the room, apparently with much benefit. Jan. 7th. He was much better.

Jan. 10th. The dyspnoea increased very much in the night. The opening was enlarged downwards, without relief. He died to-day.

The dissection revealed considerable congestion of the epiglottis, larynx, trachea, and bronchial tubes, with splenification of the middle lobe of the right lung, and of the antero-inferior border of the left. The lower lobe of the right lung was much congested, and did not crepitate on pressure. A copious effusion of mucus was found in the bronchial tubes.

Case II. Scalof the Glottis: Urgent Dyspnoea: Recovery. March 24th, 1854. Robert Payne, aged 2 years, was admitted into the General Hospital, Nottingham, having an hour previously attempted to drink boiling water from the spout of a kettle. On admission, his breathing was slightly croupy in character. He was ordered to take a grain of calomel every hour; and a saline mixture, containing one-sixteenth of a grain of tartar emetic, every two hours. About three hours after admission, four leeches were applied to the front of the neck. About four hours after he was brought to the hospital, the dyspnoea had become very urgent, and Mr. White was consulted about the variety of performing tracheotomy. He refused to sanction this operation, stating that death almost invariably resulted; whereas cases submitted to the treatment being carried out in this child frequently recovered. Twelve hours after the accident had happened, Mr. White, the house-surgeon, was called to see the boy; and the breathing was then so difficult that Mr. White considered him in a hopeless state. He, however, shortly after began to improve; and, on the 20th, the breathing was still croupy, but much easier than on the preceding day. On the 20th, he was discharged, quite well.

Case III. Scalof the Glottis: Dyspnoea: Recovery. March 16th, 1856. Sarah Collins, aged 3, was admitted into the Leicester Infirmary, under the care of Mr. Paget, having five minutes previously attempted to swallow some boiling water from the spout of a kettle. Some grey patches were visible on the inside of the mouth. The breathing, on admission, was rapid; a mixture of one-sixteenth of a grain of calomel every hour, and of tartar emetic every two hours. At midnight, six hours after admission, I was called to see her; and the breathing was now diffi-
cult and noisy. There was no lividity of the lips, or of the countenance. She was ordered to have three leeches over the larynx, to take a grain of calomel every hour, and one-twelfth of a grain of tartar emetic with each dose of the mixture.

March 16th. She was sick after the first doses of the anti-
mony. The dose was therefore diminished to one-sixteenth of a grain. The child was allowed beef-tea and milk ad libitum.

Nothing worthy of note subsequently occurred; and, on the 15th, she was discharged cured.

Case IV. Scalof the Glottis: Recovery. Jan. 13th, 1858. S. Johnson, aged 24 years, was admitted into the Leicester Infirmary, under the care of Mr. Paget. The patient, a healthy boy, about an hour before admission drank some boiling water from the spout of a kettle, "for a kick up of the tooth." He spat it out, and rolled on the floor, screaming. On admission, his breathing was easy. His mouth was not examined. He was ordered to take a grain of calomel every hour, and one-sixteenth of a grain of tartar emetic every two hours. He was admitted at six o'clock in the evening.

Jan. 14th. I saw him at midnight. His breathing was then slightly laboured with a noisy inspiratory sound. In the morning, he began to vomit; and, during the next four hours, he vomited three times. About six o'clock, the bowels were well cleared. After my midnight visit, the mother informs me that his breathing has been much more laboured till six, when it was quite croupy. He then began to improve; and his breathing at noon this day was perfectly easy. In the evening, he was discharged cured.

Case V. Scalof the Glottis: Treatment by Calomel and Antimony: Dyspnoea thirty hours after the Accident, and Calomel having been previously omitted: Recovery. March 20th, Alice Hill, aged 3, was admitted into the Leicester Infirmary, under the care of Mr. Paget, having drunk some boiling water from the spout of a tea-kettle. She had been always a healthy child, but, for a week previously to the accident, was rather "feverish", although able to go to school. The child was ordered the calomel and antimony, as in the preceding ease.

March 21st. The breathing is perfectly easy, and the child seems quite well. After the medicine had been taken twice hourly, it ceased without sickness. For three hours, she was ordered to remove her child from the Infirmary. The calomel was omitted, but the antimony was continued.

March 23rd. At twelve o'clock last night the breathing began to be laboured, and it has since been gradually becoming worse. The respirations are forty in the minute, loudly sighing, sometimes slightly crowing. The eyelids are half closed, the head is moved forwards with each inspiration. There is no lividity of the countenance; no cough. He was discharged on the 26th. She was readmitted. The calomel and antimony were repeated, as at first.

March 29th. The breathing this morning was perfectly easy; She remained in the Infirmary for seven days longer, on account of an attack of diarrhoea. She was then discharged, cured.

Case VI. Scalof the Glottis: Dyspnoea: Recovery. November 28th. Elizabeth Smith, aged 31 years, was admitted yesterday into the Leicester Infirmary, under the care of Mr. Paget. She is a healthy, well-developed child, who had had no previous illness. Yesterday, she had swallowed boiling water from the spout of a kettle. She began to have noisy breathing about five hours afterwards. When she was brought to the Infirmary, four hours after the onset of the dyspnoea, the breathing was slightly croupy, and difficult. Three leeches were ordered to be applied at the upper part of the sternum, and a grain of calomel was prescribed, to be
CASE OF TETANUS INFANTUM.

By L. HARRISON, Esq., F.R.C.S., Fellow of the Obstetrical Society.


On inquiry, I could make little out as to predisposing causes, or anything favouring the development of such a disease. The mother brought the labour about the sixteenth hour of duration, conducted by a midwife; the child vigorous, breathed freely, and had a pulse rate of 90. During the first hour, the soreness of the umbilicus was quite prominent; at one hour and a half, the child had a purulent discharge from a minute aperture in the umbilical cord. It was suspected that tetanus, or infantury, was the case.

The condition of the case was thus described: The child was placed in the cradle, and the umbilical cord was cut and the cord expressed. The child was then placed on the cradle, when it began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of excitement. The umbilical cord was cut off, and then the child began to kick and to show signs of exci...