subject of this note I attribute the stridor to a spasmodic contraction of the ary-epiglottic folds and believe that this was due to irritation set up by the adenoids in the naso-pharynx. I think it probable from this and other examples of the affection which have come under my notice that adenoid vegetations and the post-nasal catarrh which almost invariably accompanies them may be a cause of many of the cases of congenital croaking, as they are, undoubtedly, of many of the cases of laryngismus stridulus. That the number and size of the adenoids present in any particular case are insignificant ought not, in my judgment, to tell against this view. It is a common observation in the case of older children that the degree of distress and general interference with nutrition caused by the vegetations is often great out of all proportion to the actual amount of adenoid hypertrophy. The reason of this I believe to be that the nervous irritation is not uncommonly the consequence not so much of the growths themselves as of the post-nasal catarrh, which rarely fails to be joined with them sooner or later; at any rate, by reducing the catarrh I have often succeeded in putting a stop to signs of nervous distress, although the adenoid overgrowth itself was in no way interfered with by the treatment. In the present case, however, treatment of the post-nasal catarrh did not affect the crowing, which only ceased after the post-nasal vegetations had been scraped away.

Queen Anne-street, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF PUERPERAL FEVER TREATED WITH ANTI-STREPTOCOCCIC SERUM.

BY EDWARD KERSHAW, L.R.C.P., L.R.C.S. EDIN.

THE patient was a primipara, twenty-six years of age, who had a normal labour on Oct. 29th, 1897. She suffered from chronic bronchitis, which was much worse immediately subsequently to her delivery. She was partially attended by a pseudo-midwife, in whose practice there had two weeks previously occurred a fatal case of puerperal fever accompanied by acute metritis and pelvic peritonitis. On Nov. 11th the patient's temperature was 102.6° F. She was perspiring profusely, her respiration was hurried, and she had no appetite, but she was free from cough or pain. The lochia were without foetor and had nearly ceased. The uterus was washed out. On the morning of the 12th her temperature was 102.8° and her tongue was becoming brown and dry. The first injection of serum was given. In the evening her temperature was 103.8°, her tongue was now more moist, and she suffered from diarrhoea; she had taken a quart of milk during the day. On the 13th the temperature in the morning was 103.2°; she had had a fairly good night, but the diarrhoea still continued; the appearance of the tongue was improving. The second injection of serum was given. The temperature in the evening was 104°; a quart of milk had been taken during the day. On the morning of the 14th the temperature was 103.2°; she had had a fairly good night, but the diarrhoea and sweating still continued. In the evening the temperature was 105°. The respirations were about 60 per minute, the pulse was rapid and fluttering, both the sweating and the diarrhoea were much worse, the bowels having acted six times since the morning, and the patient appeared to be sinking. A third injection of serum was given and brandy was ordered. On the 15th the temperature in the morning was 101.6°, she had had a comfortable night, and the sweating and diarrhoea had ceased. In the evening the temperature was 100.2°. During the day she had taken a quart of milk with brandy. On the 16th the temperature in the morning was 97.8° and convalescence had now set in.

It is to be observed that from beginning to end there were no local symptoms. The patient's general condition improved after each dose and when the remedy was withheld from the morning to the evening of Nov. 14th the case went rapidly worse, but after the third dose the cure was evidently

complete. The serum used was Pasteur's anti-streptococcic. The first two doses had been lying in the surgery of a neighbouring medical man since February, 1897, and the third one had been in the possession of another friend since about August, 1896.

Oldham.

PLUGGING OF TRACHEA BY A CASEOUS GLAND.

BY GEORGE F. LONGBOTHAM, M.B., C.M. EDIN.

A BOY, about eight years of age, in a semi-conscious, cyanosed condition, evidently suffering from some obstruction of his respiration, was admitted into the North Riding Infirmary, Middlesbrough, about noon on Sept. 8th, 1895. The history of the case was that he "had been all right" until about 10 A.M. that day, when suddenly he seemed "to be awful with his breathing" and complained of pain in the chest. He had been coughing up at intervals what his mother described as "small pieces of apple"; she did not think that he had "got anything down the wrong way." Chloroform was administered and seemed to give some relief, which, however, was only temporary. Intubation with a catheter did not benefit the symptoms, but evidently indicated some obstruction a considerable way down the windpipe. Tracheotomy was then performed, but before its completion the child had stopped breathing. Aspiration with a long indiarubber tube was tried, but yielded no good result. A long tube was then passed down for the purpose of irritating the mucous membrane of the trachea and bronchi, whereupon the child gave a deep inspiration and again ceased breathing. The heart beats were now becoming smaller and much more rapid, but artificial respiration, the galvanic battery, and this catheterisation were nevertheless continued. Suddenly some cheesy-looking matter of about half the size of a hazel nut was coughed up, after which the child began to breathe freely and made an uninterrupted recovery, although on more than one subsequent occasion a little of this cheesy matter was coughed up. This cheesy matter on being examined through the microscope in section and stained proved to be part of a caseous bronchial gland which had evidently ulcerated its way into the trachea about the bifurcation. The patient was under the care of Dr. Bateman, to whom I am indebted for permission to publish these details. It becomes a question whether in cases of cessation of the respiration under chloroform stimulation of the mucous membrane of the trachea and bronchi by means of a tube might not be of great value.

Middlesbrough, Yorks.

COAL-GAS POISONING FOLLOWED BY SYMPTOMS SIMULATING RABIES.

BY A. IRWIN BOLTON, B.A., M.B. DUB.

ON Jan. 31st last, at midday, I was called in all haste to visit a young Frenchman, aged twenty-two years, who was "near, if not quite, dead," so the message ran. I could get no further information until I arrived at the patient's house after about half an hour's hard driving. Upon entering the patient's room—a space about 12 ft. × 7 ft. × 10 ft. on the ground floor and with windows opening on to the plain on both sides—I found him lying in bed apparently dead. There were no heart beat, no pulse, and no respiratory movements. The pupils were dilated to the full. The body was warm. The face, lips, and ears were blue. The patient was foaming from the mouth. There was complete trismus. On inquiry as to the cause of his state I found that he had lighted his fire when going to bed the evening before and shutting his door he immediately fell asleep. His fire-grate was piled with coal (Cardiff). There was a gale of wind all night and the strong wind prevented the exit of smoke and drove it back into his room and asphyxiated him in his sleep. The diagnosis being clear I immediately threw open all the windows and door and placed my patient in the current and set to work at artificial respiration. I applied mustard plasters to the extremities and over the heart and gave an enema of brandy and subcutaneous injection of ether. After I had used these means for about forty minutes I was gratified to find the circulation becoming restored and the patient