to whom I had narrated his previous sickness and the success I had experienced in treating him with salol. Upon seeing the patient Dr. Dupree unhesitatingly pronounced the case typhoid fever and thought him dangerously ill, though I thought I could perceive some amelioration since my previous visit.

I continued the salol and kept up the nourishment, telling the mother if he ceased to improve or she should observe any symptoms of his growing worse, to let me know immediately. Suffice it to say that I saw my patient every few days for the next ten days, and each time with marked improvement, after which I discontinued my visits, leaving him convalescent and needing only good food to establish his returning good health.

This is the second case of typical typhoid fever in which I have given salol with eminent success; in this last case, not so prompt as in the first, which perhaps is easily explained by reason of the general impairment of his physical system by his previous sickness; but even in this last case I could discern in forty-eight hours the commencement of a salutary work. And in this last case salol alone was used, and to it, and to no other drug, belongs whatever good results were accomplished.

Now, in what manner salol acts upon the human organization to exercise such a curative power in typhoid fever, it is too recent before medical observers and workers, and its trials too few, to lay down any reliable theory.

But with my limited experience of its use, I would by no means restrict its application to the treatment of typhoid fever, for since I have commenced its use, I have repeatedly given it in the diarrhœas and dysenteries of infants and children with the best results, and in the first week of January of this year, in an adult white male, Mr. E. T., attacked with *ileitis*, having frequent and copious bloody watery stools, fever and great pain, prostration and soreness over the bowels, I used salol 5 gr. with pulv. ext. opii $\frac{1}{2}$ gr. every two to four hours, with prompt relief, and an established convalescence in forty-eight hours.

Judging, then, from my short but sharp experience, it appears to be suitable and useful in inflammations of the mucous coat, glands and follicles of the intestinal tract, upon which it appears to exert a prompt and peculiar beneficial influence.

Further observation and trial, and rigid scientific research must be instituted, before the merits of this new claimant to the confidence of the medical profession can be fully established and its true therapeutic value and range of application can be definitely settled, and be made of practical value to the medical profession.

Since the foregoing thoughts were written, I have read in the January number (1889) of *Gaillard's Medical Journal*, a most valuable paper by Dr. W. A. Cauldwell, of Chicago, on the "Ra-

tional Selection of the Salts of Salicylic Acid for Therapeutics," taken from the *American Medical Digest*. I find in this paper many valuable suggestions relating to the rational use of salol in medicine, and that very favorable reports are made of its administration in diarrhœa by Dr. O. I. Osborne; and that Dr. James Barnsfather reports good results of its use in typhoid fever.

RETRO-PHARYNGEAL ABSCESS AND "HEN-CLUCK" STERTOR.

BY KENT K. WHEELOCK, M.D.,

OF FT. WAYNE, IND.

My apology for offering this oft-repeated tale to your readers is found in the fact that the basis of all true knowledge lies in observation and experience, and the further fact that the general practitioner, overworked, worried with waiting and watching the eventuation of a certain case, allows his mind to drift into a groove from which it is sometimes suddenly jerked by the rough jolt of death. And the further fact that the thinking mind, delicate as a galvanometer, takes cognizance of all externals calculated to make an impression upon it.

On March 16 I was asked by the father of the child, the history of whose case I am about to relate, to meet my friend Dr. F. Greenwell, of Hometown. I found a male child 11 months old, pale but well nourished, with a slight swelling on right side of upper part of neck in front of the sternocleido-mastoid muscle. A similar swelling had developed at the same region on the left side, which had eventuated in an ordinary abscess, and was opened by the doctor. Before the termination of the abscess on the left side the swelling on the right side made its appearance, and it was opened and discharged pus. After the last abscess was opened the child seemed to do fairly well till about two weeks previous to my visit, when croupy symptoms developed, coming on in the night, for which the doctor sent some temporary therapeutic agent which would serve till such time as he could see the child in person. The croupy symptoms grew worse and led to the belief that an abscess was forming in the nares so as to obstruct nasal respiration. When I saw the patient he was quite lively and able to nurse, yet continued effort at the nipple caused dyspnœa, to relieve which the child would let go the nipple and throw its head back. No pain attended swallowing, as he took large quantities of milk and water eagerly, the only remarkable feature attending such efforts being the rapidity with which he swallowed the fluid, showing that he was compelled to suspend respiration through the nose while the mouth was closed. After taking the fluids the child seemed exhausted and dropped off to sleep, at first breathing regularly enough with

stertor now and then. Soon the respiration grew more feeble and finally apparently ceased. He laid in this condition a few seconds and then suddenly awakened with an effort to catch his breath. At other times, generally between the stertor above spoken of and the apparent suspension of respiration, a peculiar clucking noise is heard, such as is made by the hen calling her brood together. It was this peculiar cry which led me to suggest that the trouble was, as I then said, "tracheal." I examined the nasal cavities carefully and found no evidence of obstruction beyond the swelling attending an ordinary cold, and passed a small bougie through the nostril to satisfy myself that there was no great swelling obstructing the nasal respiratory lumen. In examining the fauces by reflected light the mucous membrane of the pharynx had a normal pink tint. But the struggles of the child were such as to render the examination unsatisfactory without complete etherization. He was then completely subdued, and the result of the examination showed a plain right lateral bulging. Exploration with the finger rather confirmed the impression. Yet it would have been impossible to hinge a diagnosis upon tactile impressions alone. I made an incision $\frac{1}{2}$ inch to right of the mesial line and a little above the margin of the soft palate, into the most dependent part of the swelling. The child was carried rapidly forward on its face, when fully one-half teacupful of pus and blood passed out upon the floor. That night the child slept without any difficulty and was decidedly relieved. On the next day I again saw the little patient with the attending physician, when all the symptoms causing the previous alarm had disappeared. The child vomited after etherization, throwing up some more pus and blood. The swelling on the right side of the neck had disappeared and the skin was thrown into delicate folds such as are seen when there has been a circumscribed swelling with subsequent relief of pressure. The child is scrofulous, and at this time the father had suffered from a series of abscesses, amongst which was one of the middle ear. Fleming seems to have been the first to give a detailed report of retro-pharyngeal abscess, in the *Dublin Medical Journal* for February, 1850, and Henoch says that he owes the diagnosis of his first case to having read this report only a few days before. The symptoms, as set forth in Henoch's "Lectures on Diseases of Children," do not differ except as to detail from what was observed in my patient. The essential feature "is a snoring sound, especially during sleep." I have not seen this peculiar cry referred to by any author as resembling the cluck of a hen, but it struck me as being so eminently similar that I believe retro-pharyngeal abscess with pressure about the glottis may be predicated upon the "hen-cluck stertor" being heard. The post-mortem in West's first case is here appended:

"On dividing the cervical fascia on the right side a thick yellow, healthy pus poured out. This matter had burrowed close to the œsophagus, to within a little more than an inch of the clavicle, and also in an oblique direction behind the œsophagus toward the left side, completely detaching it from its communication on the right side, though not on the left. It passed up behind the œsophagus and pharynx quite to the base of the skull, a few shreds of cellular tissue bathed in pus being all that remained of their attachments. The tonsils were not enlarged and the glottis was neither red nor swollen."

MEDICAL PROGRESS.

YELLOW FEVER GERM.—A dispatch from Columbus, O., in the *Baltimore Sun*, says: "Professor H. J. Detmers, of the Ohio State University, has concluded the task of photographing the yellow fever germs that had been sent him by Dr. James E. Reeves, of Chattanooga, Tenn. The professor says this is the first time that yellow fever germs have been found in the tissue, scientists heretofore searching for them in vain. They have been found in zooglœa masses in the capillary blood-vessels, which appear distended and ruptured, and at these ruptures these zooglœa masses are dense and large. The bacilli present themselves in four forms; the first in a plain, dark, round mass; the second an oval, with a dark point at each extremity; the third, an oblong disc with dark points, as in the second, and fourth two darks united by a film, and strikingly resembling a dumb-bell. Being asked as to how the discovery regarding the cause of the yellow fever came to be made, he said: 'Dr. Sternberg, of Johns Hopkins University, for a number of years has made exhaustive searches for the yellow fever germs, but without success, in the tissues. During the last epidemic he made several post-mortem examinations at Decatur, Ala. Liver and kidney tissue of two persons at least were sent by him to Dr. Reeves for the purpose of mounting for microscopical purposes. I have several negatives, each of which is good. Some show the bacteria singly, others in masses with the capillaries distended with them.'

"Dr. George M. Sternberg is a surgeon in the United States army, and is doing his laboratory work in Baltimore at the Johns Hopkins University. He has been engaged during the past two years in investigating yellow fever under orders from the President of the United States, and in compliance with an Act of Congress making an appropriation for this purpose. Last year he visited Brazil and Mexico in the prosecution of his investigations. He also went to Havana, and in the autumn to Decatur, Ala., for the same purpose.