

March 1st, 10 a.m.—Respiration more hurried, coughs a great deal, and a large quantity of mucopurulent fluid ejected from tube; pulse 120. Temperature of body increased. On auscultation, found bronchial rales over the entire chest. Dullness on percussion over lower part of both lungs. Prescribed ammon. carb. with ipecac. and seneka.

The inner tube was removed, the other remaining in opening without moving,

7 p.m., same day.—Worse; all symptoms increased in severity; very restless; great thirst; respiration hurried; pulse 140. Tube remains clear, but a large quantity of mucus expelled. Dullness on percussion increased and extended upwards.

On auscultation, moist rales heard over both sides.

From this out the child continued to grow worse. Became exceedingly restless; refused his medicine and beef tea, but would drink milk. Dyspnoea became greater till death closed the scene at 5 a.m., next morning.

The only post-mortem examination made was upon the throat; shreds of false membrane were still adherent to the upper part of the trachea, and the glottis and epiglottis were swollen and thickened. The wound of the operation looked well, and there had been but little inflammatory action on the adjacent tissue. Death must have resulted from the ensuing broncho pneumonia, and perhaps this had existed previous to the operation

The tracheotomy did not save life, it prolonged life and possibly made death easier.

Another child was taken down in the same manner in the same house during my attendance on the above case. This latter I actively treated with emetics of sulphate of copper, which I now think is to be preferred to any other emetic in croup. In addition, small doses of ant. tart. and hydrarg. were given frequently with an expectorant of ipecac. and seneka, while externally the attendant nurse rubbed in the liniment of ammonia so diligently as to produce blistering, which I believe was also beneficial. This child recovered. Since the above case was treated, I have seen an article in the American Journal of the Medical Sciences for April, 1873, in which Dr. Ehrhardt, of Illinois, cites four cases, one of which was diphtheria, the other croup. Tracheotomy was performed in all with the result of saving two of the children. The emetic used in each croup case was sulphate of copper. The chief medical treatment being chlorate of potash, a teaspoonful of a saturated solution every hour, and adding quinine and expectorants as required.

Three Cases of True Membranous Croup, or Pseudo-Membranous Laryngitis. Tracheotomy performed in one Case. Fatal issue in all, by FRANCIS W. CAMPBELL, A.M., M.D., L.R.C.P., Lond., Professor of Physiology, University of Bishop's College, Montreal, (read before the Medico-Chirurgical Society of Montreal, May 22, 1874.)

On the afternoon of Nov. 27, 1873, I was called to see the little child, aged 2½ years, of Mr. C. W., a gentleman of wealth and position. I found the infant on its mother's lap; tossing about in its endeavors to get breath, with that characteristic whistling sound, indicative of the real character of the disease. I at once placed the child in a warm bath, and gave it a mixture of compound syrup of squills, ipecac and Flemings tincture of aconite, which was to be given every half hour till my return. At 6 p.m., I visited the child, and met Dr. Major in consultation; there was apparently some amelioration in the symptoms—the cough was at times a little broken; it had vomited several times, and the skin was acting freely. I suggested the lime vapor bath, which was agreed to by Dr. Major, and having set this in operation, I left. At 9 p.m., I returned and found the child decidedly worse, all the symptoms were aggravated. Dr. R. P. Howard and Dr. Major met me in consultation, when the following mixture was ordered:—

Potas bromid,	3 iij.
Potas iod.,	ʒ i.
Senek fld. ext., (Tildens)	ʒ ii.
Vinum ipecac,	ʒ ii.
Belladonna fld. ext.,	gtt ix.
Tinet opii, co.,	ʒ v.
Aquæ,	ʒ viii.

A dessert spoonful every two hours.

Cold cloths were instructed to be kept constantly around the throat, and with a view of promoting if possible, the expulsion of the false membrane, a half grain of sulphate of copper was ordered, to be given every fifteen minutes. I remained, and carried out the treatment throughout the entire night. At first, the cold applications and the action of the sulphate of copper (which did its work most effectually), seemed to afford marked relief, so much so indeed, that several friends, who had intended remaining all night, went home, satisfied that a change for the better had occurred. About 3 a.m., (28th,) the character of the breathing again rapidly became stridulous. At 4 a.m., it was impossible for the child to remain in one position for a moment, so fearfully