

seems referrible to a peculiarity in the nature of the morbid process itself. In the former class of cases it generally arises during the progress of some exhausting disease, such as typhus fever, or towards the end of exudative croup itself, when it is always a formidable and often a fatal complication. And even when it occurs as a more primary disease, the inflammation of the mucous membrane appears to be reduced in intensity by the very occurrence of the serous effusion, although it had previously been even of the exudative type. From what has been formerly stated, then, regarding the action of a solution of caustic applied to a subacutely inflamed mucous membrane, it might, *a priori*, be expected to produce a beneficial effect on the oedematous glottis; and this expectation has been remarkably fulfilled in my experience, as the following instance will sufficiently exemplify.

Case 3.—A young child, of eight months old, had severe hemorrhage from the gums after division of them over the incisor teeth, and in the exhausted state which followed, he caught cold, and became affected with the ordinary symptoms of croup, which were chiefly combated by an emetic, counter-irritation over the throat and chest, and by repeated small doses of calomel. But very soon the chief, nay, only symptom became that of impeded respiration. The child's efforts during inspiration, the dry, whistling sound which accompanied it in the trachea, the nearly total absence of vesicular murmur in the lungs, and the short expiratory sounds, taken along with the previous state of the little patient, rendered it evident that oedema glottidis had occurred; and if to this it be added that the pulse was feeble, the patient pale and exhausted, and that he could hardly be made to receive nourishment,—his extreme danger will not be questioned.

I introduced the probang down to the glottis, but not through the rima, owing to the swelling of its margins. The strength of the solution used was thirty grains to the ounce of water, and it was applied three or four times at short intervals. The effect was soon apparent. Some coughing, and the expulsion of tough muco-albuminous matter first followed, and then the child became quiet; the breathing was freer, although, of course, there was still considerable obstruction at the glottis. In a few hours, this obstruction seemed to be increasing, and the application of the caustic solution was again renewed in the same way, and with equally favourable results. The calomel was continued, and a warm water enema was administered, after the action of which the child took the breast, and slept for a short time. The future progress of the case was marked by a gradual but steady improvement. The calomel was soon stopped, the bowels were duly regulated, and the topical applicants were persevered in daily for two or three weeks, by the end of which time all obstruction to the breathing, as well as the cough, and even a degree of hoarseness which had latterly been observed, had completely disappeared; and the child's general health rapidly improved.

[In another case of an infant, only two months old, to which Dr. W. was called, the symptoms at first appeared only those of a slight cold, but which gradually assumed a frightful degree of intensity. Dr. Watson touched the glottis with a strong solution of caustic, which assisted in expelling a quantity of ropy mucous and relieved the respiration. After a purgative enema, and a tepid bath, the touching was repeated with manifest improvement; only four or five repetitions were necessary, and the child was well in a few days. Dr. Watson then continues:]

On reviewing the whole subject, then, the following are the principal conclusions to which my observations, experimental and clinical, have conducted me:—

1st. The solution of the nitrate of silver, when applied to an inflamed mucous membrane, acts differently, according to the intensity of the inflammation that may be present; in the asthenic varieties it operates as a stimulant of