

gave me the following history:—She has been in delicate health for some time. On the day but one preceding her death, she was attacked with Scarlatina. The disease appeared to be mild. There was moderate Pharyngitis, and the eruption was abundant, on the day and evening of her death. Dr. P. had visited her at ten o'clock on that evening, and found her sitting up. She reported pretty comfortable, and anticipated feeling much better the next day. Her pulse was considerably accelerated, enumerating 120. There existed much pruritus of the skin. Dr. P. prescribed a few grains of Dover's powder. At eleven o'clock, her mother, who had not retired, observing that shortly after conversing she became unconscious, with the eye-balls upturned, became greatly alarmed, and sent in haste for Dr. P., who resided but a few rods distant. On the arrival of Dr. P., he found her awake declaring she was comfortable and expressing surprise that her friends were alarmed. She was not sensible of any unpleasant change in the symptoms. Dr. P. remained to observe the patient for a time. After talking jocosely for a few minutes, ridiculing the fears of her mother, she dropped asleep, and Dr. P. noticed that her respiration became heavy and stertorous. He was told, however, that this was not unusual. She awoke several times spontaneously, and remarked herself on her audible breathing. At length Dr. P. observed a slight convulsive tremor, and rolling of the eye balls. He immediately attempted to arouse her, and with partial success; but she speedily lapsed into a state of complete insensibility. *The respiration now became irregular and rattling as it was when I saw her*, which was about half an hour after the development of the coma. *Deglutition was impossible.* Dr. P. had resorted to the application of sheets dipped in hot water, and sinapisms, but with no benefit.

CASE 2.—A child of Mr. D. S. R., between 4 and 5 years of age, had mild scarlatina, in June, 1850. It was accompanied by a moderate pharyngitis, and considerable enlargement of the submaxillary glands. The child convalesced in a few days so as to be about the house, the submaxillary glands, however, remaining swelled, and my visits were discontinued. Subsequently I was

called to prescribe for the enlarged glands, and I directed the iod. potassii. The child continued pretty well, appetite good, was out of doors, and, owing to the feeble health of the mother, did not, perhaps, receive that degree of care, as regards exposure, etc., which otherwise would have been bestowed.

On the 7th July, the father informed me, at a casual meeting in the street, that the limbs, abdomen, and face of the child appeared bloated. Suspecting that the renal function might be at fault, I requested him to bring me a vial of the urine, which he did on the following morning. On testing the specimen with nitric acid, a copious deposit of albumen was thrown down. At the evening of the same day I was requested to visit the child. He continued to be up and about, playing out of doors; had been bright during the day, and had accompanied his parents in the afternoon, in taking a ride. The abdomen and limbs were enlarged, but the latter did not pit on pressure. The face also seemed swelled. *The respiration, since evening, had become much accelerated and was now very rapid, panting.* I thought effusion into the chest might have taken place, but, on percussion, no physical evidence appeared of this as the cause of the disordered respiration. *The child did not appear to suffer from dyspnoea, although he was extremely restless.* His muscular strength was not prostrated, being able to sit up. The pulse was much accelerated, and tolerably developed. I directed a warm half bath, and a solution of the sulphate of magnesia in hourly doses, until free cathartic operation. I am free to state that I did not anticipate the sequel. The deglutition was not impaired.

In about an hour afterward, I was summoned in haste, and on my arrival at the house, I found the patient dead.

The disordered respiration had continued unabated, but not increased, until a few minutes before the messenger was despatched, when it suddenly became extreme, and death took place in less than half an hour after this change occurred. To use the father's expression, the child seemed to "*choke to death.*" *A neighbour informed me, of her own accord, without any questions, that she felt the heart beat at the precordial region, after the respiration had ceased.*