

the hospital well on the 2nd of November. His urine never contained albumen.

The next case is Clara Glovers, aged five years and a half, admitted 21st October. She resided in a house pronounced healthy a few days before by the Sanitary Commission. Her parents had seven children; two were dead at home when she was brought in, and the other four were sickening, probably with her disease. She seemed a strong child, and was said to have been very well until the day before, when she began to be very feverish. On the morning of the 21st a scarlet rash appeared all over her body; her throat was very sore, skin hot, pulse quick, respiration natural, and tongue very red, but she had no alarming or unusual symptom. To take one grain of tartar emetic immediately, and afterwards the chlorine mixture with a gentle aperient; rennet whey and broth were her drink and diet. She went on very well till the 23rd, when she seemed languid, pulse feeble, eyes sunken, her color of a leadenish hue, and the eruption paler; but she had no cough, moving *alæ nasi*, dyspnoea, nor mark to show that the lungs were becoming diseased. Believing she was sinking and wanted support, wine was given with arrowroot, and her throat was sponged internally with a stimulating gargle. At the visit, next day, she was still more depressed—warm wine was instantly given, but, after swallowing a few teaspoonfuls, apparently with pleasure, she turned up her eyes, as if going to have a fit, and expired. That was the fourth day of the eruption.—Many of you were at the autopsy, and saw that the arytenoid cartilages were so close together that the air could not pass them, and therefore this child died from suffocation; the trachea and bronchi were healthy, but the lungs throughout were here and there congested; the heart and kidneys were natural; the head was not examined.

The important question in reference to cases of a like kind is—Had the state of the lungs been superinduced by the narrowing of the glottis, or had that been caused by the congestion of the lungs? On the former supposition, tracheotomy might have saved this child's life; on the latter it would have been useless and recovery could only have followed the use of active measures to relieve the lungs. The progress and termination of the next case shows which of the diseased states was probably the antecedent, and also the treatment most likely to be successful.

Henry Walsh, 11 years old, admitted early in September, suffering from great difficulty of breathing. Countenance blue; respiration loud and wheezing; chest moved very little during respiration: sounded tympanitic generally, but in some parts slightly dull; loud râles of various kinds over the chest; heart acted feebly, but sounds natural. His breathing was said to be affected from childhood; nauseating medicines were advantageously given, and he went on tolerably well till 20th October, when he became feverish, skin hot, throat very sore, pulse quicker but respiration less difficult than usual; body covered with a scarlet rash, tongue very red; he had probably taken scarlet fever from a boy in the same ward, who was then in with the disease. An emetic was given immediately, followed by the chlorine mixture, warm whey for drink and beef tea for diet. He went on well till the 25th, when he exhibited the peculiar look which Clara Glover had, when she changed for the worse—a faint expression, sunken eye, and similar-colored skin; pulse very feeble as her's, skin cool, but breathing not worse; no phys-