in other parts of the body, make me think it likely that the scarlatinal poison was the origin of the illness.

2. As to the *treatment*. I believe that this may be summed up in the aphorism, that we have to use our utmost endeavours to keep the patient alive until the intensity of the disease has worn itself out; but, I fear, we must admit that we know of no reliable means of cutting short, or materially influencing, the progress of the septic disturbance, when once it has been fairly set in progress. Beyond any doubt, continuous elevation of temperature, such as existed in this case to so marked a degree, is one of the chief sources of danger, and much of our management of the case must lie in the direction of lessening pyrexia. In cases of moderate intensity, antipyretics—such as quinine in sufficiently large doses, of not less than twenty grains, salicylic acid, or the ice-cap—will probably be quite sufficient; and I certainly should not be disposed to recommend so troublesome and irksome a treatment as the external application of cold, unless there were marked hyperpyrexia. I cannot, however, doubt that in this case refrigeration saved the patient's life; for, without it, she certainly could not have tided over eleven days of fever with the temperature at 104 deg. and 105 deg., and tending to increase. My experience of this treatment is limited to two other cases. One was the wife of a medical man, whom I saw in consultation with Dr. Cleveland of St. John's Wood. In this we did not think of using the cold until the temperature was 107 deg., and the case was almost hopeless, and then only in the modified form of the ice-cap, and unhappily without any good results. In the other, which I saw in consultation with Dr. Protheroe Smith and Dr. Simpson of Highgate, we used the ice-pack night and morning for several days. Unfortunately, this patient was the subject of chronic albuminuria; and the case, which ended fatally, could hardly be considered a fair test of the remedy. My belief is, however, that where there are no well-marked local complications, and where the temperature is above 104 deg. or 105 deg., and tending to rise to a still higher level, the pack should certainly be tried; and in the modified form in which it was used here, it may be applied readily enough, while the lifting of a puerperal patient into a bath would be almost impossible.

You will have observed the marked beneficial results which followed the administration of Warburg's tincture. It would, of course, be absurd to draw too strong an inference from one case; but, at least, my experience of it would strongly incline me to try it again as an antipyretic of promising character.

By the careful feeding of your patient with milk, beef-tea, and eggs, administered at frequent intervals, you will materially husband her strength for the storm she has to pass through, and you cannot pay too much attention to this part of the management of this disease. With regard to stimulants, I am inclined to think that they are often given in such cases to an injudicious and needless extent. As long as the pulse is fairly strong, and no indication of excessive prostration exists, I believe it is better to administer them in strict moderation. But the time may come, as it did in this instance, when the prostration is so great, that the only chance of keeping the patient alive is in profuse stimulation. My advice with regard to stimulants would be not to order them indiscriminately, or in fixed quantities, but in strict accordance with the exigencies of the case, varying the amount from hour to hour, as the state of the patient may require.

One point of local treatment should never be omitted, especially in the early days of the illness, that is, the thorough washing out of the uterine cavity, night and morning, with antiseptic lotions, such as Condy's fluid and water, tincture of iodine and water, or a weak solution of carbolic acid. In many cases of autogenetic origin, in which decomposing matters exist *in utero*, this alone will suffice to remove the source of mischief, and cut short the progress of the disease. I must warn you, however, that such injections to be of value must be applied thoroughly, and into the uterine cavity itself; and it is quite useless to entrust them, as I have often seen done, to the nurse.

3. I can only briefly refer, in conclusion, to a subject which every conscientious practitioner must very anxiously consider, when he is so unfortunate as to have under his charge such a case, and that is: What are his duties to his other patients? The practical difficulty of giving up attendance on other midwifery cases is so great, that one cannot be astonished at practitioners inclining to underestimate the weight of the evidence which shows the possibility of the contagion being conveyed from patient to patient. Indeed, I believe that, in these days of antiseptics, the thorough disinfection of the hands can be so efficiently carried out, that danger from this source can be reduced to a minimum. The principal risk is in refusing to admit the danger, and neglecting the necessary precautions; and it is the man who wilfully shuts his eyes to the facts, and does not employ the means of disinfection at our disposal, who is most likely to be the unhappy medium of carrying infection. If, then, we see such a patient once in a way, carefully wash our

hands in some antiseptic lotion, and avoid touching her with the right hand or keep on a glove while in her room, there is no reason why we should not continue our obstetric practice, and to insist upon more would be practically to debar us from following our profession at all. But, if we are in constant and frequent attendance on such a case as that we have been considering, visiting our patient four or five times every day, and, above all, if we are compelled to use intra-uterine injections, I believe it to be quite impossible to attend other cases without such a degree of risk that no conscientious man can venture to subject his patients to it; and, be the sacrifice what it may, it will be our bounden duty to avoid, for the time, the actual attendance on lying-in women.

A CASE OF PECULIAR CROWING INSPIRATION IN A NEW-BORN CHILD.*

By HUGH MILLER, M.D.,

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BEFORE I relate the case which forms the more immediate object of this paper, allow me to give you a few particulars bearing upon it, which the family history reveals. The lady—the mother of the child—had not been in good health for years. While a young lady, her family physician ordered her to the Mediterranean, and during her stay there she married, and afterwards gave birth to the two eldest of her children. The firstborn was a female, who lived two years and died of dysentery. The second child, born soon after this first one's death, was a son, and he died in his third year from scarlet fever. After an interval of three years, she gave birth to her third child, a female. She was the first of her family born in this country, and she exhibited from birth a peculiar crowing while breathing. The mother describes it as a catching of the breath, and she believes it originated in consequence of the exhaustion she suffered from through nursing the second child during his last illness. This third child lived only a few hours. Again, after an interval of about three years, another female child was born. This one had the peculiar crowing during each inspiratory effort; she lived twenty-four hours, and during that time every attempt was made to establish an easier state of breathing, but without success. About ten months after the event, my patient had a miscarriage.

Towards the end of 1876, the lady herself, for the first time, came under my care. Her statement to me was that she had suffered from rheumatism, with occasional neuralgic attacks, and that she had habitual indigestion. I found her suffering from the gastric sympathetic irritation of pregnancy, and from abdominal pains over the region of the womb and bladder, which were due either to her rheumatic condition or to previous inflammatory adhesions existing around the uterus. It was rare for her to take any food without feeling acidity in her stomach. The urine was normal, but the bladder was irritable; and this condition became so aggravated while in the erect position, that she was obliged to remain in bed during the last five months of her gestation. Altogether, she felt and looked in very poor health. Various remedies were employed to meet the disordered conditions just described, with only partial benefit. When her pregnancy had advanced seven months, she suffered from the symptoms of a miscarriage, without any known exciting cause for inducing it. The spasmodic pains were arrested by morphia suppositories, and after two days they ceased to trouble her. Henceforth, the gastric disorder was kept in check by pepsin and bismuth, while the irritation of the bladder was somewhat relieved by her taking tartarated iron. At full term, her labour began; its onset was marked by the usual irregular and fitful pains, which in about two hours were succeeded by the regular bearing down ones, and the labour, which was natural, was completed within the usual period of a healthy multipara, and with no effort beyond that usually employed.

The child, a male, was fully matured; it appeared to be well nourished, and was of the average size. From the first, its respiration was defective. It did not cry, and the attempts at inspiration were irregular, short, and very feeble; they might be described rather as a gasp than as an inspiratory effort. Slapping the nates, and the alternate application of hot and cold water to the skin, increased the frequency of the child's efforts to breathe. A little blood was allowed to escape from the navel, with no beneficial result; then the use of hot and cold baths was resorted to. The child was plunged in one of them to the neck, kept for a few minutes in it, and then quickly transferred to the other. This treatment was found of most advantage; the skin began to show patches of a natural colour; after a time, the breathing was

* Read before the Obstetric Medicine Section at the Annual Meeting of the British Medical Association in Manchester, August 1877.

more regular, and at length evidence of life was given by crying. Then, through the application of a sponge squeezed out of hot water alternately with one from cold water, and applied to the throat, increased facilities for breathing were given. It was evident, however, that, under the most favourable circumstances, the crowing spasmodic inspiration would continue. The lividity of the skin also was still present to such an extent as to indicate very defective aëration of the blood. At the end of two hours, I ceased using the sponges. I then placed it in warm cotton-wool, and gave it a few drops of brandy, with warm water, which was swallowed readily. Dr. Foulis, surgeon to the Throat Dispensary, who was sent for, now came in, and the child remained under his constant observation until it died. His statement of the case is, that the baby suffered from a continual impediment to the inspiration, in the form of a crowing long-drawn effort, ending usually with an abruptness which seemed to point to some obstacle in the glottis. Occasionally, there occurred a sort of collapse, with cyanosis and cessation of the breathing, which lasted for a minute at most, and was rallied from slowly under the use of alternate applications of hot and cold sponges to the chest. The inhalation of minute quantities of ether was tried, but, though it seemed to relieve the spasm, yet it did so rather by producing a sort of stupor than by any real benefit to the breathing. The only treatment which seemed of real use was holding the lower jaw forward by means of the fingers placed behind the angles, and so pushing it forwards. This effectually relieved the breathing for the time, and restored the colour of the lips and face to the natural rosy tint; the crowing inspiration returning immediately on the relaxation of the forward pressure. Later on, however, the dyspnoic attacks became more frequent, and the child died nineteen hours after the birth. Milk and a very little brandy were administered every two hours or so, in small quantities, and the swallowing did not seem to be much impaired except during the last hours of life.

That same evening we examined the body. We found a degree of venous congestion in the skin and organs generally. The thymus gland was, if anything, undersized. One third part only of the lung was expanded; the other two-thirds of the lung-tissue were non-crepitant, purple in colour, and almost solid to the feel. The heart and other thoracic and abdominal organs were not diseased. The brain was not examined. The larynx and trachea seemed small. The epiglottis was folded closely together. The diameter of the trachea was $5\frac{1}{2}$ millimètres; the total length of the rima glottidis 5 millimètres, of which $3\frac{1}{2}$ millimètres was formed by the ligamentous part of the cord. The placenta, which was also examined, was found dotted over with a few minute fatty patches, which, however, did not extend deeply into the placental tissue, but were rather confined to the superficial layer; otherwise it was healthy, and of the average size.

On consulting all the works at command on the subject of the size of the larynx at birth, Dr. Foulis failed to obtain anywhere such measurements as would enable him to give a definite statement as to the possible deviation in this case; he therefore measured the larynx in other children of the same age as the one under notice, which had either been stillborn or had died just after birth. These gave the following results.

	Diam. trachea below isthmus.	Rima glottidis.	Ligamentous cords.
1. Subject of this paper (for comparison), full time.....	$5\frac{1}{2}$ mill.	5 mill.	$3\frac{1}{2}$ mill.
2. Female still-born child, full time....	5 "	$6\frac{1}{2}$ "	4 "
3. Male still-born child, full time.....	5 "	8 "	5 "
4. Male child, lived two days, full time..	$4\frac{1}{4}$ "	$7\frac{1}{4}$ "	4 "
5. Male child, born three weeks before full time; lived one week, and then died of pneumonia.....	6 "	$7\frac{1}{2}$ "	$4\frac{1}{2}$ "

The trachea, therefore, in our case was not too small. The rima glottidis, on the other hand, was shorter than in any other of the cases, and this difference may have aggravated the difficulty in inspiration. My little patient, however, impressed Dr. Foulis rather with the idea of a spasm or closure of the cords, such as he had observed at the Throat Dispensary in several adult cases. In these the cords went apart a little way at the commencement of inspiration, and during the latter part of the inspiratory act they closed together again, instead of going further apart as in normal cases; and the peculiar breathing of the child under notice seemed to him to be produced in a like manner.

The peculiar features of this case do not end here. I mentioned that the first two children born on the shores of the Mediterranean lived at least two years, and, from the absence of any laryngeal peculiarity, would appear to have escaped the infirmity. I do not think, however, that the mere fact of being born in this country accounts for the presence of the defect; neither was I able to discover the slightest trace of a constitutional syphilitic taint affecting parent or child; and, after careful inquiry, I was satisfied that this was not the exciting cause of the defect. I have since learned that the offspring of several of the

members of the lady's family were similarly affected at birth, and that the children so affected lived only a few hours. Others of the children who escaped the crowing at birth displayed a disposition to throat-affections; and when attacked by disease in this region, although mild in type, they readily succumbed under it. With such a history before me, am I entitled to assume that the peculiarity is in any respect hereditary? In my opinion, the facts of the case distinctly point in that direction. This leads further to the consideration of the treatment proper to be adopted in future should a case of the same sort occur in the family. We gave a fair trial to the ordinary means of obviating spasm, the age of the child rendering this a matter of difficulty; and our efforts having failed, the question of tracheotomy presented itself as the only remedy, although a desperate one, which might give a prospect of complete relief from the crowing, and, by enabling complete expansion of the lungs to take place, give also a hope of healthy respiration. It affords me pleasure to add, that the parents have consented, should another child be born to them similarly affected, to the adoption of this procedure, rather than to leave the child, as in the present case, to die by the slow process of suffocation.

The determination of the size of the larynx at birth is a point of some interest, which may be considered as not hitherto settled by actual measurements. The number of cases which my friend Dr. Foulis has been able to examine is only sufficient to give an approximate estimate. Irrespective of the case under consideration, the measurements given are very suggestive, and a step towards exact knowledge of the size of this important organ at birth has been thus secured. The case itself is in many respects unique, and I have brought it before you to elicit information as to how similar cases, if any, which may have been observed by others, have been treated, and also to ascertain if any plan can be devised less formidable than tracheotomy for the relief of a newborn child having this defect in its inspiratory efforts.

THE ESSENTIALS OF CLINICAL TEACHING.

(Being Extracts from an Address delivered at the Annual Meeting of the South of Ireland Branch.)

By H. MACNAUGHTON JONES, M.D.,

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.....THERE is no test which more unerringly proves the standard which the profession has attained to, and is maintaining, in any city, than the clinical teaching, its character and excellence, as manifested either through original research or through careful complement of clinical records and therapeutical facts. I will ask you, in any remarks I make on this important subject, to dismiss all local consideration from your minds. Let us imagine that in some city in which no medical school had previously existed, and where no hospitals were working, a medical school was opened and clinical teaching established: let us further suppose that, having the future success of such school and hospitals at heart, we were anxious to secure the best and most efficient clinical instruction—What are the qualities in the teacher, the teaching, and those taught, which we would be most desirous all of them should possess? I do not ask you necessarily to agree with me in my ideas of what good clinical teaching is, or the attributes of mind and character essential in a cultivated teacher, or the mode in which that instruction should be received by the students. I give you candidly my views on the subject, as one connected with student life from the moment I entered the profession, and intimately mingling with students for the past eighteen years. You and I can agree to differ, if indeed I touch on any point on which a difference can arise.

Let us, in the first place, with advantage dwell briefly on a few of the essential ingredients which combine to form a good clinical teacher. In the words of Dr. Stokes, "a good teacher must be gifted with that strange power, partly physical, partly moral, which in itself gives to its possessor command over the minds of men. In the next place, the teacher must be thoroughly in earnest; for this gives to every word he utters a power of forcing its way that cannot be resisted." He must, as Dr. Stokes says, quoting Dr. Arnold, give them "living water". "Facts, views, and arguments" must have a vitality and freshness about them which ensures attention, and which "is only attainable when the teacher is himself an original investigator". To possess the power of imparting knowledge to minds variously endowed, and of different degrees of capacity, is a gift not of second importance to the art of acquiring it. How many of the ablest of men are sadly deficient teachers! In the clinical teacher this power is doubly difficult to acquire. A large proportion of his knowledge is acquired from his own experience and observation. But that experience and