Diphtheria and sore throats are often due to sewer-gas. House No. 12 seems to prove that the poison which generated diphtheria in the child, in the three adults caused bad sore throats. Several cases of death from puerperal fever have occurred, generally in houses which are subject to bad sanitary arrangements, especially as it regards drainage and ventilation. I have had a large number of abscesses in children during the past summer. In nearly every instance there were strong reasons to believe it to be due to sewer-gas. As a rule, if two or more persons in a house are suffering from summer-diarrhoea, or abscesses, we may suspect sewer-gas. Sewer-gas is especially dangerous to children. Older persons may resist its influence; but in them it will probably be the cause of anæmia, nausea, and headache. In the winter, when the decomposition of sewage-matter is far less active than in the summer, I have found that infantile diarrhoea and abscesses are very few when compared with the number of cases occurring in the summer months.

ENTERIC FEVER IN A CHILD FIFTEEN MONTHS OLD.

By A. DUNBAR WALKER, M.D.,

Medical Officer to the North Kensington and Kensal Town Provident Dispensary.

NOVEMBER 1ST. The child looked pale and out of sorts, though nothing particular appeared the matter, with the exception that he had had four motions during the day, which looked healthy.

November 2nd. The little patient was languid and fretful. Four motions were passed in the day.

November 3rd. Symptoms of fever were manifest, and the little patient was disinclined to play with his toys. The bowels were still relaxed. Cerebral disturbance was great; sleep was interrupted by frequent startings of the whole body.

November 4th. The child passed a fair night, but appeared this morning to have no inclination to move, lying in an almost insensible state; from which, however, he could be easily aroused. There was frequent and severe twitching of the muscles of the forearms. The thumbs were drawn inwards. The little patient seemed every few minutes to be on the verge of general convulsions, though no actual convulsion took place. One of the cheeks was flushed. On examining the body, erythematous patches were found over the ankles, knees, elbows, and wrists; these were very evanescent, and moved from joint to joint. The diarrhoea had increased, the motions being very watery and of a greenish colour.

November 5th. The symptoms of yesterday were all exaggerated. The pupils were dilated, and the child seemed to be unconscious. Up to this time, food by the bottle had been taken; but it was difficult now to induce the child to have it. The lips were parched and cracked.

November 6th. This was the first day any attempt had been made to take the temperature of the body, which was found in the evening to be 102.5 deg. During the day, nine motions had been passed, now of a yellow colour. The head-symptoms were better, though the child still lay very quiet.

November 7th. Dr. West saw the child, as I was unable to decide the exact nature of the case, and, from the various symptoms that had appeared, was inclined to look upon it as a case of enteric fever. Throughout the day, the child remained very quiet, and appeared weaker than on the previous day. He had passed four motions; two were yellow in colour; the other two were greenish. The temperature in the morning was 100 deg.; evening, 102 deg. The abdomen was slightly tympanitic.

November 8th. An increasing desire for food was manifested. The temperature in the morning was 99.8 deg.; evening, 102 deg. Tympanites was increased. He had four motions.

November 9th. Great prostration was seen in the patient. The abdomen was very much distended. Temperature, morning 101 deg., evening 102.4 deg. He had two motions.

November 10th. The temperature was considerably lower, being 98.6 deg. in the morning and 101 deg. in the evening. The child appeared better. He had two motions.

November 11th. The child passed a good night and took his food well. Morning temperature 98.6 deg.; evening 102.2 deg. He had two motions.

November 12th. To-day there were many signs of improvement. There was less tympanites. He had only one motion in the twenty-four hours. Morning temperature 97.4 deg.; evening 101 deg.

November 13th. The little patient was gradually getting better, though the number of the motions had increased to six. Morning temperature 99.4 deg.; evening 99.8 deg.

November 14th. Morning temperature 97.2 deg.; evening 99.6 deg. He had four motions.

November 15th. The strength was improving. Morning temperature 97.2 deg.; evening 97.8 deg. He had two motions.

November 16th. From this day, convalescence progressed favourably, and the child gradually regained his usual strength. The only sequelæ that appeared were a few boils.

REMARKS.—About the diagnosis of the case there can be no doubt, for it was suspected by Dr. West, whom all will acknowledge to be our best authority on children's complaints; and his suspicion was confirmed by the mother of the child being seized with the same fever a week afterwards, in which the eruption and other characteristic symptoms of the disease were fully developed. The temperature was never very high; but I am inclined to think that the normal temperature was a degree less than the average—namely, 97.4 deg.; for, when the child recovered, that was the uniform temperature obtained. Great care was exercised in taking the temperature, the thermometer being placed both in the groin and in the axilla.

POISONING BY PHOSPHORUS: POST MORTEM EXAMINATION.*

By ALFRED SHEEN, M.D., Cardiff.

ELIZABETH A. L., aged 27, a prostitute, was admitted into the Union Hospital, on the afternoon of June 24th (Monday), said to be suffering from the "effects of poison", as certified by the district medical officer; but as to when the poison was administered, or what it was, there was no reliable evidence. Some said she had taken it on the previous Wednesday; others on the Wednesday week; and that it was "rat-poison". She was sent to the hospital in a cab; and, when helped out, walked between two women to the ward, and was put to bed. She was continually retching, but did not vomit.

When I saw her, about 6 P.M., she was in bed, tossing about, and behaving exactly like a drunken woman, taking no notice of what was said to her, but alternately groaning and retching, and making use of such expressions as, "Lord, have mercy". Her pupils were dilated, but not fixed. Pulse and temperature were normal. I was satisfied she had been recently drinking, whatever else was the matter with her.

She took small quantities of milk from time to time. The retching continued; no vomiting. The bowels were moved two or three times; she continued groaning and tossing about; and she died next day (25th) at noon.

A *post mortem* examination was made at 6 P.M. on Thursday, June 26th. The weather was very hot. There was no cadaveric smell. The body was in very good condition. The expression of face was calm. Bloody fluid was oozing from the mouth and nostrils. The thumbs were turned to the palm, and the fingers flexed. The elbows rested on the table, so that the hands were six inches from the table. There were no marks of violence on any part of the body. The subcutaneous fat of the abdomen and chest was one and a half to two inches thick. In the *left pleural cavity* were a few old adhesions towards the liver, and about an ounce of blood-tinged fluid. In the *right pleural cavity* were recent adhesions anteriorly. The *lungs* were both deeply congested throughout; they were crepitant, and floated in water. The *heart* was pale, flabby, fatty. The left ventricle contained a pale-coloured clot (*ante mortem*). The right ventricular wall and chordæ tendinæ were much congested. The valves were healthy. The *liver* was smaller than normal, and its surface was somewhat uneven; it was cirrhotic in a marked manner throughout. The *stomach* was distended with gas, containing about an ounce of thick dark grumous-looking fluid. The internal surface was of a dirty-grey colour, apparently thickened; there was no softening. The oesophageal end was congested; near it, a surface of about four inches square was covered with bright red ecchymosis, in spots of various size. The internal surface of the *intestines* throughout was of a dirty-grey colour, on washing which, similar spots, but smaller, to those in the stomach were seen here and there. They contained semi-fluid substance, evidently milk, etc. The *spleen* was normal. The *kidneys* were enlarged and fatty. The *brain* was not examined.

The poison swallowed was "Steiner's vermin-killer". A similar bottle to the one the deceased had was shown at the inquest; it was an ounce bottle, containing a light blue-coloured paste, which smelt of phosphorus, and which probably contained it, mixed with flour or some such substance, and coloured with Prussian blue; but how much phosphorus it contained, or how much of it was taken by the deceased, there was no evidence to show. Some of the witnesses who saw her on the Thursday or Friday, stated that what they called "smoke" occasionally

* Read before the South Wales and Monmouthshire Branch.