

marked and undoubted case of pelvic cellulitis in the male has, in the opinion of many, yet to be recorded. Bearing this fact in mind, in conjunction with the specific characters, positive and negative, of a bubo, it would be difficult to show that the above case was one of cellulitis. *Adenitis* would seem a much more justifiable term; what *cellulitis* there was being altogether of a secondary nature.

Lastly, the "simply coincident abscess" requires a moment's consideration. First, then, all the arguments which may be brought against pelvic cellulitis may be brought against the simply coincident abscess. For where is the difference between an abscess in the pelvis independent of visceral or vascular disease and pelvic cellulitis. The term coincident abscess has a plausible, or seemingly plausible, appearance. It can neither be disproved nor proved. A simple and comprehensible explanation may be given of the inflamed gland, and its consequent abscess, in the case previously described, while no explanation whatever can be offered of the simply coincident abscess. Does it seem unfair, then, to presume upon the truth of the explanation which describes it as an abscess dependent upon a poison carried to the gland; in other words, as a bubo within the abdominal cavity.

#### ARTICLE V.—*Case of Poisoning by Aq. Ammonia.* By A. PATTERSON, M.D., M.R.C.S.E.

J. D., æt 40, an asthenic coachman, who has been subject to bronchitis for some years, had been in the habit of taking 3j. of the common aq. ammon. (for which he gave 1d.) diluted largely for his breathing. On Monday, June 2, at 6 p.m., he went into a druggist's shop in town, and requested a penny-worth of hartshorn spirit. The attendant, who was serving in the shop, gave him 3j. He took the whole into his mouth at once, and suddenly called for water, which was given; he drank, and in a few seconds ejected the fluids.

*Symptoms*      The man was immediately seized with "*intense burning pain*" and *feeling of suffocation*"—"not faintish." None of it, he at the time. thinks, reached the stomach.

In the absence of assistance, no antidote was administered; and the patient, after sitting three quarters of an hour in the shop, was assisted home.

7.30 P.M.—Some friends went back to the place; and the owner, being now in, very judiciously sent a quantity of lime juice and olive oil, with six leeches to be applied to the throat externally.

8 P.M.—I was asked by him to visit his patient. We found him in bed propped up with pillows; countenance suffused; lips livid; breathing stridulous; aspect anxious; extremities cold; beating the bed-

*Symptoms*      clothes with his hands (as in J. P. Cook's case); pulse 100; two hours after. inside of mouth, tongue, and fauces, as far as visible, red, raw, and fiery looking. When asked where pain was seated, he pointed to pomum Adami and under left ear. No pain in stomach ascertainable by pressure or percussion. Does not complain of thirst; but the knowledge of his inability to swallow may prevent him intimating the desire.

Six additional leeches were applied to the throat, to be followed by a linseed

meal poultice (pulse would not warrant general bleeding); feet and legs put into warm water. He swallowed a teaspoonful of the lime juice, but with so much pain that he would not attempt it again; the olive oil he asked for, and seemed soothed by it.

10 P.M.—Appearances not improving, and dreading closure of the glottis, Dr Ritchie was consulted with regard to tracheotomy, which he advised, everything else failing.

11 P.M.—Patient respires with a little more freedom, and is now incessantly hawking up great quantities of frothy mucus; pulse 100; hands and feet warm; leech-bites still bleeding.

June 3.—2 A.M.—Word was brought that patient was vomiting blood. A small quantity, about 3ss., was shown on arrival. Lips less swollen; breathing improving; hawking of mucus continues; patient seems drowsy; *perspiring* freely; complains of cramps in the legs; ordered them to be rubbed, and a fly blister to be applied to the nape of neck for nine hours.

9 A.M.—Considerably easier; countenance regaining its natural aspect. Takes olive oil with avidity; ordered 3j. Ol. Ricini.

Subsequent 7 P.M.—Pulse 108; skin cool; tongue less inflamed; com-progress. plains of intense “*cutting pain*” opposite 5th and 6th cervical vert., at the bottom of pharynx, where, probably, the alkali was arrested in its course, and remained some seconds; also likely to have been the seat of the slight haemorrhage this morning. Points to pain over vocal apparatus: ordered a couple of leeches there, and poultices to be continued.

4th June.—Dysphagia increased to-day; respiration and pulse slower; has to make three or four attempts at swallowing a dessert-spoonful of oil. Six leeches to be applied externally to pharynx, and an anodyne draught at night.

5th.—Last night patient rested fairly; dysphagia much less; pulse 88. Ordered beef tea and farinaceous food.

8th.—Gradually improving; slight pain under both ears—ordered a leech on each side; epiglottis still somewhat inflamed, keeping up a tickling cough—ordered cough mixture.

9th.—As before—ordered morphia draught.

10th to 14th.—Appetite failing—ordered wine and quinine.

17th.—Two leeches to be applied externally over epiglottis.

21st.—Called up at 4.50 A.M.—Informed that Dickson was in a fit. Arrived a few minutes after five, but death had been swifter. Our Death. poor patient had, in all probability, been snatched away by laryngismus stridulus.

A similar case is recorded by Plenck, where a small bottleful was poured down the throat of a man who had been bitten by a mad dog. He expired in four minutes, suffocated by the vapour.

Case of an epileptic medical man, who had it applied to his nostrils by his servant; died in three days from bronchitis.

Case of another epileptic, who died in forty-eight hours; recorded in the Edinburgh Medical Journal.

A case occurred recently in London, where about 3vj. Aq. Am. Fort., with 3j. or 3ij. cold water, was poured down the throat of a gentleman during syncope. He died within forty-eight hours. *Post-mortem* revealed extensive destruction of the coats of the stomach; perforations, with ragged edges, presenting much the appearance seen after poisoning with sulphuric acid. The trachea and bronchi were filled with fibrinous exudation, only to be equalled by a very bad case of croup.