CLINICAL RECORDS

WHOOPING-COUGH AND LARYNGITIS.

By DAN McKENZIE, London.

HAVING to-day seen my third case of whooping-cough in adults in the last three weeks, I am impelled to send this little note to draw your readers' attention to a common source of mistaken diagnosis. The mistake is all the more likely to occur as the period prior to the formation of the characteristic cough is, I find, frequently marked by an intractable acute, or subacute, laryngitis, the nature of which is apt to be perplexing, naturally enough.

These patients are frequently sent to the laryngologist as they may not have been in contact with children suffering from the disease, and the true diagnosis does not at once leap to the eye of the ordinary practitioner, nor yet we must admit, to the eye of the laryngologist either, as the history of the illness and the patient's description of his cough are apt to lead our wits astray in a search for some out-of-the-way cause of "glottic spasm."

But the suspicion of whooping-cough, once raised, soon becomes a certainty, and our diagnostic skill is vindicated.

A former attack in childhood, by the way, does not exclude the possibility of the disease recurring in adult life.

I finish with the remark that the treatment of whooping-cough has changed somewhat since I was in general practice thirty years ago, but the results are the same. The cough still lasts for seven or eight weeks, and furnishes a most objectionable experience.

A RUPTURED HÆMATOMA OF THE NASOPHARYNX.

By EDGAR BROWN, Adelaide, South Australia.

F. H., aged 10 years. Admitted Adelaide Children's Hospital 3rd December 1931; died 4th December 1931.

Previous History.—The patient was seen by Dr. Tyrrell on 25th November 1931, and he reports that she was complaining of weakness, cough, feverishness and constipation. In the

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