

until yesterday, since when it has neither nursed nor slept, but has constantly uttered half suppressed cries. It is pale, hands and feet cool and skin dry. Gave a purgative dose of rhubarb and calomel.

3 o'clock, p.m.—Bowels well moved by the medicine, the last evacuation being natural in color. Extremities cold, pulse imperceptible, pupils contracted, face leaden hue and thirst intense. The axillary temperature to my surprise was  $105^{\circ}$ , for I had been deceived by the coldness of the extremities and the general appearance of the patient, and did not expect to find temperature so high. Gave half a drachm of brandy and put it into a tepid bath, and rapidly cooled it by the addition of cold water. In ten minutes the temperature fell to  $102^{\circ}$ , and sleep came on for the first time in thirty hours. When the mercury fell to  $100^{\circ}$  I removed the child from the water and it slept most of the afternoon and was not thirsty. As the temperature fell the pulse became better and the pupils larger. 8 o'clock, p.m., temperature  $103^{\circ}$ , child sleeps well and looks comfortable. Bath repeated and temperature reduced to  $99^{\circ}$  in five minutes.

13th, 10 o'clock, a.m.—Rested well all night and nurses, temperature  $103^{\circ}$ . Ordered a dose of castor oil. 11 o'clock, a.m.—Child has had two convulsions within last few minutes, is insensible and temperature  $105\frac{1}{2}^{\circ}$ . Repeated the bath and reduced temperature to  $98\frac{1}{2}^{\circ}$ . After this the temperature never rose above  $101^{\circ}$ , the bath was not resorted to again, and in a few days the child was well.

CASE III, BRONCHITIS, Jan. 5th, 1879.—N. Clarke, æt. 14 months, ill five days with what the parents thought an ordinary cold.

I saw it on the fifth day of its illness, and found it with well-marked acute bronchitis, tem.  $105^{\circ}$ , pulse 140. Abundant râles over both lungs. For the next five days the treatment consisted of hot fomentations to the thorax, with occasional applications of turpentine to keep up slight counter-irritation, and the administration of quinine with small quantities of Dover's powder. An aperient given when required, and the child was allowed to nurse. The symptoms underwent but little change until the 10th, when great restlessness came on. The breathing was very rapid and there was constant moaning and rolling of the head. Extremities cold, pupils small, tongue dry, pulse too frequent to count, and tem.  $106^{\circ}$ .

Fearing the child would die unless relieved promptly, I felt justified in trying the effect of cold externally, which I did by removing hot fomentations, sponging the body with brandy and fanning it vigorously. At the end of half an hour, the temperature had fallen to  $99^{\circ}$ , and the patient was sound asleep, pulse slower and fuller, breathing easier and extremities warmer. I then instructed the attendants in the use of the thermometer, with the request to keep the axillary tem. as nearly  $100^{\circ}$  as possible, by the means just used.

11th. Instructions have been observed, and child has rested well and has not been very thirsty. Tem.  $100^{\circ}$ , resp. 35, pulse 130. Thinking the disease had passed the climax and that convalescence would go on, I advised the mother to put on the child a thin night-dress, and to omit the application of the brandy.

12th. The parents informed me that in four hours from the time the sponging was stopped, the child became restless and worse in every respect, and that the temperature rose to  $104^{\circ}$ , when they again resorted to the cold sponging with same beneficial result as before. For the next three days it was necessary to continue the cold applications several times daily, after which time the fever disappeared and the child made a good recovery.

In my own experience, eighty per cent. of all cases of convulsions in children occur during fever, and I believe are nearly always caused by the elevation of tem. alone. The ordinary treatment of such cases is unsatisfactory. Chloroform, first recommended by Sir James Simpson, will control the spasms, but in many cases these recur in such rapid succession that no intermission can be perceived; they continue whenever the anæsthetic is stopped, and our only recourse is to continue its administration until the fever yields to medicine, or subsides spontaneously. I have followed out this plan of treatment in many cases, often successfully and frequently not so.

I have notes of four fatal cases, in which the inhalation of chloroform was continued from six to thirty hours. The administration of medicine in these cases is always difficult, sometimes impossible, and is generally attended with risk to the already weakened heart. This is true of bromide of pot. chloral, veratrum. aconite, &c., while quinine acts too slowly to be depended upon in any severe case. Warm or hot baths are sometimes