

of the air current. This method of lowering the temperature is pleasant to the patient and has proved highly satisfactory in young and sensitive children. I have seen the temperature reduced two degrees in ten minutes by this method, and the child fall into a sound and peaceful sleep. The advantage I claim for this mode of treatment is that it does not worry or excite the patient, that it ensures perfect rest, and is, to my mind, the safest, most pleasant, and effectual way of reducing the temperature in typhoid fever.

COUGH.*

BY DR. DUNFIELD, PETROLIA.

The act of coughing consists in one or more abrupt forcible expirations, accompanied by contraction of the glottis. First, a deep inspiration is taken, the glottis is closed for a moment, and then it is opened by the pressure of the air forced out by the combined action of the thoracic and abdominal expiratory muscles. With the air thus suddenly expelled, any foreign matter that may be in the larynx or bronchi is driven into the pharynx or mouth. This is a common description of the act of coughing. The following are some of the causes of cough, viz.: An irritant, mechanical or sympathetic, affecting the surface of the air tubes or the nerves that supply them, and it is the object of the cough to remove this source of irritation. The sensibility of the respiratory surface is greatest at the commencement, the glottis being an ever watchful janitor. It may be increased by congestion or inflammation. For example, in asthma or bronchial congestion, the mere inhalation of cool or dry air is sufficient to cause or excite a cough. The result of the irritation is to increase the natural secretion and change its character.

Cough may be due to numerous reflex causes, such as gastric irritation, called a stomach cough. Hepatic engorgement, liver cough, ear disorder, aneurism, or other pressure on the vagus, recurrent or sympathetic nerves. Cough may be caused by a long uvula or enlarged tonsils, a granular state of the pharyngeal or laryngeal mucous membrane, polypi or other foreign bodies in the larynx, trachea, or even in the external auditory meatus; various affections of the bronchial tubes, *e.g.*, undue dryness, hyperemia, alteration in quantity or quality of the bronchial

* Read at the meeting of the Lambton Medical Society, held in Petrolia on October 9th, 1901.