

NEW YORK ACADEMY OF MEDICINE.

BRONCHITIS.—Dr. A. Reich gave an interesting summary of the morbid anatomy and symptoms of bronchitis in children. Among the latter were mentioned dry, hot, pale skin; dilated nostrils; breathing of thoracic type; bulging of supra clavicular regions; rapid pulse and respiration; short inspiration, followed by a pause before commencement of expiration; expiration accompanied by a moan, caused by pleuritic pain; expectoration of whitish or yellowish muco-pus, usually swallowed, sometimes tinged with blood. There might be diarrhoea. As long as the inflammation was limited to the bronchial tubes the fremitus was normal, but if a large part of the lung were involved it increased, subcrepitant and crepitant râles changing location. The signs varied according to the extent of complicating broncho-pneumonia when this was present. In the same lobe, healthy, partially involved, and completely involved tissues, distinguished by their respective signs, were sometimes observed. The children might feel well the first part of the day, and gradually become distressed in the afternoon and night. The termination was usually by lysis. The child might grow weaker, the blood being less and less oxygenated, and convulsions and death follow; or it might gradually recover after several intervals of improvement, with involvement of fresh parts. For a long time after subsidence of the inflammation there was diminished respiratory murmur and a few subcrepitant râles.

Dr. Charles G. Kerley described a treatment based on an experience with several hundred cases seen at the clinic and hospital, where he had lived practically under the same roof with the patients, in many instances attending personally to the details. The room should be of a uniform temperature, from 70° to 72° F. (20° to 22.2° C.), the air completely changed in twelve or sixteen hours, while the patient occupies another room. Comfortable, loose clothing should be worn, and the belly-band be dispensed with, as it interferes with respiration. Clothing should never be damp. The infant should not be held on the lap, nor long on the back. Daily bathing or sponging with lukewarm salt water is beneficial, preferably in the evening. Dr. Kerley has not yet seen harm come from the bath. If there were many sonorous and sibilant râles, with difficult breathing, hot water would be beneficial, as a bath or pack, but it would be rarely advisable to apply it oftener than twice a day. Where there is a short, teasing cough, a spray of steam, simple or medicated, used fifteen minutes every hour or continuously for several hours, according to the case, will be found of value, if tolerated. In light forms of bronchitis em-

brocations of almost any form could be used, however mild, but in severer cases something more irritating is called for. Mustard might be left on one to three minutes; it will make the child cry quite vigorously, which in some cases is desirable. As a rule, it should not be employed more than twice a day.

Dr. Kerley regarded drug treatment as of least value. If he saw the case early he ordered castor-oil. Ipecac and tartar emetic might assist, the most convenient form being in tablet triturate. An emetic was seldom necessary. Carbonate of ammonia might be indicated. If there were a tendency for the disease to become chronic in delicate children, cod liver oil was indicated. A stimulant might be required, as whisky or strophanthus. The habit of giving cough-medicines was bad, as they nauseated the child and interfered with nutrition.

Dr. Henry Koplik stated that treatment should vary according to whether it were a simple acute bronchitis in a child previously healthy or in one in bad nutritive condition, as in rickets, or whether the disease was a complication of the exanthemata or heart disease, or a recurring bronchitis resembling asthma in the adult. In uncomplicated bronchitis a little camphorated tincture of opium (4 minims—0.26 gramme—every two or three hours for a child under 6 years) might be used to allay cough; if a malarial district, some quinine. He had not found the cold pack necessary, and had even interdicted the bath for a time, lest the child take cold. Nor was aconite indispensable to him, as it seemed to be to some other physicians. In many cases he had found the syrup of ipecac useful, combined with the opiate. In the subacute stage the opiate should be prohibited. Small doses of strychnia would then improve the appetite and aid the heart. Where relief had not been obtained by the means suggested, the speaker was inclined to resort to the balsams, such as terebene. Terebene should not be given in larger doses than $\frac{1}{2}$ to 2 minims (0.03 to 0.13 gramme); if it were, it would disturb digestion.

In rachitic patients there was a tendency to relapse or a subacute condition, and treatment should be directed to the main condition. Cod liver oil, phosphorus, and tepid bran baths, followed by rubbing, were of benefit. If syphilis was suspected, iodide of potassium, either alone or with cod liver oil, or iodide of iron, should be given in the subacute stage. Iodide of potassium combined with digitalis or strophanthus was of most value in chronic bronchitis with emphysema.

Dr. W. H. Thomson believed nothing to be a better prophylactic against bronchitis, especially against repeated attacks, than a dry towel to protect the nape of the neck at night. If