the above title (*Medical Record*, March 6, 1886.) The subject was considered under two heads: (1) mild, and (2) severe bronchitis. He believes that simple bronchitis could be aborted, or rendered milder, by an emetic employed when the first symptoms appeared. For this purpose ipecac was probably the best. Measures designed to abort the disease, however, were not usually indicated when the patients were first seen; to be employed with success they must be adopted very early.

The treatment for mild, uncomplicated, primary bronchitis was very simple. A favorite mixture of the late Dr. Jackson, of Boston, consisted of equal parts of almond oil, syrup of squills, simple syrup, and mucilage of gum arabic. Of the mixtures in the Dispensatory the mistura glycyrrhizæ composita was the best. The compound syrup of ipecac of the French Pharmacopœia was a most elegant mixture.

When the temperature was 102° F., and above and the respiration correspondingly accelerated, he had been accustomed to use a mixture consisting of sweet spirits of nitre, syrup of ipecac, and syrup of balsam of tolu.

Severe Bronchitis.—When the inflammation involved the smaller bronchial tubes localized atelectasis was liable to occur, and also catarrhal pneumonia, which was one of the most dangerous diseases of infancy.

The indications for treatment in a severe case of bronchitis were to promote expectoration, to diminish inflammation, to strenghten the action of the heart, and prevent exhaustation.

In reference to cough there was safety in it, and he seldom added opium to any of his prescriptions which were designed to relieve cough. Although children did not expectorate, the bronchial tubes were as effectually emptied when the sputum was swallowed. To facilitate expectoration two remedies had been used largely, namely, carbonate and muriate of ammonia; the latter was preferred in most cases, except in the advanced stages, when the former might be advantageous as a stimulant.

A favorite formula for the use of muriate of ammonia with him had been muriate of ammonia, one drachm; balsam of tolu, two ounces. When there was great dyspnœa and indications for clearing the bronchial tubes of mucus, this remedy should be administered every half-hour. Dr. Smith had not witnessed any marked benefit from the use of senega or squill. To get rid of large quantities of mucus an emetic was sometimes proper.

To sustain the Patient and reduce the Fever.—He had not noticed any marked reduction of the temperature by the use of quinine, but it seemed to him that it had been useful as a heart-tonic administered in small doses. For a child one year of age, half a grain to one grain. Antipyrine might be of service, but care should be exercised in its use. In a vigorous infant, suffering from bronchitis without or with only a very slight amount of pneumonia, it might be used. Digitalis as a heart-tonic was one of the best which could be employed. Alcoholic stimulation was necessary in severe cases; two or three drops of whiskey in water, for each year of age after three months, given hourly or every second hour.

External Treatment.—Leeching and vesication have been abandoned. Slight irritation of the surface affords relief, and for this purpose he had been accustomed to use a flax-seed poultice, first rubbing the chest with camphorated oil in young children, and using a mixture of mustard and flax-seed, one to sixteen, in older children, enveloping the chest with the poultice and covering it with oil-silk. In those cases in which there was hurried respiration, accompanied by continued moaning, to cover the chest posteriorly and anteriorly with a poultice, and over the whole place an oil-skin jacket would afford marked relief.

In robust children the application of cold to the chest during the acute stage, as recommended by Henoch, of Berlin, might be of more service than poultices. For all infants under six months of age, however, poultices were preferable.

Change in position of the child he regarded as a most important element in the treatment, laying the child first upon one side and then upon the other, and upon the back.

The chairman invited Dr. A. Jacobi to open the discussion, who said that whenever Dr. Smith read a paper very little, if any thing, remained to be said. There were some points which he would like to impress upon those present, and who would doubtless see more of these cases hereafter. One of the principal points to which allusion had been made, and of which he wished to speak, was the use of *opium* in these cases. We could not do well without opium in many of them, because there was so much irritation; but he would emphasize the necessity of giving as little as possible. If it was to be given at all, give a good-sized dose at night, for the purpose of securing a number of hours of sleep. He would express his conviction that in no small number of cases of capillary bronchitis and acute pneumonia in adults the patients died in part of their disease, in part of the influence of opium. Certainly opium would suppress expectoration, and without expectoration bronchitis and pneumonia were almost invariably fatal.

There was one great expectorant which Dr. Smith had not mentioned, and that was *water*. Where was the expectoration to come from unless there was fluid in the body? It was all well enough to give muriate of ammonia and expect it to liquefy the expectoration; but the liquefaction could not take place without plenty of water, and the chief danger was that water was not supplied in sufficient quantities to young infants, older children being able to ask for it.

Another important point was the regulation of the temperature and moisture of the atmosphere