

the capillary tuft in the tube; and he has proved to exist, what others have denied, because they failed to see, the presence of nucleated cells upon the surface of the tuft, as well as upon the inner surface of the capsul of the tube, which embraces and covers the tuft. The cells of the capsule he discovered to be of a different chemical character from those of the tuft—as nitric acid, while it destroyed the former, had no effect upon the latter. Upon his inability to discover any cells upon the tuft, Bowman based his theory that the office of this congeries of capillaries was to separate water only from the blood; a theory which is subverted by Dr. Isaacs' discovery of cellular formation upon them. He furthermore demonstrated the presence of various substances in the tube, such as bile in a jaundiced person, and various salts which could only have got there through the malpighian tuft.

*Pneumonia discussed in thirty-three Aphorisms.*—The following condensed series of aphorisms are taken from the excellent work on Diseases of Nursing Children, by M. Bouciant.

Primary pneumonia, which is also called pneumonia d'emblée is rare in children at the breast.

Pneumonia usually follows simple bronchitis, or bronchitis complicating fevers, or acute febrile diseases.

Primary pneumonia is usually lobar.

Consecutive pneumonia is always lobular.

Lobular pneumonia is sometimes discrete, sometimes confluent.

The pneumonia of children at the breast is almost always double, and usually attacks both lungs.

Lobar or lobular pneumonia is observed under two anatomical forms, slightly differing as to structure; these are intra-vesicular and extra-vesicular pneumonia.

Intra-vesicular pneumonia, usually primary, leads to congestion and thickening of the walls of the cells of the lungs, with the formation of an internal plastic deposit, which constitutes the character of red and grey hepatization.

Extra-vesicular pneumonia, always consecutive, only produces congestion and the thickening of the walls of the pulmonary vesicles without fibrinous plastic secretion in the interior of these vesicles.

Chronic pneumonia, more common in the infant at the breast than in the adult, is always lobar.

Pneumonia often engenders the formation of fibro-plastic miliary granulations in the interior of the cells of the lung, in lymphatic and scrofulous children, or in the issue of parents tainted with scrofula.

The development of lobular pneumonia is favored by the crowding of children in the wards of a hospital.

Ordinary and frequent cough, accompanied by fever and anhelation, should make us fearful of an invasion of pneumonia.

Expiratory, groaning and jerking respiration is a certain sign of the existence of confluent lobar or lobular pneumonia.

Panting respiration, accompanied by a continual movement of the nostrils, is a sign of pneumonia.