

febrile heat, compose the nervous system, and equalize the circulation. The warm foot-bath, throughout every stage, is valuable, and may be improved sometimes by the addition of mustard. As expectorants in the early stages, ipecac and squills, in the form of syrups, are often found suitable. Senega, in syrup or by infusion with liquorice, may be chosen in some cases. Along with these demulcent infusions, as those of flaxseed, slippery elm, the bene leaf, etc., will be good adjuvants and serve to allay thirst, which is always more or less urgent. Small doses of the syrups mentioned, either alone or combined, may be given at intervals of two hours, according to the urgency of symptoms and the tolerance of the child. In the very young and delicate infant it is best to avoid making undue impression with even such mild agents, when the administration is left to anxious friends or unskillful nurses. We think tartar emetic unsafe, except in cases of great inflammatory action, and with the expectation of its use for only a limited time, and under the sanction of the physician. This precaution in the use of depressing agents is necessary throughout the course of this disease, but more particularly in the infant and in the advanced stages. In following out plain indications which may be present at the time of our visit, to subdue excessive arterial action, we may overlook one principal feature in the character of bronchitis in children—that unfavorable terminations are most apt to occur in connection with debility. With the mild expectorants and diaphoretics, early in this affection, opium in some form may be proper. If feverish condition is obstinately kept up, with evidence of progress in the extent of inflammation, within the first few days, we have a more safe antiphlogistic remedy than tartar emetic in the combination of calomel with ipecac or Dover's powder. We prefer these when the paroxysms of fever are strong, the tongue furred, the skin unusually warm, the cough dry and attended with pain, and when the milder remedies have failed. The condition of the bowels, the degree of pain and of restlessness will govern us in deciding between the ipecac and Dover's powder. To a child two years old, half a grain of calomel may be given, in combination with one of the other medicines in corresponding dose, every two hours until the amount of a purgative dose has been taken. After satisfactory action on the secretions by the calomel, if feverish symptoms continue, the expectorants before mentioned may be used, with the addition of bicarbonate of potash. For example, for a child two years old:

℞. Potass. bicarbonat..... ʒij.  
 Syr. scillæ simp.....  
 Syr. ipecac.....aa f ʒ j.  
 Spirit. ether nitroc..... f ʒ ss.  
 Syr. acaciæ..... f ʒ ss.  
 Aq. distillat. q. s. ad..... f ʒ iij.

*M. S.*—One teaspoonful every two hours.

We attach much importance to the use of bicarbonate of potash during the feverish stages. If the state of the skin, the temperature, the pulse and respiration show no abatement of symptoms, there may be added to each dose of the above mixture one drop of tincture of veratrum viride until its influence has been observed on the frequency of the pulse. We have found the veratrum viride to be the most safe and sure sedative to diminish the action of the heart in bronchitis and pneumonia. The attending fever is remittent, and paroxysms are periodical, being more so when malarial influences abound and when catarrhal fevers prevail.

This circumstance is suggestive of quinine. But, although we do regard this therapeutical application of quinine, we do not limit its influence to that of a simple antiperiodic, nor to that of an antipyretic. We think, through its action on the vaso-motor nerves, it lessens the tendency to congestion, which inclines to the development of capillary bronchitis and broncho-pneumonia. Quinine proves antagonistic to malarial influences, which keep up fever and add to the general debility. It may be given to the amount of several grains each day, in broken doses, along with the other remedies—diaphoretics and expectorants—the latter being withdrawn when contra-indicated. The quinine may be either continued alone to favor convalescence, or we conjoin it under other circumstances with carbonate of ammonia or senega to promote expectoration of secretion too freely established. Bronchitis may require care such as we have detailed for one week or for a fortnight without dangerous symptoms threatening, and, in secondary cases, longer, according to prior affection.

We have had care in regard to the liability, at any time, to the occurrence of the capillary form, and to lobular pneumonia. As soon as treatment is first indicated, we advise mild rubefacients to the surface of the chest, and continue them, in varied forms, according to indications, using “camphor liniment” with flannel, and this with variable proportions of spirits turpentine or the aqua ammonia. As soon, in the progress of the complaint, as we see symptoms suggestive of unsafe degree of congestion or collapse, we prefer fermentations to the chest. Flaxseed or other poultices, or flannels wrung out of warm water, spongio piline, etc., all covered with oiled silk, and kept in position carefully with a bandage. Our favorite mode is in the corn-meal mush, made of proper consistence by boiling, and spread on and enveloped in linen, and bound in the bandage carefully around the chest. To the mush thus applied is added red pepper or mustard in small proportions, say one teaspoonful of either one to a four-ounce cupful of the poultice, this being intended to gently stimulate the exhalants to increased action, and maintain capillary circulation on the surface. We do not approve of blisters, except under peculiar circumstances, and then only to rouse up reaction when other means have failed.