should be light but nutritious, and no wine or other stimulus should be given, as all stimuli tend to increase the morbid state. When convalescent the patient should not go out too soon, and *deep inspirations* are of great value in restoring a healthful action of the lungs.

PULMONARY CATARRH.

Pulmonary catarrh, also called catarrhal pneumonia, is not strictly a congestion of the lungs, but it is so often associated with it that any account of pulmonary congestion would be incomplete without some account of it. The truth is that pulmonary catarrh complicates a majority of cases of all the forms of congestion of the lungs, adding greatly to the present danger, and still more to the future. It is almost always the result of catarrhal bronchitis—the morbid process simply extending from the bronchial mucous membrane to the air-cells of the lungs. Taking cold is, of course, the first step in the bronchial affection, and a fairly correct idea of pulmonary catarrh may be obtained by reflecting that the same process goes on in the air-cells of the lungs as obtains in the nasal mucous membrane when one is suffering from a cold in the head.

It is more frequent in children and young people than in adults, and it adds greatly to the danger of measles and whooping cough. Felix von Niemeyer goes so far as to say that "it may very properly be called a disease of childhood," but it is almost as common and even more fatal in young women. I feel quite certain that in a majority of cases of consumption in young women *pulmonary catarrh is of the essence of the disease.*

Pulmonary catarrh, then, is always a secondary disease, and so its symptoms are mingled with the symptoms proper to the bronchitis or other morbid state, by which it was preceded. The character of the fever and of the cough are the chief data for the diagnosis. When pulmonary catarrh supervenes upon a catarrhal bronchitis the *temperature* always rises. During the attack of bronchitis let us say that the temperature stood