the pneumonia. The appetite fails, and every attempt to take food brings on the paroxysm, of which the child is living in hourly terror.

Another very serious complication is an attack of convulsions, which are probably due to irritation of the brain by the toxins of the disease; these, especially in young children, are often fatal, and they not infrequently come as the last straw to a child exhausted from pneumonia.

Then the digestive system is sometimes attacked, especially in the warmer months, and the patient suffers from vomiting and diarrhœa, which is very exhausting, even if it be not intractable, as it sometimes is. Of less serious import are hæmorrhages from the nose and under the conjunctiva, from the severity of a paroxysm; cerebral hæmorrhage, moreover, from this cause is not unknown, and may result in paralysis.

Taking all these facts together, the levity with which some parents regard the infectiousness of whooping cough seems almost criminal. I well remember, for instance, a loud whoop proceeding from the midst of a scrummage in a game of blind man's buff at a large children's party! I happened to be talking to a mother of one of the constituents of the rough-and-tumble at the time, and she merely said, "Oh, they all have to get it, don't they?" Probably they all did!

The treatment is also apt to be somewhat futile. The first thing that is done is to keep the child in a hot room with all the windows shut, and to accompany this by the administration of drops of eucalyptus oil on lumps of sugar, apparently with the idea of keeping off infection. I should imagine, incidentally, that most fever hospital superintendents wish fervently that this malodorous drug had never been invented!

Really one of the first points in the treatment of whooping cough is plenty of fresh air, and, in fact, when the child is fairly robust, it is best to adopt a form of open-air treatment altogether throughout the illness. If this is carried out judiciously the bronchitis becomes almost a negligible factor, and the increased supply of oxygen considerably improves the resisting powers of the patient, so that he easily recovers his strength between the paroxysms.

There is no drug, as far as we know, that will shorten the course of the disease, or have any effect on the organism or its toxins, but, inasmuch as the illness runs a definite course, and tends to die out after a time, if we can mitigate the severity of the convulsions meantime we can help the patient considerably. For this purpose four drugs are in use—bromide of potassium, belladonna, Indian hemp, and antipyrin—all of which have their advocates. There are many more, but most of them are of the much-advertised "may we send you a free sample, Doctor?" brand, and are often only fit to accompany the exotic literature in which they are wrapped to the waste-paper basket. Personally I rather prefer fairly large doses of bromide of potassium, but opinions differ on this point, many physicians pinning their faith to belladonna.

When broncho-pneumonia supervenes, the main question is the adequacy of the nursing, which I believe to be of more importance than anything else. It is here that a good nurse really shines; infinite patience is necessary, and the ability to regulate the feeding and times of rest for the patient that can only be learnt by long experience and rigid training. Here it is, incidentally, that the sham "hospital-trained" nurse that is not unknown in some proprietary nursing homes so signally fails, as an ability to talk about the ailments of her last patient, and to discuss the merits or demerits (generally the latter) of the medical attendant, which often constitute her chief stock-in-trade, are not of very much use to a whooping child. Generally speaking, if one can get food into the patient and secure some sleep for him, he recovers, but if not, he dies. As regards drugs, one has to try to give the child enough sedative to allay the paroxysms, but not enough to check the secretion from the inflamed lung. But the nursing is the more difficult.

After an attack, the convalescence is often very much prolonged, and a change to the seaside, combined with a course of iron, with a little arsenic, are generally necessary.

Nurses trained a quarter of a century ago well remember the pitiful and hopeless feeling with which they prepared for the admission of a case of tetanus. They recognized the *risus sardonicus* as the death warrant of the patient, and saw, in a vista, the sequence of well-known symptoms, until death from exhaustion ended the patient's sufferings. Now anti-tetanic serum has abolished hopelessness, and offers promise of a cure, as illustrated by a case recently admitted to St. Bartholomew's Hospital, in which—the ordinary method of administering the serum failing to arrest the development of the disease—two large doses were injected, the first into the spinal canal and the second into the spinal cord. Improvement after the second dose was immediate, and after the excision of the fleshy part of the site of the original wound, the patient had an uninterrupted recovery.

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