If now, as a *résumé*, I were to give an explanation of my views, it would go to show that there never has been, and most probably never will be, a remedy by which whooping-cough may be abridged, any more than we are able to cut short the acute exanthemata, or typhus fever, or pneumonia. Hence, an expectant treatment is to be continued as long as possible; the violent paroxysms should be palliated by narcotics; lobular pneumonia in infants we must try to prevent by small doses of calomel; feeble children are to be treated with tonics, and, as a general rule, all the patients should be kept under the most favorable hygienic conditions possible.

(12.) Periodic Nocturnal Cough.—Periodic night-cough is an extremely rare and peculiar disease. It is observed in perfectly healthy children, but oftener in those with hereditary tuberculosis, and usually attacks children from two to ten years of age.

Throughout the entire day, the child does not cough, sleeps tranquilly in the evening, and, as a rule, wakes up only after midnight, crying violently, and coughing. Generally, the cough is continuous and dry, not so paroxysmal as to give rise to dyspnœa as in whooping-cough, but severe enough to prevent sleep for two or three hours every night. It is not accompanied by expectoration, and the character of the cough is best compared with that of an hysterical girl, who sometimes suffers from paroxysms of a purely spasmodic cough. This cough recurs every night, not precisely at, but about the same hour, every paroxysm lasting an equally long period, until finally the child, entirely exhausted, and breathing rapidly, falls asleep, to wake no more till morning. Thus it goes on for weeks, and even months, the attacks finally becoming shorter and feebler, and ultimately ceasing entirely. The eruption of a tooth of the first or second dentition often forms the final act of this enigmatical disease. I have met with it but three times; one child, both previously and subsequently to the attack, was perfectly well, but the other two were the progeny of tuberculous parents, and subsequently exhibited very distinctly the signs of progressive tuberculosis. Although the cough in the daytime ceases completely, and no sibilant râles whatever can be heard over the entire thorax, nevertheless, during the whole day, the children are gloomy, morose, and become anæmic. They have not a proper appetite, and mostly suffer from cold feet.

Treatment.—The distinct intermissions which mark the course of the disease seem to indicate a treatment with quinine. But, notwithstanding this circumstance, this remedy has proved itself totally useless, the cough in most instances recurring, even when large doses,

from four to six grains, are administered at a time. Small doses of narcotics are quite as unsatisfactory. Opium and morphine, given to produce profound narcotism, do indeed bring about an arrest of the malady for one night, but the attending bad effects of large doses —loss of appetite, headache, and obstinate constipation—are so unpleasant, that I have always been compelled to desist from a continuous administration of these remedies, before obtaining any permanent result. The inefficacy of quinine and morphine proclaims with tolerable emphasis that a material alteration—to be sought for, perhaps, in a swelling or tuberculosis of the bronchial glands—must be at the bottom of this disease. It is best to limit the treatment to a good diet and tonics, fresh air, and uniform temperature, with which, according to the experience so far acquired, the malady has always, although after a very long time, terminated favorably.

F.—*PLEURA.*

(1.) Pleurisy (*Pleuritis*).—Pleurisy may even attack children *in utero*, who then as a rule perish, or survive the delivery but a short time. In the new-born child, phlebitis umbilicalis is a frequent cause of purulent absorption, and thus also of secondary pleurisy.

Empyema occurs so rarely in early infancy that the most experienced Pædiatricars have only been able to report a few solitary instances. On the other hand, general pleuritic adhesions are often found in young children, who, during life, suffered from pulmonary affections, particularly from phthisis pulmonalis. In older children empyema occurs not infrequently, becomes, when no complications are present, tolerably quickly absorbed, and leaves behind it no remarkable deformity of the thorax. Altogether, pleurisy in the first age of childhood may be regarded as an extraordinarily rare affection, and as a tolerably infrequent one after the beginning of the second dentition.

Pathological Anatomy.—According to *F. Weber*, of Kiel, to whom we are indebted for most of our knowledge concerning this condition, the profuse transudation of bloody serum into the large serous sacs, and consequently also into the pleural cavities, is to be accurately distinguished from the genuine pleurisy of still-born children. No flakes of fibrin are ever found in that simple cadaveric transudation, nor has the mother during her pregnancy experienced any symptoms referable to that condition. In these still-born children, *Weber* assumes a *purely inflammatory* and a *dyscrasic pleuritis.*

In *purely inflammatory pleurisy* of children before birth, the cor-