

of pulmonary con-

on as it is sudden in
last over sixty hours,
week or even more.

danger of becoming
tedious and difficult
ion of an acute case,
our days.

of the lungs rarely
has 102° . Towards
ten falls as low as

te is not very char-
in fact quite tym-
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the lung. Meyhoffer
materially lessen the
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morbid state. The
asked by the copious
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r arises from the
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The motions of the
their physiological
congestion.

e found to be of a
purple or blackish-
t surfaces, and the
avy; crepitation is
t in water, unless

indeed the effusion has been very great. Owing to the swelling of the walls of the air-cells and of the interstitial tissue, the vesicular structure of the lungs is hardly apparent, and the mucous membrane of the bronchial tubes is almost always injected and coated with blood-streaked mucus.

Congestion of the lungs is most likely to be confounded with the early stage of pneumonia, and it is quite certain that the diagnosis is rarely sharply drawn between the two diseases. Pneumonia, however, has a much higher temperature, which is rarely under 103° , while the rise is sudden and the elevation persistent. In congestion of the lung, on the contrary, the temperature rarely exceeds 100° , while the rise is more gradual and the elevation very transitory. The fever of pneumonia lasts from eight to ten days, while that of congestion disappears in two or three. Well-marked bronchitis is a frequent accompaniment of pneumonia, but well marked bronchitis is rarely present in congestion. Finally, the physical signs of pneumonia are almost unvarying, while in congestion they vary very much.

Bronchitis usually affects both lungs, while congestion is generally unilateral. Bronchitis has copious râles all over the bronchial tract, while the respiratory murmur is exaggerated; in congestion crepitation and sibilant râles are the rule, while the respiratory murmur is either very feeble or is altogether absent over the congested part.

The prognosis of simple congestion of the lungs in children is eminently favourable; in the vast majority of cases, a really serious state entirely disappears in a few days; repeated attacks give rise to a more unfavourable prognosis, for, when associated with scrofula and poverty, they are often the precursors of consumption. A fatal result is very rare, even when both lungs are congested, unless indeed the little one has been grossly neglected, or has been a sufferer from valvular disease of the heart or some other dangerous malady.

The child should be kept quiet in bed, and the head should be somewhat elevated. Talking should be discouraged, and the patient must be kept in good humour at all costs. The diet