days with simple bronchitis, but yet has been playing around the house and perhaps out of doors, and, from exposure, has got an extension of the disease,—and you have broncho-pneumonia out of a simple bronchitis. See this child in seven or eight hours more, and you find temperature still higher, pulse more rapid and respirations very frequent, and a constant hacking cough, expiratory moan, anxious facial expression, and great desire for air. Usually, the change from simple bronchitis to broncho-pneumonia is not so sudden as this, nor is it usually marked by a convulsion.

It is very usual, however, to find that a cough has existed for a few days before the serious illness began. Temperature ascends irregularly, and often reaches 105°. Respiration becomes very rapid and irregular—70, 80 and even 90 is not uncommon. Pulse reaches 160 or 170, or 200 per minute. Some diarrhœa and vomiting at beginning of acute stage ; vomiting is not lasting, but diarrhœa may continue.

When fresh areas of lung become involved and collapsed, breathing is more difficult, and all symptoms are much more severe. If areas are large, temperature may fall, cough cease, skin get moist and cool, the pale countenance gets livid, and death easily results. Death may come from the exhaustion of prolonged fever and continuous struggle for breath. The heart does not always stand well the severe strain due to difficulties of respiration. Restless delirium, convulsions, coma and death in a few days.

The disease is always serious, and more so the younger the patient and the greater the amount of consolidation. Invasion of successive portions of lung is so common, that what may at first appear a very mild case, may very soon become a serious and fatal one. Temperature of 105°, if long maintained, is not favorable ; very fatal when following measles and whooping-cough. Lowered temperature, lividity of countenance, cool moist skin during collapse, are not good symptoms. A vigorous child will sometimes pull through a severe attack ; while a delicate, rickety, scrofulous child will succumb in a mild case. Diarrhœa, inability to take nourishment, stupor, weak, irregular pulse, are bad symptoms. Ability to cough secretion above glottis, is favorable. In old people and those very ill from any disease, inspiratory pneumonia is very fatal.

Good nursing and proper care of children would prevent many a case of broncho-pneumonia. No case of simple bronchitis, or any catarrhal affection, should be allowed to run without proper treatment. The extraordinary carelessness in the care of children of the poorer classes, and even by those in better circumstances, makes it a wonder to me that this disease is not more common and fatal. Kind Providence has certainly given their little bodies wonderful powers of resistance. Cleansing the mouth, throat, teeth, lips, etc., during very prolonged and severe illness, with some pleasant disinfectant, as boric acid and glycerine and water, might prevent many a fatal case.

When recovery does take place, it is slow, and convalescence is prolonged. Absorption of inflammatory products takes much time.

Favorable symptoms are lessened cough, less frequent respiration. Pulse usually keeps pretty rapid, even after temperature goes down. When disease follows measles, its duration is usually shorter, either to recovery or death.

The prevalence of influenza makes broncho-pneumonia more common at all ages. Emphysema and disease of heart give a condition in which broncho-pneumonia can readily step in to end the scene.

In diagnosis, it is often impossible to distinguish this affection from simple bronchitis, in the earlier stages ; but, usually, symptoms are too severe. Urgent dyspnœa and pulmonary distress are too great for bronchitis. Incessant cough, rapid pulse, high temperature, and frequency of respirations, aid the diagnosis very much, before consolidation comes on.

In severe cases before physical signs occur the diagnosis is between broncho-pneumonia and lobar pneumonia. Here age will aid, as broncho-pneumonia is mostly before fifth year, and lobar pneumonia after that age. The older the child the easier the diagnosis. Mode of onset is quite different. This disease begins insidiously, very often after a simple bronchitis has existed for a few days or measles whooping-cough, or influenza has been the trouble. lobar pneumonia begins abruptly, attacking the patient while in good health. Temperature has a similar mode of onset quite gradual in the one, and in the other reaching 104° or 105° in just 24 hours—may get as high in broncho-pneumonia,