

matory process along the bronchial tubes, the origin usually being a catarrhal inflammation in the upper air passages following such affections as Measles, Whooping-cough, Diphtheria, &c. No specific Bacterium is found as causal agent. It is simply an extension process along the larger, then the middle size, then down the finest bronchioles where it invades the air cells lying adjacent to the bronchiole.

This consolidation of a limited area of lung tissue around a bronchiole has given rise to the term 'Lobular.' The post-mortem anatomist, however, will tell us that the condition just described in cases which are at all advanced is rather exceptional. He often finds on the other hand cases in which only part of a lobule of the lung is consolidated. Again, other cases are found in which the lobular form of consolidation is scattered here and there through the lung not unlike the patchy form of Acute Pneumonia. But more often the lesion is found to involve a large portion of lung resembling the hepatization of Acute Pneumonia due to the coalescence of several of these consolidated lobules. Patches of collapsed lung frequently found around the consolidated areas denote the blocking of the bronchioles by inflammatory products. Collapse of a lobule, often, though not always, precedes inflammation and consolidation. The lesion in Broncho-pneumonia has no predilection for base or apex.

The stages of engorgement, hepatization and resolution, which characterize all acute pulmonary inflammations, are well marked in both Acute and Broncho-Pneumonia.

The terms, Croupous, Fibrinous and Catarrhal, are objectionable on account of their inaccuracy.

The exudates in these two affections so resemble each other in microscopic characters that it would be difficult indeed to select a term descriptive of the one which would not be applicable to the other.

The following elements are common to both exudates :

1. Red blood corpuscles.
2. Leucocytes.
3. Fibrin and Serum.
4. Epithelium shed from the lining of the vesicles.

The exudate of Acute Pneumonia differs from that of Broncho-Pneumonia in