

and bacteriology of the acute pneumonias is requisite in many cases to elucidate doubtful clinical manifestations.

Nearly all of us agree with modern authorities that Pneumonia, so-called lobar, croupous, etc., is a specific infective fever. By this we mean one possessing a specific causal bacterium, which fulfils the five requirements laid down by Koch. While these five laws are not all fulfilled by the Pneumococcus, yet the close analogy in the course of Pneumonia to that of other specific infective fevers suffices to identify it as one of that class.

Accepting this view, we expect as its causal agent always the Pneumococcus. We regard its course as a self-limited one. We are apt to consider its lesion extensive, involving most frequently the right lower lobe, and along with this predilection as to site we expect certain constitutional symptoms due to pneumotoxin in the blood.

Thus, perhaps, there is a tendency to stereotype the clinical aspect of Pneumonia, forgetting that it is really liable to assume many different forms.

Another difficulty arises from the unfortunately prevalent use of the terms, Lobar, Croupous and Fibrinous, designating Acute Pneumonia, and Lobular or Catarrhal in connection with Broncho-Pneumonia.

By the use of these terms an attempt is made to differentiate two affections having some points of resemblance upon a pathological basis. A glance at their pathology proves that the terms are not only insufficient, but misleading. Let us first look at the distribution of the lesions in Pneumonia and Broncho-Pneumonia respectively.

While in acute Pneumonia a large portion of the lung is usually involved, yet in many cases only a small patch can be found.

In others, more rare, these patches may be found disseminated. In these cases of patchy distribution the lesion may be situated upon the periphery of the lung or may be deeply seated, forming varieties of "Central Pneumonia." Again, the process, if extensive, is rarely limited to one lobe but generally spreads considerably beyond. Thus the term 'Lobar' is, strictly speaking, rarely applicable to Acute Pneumonia.

Broncho-Pneumonia consists in the extension of an inflam-