

CROUPOUS PNEUMONIA IN CHILDREN.—J. R. Wellington, M.D., in the Maryland *Medical Journal* for August, remarks that this is nearly always a primary disease. The chief predisposing cause is exposure to sudden cold or dampness. In children, is frequently met with in summer. It is most common from the third to the seventh year. Robust children are more prone to this disease than the delicate. It is very rarely secondary to measles, whooping cough, typhoid fever or scarlet fever. The exciting cause is supposed to be the pneumococcus of Fränkel, though this organism is found in broncho-pneumonia, cerebro-spinal meningitis, and in the saliva of healthy persons. It is supposed to become more active after exposure to cold, or the body is rendered less resistant. The disease in children passes through the stages of congestion, red and gray hepatization. But these conditions may coexist in different portions of the lung at the same time. Consolidation sometimes begins in the centre of the lobe, and may not reach the surface for two or three days. This renders the early symptoms obscure. Rarely a portion of the lung remains unaffected. The lower right lobe is most frequently affected. There is bronchitis, and over the inflamed lung nearly always pleurisy. The disease is ushered in usually by vomiting. There may be a convulsion, but a chill is rare, except in older children. There is pain, as indicated by the facial expression. There is usually some cough, but expectoration is never seen. Dilated *alae nasi* and the respiratory moan are of much assistance in making the diagnosis. The temperature soon runs up to 104° or 105°, and remains high, with little intermission, till the sixth or eighth day. The respirations are relatively more increased in frequency than the pulse. There is a sharp, quick inspiration, a perceptible pause, and an explosive or moaning expiration. There are four atypical forms of the disease. In the abortive form the disease sets in with the usual symptoms, but in two or three days the lungs clear and the symptoms abate. In the wandering form, consolidation appears in different lobes at different times. In the gastric form there is vomiting, diarrhoea, and anorexia and tympanitis. In the cerebral form there are convulsions, delirium, wild or incoherent, and may simulate meningitis. It is a self-limited disease, with a tendency to recovery. Secondary cases are not so favorable. Townsend collected 1,138 cases, out of which only 28 died. In broncho-pneumonia the death-rate is from 30 to 50 per cent. The treatment in mild cases consists of keeping the patient in a room about 70°. The diet should consist of milk, beef juice, albumen water, and broth. At the crisis, brandy, digitalis and strychnine may be required. Local counter-irritation may be kept up with mustard. The author does not speak