

Cases of this kind have been recorded by others, particularly by S. West of London, who mentions instances where in the so called apparently healthy, pneumothorax has been found from time to time, and in many instances associated with strain. Probably in 90 per cent. of cases tuberculosis is the main etiological factor though numerous instances exist showing other causes to be at work, and in not a few the antecedent condition has been, as in our own case, quite obscure.

OBITER SCRIPTA IV.

Casual notes from the Medical Clinic of the Royal Victoria Hospital.)

BY

C. F. MARTIN, B.A., M.D., ETC.,

Lecturer in Medicine, McGill University; Assistant Physician to the Royal Victoria Hospital.

AND

HARVEY SMITH, M.D.,

Resident Physician, Royal Victoria Hospital.

SOME ATYPICAL FORMS OF PNEUMONIA.

Year after year, diseases which are epidemic present variations not only in the individual cases but likewise in the disease as a class, and it is by no means easy to detect the reasons for these general departures from the usual types. Five or six years ago, for example, it was a common experience to find in the epidemics of typhoid fever, that diarrhoea was one of the most constant of the earlier symptoms, while on the other hand, more recently constipation has been present in probably 90 per cent. of the cases. In many of the epidemics too, in present years, the vast majority of the cases have been of the mildest type, while previously even with very much similar treatment, the number of fatalities was certainly greater.

So far as the incidence of pneumonia is concerned, the epidemics of influenza have had an undoubted influence on the statistics of the disease, as has already been noted by several authors. Rankin of Glasgow, for example, described some three years ago a series of cases following influenza where the features were distinctly unusual, there being a very insidious onset without rigor, pain or cough, and where nausea and gastro-intestinal symptoms were the prominent conditions. In these cases too, the temperature was markedly irregular and the pulse slow. Rendu, of Paris, and Gmeiner, have noted somewhat similar facts though in less detail, referring more especially to the gradual onset, the irregular temperature, and the termination by lysis rather than by crisis.