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Selections: Medicine.

TREATMENT OF CROUPOUS PNEUMONIA.

BY PROF. JUERGENSEN.

(*Ziemssen's Cyclopædia of Medicine*, Vol. 5.)

[Communicated by F. H. WRIGHT, M.B., L.R.C.P., Lond.]

Juergensen defines croupous pneumonia, anatomically considered, as an acute inflammation of the alveoli and bronchioles, in which a fibrinous exudation is poured out upon the free surface of the mucous membrane and there coagulates.

Before entering on the question of the treatment of the disease it is necessary to define whether one regards it as a constitutional or a local affection. The author puts the following queries: "Do facts justify us in regarding the anatomical changes always found in the lungs in croupous pneumonia as the essential cause of the other symptoms, especially the fever and constitutional disturbance? Or, are the pulmonary lesions and the fever both due to a common fundamental cause? Is there also a specific morbific agent, which excites what we call croupous pneumonia as a result of its variable action upon an organism already predisposed to the disease?"

His answer is: "Croupous pneumonia is a constitutional disease, and is not dependent on a local cause. The pulmonary inflammation is merely the chief symptom, and the morbid phenomena are not due to the local affection. The hypothesis of a morbific cause is indispensable. Croupous pneumonia belongs to the group of infectious diseases."

In Vol. 1 of the *Cyclopædia*, Liebermeister divides infectious diseases into three groups: 1. Purely contagious; or, those diseases the poison of which is conveyed from one individual to another by direct contact, or by *mediate* contact as in the case of vaccine, which is conveyed by means of the instrument used by the vaccinator. 2. Purely miasmatic diseases, in which the morbid poison develops itself outside the body, and which is not reproduced within the body so as to affect others secondarily, as intermittent fever. 3. Miasmatic contagious diseases which are not conveyed from one person to another by direct contact, but by means of a poison which originated within the body and underwent some change after leaving it.

The fact that the anatomical changes in croupous pneumonia are distinct from every other pulmonary inflammation is a telling argument. Croupous pneumonia cannot be produced by any of the usual causes of inflammation, however strong or weak their action, as in typhoid fever there must be a special exciting cause.

In support of his views from a pathological standpoint he adduces the following arguments:

1. "During the whole course of pneumonia there is no constant relation between the local and the febrile symptoms, nor dependence of the one upon the other. The smallest pneumonic consolidations often run their course with the severest fever, and, on the other hand, we find extensive inflammations with a very moderate fever." He then points out that days and weeks may elapse after the temperature has become normal before the local lung trouble is entirely cleared up.