

When a case of broncho-pneumonia complicates measles, it should always be looked upon as grave, for it seemingly involves a larger amount of lung tissue proper, and the death rate in this class is very high.

The prognosis in any case of broncho-pneumonia cannot possibly be given at first with any degree of confidence, for it may be that primarily a small amount of lung tissue is involved, and at times it will go on by continuity of tissue so that the child we leave with light symptoms one day, we may find the next day as bad as bad can be. Again, it is not uncommon for some lobules to clear up to a certain extent and the inflammation to go to other parts of the lung. So that the temperature may have uneven and eccentric flights and remissions according to the invasion and remission. As before mentioned, should it follow measles, or pertussis or other diseases accompanied by high temperature, the prognosis is far graver. Morrill gives his mortality percentage in broncho-pneumonia as 48.3-10 under ten years of age. The extent of lung tissue involved makes the case favorable or not so. The greater the amount, the graver the prognosis, the physical signs being much altered according to the amount of lung involved. Take the temperature; should it keep persistently up to say 105 for any length of time, it is a bad omen. Again, do you find a pulse respiration ratio of 1-1 or even 1-1½, death is probably imminent. A decline of temperature accompanied by pallor and collapse is the gravest symptom and marks a probable rapid ending.

A child whose health is impaired by any former illness or heredity must always be looked upon as an unfavorable subject. The presence of diarrhoea, vomiting, inability to take nourishment or stimulants, delirium, flagging pulse and continued fever, all form symptoms which render prognosis grave. The possibility of atelectasis, emphysema, carnified lung, phthisis and pleuro-pneumonia cannot be discussed in this paper as too much time has already been taken. I will give, therefore, the summing up of Dr. Northrup in his classical paper in *The Reference Handbook of Medical Science*, which paper I have freely used:

"Broncho-pneumonia in infancy is an exceedingly fatal disease. The gravity of the prognosis varies, however, in the following particulars:—

It is most grave after whooping-cough in infants,

and the younger the child the more fatal the disease. Next in gravity is the pneumonia after measles, in which Ziemssen gives fifty per cent. of deaths. Close upon this comes the pneumonia with diphtheria. It is not easy to say which is the cause of death in this combination. Patients recover after having had both; in case of death diphtheria seems to be an efficient cause. Age is important before other considerations. Ziemssen lost half of his pneumonia patients under one year of age. Two-fifths of those from one to three, one-fourth of those above three.

Pneumonia which develops quickly tends to a speedier resolution and affords a favorable prognosis.

Previous existence of rachitis, tuberculosis, feeble constitution and surroundings of poverty allow the resolution to become prolonged and the patient to die of exhaustion. The conditions of crowded hospitals may be classed as unfavorable surroundings.

It is believed that fat children have less resistance to broncho-pneumonia, not having so much blood in proportion to their weight as well nourished children having less adipose tissue.

The prognosis is unfavorable where early suffocative symptoms are prominent.

Further unfavorable symptoms are, a sudden fall of temperature, with rapid and feeble pulse, irregularity of pulse, slowing of respiration, Cheyne-Stokes respiration, sudden disappearance of cough and restlessness giving place to stupor and delirium. These mark the last stage of a fatal case."

TURPENTINE POISONING WITH AN UNUSUAL SKIN LESION.*

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Miss A. B., a young woman of nervous temperament, as a result of over study and overwork, had become somewhat run down in health, shown by attacks of atonic dyspepsia, constipation, etc. In the early part of January, 1893, she determined to take a dose of castor oil to relieve the constipation. In mistake about one half ounce of old

*Read before the Toronto Medical Society, May 18th, 1893.