

vibrations along the vertebral column. With this patient static electricity had completely failed.

It is no longer doubtful after what I have said, that vibration, practiced in this way, is a powerful sedative to the nervous system.

One knows that for a long time alienists employ in the treatment of certain forms of insanity, trans-cerebral currents. One can conceive that the rapid vibrations conveyed to the encephalon may lead to very beneficent modifications. In a case of melancholic depression some very favorable results have been obtained, and vibration seems to have completely checked the march of an attack which, at the time the treatment commenced, showed no sign whatever of retrogression.

I can say no more at present, but as you see the experiments are being actively continued; what I have reported is to show you the advantages that may be obtained from vibratory medicine.

DIAGNOSIS OF LOBAR FROM LOBULAR PNEUMONIA AND OF PNEUMONIA FROM BRONCHITIS IN CHILDREN.*

BY H. T. MACHELL, M.D.,

Professor of Obstetrics, Woman's Medical College,
Toronto.

In children, the histories of these two diseases differ very considerably, and where an intelligent account of the symptoms in the early stage of the illness can be obtained, it is often of very great assistance in making out a diagnosis. The age may give us some clue.

Lobar pneumonia usually occurs in children over three years of age (Northrup, New York), though Jacobi thinks it does not occur, as a rule, till eight or ten years have been reached. Again, he says, "babies a few weeks old are apt to have lobar pneumonia, and until they are five or six weeks old I have seen more lobar than catarrhal, but after that, the vast majority exhibit the lobular form." Of Holt's 207 cases of pneumonia under three years of age at the New York Infant Asylum, 77 % were cases of broncho-pneumonia and 23 % were of lobar pneumonia. So that from birth to five or six weeks, the greater number of these cases are likely to be lobar, and from that date to three years at least three-fourths will be

lobular. From ten years of age (Jacobi) the lobar form, as in the adult, will be found to prevail. (I use the terms lobular pneumonia and broncho-pneumonia synonymously, though as a matter of fact the latter expression is more indicative of the actual condition).

The acute nature of the disease and the sudden onset are suggestive of the lobar form, which is usually ushered in with vomiting, chills, epigastric pain, headache, delirium or convulsions; while in the lobular variety there is a history of bronchitis, measles, whooping-cough, scarlatina, etc. The one follows apparently perfect health, and seems to knock the child over without any cause; the other can nearly always be traced to some of the above-mentioned diseases as a cause. In the one, from a condition of perfect health, the child suddenly becomes flushed in the face, vomits, has some cough, is dull, heavy, stupid and often delirious; in the other there is merely an aggravation of the symptoms from which the child has been suffering. Often it is a little worse affected, and that is all that is noticed.

Temperature. — Lobar pneumonia is usually ushered in by a well-marked rigor in children old enough to notice it, and speedily followed by a rapid elevation of temperature; in infancy and early childhood frequently ranging from 103° to 106° F., with morning subsidence and evening rise, of one or more degrees, and a sudden and generally permanent depression about the seventh to ninth day (T. S. Lattimer). There is also a difference in the temperature of the two sides.

In broncho-pneumonia the temperature is the same on either side, it is more irregular, it ascends more gradually, but there is a greater morning remission—frequently 3 to 4° F. Besides this, it is not uncommon to observe a morning temperature which is considerably higher than that of the evening (F. Gower Morrill).* In cases which accompany or follow measles and in uncomplicated cases where considerable areas of lung are involved, the temperature is higher.

The pulse in lobar pneumonia in the early stage is usually moderately rapid—120 to 160—strong and full, indicating strength, but soon becoming small and irregular (Loomis) In the lobular form

* Read before the Ontario Med. Association, June, 1892.

* Cyclopædia of Diseases of Children. —Keating.