

a primary attack, it is rarely fatal, and seldom leaves behind it any disagreeable sequelæ. The mass of authority is certain of this fact, and it is probably deemed so fatal by many because they have overlooked the fact that it is generally accompanied by broncho pneumonia, which is indeed always to be dreaded.

Before giving a decided prognosis, the previous general health of a child must be considered, and the hygienic surroundings also; for we all know and have personally seen the almost miraculous change occur in a child taken from the midst of squalor, filth, ill-feeding and no nursing, to the clean, bright wards of the Children's Hospital, and good nursing. Baginsky states that out of sixty cases of croupous pneumonia he had but four deaths, and that nearly half of these little ones were under two years of age. The later authors contradict the statements made by authors of a few years since that the younger the child the more fatal the disease. Baginsky's cases contradict this, and he has been corroborated by many others. It has been also stated that if the disease attack the upper lobes there is much more likelihood of cerebral symptoms and fatal result than if in the lower. Eustace Smith, Emmett, Holt, Gorden Morrill and others say, however, that they have noted no difference in this respect.

The pulse and respirations become rapid in pneumonia but neither of these symptoms must be looked upon as necessarily severe, it not being such an unfavorable symptom as in other diseases. We frequently see the pulse 140-150 and recovery take place—of course when there be no other symptom of intercurrent trouble adding to the flame. Respiration is frequently observed to be between 40 and 50 with no great danger imminent; but should it get over 50, a most thorough examination of the chest should be made to ascertain the amount of lung implicated, which, if it be great, necessarily adds much to the gravity of the prognosis. Rapid breathing may mean more than hepatization, it may mean septic absorption. A temperature of 105 continued for some days is a serious symptom, but should this be for but one day it is not serious—in fact many cases show this high temperature just before crisis. Irregularity of temperature is a bad precursor, pointing at times to septic influence at work. "According to Thomas," says Morrill, "a want of correspondence

between range of temperature and that of the pulse is unfavorable; though high temperature with moderate pulse is less so than the opposite condition." Irregularity of respiration as well as pulse is an indication of exhaustion, therefore most unfavorable. Termination by lysis is not more unfavorable than that of crisis, although it is uncommon. Delicate, cachectic children have but little power of resistance to a disease which cripples the function of respiration, and almost all the fatal cases of pneumonia are amongst this class of patients.

Again, when pneumonia complicates such diseases as scarlet fever, whooping-cough, measles, diphtheria, tuberculosis and bronchitis, the prognosis is rendered more doubtful and generally grave. Should pleuritic effusion, be evolved it would form a most unfavorable complication, for then the already embarrassed lung would have a greater load to carry.

Regarding cerebral symptoms, when active delirium or mania be present, they are always most alarming but not necessarily fatal, except when pointing to the presence of meningitis, which is always grave. Meningitis is, fortunately, a rare complication of pneumonia.

BRONCHO OR LOBULAR PNEUMONIA.

As already stated, this variety is much more common and fatal than the foregoing. There can be no doubt but what many cases of death from so-called bronchitis would be found, should an autopsy be made, to have been broncho-pneumonia. In fact, it is doubtful if a fatal case of bronchitis could be verified—that is pure, simple bronchitis without broncho-pneumonia.

The Boston Board of Health published a schedule of deaths from all causes in childhood, from 1879 to 1886, being 1203 deaths, of which 2050, more than one-sixth of the total, were from pneumonia and bronchitis; which showing gives this dread disease a terribly high mortality, so high that it is equal to diphtheria, and second only to cholera infantum. It seems also to be the cause of many cases of phthisis. This, however, is a doubtful starting point, unless there be a favorable tuberculous nidus present. Regarding the time of year—the months of December, January and March seem to have the highest mortality, and August, September and July the lowest as in order named.