

day, complete recovery following. In this case nearly the whole of the right lung became involved.

Pneumonia may be found secondary to Typhoid Fever, Septicaemia, Influenza, Typhus Fever, and prolonged renal disease.

The points of difference, clinically, between primary and secondary Pneumonias, some of which are illustrated by the above case, are :—

1. The insidious onset in secondary Pneumonias, unlike the very abrupt onset in primary form.

2. Secondary forms are more dangerous to the life of a patient.

3. The initial rigor is frequently absent.

4. The temperature rises gradually and does not go so high as in primary Acute Pneumonia.

5. Pleuritic extension and its never varying sign—severe pain in the side—is often absent in secondary Pneumonias.

6. Cough is very frequently absent.

7. There is usually greater disturbance of the skin and renal functions.

8. Herpes is usually absent.

These few imperfect notes from a very limited experience were sufficiently striking to excite in me an interest in this subject. I am sure that from the case-book of the older practitioner a much larger and more interesting group could be gathered.

When we consider the many different avenues for infection making its way into the lung and multiply this by the greater number of infective causes, we are not surprised at the variety of acute pulmonary lesions, and hence very often symptoms and signs which are obscure and puzzling become intelligible.

Fortunately, in the majority of instances, the clinical picture of these affections is definite and unmistakable.

However, the fact that a large number of cases remain difficult to recognize by the usual signs makes the study of this subject of importance to the general practitioner. Above all, it emphasizes the necessity of a bacteriological examination for the correct diagnosis and more faithful prognosis in doubtful Pneumonias.

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