

"Variations in clinical signs obviously depend upon differences in the pathology, either as to situation, or kind of lesion."

In my experience I have not found acute pneumonia, by any means, a self-limited disease, except where a large portion of lung becomes suddenly involved. Under such conditions, if a fatal result is prevented the disease usually terminates in crisis. But such is not the case, even when the initial ailment is pulmonary; if the disease manifests itself throughout the lung, or lungs, in widely disseminated patches. There is no doubt but acute pneumonias possess and exhibit distinctive clinical signs that vary but little in different subjects; but if an entire lobe or more of a lung be affected the signs are not the same as when pathological lesions are minute and scattered, no matter whether they are deep seated or peripheral, or whether they finally coalesce or not.

This patchy form of pneumonia was prevalent here a few months ago during an epidemic of La Grippe, and was entirely independent of whether there was or had been any bronchial difficulty or not. In many subjects there was almost an entire absence of cough except at rare intervals, then only sufficient to enable the patient to raise a small amount of characteristic pneumonic sputum.

In children I have many times found this same patchy form of pneumonia when there was no history or other evidence of an antecedent disease.

In little ones of tender years there is of course no expectoration to guide in diagnosis and sometimes less cough than we often find in simpler ailments entirely independent of the lungs. In such cases as these if the physician has not pneumonia in mind he is in danger of overlooking it, and his results may not be as satisfactory as if he had promptly recognised the difficulty with which he had to deal. After a somewhat extensive experience in treating children, I feel sure that acute pneumonia is not an uncommon disease amongst them. It frequently remains undetected because it does not exhibit the stereotyped signs we have been taught to base our diagnosis upon.

My practice is to examine the chests, both back and front, of all children who present the slightest symptoms of a lung ailment. Usually if there is any trouble it can be detected by the