

Treatment of Diseases of the Hip-Joint," 1891, p. 120, says: "The experience with regard to the drainage-tube at the Boston Children's Hospital is of interest. Of forty-three cases of abscess of the hip operated on between 1884 and 1888, one is recorded as having healed within six months, and about half of the sinuses healed within periods varying from one to two years, the rest remaining open almost indefinitely. These cases were all thoroughly cleansed after free incision, and were either packed with gauze, or, more commonly, drainage-tubes were inserted and antiseptic dressings employed. The site of the drainage-tube was almost always the site of a sinus, which persisted for a varying period of time." (e) In the failure to employ prolonged and absolute fixation after the evacuation of an abscess there is an entire disregard of the fact that by this means alone abscesses have been arrested in their growth, and that absorption has thereby been induced. If these are facts—and no one can doubt the statements made by Shaffer, Judson, and other orthopedists who deprecate the resort to surgical measures—then the employment of immobilization will materially assist in the recovery after the evacuation of an abscess, and in the prevention of re-accumulation.

PROGNOSIS IN PNEUMONIA IN CHILDREN.*

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To make my part of the symposium of great interest I find somewhat difficult, and I fear it will be looked upon, to a great degree, as a statistical comparison.

It is necessary to plunge at once into a few figures to convey a proper idea of the terrible mortality in pneumonia generally. In England, in 1876, Dr. West says there were from pneumonia of all ages 24,492 deaths, of which 12,878 were in children under five years of age. Dr. Lewis Smith gives nearly the same figures.

Why this great mortality in young children? The anatomical peculiarities of the child's and infant's lungs have already been fully discussed, but possibly a short *resumé* may not be out of place and may fully emphasize the points.

The respiratory epithelium lining the air cells is in the infant in a condition of extreme delicacy. Physiologists point out that there is not an increase in the number of the flat nucleated epithelia lining the alveoli, but that they simply increase in size, thickness and strength of adherence; thereby adding to the power of resistance of inflammation, and are not so easily detached as they are in infancy, when, as in broncho-pneumonia, we find them filling the air cells. A second consideration is that of the manner of the disposition of the blood vessels and their behavior in contradistinction to those in the adult. They are held together very loosely, and being but little restrained can therefore become speedily tortuous and congested and easily press upon the small alveoli.

With small alveoli, thick walls and abundant distribution of vessels, we can see from these anatomical peculiarities that, as Northrup says, "It is easy to understand how by hypostasis, distension of the vessels may be an important factor in displacing the air in feeble subjects with weakened respiratory vigor and partially obstructed bronchi. Proportionately the extent of the bronchi is greater than that of the air spaces." One more point is that regarding the bronchial glands, the readiness with which they take on inflammation and the frequency with which they become tuberculous.

This embryonal condition of the lung may be said to continue with children, advancing certainly toward perfection, until the child arrives at the age of five years, when the lung assumes the condition of the adult lung.

Thus referring very superficially and briefly to these important points we see how they modify our prognosis, and to some extent account for the great mortality in the pneumonias of children.

Recent authorities point out the fact that all cases of pneumonia have a certain amount of broncho pneumonia in connection with the inflammation. Therefore there are but two varieties to consider,—lobar pneumonia and broncho-pneumonia—known by many synonyms, namely, catarrhal pneumonia, lobular pneumonia, capillary bronchitis, inflammation of the lungs, catarrhal fever, and many other terms now obsolete. We will consider first lobar, or croupous, pneumonia. This variety is certainly met with in children but is much less common than broncho-pneumonia. If

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