

but takes more time, and is more irregular. Respirations are more labored and paroxysms of dyspnœa more common in broncho-pneumonia.

When physical signs become developed and disease more advanced lobar pneumonia will be found a one-sided disease, while broncho-pneumonia is bilateral, evidences of consolidation being found in both lungs. Consolidation in lobar pneumonia is in one side, and is considerable in amount and easily found. Amount of consolidation in broncho-pneumonia varies greatly, sometimes in scattered patches, or so centrally placed as to be undiscoverable, or in large areas resembling lobar pneumonia. It is usually symmetrical, and affects chiefly posterior margins of both lower lobe and lower margin of middle lobe of right lung. Consolidation may be most evident along each side of spine. Different portions of lung may be in different stages of the disease at the same time. Lobar pneumonia terminates quite suddenly in seven or eight days, while broncho-pneumonia has a much more gradual ending, and the disease is much more prolonged.

But little can be learned by auscultation or percussion in early stages. Dry râles in one apex may point to lobar pneumonia. Moist râles heard all over back may be heard in both diseases, but as the case advances consolidation in one lung points to diagnosis. In broncho-pneumonia evidences of consolidation in both lungs may be made out, but not so early; comes on slower.

Râles of all sorts and sizes are heard early in broncho-pneumonia, but later persistent sub-crepitant râles in one or more spots. To say whether the case is of simple or tuberculous origin is often very difficult, and in many cases impossible. A very lasting case looks suspicious. Family history may aid. If the disease is in the apex or central parts of the lung, with evidence of softening, it points to tubercle. In the vomited matter pieces may be picked out for examination. Tubercle cases are probably more common than we are aware of.

*Treatment.*—The great fatality and frequency of cases of this disease render the treatment of much consequence, and tries to the utmost the skill and patience of the physician. An unfavorable prognosis should always be given. It so often occurs that those you think will get well, and who are going along nicely, get a sudden

extension of inflammation, collapse and death follow rapidly. It also fortunately happens that apparently hopeless cases get well. However desperate the case seems to be, hope should be entertained, and the case fought out vigorously. A comfortable, well-ventilated room, free from dust and noise, and containing a grate fire; cleanly surroundings; equable temperature, 65° to 70°, free from draughts. Air in the room should be kept thoroughly moist by using a bronchitis kettle, in the water of which should be placed bicarbonate of soda, and later this should be changed to Friar's balsam and spt. turpentine. If the room be large a tent should be placed about the child, so that the air could be kept sufficiently moist. Locally a light jacket-poultice of flaxseed meal with a little mustard sprinkled over the face of it to keep the skin a little red. When lightly made and kept snugly applied, good seems to result, and the little sufferer becomes more comfortable and breathes easier. I would not continue poultices longer than 24 or 48 hours, and would then use a jacket of cotton batting made to fit and kept snugly to skin, and to cover whole chest. Intelligent nursing and many little attentions will add to child's comfort. A cup of cold water constantly at hand, and frequent little sips are grateful and beneficial. Keep lips, teeth, etc., clean and moist. Daily sponging without exposure or disturbance. Disease is sure to be somewhat prolonged, and the child's strength and endurance will be most severely tried, hence, feeding and thorough support must be carefully looked after. Food should be given regularly at stated intervals, and as digestible and as nourishing as possible. Milk stands first while it agrees. Egg albumen dissolved in water with sugar and brandy is very good. Beef juice is valuable here. Broths and soups often do well. These foods may be varied or mixed and those given which agree best. May be given by the rectum at any time stomach seems irritable, and stimulants may be added if needed. Brandy to be given as case requires, and may be needed from the first, and often in heroic doses before the case is over.

At first if there is constipation and coated tongue, repeated small doses of calomel and soda are indicated till bowels are well moved, and if the child is feeble may aid by an enema. Keep bowels regular by enemata or small doses of