Lobar Pneumonia.

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Lobar Pneumonia is an acute specific infection associated with consolidation of one or both lungs, with symptoms of toximia. It is usually due to the *Micrococcus lanceolatus of Frankel.*

Pathologically it is characterised by an inflammation, the exudate of which is rich in fibrin and contains large number of Pnemococci.

Clinically it has an abrupt onset, a definite course and it terminates by crisis.

ETIOLOGY—It occurs frequently in winter and spring. It is more frequent before the age of ten and towards the age of fifty. Males are more often attacked than females. The common exciting causes are draughts, intemperence, exposure to inclement weather. It is most fatal in the aged, and those who are debilitated by alcohol or otherwise.

PATHOLOGY.—Pneumonia has got four stages.

(a) Congestion.

(b) Red Hepatisation (Consolidation).

(c) Grey Hepatisation.

(d) Resolution.

CONGESTION—The inflammation begins at one particular spot and rapidly spreads. That area becomes red and swollen due to engorgement of vessels.

RED HEPATISATION—Here the exudates have begun to be collected in the alvioli and that portion of the lung is solid and looks like a piece of liver. The exudates have completely filled the alvioli and no air can enter in it. On section the lung sinks in water.

GREY HEPATISATION—This stage is rather incompatible with recovery. The lung becomes more solidified, more friable than the second stage.

RESOLUTION—Here the coagulum is liquefied and part

of it is absorbed by the lymphatics and part coughed out and the alvioli are restored to their normal condition. This stage follows the stage of red hepatisation if the body wins the race.

PHYSICAL SIGNS.—The physical signs show a rough correspondence with the stages of the morbid process. They are as follows :—

FIRST STAGE—CONGESTION.—Percussion yields a slight dulness, but sometimes even a slight hyper-resonance may be present. Auscultation reveales the characteristic fine crepitations, compared to sound produced by rubbing together of hair between the fingers. This fine crepitus is due to the separation of the sticky surface of the alvioli from each other. It is therefore heard towards the end of inspiration, and not during inspiration.

SECOND STAGE—RED HEPATISATION.—Inspection shows diminished movement. Percussion yields a dull note. Auscultation reveals the absence of vesicular breathing but presence of typical tubular breathing is marked. Crepitations may have entirely disappeared or a coarser and more metallic crepitus may be heard over the consolidated area.

THIRD STAGE—GREY HEPATISATION.—The stage of grey hepatisation can scarcely be differentiated by physical examination from that of red hepatisation.

FOURTH STAGE—RESOLUTION.—In this stage we have a speedy clearance up of the exudation and a return to the normal condition. Small rales or coarse moist crepitations may be heard and this returning crepitus is often audible both on inspiration and expiration. The dulness becomes less marked and the movement of the side is increased.

SYMPTOMS.

Lobar Pneumonia is usually ushered in with one or more rigors, rapid rise of temperature and pain localised to the affected side. The fever is continued and it may rise up to 103° to 104° F, even higher. With the progress of the disease the pain become less marked but there is greater

dyspnœa and a marked disproportion between respiration and pulse. In normal cases the ratio between respiration and pulse is about 1 to 4, i.e., when the respiration is 18 a minute the pulse may be about 72 a minute. But here the ratio is about 1 to 2, i.e., while the respiration is from 30 to 60 per minute the pulse perhaps is only 110 or so. The pulse is full but soft, easily compressible. The cough becomes either hacking or paroxysmal in character and there is expectoration of the rusty, viscid phlegm almost pathognomonic of this condition. The face become flushed and the pupils are dilated. The spleen is sometimes definitely enlarged.

Between the 5th and 8th day the symptoms may abate quite suddenly and rapid recovery may take place. But inspite of this happy termination, often the temperature increases or may fall to subnormal and the pulse *becomes more rapid*. The tongue becomes dry and brown, the sputum less viscid and prune coloured, (this is a bad sign, as suggesting the breaking down of lung tissue) the patient falls into typhoid state, and death takes place most frequently from heart failure. A *Pseudo-crisis* is common about the 4th or 5th day, the temperature falling rapidly to normal, but *the pulse does not fall with it*. In 24 hours the temperature may be as high as ever. At the true crisis, pulse and temperature may fall together, usually at about the 8th or 10th day, but some cases may abort earlier. Along with the fall of temperature there is often profuse sweating, or there may be diarrhœa. In many cases the fall of temperature is prolonged over several days.

PROGNOSIS.—In each case the prognosis must be judged by itself. The most determining factors are the presence or absence of alcoholism, the age and degree of leucocytosis.

TREATMENT.

Medicines generally used are :—

Acon., Ammon. Carb., Ars., Ant. Tart., Bryonia, Carbo Veg., Chel., Ferrum Phos., Hepar., Iodine., Kali Carb., Kali Hy.,

Lach., Lyco., Merc., Nat. Sulph., Phos., Rhus Tox., Sanguin., Sulph., Ver. V.

ACONITE.—"Aconite may be used in the first stage of Pneumonia when the fever is high and has been preceeded by a chill. Symptoms of engorgement of the lungs are present. The cough is usually hard and dry and rather painful. The expectoration is serous or watery and a little blood-streaked, but never thick and blood streaked. The patient is necessarily full of anxiety" (Farrington).

AMMON. CARB—*Surface cold.* Air hunger. Flapping of the alæ nasi. Asphyxia,—aggravation on movements. Sleepiness. Right side is more affected. Heart palpitating. Life is ebbing away. No re-action. Great debility with symptoms pointing to the formation of heart clot.

ANT. TART.—It has two spheres of action. At the commencement,—when Pneumonia can be *aborted* by it; and towards the end, when many a life may be saved. The first use is when there is rough *and hoarse* and dry cough with difficult breathing. Flapping of the alæ nasi. Loss of appetite. Coated tongue, nausea relieved when lying on the right, with hardly any thirst. Patient drowsy being too much annoyed at the nauseating feeling. Upon this picture and within the first week it must abort almost without fail any case of Pneumonia. At the last stage the picture is different. The peculiarity is that there seems profuse accumulation of mucus in the chest and that the patient will raise a cupful of it at a slight effort but, as a matter of fact, cannot. Drowsiness is more than ever and breathing is laboured, Flapping of the alæ nasi is more prominent to confuse with Lyco. and Ammon Carb. To compare: Lyco is tympanitic, small quantity of food feeling him full, wants fanning but for a different reason viz., to cool his head. The Pneumonia commences in the right and may extend to the left. There is absolutely no perspiration on the forehead.

The picture of Ammon Carb. is different though touching Lyco. and Ant. Tart. only on the flapping of the alæ nasi.

Ammon Carb. patient is *intensely cold*. The text says "Life is at its lowest ebb". Heart is involved making the case more complicated. Drowsiness and asphyxia and impending heart clot. In other words Ammon Carb has de-carbonisation and utter coldness due to heart complication.

Ant. Tart, Opium and Nux Mos. are noted for sleepiness. In Ant. Tart the face is always pale or cyanotic, with no redness and the breathing is not stertorous.

In Opium the face is dark red or purple and there may be sighing or stertorous breathing.

The Nux Mos. patient is always ready to go to sleep, it is with great difficulty that he can keep awake. The eyes look heavy and he falls into a profound slumber, sometimes with coma.

"Ant. Tart is also one of our best remedies for hepatisation of lungs remaining after Pneumonia. There is dulness on percussion, and lack or absence of respiratory murmur, and shortness of breath, and patient continues pale, weak and sleepy. If Sulphur should not promote absorption in such a case, Tart Emetic will often do it" (Nash).

(to be continued).

The building of theories to account for facts in science is a very pretty amusement, always innocent, perhaps, and no doubt often profitable. But let us beware how we make any theory our Shibboleth, the pronounciation of which shall admit or exclude a man from our brotherhood. But let us rather give ourselves to such careful experiments and observations as we may, and give to our brethren as we can from time to time the results of our studies. Thus and thus only may we hope to build up our system to the beautiful proportions of a perfected science. Any other course dooms us to the same condition of bigotry and dogmatism which characterizes the old school of medicine.—W. A. HAWLEY, 1864.