symptoms of broncho and lobar pneumonia blend, or vary in themselves, then a difficulty of no mean importance arises for the diagnostician.

Obscure and indefinite symptoms, with high fever in infants and children, point to pulmonary involvement and differentiation is desirable. Lobar pneumonia is nearly always a primary condition, occurring between the third and tenth year in children previously healthy; while bronchopneumonia in about sixty per cent. of the cases is a secondary condition in delicate and debilitated children under two and a half years, which present in primary cases the pneumococcus and in secondary the streptococcus or a mixed infection.

In lobar pneumonia, one lobe or part of lobe, most frequently the left base, is affected, the rales are heard early and during resolution, with no signs in the opposite lung. Consolidation begins early, on the second day, or even on the first, it is complete and the area is sharply defined. A rapid resolution takes place in three to eight days.

Bronchopneumonia has a more gradual onset, being especially insidious in secondary cases, runs an atypical course with fever continuing from three to five weeks, terminating rarely by crisis. Both lungs are affected, most frequently the lower lobes posteriorly. Rales are present in both lungs throughout the course of the disease. Consolidation if present is superficial, incomplete and shades off gradually. Resolution is slow and often incomplete, running from one to ten weeks, frequently becomes chronic and long lasting, or it relapses, or fresh attacks are frequent, while empyemia, chronic interstitial pneumonia, or tuberculosis may be found as sequelæ.

ITS TREATMENT AND MANAGEMENT.

W. H. HANCHETT, M.D.

Catarrhal pneumonia, bronchopneumonia and lung fever in childhood practically are about one and the same. Certainly when we take the medical treatment as well as the

adjuvants in the management and treatment of this disease or of pneumonia in its different forms in childhood we must consider the subject of these various phases of pneumonia or lung fever as one disease and drescribe for the condition and symptoms as we find them at the bedside. Technically speaking no doubt there is a difference in the various forms of lung fever and it would not be scientific to use this term when we take into consideration the actual pathological condition of the lung tissue. But when as practitioners we are called upon to treat these various forms of pneumonia in children it is not so much a question of diagnosis as it is to meet the varied symptoms which express themselves so vividly to the physician. Other members of this bureau will discuss the pathology of disease from a more scientific standpoint while I am supposed to give my ideas of the management and treatment. However, I have this to state at the outset that presonally, whatever shades of difference writers and authorities may have on this subject, we group the different diseases as one when we take the treatment into consideration.

Post-mortem examinations undoubtedly may reveal marked distinctions between the varieties of pneumonia in childhood. No doubt some of the writers in this bureau will maintain that true lobar pneumonia seldom, if ever, is found in childhood, and hence the treatment which we might give to adults suffering from pneumonia with rust-colored sputa and hepatized lung tissue would not be called for in the acute capillary bronchitis of childhood; but this I deny. Therefore, with this broad understanding of the definition of pneumonia of childhood, I shall speak of its treatment as I find it in its various forms. Furthermore, medicines which might help a case of catarrhal pneumonia might also be the indicated remedy in a case of lobar pneumonia. The practising physician should never treat the name of a disease however skillfull a dignostician he may be. He should meet the symptoms and the totality of the symptoms which may

arise or be exemplified in his patient. Usually the physician does not have the opportunity of meeting the various early stages and symptoms of pneumonia among his little patients that he does in adult practise. In truth the symptoms of catarrhal pneumonia in childhood are not prominent in its early stages. The chill which marks the onset of pneumonia in the adult is either lacking in the child, or if present the child does not understand what it means or is too young to tell anything about it, while oftentimes the condition for which we would prescribe in the very earliest stages have either altogether passed or go unnoticed. We are usually called to treat children after the first stage of the disease is over. A slight or severe chill may be quite unnoticed by the parents and when the physician is called he finds fever, restlessness, cough, drowsiness, loss of appetite and perhaps vomitingm ay be present. We may find the temperature from 100° to 103°, or even 105°. When we are called during the early stages of catarrhal pneumonia and find the temperature high, and pulse quick, and an expression of anxiety with restlessness and thirst *Aconite* is the remedy ; I care not whether you give it in high or low potency. In my mention of the administration of the various medicines I yeild the greatest latitude to every physician in this matter of potency. With children, however, it is my common practise not to give the extremely low attenuations. My own experience has taught me that in most of the remedies I get the best results from the sixth, twelfth and thirtieth.

Be sure that you have a reliable preparation of the drug. See that you are neat and careful in its administration, and do not repeat your doses too often in the treatment of children. My custom usually in the administration of Aconite is, if the above-mentioned symptoms are present, to give a few broken doses of the drug, oft repeated. Then instruct the nurse to gradually lengthen the time of giving the medicine if the case seems to be doing well and improvement continues, and to give very little if any medicine

while this condition prevails. As to the administration of drugs in the treatment of catarrhal pneumonia I shall first name those which I have found to be of greatest value. I shall not take the medicines alphabetically, but take them more in regard to the frequency of indication.

Aconite is probably the most often indicated in the early stages of catarrhal pneumonia, with symptoms as above stated. Next in order I would mention *Bryonia.* I have found this a most useful remedy, both in adults and children. Many think that Bryonia is indicated only in that class of pneumonias where there is hepatization of the lung tissue. However, in my experience Bryonia does not always have the peculiar trying cough that so many claim belong to it. The cough of Bryonia is usually painful and the child cringes from it. This is a marked symptom and indicated by the efforts of the little patient to procastinate the cough ; when it comes the child screams and cries in agony. Bryonia has great dyspnea, which is aggravated by the slightest motion. The respiration of Bryonia is short and incomplete ; it may be said that the patient only half breathes. There is thoracic tenderness on examining the chest. The tongue has a foul brown coating and if the child is old enough it calls for large quantities of water, oftentimes it is surprising how much they will drink when offered. Bryonia is a drug which usually I use both in child and adult in the thirtieth attenuation in this disease.

Gelsemium is a drug of great value where we have a catarrhal pneumonia attended by a condition resembling malaria ; where intermittent paroxysms of hoarseness occur. I have found it especially valuable in the catarrhal pneumonia of measles. The respirations are sighing in character and the breath comes heavily as if the child breathed with great effort. The pulse is slow and full and flowing, frequently during the Gelsemium condition, nausea and vomiting exist. This drug I generally give in the lower potencies, from the first to the third attenuations.

Tartar emetic is a most valuable drug in the treatment of acute capillary bronchitis and the various forms of catarrhal pneumonia. While not a medicine particularly adapted to acute feverish conditions, yet it is surprising sometimes how this drug will reduce the fever even in the earlier stages of the disease. The breathing is quick and hurried ; crepitant rales are frequently present. The bronchial tubes are filled with mucus and the cough is usually loose, while there is great depression in breathing. This drug is perhaps one of our most useful remedies in the treatment of this disease in childhood. In many of the cases which we are called to see it appears to be the true similimum. One prominent writer says, "Tartar emetic is Homœopathic to all the stages of capillary bronchitis after the acute inflammation." He says that many children and old people have been saved by it, but that as many have been sacrificed by its abuse. This is undoubtedly true from the careless administration of this drug in the cruder forms, especially in the treatment of infants. I believe that Tartar emetic should not be administered to a small child below the sixth attenuation.

Belladonna is one of the chief remedies which we so commonly see indicated. The fever is high, the face intensely flushed, the carotids throbbing, pupils dilated, twitching of the muscles, jerking of the arms and legs, and a general anxious expression in the child's face. The cough is usually dry and there is a general arterial congestion.

Phosphorus is a remedy which we could not eliminate from our treatment of pneumonia The cough is incessant, dry and hacking ; the secretions in the bronchial tubes are usually scanty ; the rales are crepitant or sonorous ; the air passages seem dry and irritable. The breathing is laborious and short ; and the prostration is usually rapid ; the feature appear sunken and the lips and tongue are dry. In the Phosphorus stage we frequently get involuntary diarrhœa and threatened paralysis of the lungs. The patient

is usually worse toward evening and continues so during the night. The fever is often very high, and although this is another drug which is not ranked as a fever medicine, yet in many Phosphorous cases the fever prevails during the entire time when this drug is indicated.

Ferrum phosphoricum is a remedy which I have used very frequently in the treatment of the pneumonia of childhood. If we may use the term it is a medicine which occupies a place midway between Aconite and Bryonia. We find a relaxation of the muscular fibers of the blood-vessels. There is a general heat of the body with very little thirst, frequently nose-bleed and also the peculiar dry hacking cough which we find under Bryonia.

Cannabis sativa is a drug which is peculiarly adapted to the pneumonia of childhood where there is threatened meningitis. The fever is so high there may delirium. The lung complications of the disease seem secondary. There is apt to be vomiting of a greenish character. The cough is hard and teasing.

Hepar sulphur is indicated in the milder forms of catarrhal pneumonia with profuse secretions of mucus. This drug will often clear up a chronic case when no other medicine seems to be of any avail. *Hyoscyamus* is indicated when the cerebral symptoms are prominent. Delirium and even sopor may be present. The cough may be dry or loose and rattling. *Arsenicum* I also use frequently in chronic cases. One of the key-note symptoms is the extreme prostration after the child has had a severe fit of coughing. The breathing is difficult and rapid. This child has great thirst and like Bryonia is apt to be worse on motion. Frequently the simple exertion caused by moving or raising the child will bring on one of these severe attacks of coughing, followed by this extreme condition of exhaustion.

Ipecac.—The sibilant rales of Ipecac are prominent when this drug is indicated. There is copious secretion of mucus which nearly suffocates the child. During the cough the face

becomes livid ; the respiration short and there is great dyspnea. Nausea is a prominent symptom, and frequently vomiting.

Lycopodium often proves a most useful remedy in the catarrhal pneumonia of children. The cough is short, aggravated during sleep, and from every exertion. A key-note symptom is the characteristic aggravation from four to eight in the evening, and the peculiar fan-like motion of the alæ nasi. I will mention only one or two drugs with their key-note symptoms and then give a general list or remedies which time will only allow me to name in order. In truth it seems foolish to go through a long list of medicines with which you are so familiar. All I can hope to do is to merely name these drugs in the order of frequency used in my own experience. Undoubtedly many of you have found a very different order in your own practise from that which I have found in mine going through my case-book, I have taken the remedies with their key-note symptoms in order as I have used them with greatest frequency and good results.

Spongia and *Cuprum* are two remedies which I wish to emphasize as being of great value in the peculiar croupy cough which so often arises in catarrhal pneumonia of childhood. The Spongia cough is usually worse at night, is long lasting and very distressing. It will frequently check these severe forms of croupous pneumonia. Cuprum comes in well when the pneumonia is complicated with whooping-cough ; also, where paralysis of the lungs is threatened. Cuprum is a splendid remedy for that peculiar diarrhœa, accompanied by great prostration.

Sanguinaria, Opium, Mercurius, Veratrum, Digitalis, Kali bichromicum, Kali carbonica, Calcarea carbonica, Ammonium carbonica, Pulsatilla, Rhus toxihodendron, Chamomilla, Allium cepa, Sulphur, Nux vomica, and a list of others which, when indicated by the totality of the symptoms, are equally important. It is certainly very unsatisfactory to attempt to give medical treatment of so important a disease as catarrhal

pneumonia in childhood in a short and limited paper, and I fully appreciate the fact that to the general practitioner of wide experience it must be a bore to listen to the symptomatology of a lot of remedies perfectly familiar to yourselves, and in closing I will only mention a few of the adjuvants which I have found useful in the treatment of this disease among my little patients. In the first place I am free to say that however unscientific this may be I sometimes use a mild administration of a good stimulant to allay "that cough," that cough which often gets you up at night to answer the telephone asking, "Doctor, can you not do something to quiet the baby's cough? Please do something. The baby has kept me awake half the night with a constant cough." Now perhaps you can prescribe the indicated remedy for that cough and stop it or at least allay it so that the poor mother and child may get a little rest. I will frankly admit that after my closest prescription and most careful study "that cough" has continued, and given me much trouble, as well as the poor little patient and anxious mother. I will admit that in some of these obstinate cases of cough I have prescribed a little whisky or brandy with sugar and water added, to the great relief of my patient as well as to my own comfort.

As to the question of local applications, I am also willing to admit that on some occasions, and perhaps I may say many, I use the whole list of poultices from flaxseed to the new antiphlogistine. Where there is great syndosis, and the blood is loaded with carbonic-acid gas, pure oxygen administered judiciously may be of great value and save our patient's life. There are a number of simple appliances on the market now by means of which oxygen can be used very easily. In closing, I would emphasize the importance of perfect sanitary conditions. The room should be kept thoroughly ventilated and the air warm and moist: where it is possible have a good trained nurse attend to every detail as you would in a case of typhoid fever or diphtheria. Do not discharge your patient too soon and trust to luck that it will make a perfect

recovery. You should see your patient occasionally until every vestige of the disease has disappeared and perfect health has been restored. I emphasize this because too often in infancy and early childhood a bronchial catarrh will develop into an acute attack on slight provocation, and leave a fertile soil for pulmonary trouble in later life.

Transactions of the H. M. Society.

We have among us a turbulent class who vehemently denounce as chimerical and unreliable all experiments with highly dynamized substances, and who clamor loudly in favour of provings obtained by crude drugs ; they seem oblivious to the fact that several of our most potent remedies are powerless, or have no marked medicinal properties, in their crude state, as for instance *Carbo. veg.*, *Natrum mur.*, etc. These men rarely or never resort to dynamized drugs in practice and therefore are incompetent witness. They delight in seeing, feeling, smelling and testing the remedy ; they turn their backs on the proffered manna and hanker for the leeks and onions of Egypt ; they attribute all effects to the material action of the drug, to the greater permeating power of the attenuated atom ; they are incapable or averse to recognizing the dynamic theory of Hahnemann ; they have no conception of the potency of spiritual forces and, in the face of abundant and capable affirmative testimony, they offer about as reasonable a general denial as the old man in the familiar story, who knew the world did not turn round, because if it did, the water would spin out of his mill pond.—A. R. MORGAN, M. D., 1866.

The more accurately all these symptoms, which are easily foundunder the various rubrics, are reflected by the case under treatment, the more assured we may feel of the propriety of the choice of the remedy we have made, and the more confidently may we expect a happy result.—BŒNNINGHAUSEN.