

course run by this croupous pneumonia from that of most forms of disease in which such a variety of the inflammatory process plays a conspicuous part. The extraordinary uniformity of the lesion, its remarkable tendency to resolve on a certain day, the rapid disappearance of the effused product, and this without any damage being done to the inflamed portion of the lung, are all marked points of difference between this affection of the lungs and the ordinary course of acute inflammation.

Further, the malady is for some inexplicable reason usually limited to a portion only of the affected lung, the base suffers, the apex frequently escapes entirely.

Looked at as essentially an inflammation of the lung, pneumonia would, of course, be regarded as a strictly local disease—a pulmonary disease—and all the symptoms would be considered as being the result of the inflammatory affection of the lung, the latter being the primary lesion.

It has long, however, been noticed that it is difficult to reconcile this view of pneumonia with recorded facts, and with those which are seen every day in practice. The entire want of correlation between the extent of lung inflamed and the height of the temperature and the severity of the symptoms is incapable of explanation on the assumption that pneumonia is merely an inflammation of the lung.

Again, how are those cases to be explained in which, from first to last, no physical signs whatever appear? It may be, of course, that in such cases the hepatized lung is really present, but that owing to its small size and deep situation it does not come to the surface; but when series of such cases are met with, some of which are fatal, and when no physical evidence of pneumonia is found *post mortem* it is obvious that the objection cannot be maintained. And, again, from direct evidence, it is clear that the point already raised applies to these cases—viz., the total want of agreement between the severity of the symptoms and the extent of the hepatized lung, for it is certain that when the latter is even fairly marked it will reveal itself to physical examination.

How comes it, too, if pneumonia be an inflammation of the lung pure and simple, that the malady is sometimes propagated from patient to patient by a process of infection, for surely a local inflammation of the lung is incapable of being so transmitted.

It is clear, therefore, that by speaking of croupous pneumonia, using the term in the

sense in which it is ordinarily employed, we must unintentionally confound maladies essentially different.

For it is obvious that if the word "pneumonia" is employed in its ordinary meaning it is not an inflammation of the lung which concerns us, but a general disease, a fever in fact, and one which may show itself by symptoms of pneumonia which follow the orthodox course, but which may be accompanied by no other physical sign than the presence of labial herpes.

This is the form of the malady to which the term "herpetic fever" is often applied, and which is not seldom observed in young children, though it may occur also in adults.

Perhaps if the word pneumonia is used to express an inflammatory process affecting the lung the term may be applied most appropriately to that form of the malady known as "lobular" pneumonia.

In this pulmonary disease, always a secondary one, the lesion is a true and genuine inflammation. At the same time it must be observed that there is not that marked difference between the contents of the air cells in lobular and lobar pneumonia, which would justify the term "catarrhal" being applied to the former. As a matter of fact, there is always in lobular pneumonia a very considerable fibrinous element in the material occupying the air cells, though it is often obscured by the epithelial proliferation.

But the clinical features of lobular are so strikingly different to those of lobar pneumonia in the fact that lobular pneumonia is a secondary disease, an inflammatory affection, a malady that has no tendency to resolve by crisis, and in its frequent tendency to permanently damage the lung, that it is difficult to believe in any real identity between the two pulmonary affections.

Cases are from time to time met with in which a patient, presumably healthy, is suddenly attacked with what appears to be ordinary croupous pneumonia of severe type. The usual days of crisis come and go, but no resolution ensues, and it is noticed that expectoration is becoming offensive. Very shortly all the symptoms of pulmonary gangrene supervene.

The following is a history of such a case: A young and previously healthy woman was admitted to hospital after a few days illness, commencing with a rigor, with symptoms and physical signs pointing to ordinary croupous pneumonia of the lower lobe of the right lung. The pulse was good, the pulse-respiration ratio

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