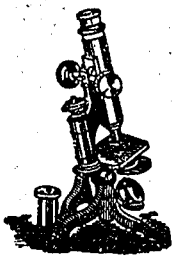
Medical Matters.

THE DIAGNOSIS OF ACUTE LOBAR PNEUMONIA.



An interesting and suggestive paper upon this subject by Dr. Stephen Burt, of New York, appeared recently in the *Medical Record.*

Adverting briefly to the etiology, Dr. Burt considers that there is always a predisposing cause other than chilling of the surface of the body, though the history of the patient upon this point may be doubtful or negative. An unimpaired resistance is practically a guarantee against pneumonia.

Considering the special points actually exhibited by a patient suffering from the disease, the sputum, whilst often characteristic and unmistakable, may present marked variations; it may be blood-streaked or clear hæmorrhage; when dark brown and confluent, it is to be regarded as unfavourable.

Cases presenting the usual mode of onset, and with well-marked physical signs, are simple of diagnosis, but others, such as "idiopathic," secondary and terminal pneumonia, occur with few, if any, outward manifestations, and may be overlooked if physical examination be neglected; cough, pain, and expectoration may be absent, moderate increase of temperature, pulse and respiration only occurring. Such pneumonias may occur in alcoholics, or complicate typhoid, typhus, diphtheria, rheumatism, and influenza, or may terminate cases of *morbis cordis,* disease of the lungs or kidneys, diabetes, or malignant disease.

Rapidity of breathing in a patient lying at rest in bed is suspicious. Herpes may be absent, the cheeks pale, and the temperature not above 102° or 103°, whilst the termination may be by lysis.

Consolidation of the lungs may occur anywhere, and present the characteristic physical signs, but in "massive" pneumonia, where exudation fills the tubes also, or where there is much fibrin or fluid in the pleural sac, the signs are greatly modified, auscultation may be negative, and the percussion note quite flat. In central pneumonia the resonance may be unimpaired. Under these conditions, with fever, initial rigor, rapid breathing, and pneumonic sputa, the diagnosis should, nevertheless, be made.

The heart-sounds in pneumonia are generally well defined, and the pulmonary second accentuated; early failure is indicated by disappearance of this accentuation, later the cardiac first sound becomes weak and valvular. The urine shows the ordinary febrile characters, and may contain casts; the chlorides are usually diminished.

The diplococcus pneumoniæ is found in the sputum, and occasionally has been demonstrated in the blood.

A leucocytosis is as a rule present, but no definite relation has been demonstrated between its degree and the extent of the pulmonary consolidation, nor is a normal leucocyte count of necessity of evil omen; more reliance is to be placed upon the cardiac and pulmonary signs.

In deciding between pneumonia and typhoid, a marked leucocytosis would be in favour of the former. The distinction between acute tuberculosis and simple pneumonia is to be made by the presence of tubercle bacilli in the sputum, which are generally found before signs of softening appear.

In children, differentiation between pneumonia and tuberculous meningitis may be made by examination of the chest and blood; in the latter the leucocyte count is normal or subnormal.

Between pleurisy and pneumonia, both in adults and children, differentiation is sometimes difficult; reliance must in these cases be placed upon the character of the sputum—which in pleurisy is never "rusty"—and upon the absence of diminution of the chlorides in the urine. In pleurisy with effusion the chest on the affected side is almost always enlarged and the heart displaced. Vocal fremitus is absent.

On percussion, the flatness due to effusion may vary with the position of the patient, which, of course, will not be the case with consolidation. On the left side, Traube's area, which is unaffected in consolidation, is obliterated by an effusion.

In mensuration it is to be borne in mind that the right chest measures about half an inch more than the left, and that in pneumonia the increase in size is insignificant.

Pneumonia is a disease which nurses are frequently called upon to attend, and it will, therefore, be of interest to them to know something of the different types of onset, and the conditions which characterise the course of the disease in various cases.

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