The frequent observance in my practice latterly of pneumonia in children and infants, and in some cases in which chest symptoms were absent, has led me to conclude that the disease is often mistaken for other ailments, as dentition, remittent fever, worms, and bronchitis, and has caused me to publish the following few cases out of many, with the view of drawing attention to the prevalence of the disease, and the value of blistering as a means of treatment. It seems difficult, no doubt, to diagnose pneumonia in the child, from the struggles of the little patient, but by keeping the ear perseveringly to the chest, when exhaustion takes place, the hurried breathing facilitates the discovery of tubular breathing, the first sign of pneumonia generally observed in the child, however closely the case may be watched. Dr. West, in his admirable book on *Diseases of Children*, at page 6, states that if the posterior part of the chest is free from a considerable amount of crepitation we may conclude that the infant is not suffering from any serious disease of the lungs. This remark seems to me to be inaccurate, as in my experience simple hepatized lung is oftener found in other parts of the chest than the posterior, the usual seat of it in the adult. Blistering, though abandoned by some practitioners, is, in my opinion, the sheet anchor in this disease. Dr. West has given up blistering, and he says if a blister is applied the blistered surface should be pricked with a needle and the part then dressed with French wadding. In this advice the mistake lies. If a blister is put on an infant, left on a suitable time, the part then dressed with mercurial ointment on lint, and then covered with French wadding; kept on with a few strips of adhesive plaster, and not removed for some days, unless the blisters break, nothing but good will result from it; but if the blisters are cut or pricked, air will enter, a raw surface be exposed, and a troublesome sore probably result. Mercurial ointment, I find, excludes air more effectually than simple dressing, and, no doubt, has a resolving effect on the inflammation; and by keeping the child as much as possible on the healthy side the bursting of blisters will be avoided; and all practitioners will agree with the late Dr. Graves that all good results will be achieved without opening.

Called to see Connor, a year and ten months old, a child of a
poor man; found him very feverish, heavy, prostrate, and thirsty; treated him for some time for teething, but his symptoms increasing I suspected that something more serious was the matter, and examined him closely for some days, at the end of which time I observed that the upper part of the right side did not expand equally with the left; detected slight dulness under the clavicle, attended with tubular breathing; blistered immediately, and dressed blistered surface with mercurial ointment and French wadding, and rubbed mercurial ointment in the ordinary manner into the armpits. Next day the little patient was quite lively, tubular breathing replaced by respiratory murmur, and all symptoms much relieved; recovery in a few days. This child was very ill indeed, and had to be sustained with chicken broth and wine before treatment was directed to the inflamed lung.

Shanahan, a child of a shopkeeper, six months old, attended by an apothecary for some days, and treated for worms. His state becoming alarming I was called to see him, and found him very ill, lying on his back; belly tympanitic, breathing very hurried, and the case apparently hopeless; examined him closely, and found dulness on percussion, and tubular breathing under right clavicle. Ordered enema of asafoetida; belly to be stuped, and treated the hepatized lung as the case given above. Next day he was much improved; however, his pulse continuing high, and stethoscopic examination disclosing respiratory murmur over the blistered part, but tubular breathing in the axilla of same side, attended with dulness on percussion, I blistered this part immediately, and next day symptoms were much lessened; respiratory murmur in axilla, and recovery in some days.

An infant, six weeks old, for some days brought to dispensary, and got expectorants for cough and oppression. The child continuing very ill, and getting worse, I made an examination of the chest, and detected dulness on percussion, and tubular breathing in right axilla and along the lower edge of the great pectoral muscle; put on rather a large blister that covered all the dull part; blistered surface dressed with mercurial ointment and French wadding; respiratory murmur restored next day, and recovery very soon. The blister in a few days shrivelled up, and healed without a bad symptom.

Almon, a child of a shopkeeper, ten months old, got symptoms of croup on the night of the 1st January last; called to see him on the following night, and found him in high fever, stridor, croupy