

POSTGRADUATE MEDICAL JOURNAL

1959

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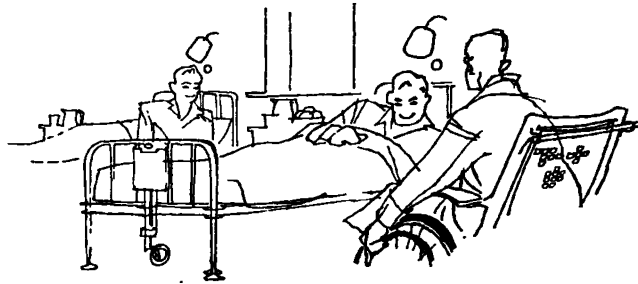
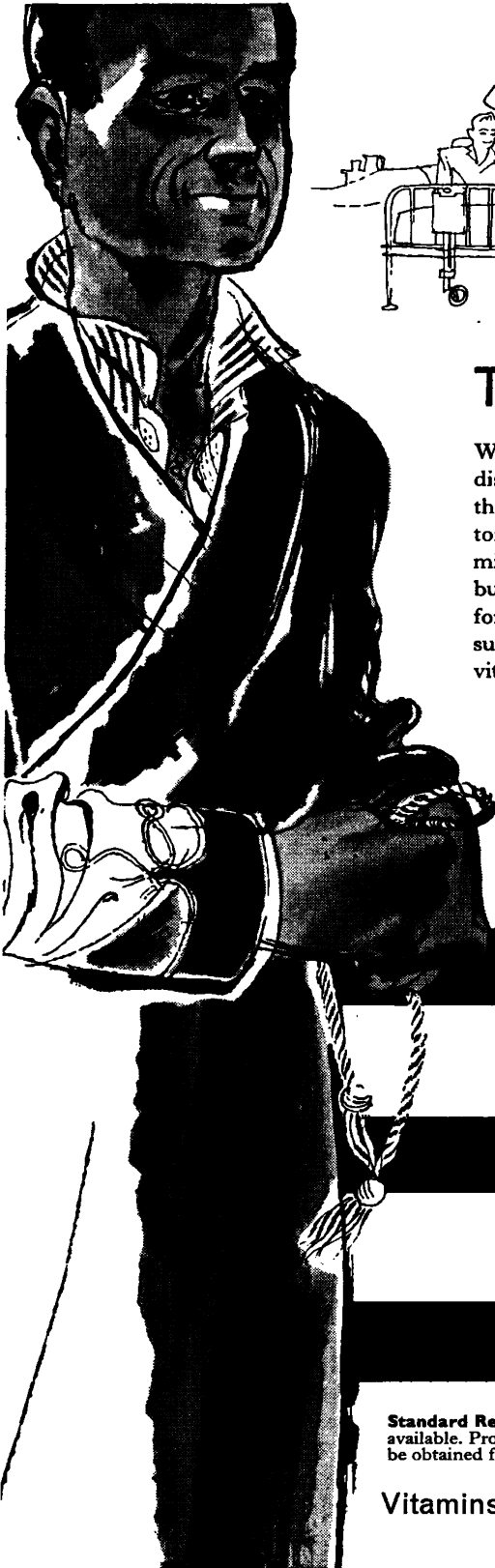
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too, is often not raised, but the leucocyte count in younger virus pneumonias almost always rises with secondary infection and the signs are modified in accordance with the type and extent of that infection. Some influenzal pneumonias secondarily infected with pneumococci will, for instance, give classical signs of lobar pneumonia. We have greatly changed the picture of the pneumonias by our treatment, but their classification is no easier, perhaps more difficult, than 20 years ago.

Apart from special tests, I have to admit that I find it difficult to say straight away if a case is of virus origin or not. In an influenzal epidemic it is easier because the cases do tend to follow a type. But even then cases occur often which look like viral pneumonias and yet cannot be proved as such by the C.F.T.s. It is tempting to say that many such cases are viral, especially if their white count is not raised, if their sputum does not contain pathogens and if they are slow to respond to sulphonamides and antibiotics. But if one does this after excluding rarer causes, such as choriomeningitis, varicella, Cocksackie and glandular fever viruses, one has to stipulate that there are unclassified viruses which affect the lungs—not, I think, an entirely unjustifiable

assumption, and only recently two para-influenza viruses (HA1 and HA2) have been isolated. 79 out of my 159 tested cases were suspected but not proved, to have viral infections and were left unclassified. It is probable that in them, in a large proportion of pneumonias of the present day, a viral infection paves the way for pneumonia to develop. It is also even possible that in the presence of a viral infection the mouth commensals acquire a degree of pathogenicity.

Radiologically partial consolidations in which the shadow is 'ground glass,' or in which reticular peribronchial thickening is associated with many small fluffy shadows, is some evidence, though not conclusive, of virus pneumonia. The illustrations in the text underline the difficulty of distinguishing recognized virus pneumonia from unclassified consolidations of the lungs.

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