Editorials.

Pneumonic Fever.

FEW diseases present a more interesting study than pneumonia. The changes of opinion as to its pathology, etiology, prognosis and treatment afford many points of much historical moment.

The last seventeen years has been specially rich in pathological advance. In 1880, George M. Sternberg discovered the micrococcus pneumoniæ. Talamon, Fraenkel, Weichselbaum, and Sternberg followed up this discovery, so that by the year 1885 it had been made clear that this micro-organism existed in the sputum of pneumonic patients; and that cultures of this organism produced pneumonia in rabbits.

In 1883 Friedlænder discovered another germ, the pneumococcus, which is capable of producing pneumonia. This discovery was corroborated by the researches of Frobenius and Flugge. This germ is a short rod with rounded ends, a club-shaped bacillus.

It has been noted by many careful and capable observers that the micrococcus pneumoniæ of Sternberg gives to very many more cases than does the germ of Friedlænder, the pneumococcus. It is estimated that for every case of pneumonia due to the latter germ there will be at least twenty due to the former.

But these are not the forms of infection that are capable of exciting pneumonia. Streptococcus pyogenes is known to produce erysipelas on the one hand and pulmonary consolidation on the other. Peter, Passet, Fehleisen, Rosenbach and Levy have recognized this relationship between erysipelas and disease of the lungs.

During the prevalence of influenza there are cases of pneumonia due to the infection of this disease. In these pulmonary cases diplococci, streptococci, and staphylococci have been found. These cases do not follow the typical history of lobar pneumonia. There is often an entire absence of rusty sputum, and its place taken by an abundant muco-purulent. The local symptoms are not typical. This form of pneumonia does not follow the usual course. Sometimes three or four days may elapse before any local evidence can be detected. A râle may be heard over a large area, soon to disappear, and be followed by râles in other parts. Many of these cases are instances of secondary infection, the contagion of influenza having already taken possession of the person.