

contracted the disease. They were all alike exposed to the same influences at the same time, and yet one after the other took the disease, seemingly in the order in which they were the most directly in each other's presence. And in all of these cases, no other symptoms manifested themselves which would lead me to suppose that there were any morbid agents at work, other than those belonging to pneumonia. I have noticed through the medical journals that others have made the same observations, and if there be any present who have had the same experience, I would be glad to hear from them.

The symptoms and differential diagnosis of pneumonia, although of great importance to the practitioner, are so well understood by us all, that it is not necessary to say anything about them; but I desire to say a few words respecting the prognosis and treatment of the disease in question. It is comforting for a physician to be able to prognosticate with approaching exactness, the severity, daily development, and probable termination of a disease even of the gravest form, for though our efforts to save life are in vain, under such circumstances we do not lose the confidence of those who employ us, and we have the consoling thought that we have done our duty, and that we have not lost our patients either through neglect or lack of professional skill; but by a superior power over which we have no control. There are many things to be taken into account in order to enable us to give a correct prognosis in pneumonia—among which we may mention age, constitution and habits of the patient, all of which are of great importance. Occurring in the young child, or in a very old person, it is almost always fatal. According to well authenticated statistics, between the ages of 40 and 70 years, the death rate is between one in five and one in seven. On the other hand its lowest mortality is between the ages of 10 and 30 years. Between those ages the majority will recover, if other circumstances be favorable. If a person be addicted to drinking habits, or is of a feeble constitution, or suffering from any serious organic disease, especially of the heart, lungs or kidneys, the prognosis is unfavorable, in proportion to the extent of these diseases, or to the excess of vicious habits. The prognosis is likewise dependent upon the amount of lung involvement. Pneumonia is attended with very great danger when the patient

is in a pregnant state, although the lung be only partly involved. Among the individual symptoms which indicate danger might be mentioned, high temperature, absence of expectoration in the second and third stages, with loud tracheal rales, or a copious liquid, prune juice, expectoration; or extreme prostration in any stage of the disease, followed by a cold clammy sweat, are all indicative of great danger. It is said by good authors, that if the pulse reaches 150 per minute, the case is almost certain to be fatal; but we should not give up our patients even though it should temporarily reach above that point, for there are exceptional cases where the pulse exceeds that for a short time and recovery takes place. I myself have met with a case in which the pulse at one time exceeded 150, and the blueness of the lips and ends of the fingers gave strong evidences of cyanosis, yet the patient recovered. Another unfavorable symptom is that of pulmonary congestion. When there is pulmonary congestion in the portions of the lung which are not involved, there is great danger, as this condition is frequently the direct cause of death.

As regards the treatment of pneumonia I shall not detain you long; but refer to some of the means which are adopted for the cure of this disease. In mild cases we should adopt the expectant plan of treatment; put our patient in a warm airy apartment, and wait for the symptoms which we may be called upon to treat. Unfavorable symptoms which may arise under these circumstances, will yield more readily to the proper kind of treatment, than they would had the patient been subjected to a regular routine course before those symptoms were manifest. I would not, however, recommend that we lose sight of our patient, and trust to friends to let us know when our services are required. We should watch him closely and give nature the necessary aid at the proper time. It is likewise necessary that we should attend to the general comfort of the patient, not forgetting that he requires plenty of fresh air, the temperature of which should range from 68° to 70° F.; abundance of easily digested food should be given, such as milk, beef tea, and where the stomach can tolerate it, fresh eggs can be given with advantage. It is also of vast importance to insist upon the patient protecting the chest from sudden changes of heat and cold, and to prevent all exposure to draughts. If these rules are pro-