

## PNEUMONIA—AN INFECTIOUS DISEASE.

Below is an abstract of a paper, by Professor Jurgensen, of Tubingen, on *True Pneumonia, Its Etiology, &c.*, from the *Medical Record's* report of the proceedings of the Third German Medical Congress, held at Berlin, April 21-23, 1884.

The author gave a history of the growth of our knowledge of croupous pneumonia, and showed how opinions as to its nature had changed, until now the belief exists that pneumonia is a general infectious disease, the lung inflammation being only symptomatic. Experimental pathology had recently given indirect confirmation of this view. The speaker then took up the alleged exciting causes of the disease, and showed that the facts regarding these did not conflict with the infection theory. Cold has been alleged to be a cause. At one time it was even said: "Frigus unica pneumoniæ causa." Different authorities reported cold to be a cause in between two per cent. and twenty per cent. of the cases. Jurgensen had in ten years' observation found cold as a cause apparently in ten per cent., really in only 4.1 per cent. It might easily be thought that exposure will produce a catarrh rendering easy the access of the infectious organisms of pneumonia.

It is a prevalent error, says Jurgensen, that pneumonia attacks by preference the strong and full-blooded. Among a population of all ages, three-fifths of the pneumonias occur in those between one and fourteen years, while twice as many occur after forty-five as between twenty and forty-four. Dittel found that the disease occurred in those previously weakened in eighteen per cent. of cases; Flint, of Danemark, in twenty-one per cent.; the author, in 29.3 per cent. Immermann, of Basel, recently confirmed this view. The disease has some relation to the meteorological conditions, being increased when there is increased humidity of the soil (Keller) and when the

atmospheric precipitates are above the mean. These facts might be explained by the theory of an organic poison.

Pneumonia is a disease of dwelling-houses, like typhoid. Jurgensen had seen pneumonia in a dwelling in Amberg. Some time later the pneumonia cocci were found in the walls of the chamber. The disease occurred in epidemics, especially affecting single houses, or prisons, asylums, etc. The possibility of direct passage of the disease from one person to another cannot be denied, but the occurrence is rare. Flint, of Danemark, found some relation between earlier and later cases in two-thirds of his patients. The question of the unity or multiplicity of the pneumonia poison would soon be settled.

Clinically, the disease presents great diversity even in the same families and sick-rooms. This the author was inclined to explain by assuming a variation in the extent of the development of the infectious poison. He believed that this poison circulating in the blood, affected with special inflammation or disturbance other organs than the lungs. He cited thirteen cases of pneumonia with acute nephritis in which the kidneys were found to contain the special cocci. He believed that these produced special disturbances of brain membranes or stomach or other organs. Their development gave rise to the irregular curve of pneumonia.

Clinically, the disease may be separated into three great groups: first those in which the general symptoms of infection, second, those in which heart symptoms, and third, those in which the lung symptoms, are prominent.

In reference to prevention, the discovery of the coccus and the knowledge that it is a house-plant is of importance...He pleaded for prophylactic therapy—preventive treatment, was doubtful of the ultimate value of bleeding, though it might temporarily relieve the heart. Finally, he announced the following