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ON CERTAIN FEATURES IN THE PROGNOSIS OF PNEUMONIA.

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THE higher the mortality the more difficult is it to estimate in any disease the value of the various elements of prognosis. Pneumonia is certainly the most fatal of the acute infections of adults in temperate climates. No other disease kills from one-fourth to one-third of all persons attacked. Very elaborate statistics have been collected showing the death-rate of the disease. These have been grouped together by Wells,¹ of Chicago, in one of his excellent papers on pneumonia. Of 233,730 cases the mortality was 18.1 per cent.

Unfortunately it is chiefly from hospitals that we have to gather our facts. S. H. Dickson, whose essay on "Pneumonia" is a storehouse of valuable information, comments on "the remarkable equality of this proportional mortality in peace and all comfort, in hospitals of wealthy communities, in the field of destructive war, and in hospitals and barracks the emphatic seats of destitution, privation, exposure, and neglect."

A few years ago I collected the statistics of mortality from some of the leading hospitals of this country. In the Montreal General Hospital the death-rate was 20.4 per cent.; at the Charité Hospital, New Orleans, 38 per cent.; at the Pennsylvania Hospital, Philadelphia, 29.1 per cent.; at the Boston City Hospital, 29.1 per cent.; at the Massachusetts General Hospital, 25 per cent. These figures are very much the same as those in the large English hospitals, given recently by Dr. Leech.² Thus at St. Thomas's for eleven years the mortality was 20 per cent.; at St. Bartholomew's Hospital for fifteen years the mortality was 18.6 per cent.; at the Edinburgh Royal Infirmary, 27.1 per cent.; at the Manchester Royal Infirmary, 28.8 per cent.

Of the first 124 cases of croupous pneumonia admitted to or developing in the Johns Hopkins Hospital, 37 died, a mortality of 29.8 per cent.

The mortality in private practice, though high, does not reach the figures which I have just given. The only large statistics available on this point are those in the "Report of the Collective Investigation Committee of the British Medical Association," which was drawn chiefly

¹ *Journal of the American Medical Association*, 1892.

² *Medical Chronicle*, September, 1894.