

AL CONTRIBUTIONS.

MENT OF PNEUMONIA, HISTORICALLY THF CONSIDERED.*

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PNEUMONIA is by no means a modern disease. That it was well known to the ancients the writings of Hippocrates and others bear witness. By these writers it was confounded with pleuritis and other acute thoracic diseases, as reference to their works will show. Celsus refers to the spitting of blood and phlegm as one of the symptoms of severe pleurisy. We find this attempt at differentiation down to the time of Sydenham, when it was recognized that no real distinction could be made and Sydenham's view was generally accepted.

"Having thoroughly considered all the various phenomena of a pleurisy, I conceive it to be only a fever occasioned by a peculiar inflammation of the blood, whereby nature throws off the peccant matter upon the pleura, and sometimes upon the lungs, whence a peripneumony arises; which, in my opinion, only differs from a pleurisy in degree and in respect of the great violence, and the larger extent of the same cause."†

Wallis, in his edition of Sydenham, writes: "It has been the custom of almost all authors, when treating of inflammations of the internal parts of the chest, to make a distinction betwixt pleurisy and peripneumony—it is seldom found but these two affections are united in the same disease. Besides, they can scarce ever be distinguished by the symptoms, and to discriminate them would be of little use in practice, inasmuch as they require precisely similar methods of cure."

From Sydenham to Laennec peripneumony was the term applied to the more severe of the acute diseases of the chest, and pleurisy to the less severe.

The diagnosis of pneumonia as we recognize it to-day was made possible by the discoveries of Auenbrugger and Laennec, and the physical signs of the disease were clearly pointed out by Laennec. Later the minute anatomy of pneumonia was first described by Rokitansky, who differentiated the lobar and lobular varieties. Laennec gives to Pinel the priority of restricting the term pleurisy to inflammation of the pleura. Previously it had been used loosely to signify a pain in the side, particularly those which are continued and accompanied by an acute fever.

That the exudate in pneumonia was intravesicular and not interstitial was pointed out by Addison. The former belief that the disease was a

* An address to the Academy of Medicine, Toronto, February 14th, 1911.

† The works of Thomas Sydenham, notes by Wallis. London, 1878.