

develop from acute lobar pneumonia. The question of mortality, he said, has given rise to much dispute, largely because of indefinite statistics. Its discussion, to be of value, requires a knowledge of the variety ; the patient's age ; the general character of the attack. At some seasons the mortality is greater than at others, notwithstanding the same general treatment. Statistics before the middle of the present century give a mortality of from 16 to 55 per cent. Just before the middle of this century Skoda published statistics tending to prove that pneumonia is a self-limited disease. About 1842 Fleischmann, a homœopath, had a mortality of less than 6 per cent., which set other physicians thinking, and gradually led to less heroic treatment. The fact that the mortality varies in the hands of the same physicians shows that each case stands by itself. Dr. Satterthwaite's own experience shows that the expectant plan of treatment is best. The causes of death show what should be the direction of treatment. It should not be the reduction of temperature so much as the sustaining of the heart and obviating renal complications. The author has been led to believe by post-mortem studies that antipyretics not only weaken the heart's action, but also have some unfavorable action on the kidneys. Every case of acute lobar pneumonia should be treated by itself, and the indications met as they arise. He has often seen benefit from copious repeated cuppings in sthenic cases. In less vigorous persons relief often follows cold water applications. In defective hepatic action relief has come from large doses of mercurials. In weak heart patients have been carried through with alcoholic stimulants. In renal complications marked relief of pulmonary symptoms has followed remedies directed chiefly to the kidneys.

The author then passed to the consideration of secondary lobar pneumonia. This subdivision had been recognized by the old French school. His views of it are based upon nineteen of his recorded cases. Without committing himself to an opinion as to their etiological value, he has found the antecedent conditions as follows : Nephritis in 5 ; alcoholism in 2 ; phthisis in 2 ; burns in 2 ; rheumatism in 1 ; fracture of the ribs in 1 ; hypertrophy of the heart in 1 ; pleurisy with effusion in 1 ; pericar-