

## CONTAGIOUS PNEUMONIA.

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A number of cases in which pneumonia appeared to be contagious have come under my observation during the past year. An account of them, as well as a few remarks on the nature of this affection, may be of interest to this Association.

The first series of three cases occurred in one household during the month of February. They were attended by Dr. Burritt and myself. An elderly maiden lady, of 86 years, was first attacked by what appeared to be ordinary lobar pneumonia, and died after a few days illness. About one week previous to the commencement of the old lady's illness, a married woman, Mrs. A., aged 40, and her daughter, aged 18, came on a visit from a neighboring country town. The house in which the latter had resided for years was during the early part of the winter in a very unsanitary condition. The well was out of order, and the occupants of the house drank cistern water. Mrs. A. and her daughter, however, did not appear to be in a very debilitated state when they came to Toronto. They were not well, however, and the mother suffered from a persistent cough. A few days after the old lady's death, Mrs. A. took sick. Her illness was at first not of a pronounced character. The principal symptoms were those of high fever. Shortly, however, pneumonia developed. The consolidation was not of the ordinary lobar character, but appeared to be in patches in different parts of the lungs. The sputa was not rusty, but of a dark brown colour, and the elevation of temperature far exceeded what one might expect from the extent of the inflammation. The highest point reached was  $107\frac{1}{2}$ , and the range was usually over 103, notwithstanding the use of large doses of quinine. The disease ran a rapid course, and death ensued in a little over a week after the commencement of the attack. During the thirty-six hours before death patient had at times intense maniacal delirium, when it was very difficult to keep her in bed. The treatment consisted of quinine,

often in 20 gr. doses, stimulating expectorants, and the free administration of stimulants. The attack throughout very much resembled the acute septicæmia, which sometimes follows confinement.

One or two days after the commencement of Mrs. A.'s sickness, her daughter became ill. She suffered in almost the same way as her mother. The first symptoms were those of a high febrile state. Chill followed by temperature of over  $103^{\circ}$ ; pulse 120; tongue furred, often dry and brown, and occasionally slight delirium was present. The consolidation of the lungs then developed. This condition appeared in patches, and was not so extensive as in her mother's case.

The sputa was more rusty in character, and did not at any time present that dark brown appearance previously described; nor could it be said to exhibit the well-known appearance characteristic of sthenic pneumonia.

The disease runs a severe course, the temperature keeping up over  $103^{\circ}$ , notwithstanding the use of 20 gr. doses of quinine. In about a week after the commencement of the attack the patient showed signs of improvement, but the convalescence was very slow. She suffered from intense weakness, from which she did not recover for months.

Looking upon the case as one of a very low type of fever, allied to erysipelas, we determined to treat her from the very commencement with iron in large doses. She took 15 minim doses of the tincture every three hours, which, with the quinine, formed the principal medical treatment.

Further details of these cases are not given, as I do not wish to unduly prolong this paper.

The facts just related may be accounted for in one of four ways: (1) That the cases occurred one after the other, purely as a matter of accident. (2) That the old lady suffered from the ordinary lobar pneumonia, and that Mrs. A. and her daughter, in a debilitated condition from previous unhealthy surroundings, afforded an excellent soil for the growth of the pneumonia germ. (3) That the old lady contracted the disease which was already developing in Mrs. A. and her daughter. (4) That all the cases might have arisen from endemic influences.

Of these theories I am inclined to believe that