

PNEUMONIA FROM A PUBLIC HEALTH STAND-POINT.

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In estimating the importance of a disease from the standpoint of public health, several considerations are involved. Assuming that the disease in question is, in part at least, preventable, the first consideration is the proportional share of the national death-toll which it causes; and the next is the age or ages at which this mortality chiefly occurs. If, for instance, death from pneumonia simply meant that this was one of the modes (and, as we know, a comparatively painless mode) of dying of senile decay, its presence in our national vital statistics might be regarded with some degree of complacency. We next naturally inquire whether pneumonia is on the increase or not; and in connection with each of these inquiries, we have to consider what degree of trustworthiness attaches to the official statistics.

Proportion of National Mortality caused by Pneumonia.—The death-rate from pneumonia in England and Wales was 1,340 per million males in the population, and 917 per million females, in the year 1897. A study of the annual reports of the Registrar-General shows that between 1878 and 1889, both years inclusive, the greatest variation in the annual death-rate among males was between 1,319 in 1887 and 1,089 in 1881; and among females, between 989 in 1887 and 740 in 1881. In the year 1890 a sudden change occurred, the death-rate from pneumonia in that year becoming 1,731 among males, and 1,798 in the next year, since when it has fallen to 1,277 in 1894 and 1,340 in 1897, but has remained persistently higher than before the year 1890. A similar change has occurred among females, the death-rate in this sex increasing to 1,094 in 1890 and to 1,165 in 1891, declining again to 917 per million in 1897. It scarcely needs to be said that this sudden increase, followed by a continued smaller increase of mortality from pneumonia, is associated with, and almost certainly caused by, the widespread prevalence of influenza, which since the latter part of 1889 has remained endemic in this country, with occasional epidemic exacerbations. This illustrates one of the main difficulties in forming valid conclusions as to the death-rate from pneumonia. How much of it is due to pneumonia as a primary disease, and in how many instances is the pneumonia a complication of influenza which has not been mentioned in the death-certificate, of unrecognised enteric fever, or of phthisis, or some other disease? The answer to this question must necessarily be con-