

theory was carried out into practice, with the result that much benefit was obtained by this method of treatment. Klebs records the clinical history of two phthisical patients thus treated, and points out that in both cases a marked improvement of bodily condition and an increase of weight followed the treatment. Other improvements in respiratory capacity and in respiration generally are also recorded, and a marked increase in appetite, which before had been very feeble.—*The Lancet*.

Pneumococcus Infection.

Dr. Frank Billings (*Western Clinical Recorder*), thinks that all recognized pathologists and clinicians are now agreed that Fraenkel's diplococcus is not only the cause, but the only cause of lobar, croupous or fibrinous pneumonia, even though in, perhaps, 10 per cent. of the cases it may never be discovered. Pneumonia is an acute infectious disease, characterized usually by a local inflammation of the lung with an associated specific toxæmia. The lung manifestation is so frequent that the name pneumonia is still adhered to, but Dr. Billings thinks that the obsolete term "lung fever" expresses the pathological process much more clearly. It is a recognized fact that pneumonia may occur without pneumonitis. This is better expressed as a pneumococcus infection without any involvement. The infection may occur as a septicæmia or as a pyæmia alone, or as a septicopyæmia. Many autopsies prove this. Toxæmia occurs in these cases, producing fever with disturbance of the cardiovascular system, of the secretions and excretions and of the nervous and digestive apparatus of the body, as in ordinary pneumococcus lung involvement. This proves that the disease is an infection with local lesions, usually of the bowels and mesenteric lymph glands, associated with a peculiar toxæmia. In this it is analogous to typhoid and other infective fevers. Lung inflammation, pneumonitis, on the other hand, may be caused by many varieties of germs. Besides lung fever, "pneumonia," which is a pneumococcus pneumonitis, we may have streptococcus, staphylococcus, colon bacillus or typhoid bacillus pneumonitis and that due to other bacteriologic forms. Septic pneumonitis is not rare, and in the infectious diseases complicated with pneumonia the processes may be pathologically an infection with any one or more of the before-named bacteria. The local signs, however, and the clinical phenomena of the different forms may be so much alike in the first days as to render diagnosis impossible, unless aid is afforded by the histological and bacteriological examination of the blood and pleural exudate. The author compares pneumonitis in this respect with cerebro-spinal meningitis. The recognition of the type of