

in Montreal, the most populous city in Canada, pneumonia is frequent, and is, as a rule, as my best correspondents inform me, *acute* in form. Unless in feeble persons, young or old, or amongst the intemperate, the asthenic forms of the disease are seldom met with. The *very* low form, thought by some to be contagious, on which some of my correspondents in Toronto and in some places west of that city have laid great stress, is said to be exceedingly rare in Montreal, and its presence there as an epidemic is strongly questioned.

As is the case throughout the entire North-West, so malaria is practically unknown in the Province of Quebec. The small amount of it met with, occurs in persons who have entered the province from malarious localities in the west or south.

There is little doubt in my mind that to this absence of malaria, as well as to a considerable similarity of climate, is due the fact that the pneumonia met with presents much the same characteristic features in these widely separated regions.

Coming still further eastward, and seaward, we notice very briefly the disease in Prince Edward Island. This little insular province, presents in summer in most parts, the very perfection of natural beauty, although perhaps the less said about it in winter, the better. Pneumonia of an *acute* type is reported as frequent, more so during some seasons than others. Some of my esteemed correspondents refer to the cases being at times so numerous as almost to justify the view that it prevails epidemically.

As in type, course and frequency of occurrence, pneumonia is just the same as a rule in New Brunswick, Nova Scotia, and in the old colony of Newfoundland, with its appendage, Cape Breton, as in Prince Edward Island, it is needless to do more than mention that in *all* these provinces the form commonly seen in country parts, is the *acute*. Now and then due, as elsewhere, doubtless, largely to local causes, cases are seen in towns and cities of a very low form, which tax to the utmost the skill of the medical attendants.

In this paper I purposely omit any reference to the portions of the reports sent me, regarding the theories held as to the nature of the disease—whether it is a *local affection only*, attended with symptomatic fever, or a *specific form*, of which the local disease is a mere accompaniment. Neither

will I speak of the treatment of pneumonia adopted in different parts of Canada.

To enter on these topics would make this paper altogether too long—and long papers, like too long sermons, are not consistent with the brevity of human life, and nearly always make listeners sleepy, rather than interested.

I may, however, be permitted to say here, that many authors, some of whom are very justly esteemed and have great weight given to their views by the profession, are *on the one hand* rather too *brief* and *general* in their remarks on the *treatment* of this disease; and on the other, frequently do not, as it appears to me, bring into sufficiently bold relief the sound principles which underlie the largest measure of success. These are admirably laid down by Mr. Erichsen in his great work on surgery, where he treats of the management of inflammation in general (See Vol. I. last American Edition, p. 225). It seems unusual to refer to a work on surgery in a paper on a purely medical subject, but Mr. Erichsen's remarks are by no means seldom quoted approvingly by physicians. I will not detain you by giving the passage in full. The author strongly and very properly objects to all inflammatory diseases (and pneumonia is one of them) being treated on any *uniform* plan, whether by depressants or by stimulation. As regards management of cases of pneumonia, no remark can be more practical or valuable than this, that so far as successful treatment goes, "*it is of far greater importance to be able to estimate accurately the constitutional condition of the patient, than to be able to form a minute diagnosis of the precise extent and depth of the local mischief.*" We, therefore, in Canada, as elsewhere, use *repressive* means in one case of pneumonia and *stimulate* more or less freely in another. Or often, in the same case, after judiciously repressing existing vascular over-activity for a *short* time, we *may*—indeed, if it be called for, *WE MUST* support and stimulate to any required extent. This varying of the means to be adopted in particular cases at particular stages, calls for the exercise of the greatest judgment and all the knowledge we possess; but it is the only practice which can secure the best results to our patients, and at the same time most redound to the credit of medical science. Such practice is no mere routine, but a strict following of medical science, properly so-called.