

test this opinion, I took the figures of the Registrar-General for pneumonia and influenza since 1890, and the mortality curve for the two diseases is strikingly similar. So that I think the conclusion justified that the fluctuation in pneumonia is entirely explained by the outbreak of influenza.

Pneumonia being a germ disease, the questions in respect of treatment which arise are :

1. How can the germs be destroyed, or their access to the body prevented, or failing this, how can the body be protected against them? (*Prophylactic and Preventive.*)

2. If the germs have gained entrance into the body, how can they be destroyed there (*anti-bacterial*), or their effects neutralized (*anti-toxic*)?

3. How can the symptoms which arise in the course of the disease be dealt with (*symptomatic*)?

1. *Prophylactic and Preventive.* We know so little of the conditions which determine an attack of pneumonia that we cannot do very much to prevent it.

*Prophylactic.* Virulent pneumococci are so often present in the saliva, it follows that healthy persons must have considerable powers of resistance. But the resistance may be reduced in many ways. For instance, by exposure to cold, by the failure of health consequent on illness or accident, and by specific diseases, especially measles and influenza. The risk is greatest where two or more of these predisposing causes are associated. Thus no influenza patient should be allowed to run the risk of chill and over-fatigue till the post-febrile depression stage is past. During this stage, the temperature is constantly subnormal, and thus becomes a clinical index of value. With measles, the risk is during the febrile stage, especially of the illness or soon after. No doubt the infection in this and other specific fevers is from the mouth, and nothing is more likely to diminish this risk than a careful mouth-toilet, and thus the cleansing and disinfection of the mouth are not only good nursing, but good doctoring. Lastly, the toxins of the pneumococcus have a long, lasting and injurious effect upon the body, by permanently lowering its resistance, and rendering those who have had one attack not less but more liable to another.

*Anti-bacterial and Anti-toxic* treatment is directed to destroy, or check the development of the pneumococci, to increase the powers of resistance of the body to the germs, or to neutralize their effects. We have no means at present by which the germ can be destroyed or checked. The disease runs its own course, and nothing so far is known which will cut it short. Subcutaneous injections of quinine or of camphor in sterilized oil have been suggested, but their anti-bacterial action is not established. There is no serum or vaccine which can be relied on. There may be different strains of pneumococcus, at any rate it seems that the only service-