

ber of people in the pneumonia ages (extremes of life). This our age grouping has not demonstrated, as the pneumonia death-rate in all ages is high in Boston. We believe that the factor which is absent in the compilation of this city is the number of smoky days in the year.

Chicago, on the other hand, where Dr. Fulton believes there is a pneumonia obsession in the minds of the physicians, follows very closely what one would expect from the readings of the smoky days. As nearly as we can find, Chicago has been very careful, and since 1910 has forwarded its certificates to Washington, where they have been classified by the Vital Statistics Division of the Census Bureau in order to obviate the reflection of local bias.

We believe that if it were possible to establish a reading of smoky days on the basis which Dr. Benner has established in Pittsburgh, *i. e.*, the precipitation of soot, and have this uniform in the various cities, that we would be able to establish a much more intimate relation between the number of smoky days and the number of pneumonia deaths in any city.

One of the conspicuous things to us in Pittsburgh has been the virulency of the pneumonia infection, which, of course, varies from year to year, but seems to carry its toll off more quickly in Pittsburgh than in any other of the four cities in which I have lived and worked in this field.

It may be well here to again call your attention to the fact that pneumonia is in the main an increasing death-rate in many cities and in the country as a whole; that it takes its victims from the extremes of life; and also takes off many of our most useful middle-aged business men, *i. e.*, many on whom most has been spent in education, at a time when they are most useful to the community; and if it were possible by municipal ordinance to control in some way the production of useless smoke in the cities, much might be done to conserve that on which the community has expended the most, and from which it