

It is important to bear in mind that in British Columbia, as well as over the entire Canadian North-West, reaching from the eastern side of the Rocky Mountains to the westerly limits of Ontario, *malaria*, which, wherever found, so largely influences every disease, is practically non-existent.

In all the vast tract just spoken of, pneumonia is met with more or less frequently in proportion to the number of people settled in *particular* localities. It is, as in *almost*, if not *every* other place, found to take the *acute* form in *scattered* settlements, and not seldom a *lower* form in towns and villages, particularly in those which are increasing very rapidly in population. The explanation of this, I take it, is not far to seek. Population in American and Canadian communities often increases with great rapidity, while the carrying out of efficient sanitary regulations takes much time, and what is more scarce than even time in all new places, a good deal of money. The fact, now happily becoming more and more familiar, that as sanitary measures are perfected, *low* forms of pneumonia, and of all other diseases, tend greatly to decrease, abundantly verifies this observation.

Coming still eastward through Ontario, pneumonia is found to occur frequently and in an acute form at certain seasons—chiefly towards and during spring, especially in rural districts.

As we would expect, many cases present themselves in which more or less blood-poisoning co-exists with the local inflammation, giving them often a somewhat asthenic character. As we pass into the more southerly portions of Ontario, malaria becomes a very important factor, not in pneumonia alone, but also in every other disease, modifying not the type only, but the entire course of the cases very considerably.

From districts more or less malarious I have received conflicting reports as to the frequency of pneumonia, but learn, that in a very large proportion, given by some as high as *two-thirds* of all the cases, the disease tends to assume a *low* form.

This is very markedly the case in some of our cities; in Toronto, for example, where, during the last winter and spring, pneumonia has been very prevalent. Owing to the particularly low form of many of the cases, an unfavorable termination has occurred in a much larger proportion than for several years past. It attacked not only the weak and broken down, but many young and

middle-aged persons as well, who, prior to the attack, had been vigorous, and of ages varying from 15 to 35 years. Weakly and broken-down constitutions and persons advanced in life sank, in many instances, after only a few days' illness, in spite of every effort made to save them. *General* and excessive prostration was its principal feature. According to some of my correspondents who kept an accurate record, the cases were so numerous, that the disease, or as some under the circumstances would call it, the specific fever accompanying the pneumonia, appeared to be *contagious*. For example, one of our most experienced hospital authorities, speaking from his own observation, says, nearly all the cases he saw last winter and spring presented the same low type. He found several instances of two or three cases coming from one house—each case running just the same course—one often falling ill a short time after the other. It is a pity the exact periods at which the illness began were not observed. In every one of them the pneumonia was very marked as well as extensive.

From several other cities of considerable population a similar report might be given, especially of the pneumonia of last winter, as to its frequent occurrence and the low type it assumed.

The asthenic form prevalent from year to year in our Ontario cities, where we do not have the very low winter temperatures reached in Quebec and in the North-West, is very striking. I know that in Toronto, as in other cities on this side of the Atlantic, amongst the poorer classes, exhaustion from overwork or underfeeding may and does exist, but happily only to a comparatively slight extent. And I freely and sadly admit that prostration of the system to a *far greater* extent is due to alcoholic and other excesses; but making liberal allowance for all such cases, have *imperfect drainage, more or less impurity in the drinking water*, and malarial poisoning, not much more to do than all other causes combined in giving rise to this particular type of disease?

In the more northern portions of Ontario the pneumonia record from rural districts, villages and towns is just what might be anticipated. The disease is frequently in strictly rural parts, acute, but presents a much less active, and often even a *low form* in lesser, or greater centres of population. Coming to the Province of Quebec, we learn that