

**PNEUMONIA. A SYMPOSIUM ON
THE OCCURRENCE, ETIOLOGY,
DIAGNOSIS, PROGNOSIS AND
TREATMENT OF PNEUMONIA**

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H. EDWIN LEWIS

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PNEUMONIA

A Symposium on the Occurrence, Etiology, Diagnosis, Prognosis and Treatment of Pneumonia

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Arranged and Edited by
H. EDWIN LEWIS, M. D.

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INTRODUCTION.

SOME REMARKS ON THE HISTORY AND OCCURRENCE OF PNEU- MONIA, WITH BRIEF STATIS- TICAL DATA.

BY

H. EDWIN LEWIS, M. D.,

New York City.

There can be no doubt that pneumonia has been known since earliest times. The writings of the ancient physicians from Hippocrates down bear witness to the fact that this disease is as old as civilization itself. Among the laity, it has likewise long been a recognized affliction, and as the dreaded "lung fever," it has been looked upon since time immemorial as one of mankind's most fearful curses.

Lack of space forbids any lengthy discussion of the history of pneumonia, although it would well pay anyone to delve into the bygone literature of the subject and study the interesting evolution of opinion concerning pathology and treatment.

According to Musser and Norris, the relation between the clinical manifestation

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of pneumonia and consolidation of the lungs was first pointed out by Morgagni; while Baillie first described the process as "hepatization." Subsequent studies of great importance were made by Laennec, Cruveilhier and Rokitansky. The actual diagnosis of pneumonia by determining its physical signs was first described by Auenbrugger and Laennec, while to Rokitansky belongs the credit of first differentiating between lobar and lobular types.

Occurrence: Pneumonia is world-wide in its occurrence. The people of some countries seem rather less prone to the ravages of this disease—notably those near the equator—but none escape it entirely. Emigration seems to rob individuals of any immunity they may have established in their native climes, and in the country of their adoption they often become much more susceptible. This opens up a most interesting line of thought concerning bacterial virulence and there can be little doubt that the pneumococcus is an organism particularly subject to environal modification. This fact taken into consideration with the great variability of human susceptibility makes it extremely difficult to establish any fixed data as to the occurrence of pneumonia. The factors of the equation presented by bacterial virulence and human susceptibility

are so subject to modification that the most we can do is to study percentages and realize that such figures at best give us but approximate truths.

All available statistics point to the fact that pneumonia is increasing. Especially does this seem to be so in certain localities, as for instance in Chicago. During the last forty years the mortality from pneumonia has increased from 4.4 to 19.95 per 10,000 inhabitants.

The last U. S. Census shows that pneumonia next to tuberculosis is responsible for a larger number of deaths each year than any other disease. While the mortality of tuberculosis seems to be decreasing, pneumonia goes steadily onward, and probably the day is not far distant when pneumonia will head the list of causes of death. There are not a few physicians who question the foregoing and attribute the increase of pneumonia deaths to errors of diagnosis, but there are abundant reasons for believing that the diagnosis of pulmonary diseases and the registration of deaths are far more accurate to-day than formerly.

The increase in pneumonia deaths may rightly be considered, therefore, as a reliable index of the spread of this disease that Osler aptly terms the "Captain of the Men of Death."

As a matter of statistical interest the following tables have been selected from the latest edition of Osler's *System of Medicine*, (1909).

THE OCCURRENCE BY MONTHS.

The records collected by Wells of 685,566 fatal cases show:

Month.	Cases.	Per cent.
January	83,151	12.1
February	86,090	12.5
March	89,062	13.0
April	89,263	13.0
May	67,028	9.9
June	38,861	5.7
July	26,959	3.8
August	24,811	3.6
September	27,183	4.0
October	38,111	5.7
November	60,260	7.3
December	65,667	9.6

PNEUMONIA IN ITS RELATION TO AGE.

Among 32,681 cases:

Age.	Cases.	Per cent.
0 to 5 years.....	1,249	3.8
5 to 10 years.....	3,132	9.6
10 to 20 years.....	5,107	15.6
20 to 30 years.....	8,041	24.6
30 to 40 years.....	5,665	17.3
40 to 50 years.....	3,987	12.2
50 to 60 years.....	2,558	7.8
60 to 70 years.....	1,754	5.4
Over 70	1,094	3.3
The age was not stated.....	94	0.3

PNEUMONIA IN ITS RELATION TO SEX.

Of 12,098 cases collected by the writers, 8,881, or 73.41 per cent., occurred in males and 3,217, or 26.59 per cent., in females.

The various relations of incidence to sex and age are shown in the following tables:

MALES.		
Age.	Cases.	Per cent.
0 to 5 years.....	35	0.39
5 to 10 years.....	57	0.64
10 to 20 years.....	2,197	24.74
20 to 30 years.....	2,912	32.79
30 to 40 years.....	1,582	17.81
40 to 50 years.....	1,117	12.58
50 to 60 years.....	593	6.68
60 to 70 years.....	310	3.49
Over 70	78	0.88

8,881

FEMALES.		
Age.	Cases.	Per cent.
0 to 5 years.....	22	0.68
5 to 10 years.....	37	1.15
10 to 20 years.....	456	14.18
20 to 30 years.....	853	26.51
30 to 40 years.....	542	16.85
40 to 50 years.....	425	13.21
50 to 60 years.....	403	12.53
60 to 70 years.....	319	9.92
Over 70	160	4.97

3,217

PNEUMONIA IN ITS RELATION TO OCCUPATION.

The influence of occupation upon the frequency of pneumonia is shown by the mortality statistics of the United States census, 1900.

PERCENTAGE OF ALL DEATHS DUE TO PNEUMONIA.

Males.	Whites.	Negroes.
Professional	8.7	11.8
Clerical and official	9.2	6.6
Mercantile and trading.....	9.4	13.5
Public entertainment	9.9	18.7
Personal service, police and milif-		