Medical Matters.

EPIDEMIC PNEUMONIA.

The occurrence of epidemic pneumonia is a phenomenon with which all Nurses are familiar.

From time to time cases of pneumonia have been described occurring in the form of outbreaks in houses, in cities, or in districts. In the *Johns Hopkins Hospital Bulletin* for November Dr. Marshall Fabyan has reported an outbreak of this character, and has exhaustively reviewed the subject of epidemic pneumonia. A coloured family consisted of father and mother and four boys and four girls, of ages ranging from 2 to 17 years. The eldest girl lived out and seldom visited the family. The remainder lived in an old dilapidated house in an outlying district of Baltimore, isolated from other buildings. The house was small and ill-ventilated, and the inmates were crowded together. Within a period of ten days six of the children developed acute pneumonia. For three days before the onset, in the first case, the father had been ill with a "cold," hoarseness, and abdominal pain. Another child, aged five years, became ill with pain in the head and abdomen, and fever several days after the onset of the last case of pneumonia. Only the mother, and the daughter who lived away from home, but returned to nurse the patients, escaped illness. Five of the patients were admitted to the Johns Hopkins Hospital with pneumonia, and a sixth was examined at home and found to be suffering from resolving pneumonia. One case in a girl, aged 14 years, proved fatal. Pneumococci were found in her blood during life. It is interesting that in several of the cases two of the patients slept together, and then the interval between the onset of the disease in the first and the second cases varied from six to nine days. Professor W. Osler has reported an instance of ten occupants of a house being attacked with pneumonia. In 1892 a serious epidemic of fever associated with pneumonia occurred in Paris and was traced by Dr. Nocard to infection with the bacillus which is the cause of psittacosis in parrots. Articles from the sick room appear to be able to transmit pneumonia. Dr. Flindt has reported a case in which the bed-coverings of a patient who died from pneumonia were taken to a house two miles away and used on the bed of a child who soon developed pneumonia. In another case a child developed pneumonia three days after the father began to repair a chair which had been used by a patient convalescing from pneumonia. In hospitals bed-to-bed infection has been observed, but with ordinary precautions the danger of this is very slight. Dr. Tyson has described an outbreak in a ship's crew, in which 410 men were attacked in rapid succession. Dr. Emmerich recorded an epidemic in the prison at Amberg in 1880 which lasted six months; of 161 persons attacked 40 died. The pneumococcus was isolated from the dust under the floor of the infected dormitory, but was not found in the other dormitories. Disinfection put an end to the outbreak. In 1875 Dr. Blyth called attention to the contagiousness of pneumonia in certain English villages. In 1888 Dr. Ballard described an epidemic in Middlesbrough of 367 cases in a population of 40,000. He thought that the pneumonia was of septic origin, and due to poisonous meat (bacon).

ANTI-VENOMS.

Dr. A. Calmette, of Paris, who has for the last fifteen years been studying the question of snake venoms, has recently published an interesting volume on the venomous serpents and the properties of snake venom, which is reviewed in the *British Medical Journal*. The procuring of the anti-cobra serum which Dr. Calmette prepares is a lengthy process, as, owing to the high toxicity of the cobra venom, it requires sixteen months of treatment before horses can tolerate the sub-cutaneous inoculation of two grams of dried cobra venom without reaction. When this result has been attained the serum obtained is useful for therapeutic purposes.

Dr. Calmette states the dose for a human being to be 10 c.cm. of liquid serum or 1 gram of dried serum dissolved in 10 c.cm. of sterilised water. In the case of a patient who has suffered for some hours from snake bite, he recommends a hypodermic injection of 30 c.cm. of this anti-venom, or, if grave symptoms of poisoning have set in, the serum should be injected directly into a vein in a dose of 10 or even 20 c.cm. The average quantity of venom estimated in the dry state which a cobra inoculates with a single bite is 20 mg. The average fatal dose for a man of dried cobra venom is 14 mg. Death may be prevented in favourable cases by inoculating the relatively small amount of anti-toxin which suffices to neutralise the amount of toxin present in excess of the minimal fatal dose.

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