

Introduction

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The morbidity and mortality of respiratory tract infections in Europe throughout history is incalculable, but when the English writer John Bunyan coined the phrase “Captain of all these men of death” to describe tuberculosis (TB) in 1680, TB was estimated to cause 15–20% of all deaths in Europe. It was hard to imagine at that time that another infection might one day take this crown. In 1918, the father of modern medicine, Sir William Osler, observed that pneumonia had overtaken TB as one of the leading causes of death in Europe and described pneumonia as the “Captain of the men of death”, an appellation it still justifies today.

While improvements in public health and sanitation reduced mortality from many, mostly food-borne, infections, it was not until the widespread introduction of antibiotics after the Second World War that mortality from pneumonia in Europe began to fall significantly. Since then, there have been few new treatments and limited progress in reducing mortality from pneumonia. While mortality rates for cardiovascular diseases and many cancers are falling in Europe, the rates for hospitalisation and deaths from pneumonia are static or rising. This is a disease of huge clinical and public health importance.

It is for this reason we are delighted to introduce the 63rd issue of the *European Respiratory Monograph (ERM)*, dedicated to the epidemiology, pathophysiology, microbiology, investigation, management and prevention of community-acquired pneumonia (CAP). The 20 chapters of this *ERM* serve as a comprehensive text, describing the modern approach to this disease, each chapter written by internationally recognised experts in their field. Major changes in our understanding and management of pneumonia have been emphasised, including the new microbiology techniques that are set to change how we detect and diagnose infection, the emerging role of anti-inflammatory therapies and the current controversy over inhaled corticosteroids as a cause of pneumonia in patients with chronic obstructive pulmonary disease. The changing face of pneumonia reflects the world around us, with an increasing impact of antibiotic resistance and an ageing population with comorbidities to the fore. We now recognise the important impact of this disease on long-term outcomes. Previously regarded as a purely “acute” condition, new evidence shows that pneumonia can destabilise the precarious balance in patients with comorbidities and poor performance status, even after apparent recovery from the acute episode.

This is a broad and multidisciplinary book, covering diverse specialities from epidemiology to the basic science of pneumococcal infection, and reviewing CAP in children, in primary care and in the intensive care unit.

As much as in any other disease, CAP requires improvements in clinical care and to achieve progress through innovative research. Every clinician in every speciality will encounter pneumonia in their daily practice and we hope that this *ERM* will serve as a complete and up-to-date reference for our colleagues.