

due to the influence of a nerve centre located in the lumbar region of the spinal cord. This very nerve centre is subject to various influences, and the varied distribution of the spinal nerves serves to explain the reflex symptoms of such a case in the present. Through the alimentary tract, how frequently are convulsions the result of imperfectly assimilated food, thus demonstrating how such disturbing influences stir up remote nervous centres, telegraphing as it were a convulsive message to the unfortunate sufferer. The ano-vesical centre of man has recently been considerably cleared up by the careful observations and deductions eliminated out of cases of injury as well as lesions, of the terminal extremity of the spinal cord and its nerve roots. Kirchoff is of the opinion that the vesicle centre is situated in the conus medullaris, in the region of exit of the third and fourth sacral nerves. One of the most important functions of the spinal cord is its action as a reflex centre, normal or abnormal as the case may be, and in the discharge of the duties of professional life we are constantly reminded of the vast and varied manifestations which spring from spinal and ganglionic nervous centres, quite irrespective of the complex nervous mechanism of brain tissue *per se*.

TREATMENT OF PNEUMONIA.

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Pneumonia has, since our last meeting, been more prevalent than usual, and has removed from our midst some of our most earnest workers. This association must feel their loss; the Board of Health, too, deplors the loss of one of its active members, and I feel that you will all agree with me that a disease with so high a mortality rate claims, at our meeting, a share of attention. The importance of the subject then is my excuse for bringing it before you, and while I feel the weakness of a young practitioner to do it justice, I trust my older and more experienced confreres will lend me a helping hand in the way of discussion.

Few diseases tax the skill and judgment of a physician more than pneumonia, and in very few is he required to be more cautious.

It would perhaps be more convenient to deal with the treatment under the two heads of Primary or Secondary Pneumonia, though they are in many respects similar. I shall endeavor to state, as briefly as possible, my own experience with the remedies I have tried, and touch on some of the more important ones used by others.

Acute Lobar Pneumonia or Primary Pneumonia is generally admitted to be a self-limiting disease, and will run its course in spite of any known treatment; yet judicious treatment will, at least, make our patient more comfortable, and may possibly reduce our present rate of mortality. The majority would recover without medicine, being left entirely to nature and good nursing: many complicated cases can be saved from an untimely death by judicious interference, and, some are doubtless lost through an imperfect knowledge of the condition of the patient, and of the necessary remedies. Any routine system of treatment resorted to indiscriminately will prove unsatisfactory. A great deal depends upon our preserving and supporting the vital powers, and upon controlling and averting complications.

The first essential is rest in bed, in a well ventilated room, free from draughts, with a temperature of 65° to 70°. The patient should not be allowed to get up for the calls of nature, and if heart-failure is threatened, should not be allowed to talk. The bed clothes should be tucked in closely around the neck.

The next is good nutritious food, fluid or semi-fluid, given regularly and at proper intervals. Patients who will take half a pint of milk every three hours, generally do well. Some, after the fourth or fifth day, will require the same every two hours through the day and every three hours at night, with an occasional cup of beef-tea or thick broth. A little beef-juice or scraped raw beef, or an egg beaten up and mixed with milk is good. The bowels frequently need attention, and a brisk purge with calomel and soda often has a good effect at the outset. After this, they should be kept open every day or second day with a mild laxative, or by enema. Locally apply a linseed meal poultice, covered with oil silk or flannel, and have the shoulders protected with cotton batting. If pain is severe it is often well to precede the poultice with a sinapism. Mild cases do well on the above, without medicine. Cases of average