

plaint has seen the banners of venescction, antimony, squills, opium, ammonia, alcohol, heat and cold, expectancy and heroism, with many others of lesser following, scour the field in serried array, with many ups and downs, in the fight for favor at the hands of the profession. And, latterly, the coal tar derivatives, with their specious promises of cooling the fevered brow, have won for the time a position, in which strategy has had more effect than solid fighting capacity.

That pneumonia *is a specific fever*, in which the lesion of the pulmonary tissue is but an incident, is not, I believe, sufficiently recognized. Upon this one fact rests, I am firmly convinced, the rational and successful treatment of this, which is pre-eminently *the* disease of our colder months.

In all cases the general febrile condition is initiated and in full progress in advance of the lung lesion. The prompt recognition of the morbid process at work renders possible the aborting of the pulmonary sequence. I have seen and recognized the pneumonic fever in progress a full week before the characteristic signs appeared in the lung, and I have no doubt most readers have had a similar experience. The pulmonic fever itself would rarely promote a fatal result; and I feel safe in saying that, just so far as the invasion of the lung-substance (and the consequent interference with the action of a vital organ) is prevented, by so much will a fatal event in this disease be averted.

Another fact is to be borne in mind in the treatment of this and other febrile diseases,—viz., that in fever there is lessened elimination of heat, as well as increased production of it. And also that, in increased temperature of the human body, the morbid germs become more active in their growth and multiplication the higher the point indicated by the mercury. I think the inference is obvious.

Influenced by the foregoing considerations, I decided last winter to adopt the use of cold applications in the treatment of pneumonia. This decision was strengthened by confirmatory evidence, which I observed in the current medical literature.

During the past winter I treated about twenty-five cases of pneumonia upon practically this one line of procedure. The results were excellent in every way. The recoveries were prompt and rapid in all the cases but two. Of these, one was very prolonged, being secondary to la grippe, and complicated with fibrinous pleurisy; and the other died. The latter was a hospital case,—a poor, miserable woman, who had led a wretched life. There was albuminuria, due—as post-mortem examination revealed—to cystic degeneration of the kidneys and also concurrent peritonitis. So I do not think that any treatment whatever would have altered the result. I do not propose to go into

statistics, for my cases are too few. But the beneficial effects of the treatment were so prompt and so apparent, *in the face of the greatest prejudice and opposition*, that they carried conviction to the most unbelieving. I have seen the application of ice-cold compresses terminate a case of double pneumonia of the base by crisis in sixty hours. This case was characterized by severe dyspnoea, pain, and a temperature of over 105° F., with total absence of breath sounds at the bases when first seen.

Another patient, a woman of 74 years, with consolidation of right base, recovered in four days.

A baby, 2 years of age, with catarrhal pneumonia, most marked on the left side, was quite convalescent on the third day.

A laborer, 34 years of age, with consolidation of right base, delirious, and much oppressed for breath, required but two days' attendance.

A bride, 22 years of age, who had been undergoing the usual round of festivities, awoke, after a particularly fatiguing party, in a feverish and lethargic state. Called immediately, I stated the probability of pneumonia ensuing. After twenty-four hours there was the characteristic fine crepitation and stichy feeling to the breathing; temperature, 105 $\frac{1}{2}$ ° F.; pulse, 130. Ice-cold compresses aborted the lung lesion entirely, and produced a critical perspiration in thirty hours, at which time the normal was reached and persisted.

There is no need to enlarge these details. The cases are all down in my case-book, and they all bear the record that from the time the cold was applied rapid improvement ensued.

The method was as follows: A large towel was wrung out of ice-water, and the thorax enveloped in it. A comparatively dry towel was laid over it, and a binder of flannel or cotton held all snug. The ice-water towel was changed as often as necessary, in order to ease the pain and reduce the temperature. When the pain or dyspnoea was severe, or the temperature high, the intervals would be short, say, five or ten minutes. As the symptoms improved, the changes were made only as the towels assumed the heat of the body. The face and limbs were frequently sponged with the ice-water, and when required a cold compress was put upon the brow.

The medication was confined to promoting a critical perspiration. This was effected by large doses of liquor ammonii acetatis and spiritus etheris nitrosi, well diluted, every hour. In one or two cases this had to be supplemented with pilocarpine muriate. No alcohol was required, except in the fatal case referred to. Antipyretics of the coal-tar series were not used, except in the one case just mentioned. The diet was principally of milk, and liberal in quantity. Incidental symptoms were met as they