

perly carried out the patient will be likely to recover, without resorting to active measures; provided that none of those unfavorable conditions exist which I have mentioned in the prognosis. On the other hand, if the patient be not convinced of the importance of observing these rules, he may ignorantly involve himself in much danger, which otherwise might have been avoided.

In a severe case of pneumonia, there are usually two conditions which we wish to remedy, viz: a high temperature and feebleness of the heart's action. Various means have been adopted for the reduction of the temperature. For the accomplishment of this end, the Germans think that they have all that is necessary, in the cold compresses, which they apply freely to the chest; believing that it will not only reduce the temperature, but hasten the critical day that we speak of in pneumonia. It is well-known to those who have resorted to this means, that it does momentarily relieve all the distressing symptoms; but as soon as the compresses are taken off, or otherwise neglected, the symptoms return with increased intensity. Besides there is a great risk of the patient being chilled, and the pneumonic process extending; hence I think we should not attempt to reduce the temperature or relieve the local symptoms in this way.

Many again use aconite and veratrum viride to lower the pulse and temperature as well; but these likewise have only a temporary effect, and cannot be continued for any length of time in most cases, without producing gastric trouble, and very often great prostration. The veratrum viride especially produces this effect, chiefly on account of its nauseating nature.

Now, the cause of the high temperature in all acute inflammatory diseases, is the rapid molecular metamorphosis, or wasting away of the animal tissue in small particles. Bearing this fact in mind, it is well for us in looking for a remedy to endeavor to find one that will not only reduce the bodily temperature, but check the molecular change that is the cause of the excessive heat. It is said that quinine will do this—and we all know its great value as an antipyretic—therefore I think quinine should always have the preference in such cases. If quinine be given in the usual antipyretic doses, it will seldom fail to show its good effect in pneumonia, in from 24 to 36 hours, while it shortens the febrile stage, and hastens the period of resolution.

The second thing to be accomplished in a severe case of pneumonia, is to sustain the enfeebled heart, for most of the deaths in this disease are directly due to heart failure, or indirectly to passive pulmonary congestion. The administration of alcoholic stimulants is the most effectual means for this purpose; but they should be used with the same caution as any other drug; for, if given when the pulse does not show by its rapidity and feebleness that they are indicated they may do a great deal of harm. Therefore we should carefully watch the pulse, and thereby ascertain the force of the heart's power, and give it only in quantity to meet the demand. For excessive feebleness it should be freely administered, for moderate weakness only a small quantity. In short, we should not depend upon book knowledge, or the experience of others; but upon our own judgment as regards when, or in what quantity our patient should be allowed alcohol, if we wish success to crown our efforts. Another stimulant which is much given by some, is carbonate of ammonia which I believe is very efficacious in extreme cases, and where syncope is threatened. When there is an indication for an immediate stimulant, the carbonate of ammonia is preferable to alcohol, although the use of the one will not necessarily prevent us from using the other as well. On the other hand if we wish to continue the carbonate of ammonia for any length of time, it is objectionable on the ground that it acts as an irritant to the stomach, hence I think we should not carry it too far, especially should the gastric symptoms contra-indicate its continuance, for in such cases it will injure the patient, and diminish his chances of recovery.

The palliative measures used in pneumonia are various; I shall not detain you long in speaking of them, but offer a word of caution. We cannot be too careful in using narcotics in this disease, although it is sometimes necessary to give them in moderation. It is dangerous to give opium in any form, if the pneumonia be extensive, for small doses have been known to produce great prostration, and complete narcotism. We should never administer opium, even in very small doses, when there seems to be a tendency to loss of muscular power of the bronchi; but in such cases belladonna is often of service, and should always be given instead of opium when there is a contracted pupil. On the other hand if there be severe pain in the affected