

of our profession seriously contemplate laying aside the time-honored saddle pockets, the insignia of the country doctor, and go armed simply with a watering-pot and a rose sprinkler.

Since we have concluded that pneumonia is a germ disease, it is especially easy to spend our time in bacteriology, and lose sight of the fact that we have inflamed lung to treat, regardless of what may be the cause of the inflammation. When the hurried breathing, short cough and high temperature assures us of this fact, the application of a blister will often work wonders.

In the language of the older writers, I will say that "blisters draw both the nervous and circulating fluid to the seat of their own immediate action, and thus relieve irritations and inflammations of the internal parts;" and I agree with them in thinking that the serous discharge results in the unloading of the inflamed parts in close proximity.

I know the old writers drew fine lines as to the proper time to apply a blister in pneumonia; my own experience, and that of my medical friends who blister at all, would lead me to say, without hesitation, that the proper time is just as early as possible. As soon as you find you have a case of pneumonia to treat, blister at once; and oftentimes, on your second visit, you will find that a third visit is not required.

If, however, as is sometimes the case, the disease refuses to yield to this rude onslaught, examine the chest again carefully, and it may be you will find inflamed lung tissue at some point too remote to be benefited by the blister you have already applied. When such is the case, do not hesitate to apply as many blisters as would seem to be indicated. However, as the effect of a blister is to reduce both the temperature and pulse (and sometimes both drop), I rarely apply a blister larger than 6 x 6, though I often order that, when removed, it shall be applied to some other part of the chest, and have thus drawn as many as three blisters on a patient in twenty-four hours. As ugly as a raw blister looks, and however much the patient and friends may object to its first application, there the opposition ceases, and I have had patients to call for the blister to be applied.

That a blister may add to the irritation, and thus excite additional inflammation and make your patient worse, there can be no doubt; but this is the fault of the treatment which the blister receives rather than the fault of the blister itself. My plan is this:

I use the blistering plaster, or ceratum cantharides, U. S. P., which I spread on a piece of cloth of suitable size,