

tional activity of the skin and kidneys, as well as the bowels.

4. An erroneous, exaggerated estimate prevails of the beneficial influence of large doses of quinine, employed for the reduction of temperature. Testimony is accumulating as to the failure of the use of quinine in antipyretic doses in the treatment of pneumonia. Dr. Cartholow and Osler, in Philadelphia; Drs. Kinnicutt, Ripley, Putnam Jacobi, Castle, Billington, and Emmet Holt, in New York; and Drs. Shattuck and Minot, of Boston, are among those who dissent from the now common approval of this point of practice.

5. An especially injurious error consists in the administration of opium and morphia at an early stage of pulmonary inflammation. The tendency of opiates to *diminish bronchial secretion* stands right in the way of their utility in pneumonia. I may here recall the statistical fact, mentioned a little while ago, that in the reports of results of different modes of treatment before 1885, the worst record of all was attached to the opium treatment of pneumonia.

6. An experimental administration is now being carried on of antipyrin, antifebrin, etc., as antipyretics, whose results do not correspond with what is desired of them as remedies for acute organic inflammation. They have another rôle, as neurotic medicines, in which they possess much value. I may remark incidentally, as an example, that in Dr. Pepper's interesting case, reported in the *Medical and Surgical Reporter* early in last year, it appears to me probable that it was the *neurotic* element in the case—the strongly marked tendency in convulsions—that received benefit from the antipyrin used rather than the pneumonia itself.

7. The practical ignoring must be noticed, in recent therapeutics, of the important difference between the *debility of oppression* in the early period of severe attacks of acute disease, and the *exhaustion* which belongs to a latter stage of the same, or which is produced by other causes and conditions. The *treatment* of these two states, as was long ago recognized, is properly quite different.

8. Connected with this, the early and free use of alcohol is now common. In my judgment, except in previously enfeebled patients or those otherwise exceptionally prostrate, this is an injurious medication in pneumonia. Heart-failure during the early stage, in patients of previously good health, may be

best averted by so lightening the burden of oppression imposed upon the heart, as to make it possible for it to carry its load without exhaustion. It is under a prevailing so called 'supporting' treatment that not a few men in the prime of life have, within a few years, dropped off under less than a week's illness with pneumonia.

The relief often afforded by bleeding, without consequent exhaustion, even at a somewhat late stage, to the condition characterized by distention of the right heart (this being a practice approved even by many physicians who are otherwise opposed to bloodletting) should be remembered and set over against the excessive fear entertained by some of the production of debility by early bleeding.

I conclude, then, that there is reason for the judgment that the now current 'working theory' of the treatment of pneumonia and allied affections, by early and continued stimulation and narcotism, is not supported by the facts concerning the results of the treatment, as compared with those of the *moderate, early, sedative and eliminative* practice of forty and fifty years ago.

I do not assert that venesection is called for in nearly all cases; but I believe that early local depletion will do no good in the majority, in patients not old, and who were previously in good health; and that early active catharsis, with diaphoretics and diuretics afterwards, are rightly in place; quinine as a tonic, and alcohol as a stimulant, being indicated only exceptionally at the beginning, in persons of low vitality or bad habits, or old age; more often, when real exhaustion is imminent, at a late stage.

There is more room for question, on the basis of experience, between the older practice and pure expectancy, nursing the patient in bed without medication, than there is between the therapeutic methods now current, in regard to acute inflammatory affections, and those of the early part of this century. We want no return to any Sangrado extreme; but only to replace in their position of confidence, lost for a time, some of those measures of practice, which have been abundantly tested and commended by the experience of ages."

#### The Tongue as an Indication of Disease.

It must have required the courage of his convictions that all that is seemingly old and time-worn is not therefore necessarily useless, as well as the