THE TREATMENT OF PNEUMONIA.

PROBABLY there is no disease which meets the physician more frequently than that of pneumonia. It attacks all ages—childhood, adult life, and is the particular foe of old age. No season is exempt from its ravages, though met more frequently here during the winter months. The treatment of this affection should, therefore, be a matter of serious consideration. As the disease is decidedly cyclical in its course, we may look forward to a favorable result if the attack be one of moderate intensity, the subject healthy, and no complications arise. In such case little need be done, the crisis occurring without influence on the fifth or seventh day. But this happy result can be looked for in sthenic cases when the lung only is involved, a rare event indeed. Far oftener does it appear that the inflammation in the lung is but one manifestation of a disease with profound systemic intoxication and the involvement of other important organs from the very outset. Then we must have regard, not for the lung, but for the patient, "not for the pneumonia, but the pneumonic man." We must then consider the age of the patient, his occupation, his family history, his environments, his personal peculiarities, and probably, most important of all, his habits of life. In every move we make we must have constantly before us each and all of these conditions.

In sthenic cases we are called upon to relieve the pain, the cough, to reduce the fever, and to support the patient through the crisis. Blood-letting of late years has fallen into disrepute in Europe. It had rarely been practised in this country, yet there is no doubt but that in strong plethoric persons it should exercise a beneficial result. Niemeyer lays down the following judicious rules as to bleeding :—I. When the pneumonia has attacked a hitherto healthy subject, is of recent occurrence, the temperature being higher than 105, and the pulse above 120. II. When collateral œdema in the portions of the lung unaffected by pneumonia is causing danger to life. III.