

suffering and thereby assist him on the road to recovery. The external use of cold water—either by sponging, by the pack or by the bath—is now generally adopted in these conditions and in my opinion stands pre-eminently at the head of our anti-pyretic agents without the untoward effects which attend the use of many of the drugs of this class. As another instance of change in treatment I might refer you to the use of blisters in inflammatory conditions. Many of us can remember when their use was fairly general say in Pneumonia. Now their employment must be very rare. They were succeeded by poultices and these again by the pneumonia jacket with or without an irritant application and by many even this is not employed. That pneumonic patients have not suffered by these changes in the mode of treatment is manifest by the decreased death rate. Again in the medication employed in this affection what a change has taken place. Calomel and depressant drugs gave way to stimulating expectorants and now there is a strong tendency to doubt the efficacy of these. Pneumonia being an acute specific affection which runs a definite course many regard the main indications for treatment to be to control the temperature and to sustain the patient. For the first indication cold water externally and for the second circulatory and respiratory stimulants are by many recommended. I freely confess that I am of the latter number and that such is not an unsuccessful mode of treatment the records of the Kingston General Hospital will show. The strength of these patients must be maintained. This requires that they should not have their digestive powers in any way impaired. My experience goes to show me that the administration of expectorants has a strong tendency to produce anorexia, nausea and at times even emesis.—Even those who believe in the administration of such drugs will admit that these results have an injurious effect upon the patient and retard his recovery. Again I might refer you to what was a universal practice in all febrile and inflammatory conditions not many years ago, viz.—blood-letting, a practice which has now practically become obsolete. Here I would simply point out that the history of blood-letting as a therapeutic agent illustrates the tendency of not only the medical profession but of human nature in general. If any particular drug or mode of treatment has been apparently of benefit the tendency is to extend its field of