

the stage of engorgement, an intra visceral hemorrhage, varying in amount according to the severity of the attack from two to four pints.

Later on in the disease, when we have a loaded right heart, accompanied with dyspnoea and cyanosis, a moderate venesection would be rational treatment, and on this point we particularly hope to hear from some who have adopted this plan.

At our first visit to a typical case of pneumonia, our aim should be to make the patient as comfortable as possible and to fully grasp the situation in all its bearings. Place the patient in as good a position to fight his battle as his environments will permit, *i.e.*, as to room, bed, clothing, posture, ventilation, etc. Emphasize the great importance of perfect rest. The pain will depend upon the sensitiveness of the patient, and the amount of pleural involvement, and will usually be best relieved by a proportionate hypodermic injection of morphine, the smallest dose that will relieve being the best. I have never found occasion to use over one quarter of a grain, and generally found a sixth quite sufficient. Pain relieved the dyspnoea also disappears. If there be much fever a diaphoretic and diuretic are indicated; small doses of acetanilid with caffeine being very good to begin with as a diaphoretic. The condition of the bowels must be looked after in order to preserve gastric and intestinal digestion. I usually order calomel or blue mass to be followed by a saline. I endeavor to arrange the medicinal part of the treatment, to keep the patient comfortable, not lower vitality, or derange stomach. Only in exceptional cases is it necessary to order stimulants at first.

As to local treatment. I apply repeated sinapisms with cotton wool jacket, or hot fomentation, and do not object to an ice bag if available. I prefer the first mentioned, particularly where I cannot procure a competent nurse as so often occurs in the country. To the nurse I urge most strongly the great importance of attending to all the details of her duties, and again lay stress upon the necessity of perfect rest and quiet. I give the patient all the cheer and hope I can, and do not dilate upon or explain to him his condition, remembering:

" From ignorance our comfort flows,
The only wretched are the wise ".

The pain not likely to give much trouble after the first two days and after the hypodermic of morphine it is usually well controlled by small doses of pulv. ipecac. co., which also acts as a diaphoretic. If pain be not severe, I prefer small doses of acetanilid with caffeine as it does not derange the stomach. The febrile condition is usually quite sufficiently controlled, if we keep the skin moist. The dyspnoea may be relieved, or at least greatly benefitted by good ventilation.