

be regarded as of questionable utility, and antimony would be altogether eschewed. But what remedies should be chosen? Shall any be given? The present tendency is to be shy of large doses of powerful drugs; the practitioner feels safe in prescribing nitre and ammonia, in ordering milk and other liquid nourishment, "to support the strength." In many cases of impeded respiration oxygen is certainly of extraordinary utility, both from its relief to the pulmonary functions and from its general tonic effects. Shall one on the other hand, prescribe whiskey or brandy, or trust to "expectancy"? It cannot be said that there is perfect agreement among the best representatives of medicine to-day as to the reply which should in all circumstances be given to that question.

In the supposed case of pneumonia, one quite large class of practitioners would consider the alcoholic treatment indispensable. Granting the fact of a rather feeble pulse—a diminution in the force of the heart's systole and impulse, a considerably increased frequency of its beats—the physician of this class would early in the sickness give wine or spirits every two or three hours. Here, he would say, is a case where the danger comes from heart-failure. If we support the heart all through the sickness, will it not be more likely to stand the strain of the crisis about the end of the first week? For this reason alcohol is given, and often digitalis; the latter remedy has the disadvantage of being a vaso-constrictor and of augmenting the resistance in the arterioles and capillaries. On the other hand, the opponents of the alcoholic medication point with triumph to the relatively small mortality which attends a treatment of which alcoholic stimulants constitute but a very insignificant part. They affirm that alcohol further poisons the blood, already poisoned by the toxins of the pneumococcus, and if given heroically may paralyze instead of toning and strengthening the heart. They challenge the proof that a weak heart, however well "supported" by an alcoholic regimen from the commencement of the sickness, bears up exceptionally well under the struggle. How many sink under the most heroic stimulation!

There is doubtless some truth in this presentation of the case, although it should not be forgotten that it is the worst cases which are apt to be given the most alcoholic stimulation. A feeble heart under the stimulus of blood charged with alcohol, may for several days display unusual activity. The physician may be lulled into a sense of security about his patient who, under the influence of frequent spirit-potions is supposed to be doing finely, when all at once, about the eighth day, a "rattling in the chest," coma-vigil and collapse appear! Doubtless the weak heart has sometimes been whipped into preternatural energy by alcohol, only to be exhausted just when its full functional integrity and vigor was most needed.

The opponents of the alcoholic medication à l'outrance, while affirming that such results as are above depicted are not uncommon (and here possibly the argument is based more on theoretical considerations than on any exact scientific inductions), still claim that a moderate and judicious use of wine or brandy about the epoch of crisis, to produce a temporary effect and to brace up the heart at the time when a few hours will decide the question of recovery or death, is both rational, and in accordance with sound experience.

The same has been said *pro* and *con* in reference to the treatment of typhoid fever. Some would give alcohol rather freely from the first (not even excepting mild cases which are stimulated with the view of supporting the heart). Others are very chary in prescribing alcohol, and only order stimulants when symptoms of sinking threaten, and then for a temporary effect.

It is not yet absolutely determined that the long continuance of rather small doses of alcohol in fevers (half an ounce of whiskey every two or three hours, or an ounce of wine) to feeble, adult patients is in any sense *harmful*; or do we really know the amount of *benefit, if any*, which is derived from such doses. This is a matter which can only be determined, if ever, by large clinical experience, an experience embodying cases (occurring under similar conditions) that have been treated both with and without alcohol.

With regard to digitalis, we think that very many practitioners have come, with Osler, to regard the administration of this remedy to prevent falling heart in pneumonia and in fevers as of doubtful utility. The same may be said of caffeine, which when given subcutaneously with benzoate of soda, is thought by certain French authorities to be of marvellous efficacy in threatening heart-failure. It is certain that the experience of those who think that they have almost seen the dead restored to life by these injections, has not been the common experience of physicians in this country who in desperate cases of sinking and collapse have resorted to this remedy. Nor has nitro-glycerine, strophanthus, or any of the other modern heart-tonics won their way to general acceptance as trustworthy remedies against heart-failure in acute febrile diseases not primarily cardiac.

It may be contended that much can be gained by the judicious use of certain vaso dilating remedies which lighten the work of the heart by lessening peripheral resistances. In this way, writers have affirmed that veratrum has done good in pneumonia, even in the aged and feeble, that is, by relaxing the arterioles. This claim does not seem to have been positively substantiated. Similar vaso-dilator effects have been claimed for the nitrites, for belladonna, opium and gelsemium in small doses in prostrating fevers; and there is