

their mortality was hardly more than one death in ten cases ; often considerably less than in that proportion. In Suffolk Hospital, England, in 1836, there was only one death in fifty cases.

Between 1855 and 1860 a movement of reaction went on against bloodletting, in which Dr. J. Hughes Bennett was one of the most conspicuous leaders. This was shortly followed, in part, indeed, accompanied, by the introduction, under the leadership of Dr. R. Bentley Todd, of the early and free use of alcohol in pneumonia and other acute inflammatory diseases. Next came the era which still continues, of physiological rationalism in therapeutics ; characterized by a general abandonment of previously approved principles and methods, and the substitution for them of the use of potent agents upon special indications in regards to the functional actions and conditions, these agents being first tried in the laboratory upon animals, either in a state of health or in various conditions of traumatism. Prominent among the agencies thus lately much used in practice are those designed, as 'apyretics,' directly to lower the temperature of the body when it is abnormally elevated in disease.

The 'working theories' of practice in acute inflammatory diseases have thus, with very little appearance of distinct formulation, undergone a gradual, but very positive change. To-day the predominant method of treatment of pneumonia may be said to be characterized by the following features : 1, the practically universal omission of venesection, and the very rare local abstraction of blood ; 2, the general disuse of active cathartic medicines in the early stage ; by many, perhaps a majority of physicians, the early and continued use of alcohol, to the extent of from 2 to 12 or more fluid ounces in 24 hours ; quinine, mostly in 10 or 20 grain doses, once or twice daily ; opium or morphia, from the start or near it, averaging perhaps sulphate of morphia gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$, every 3 or 4 hours ; with deviations from this general plan, or additions to it, by the use of antipyrin, antefebrian, aconite, digitalis, etc. ; and warm applications, as poultices, or cotton batting to the chest ; or counter-irritation with turpentine, etc. These last may be said to be common to the old and new methods of treatment.

For definite information sustaining this account of now predominant practice, I refer to Hospital

Notes, published last year, of hospitals in New York, Boston, and Philadelphia ; also, memoranda furnished me during last year by a resident physician in one of our largest and best hospitals ; and the *dicta* concerning treatment, of Dr. A. L. Loomis, in his article on 'Croupous Pneumonia,' in vol. iii. of the *American System of Practical Medicine*.

It is entirely legitimate to apply to these old and new, different, and in some respects opposed, methods of practice, careful *reasoning* as to the principles upon which they are based. Considerable attention is given to this kind of comparison in the paper of which this is an abstract. Yet it is also appropriate, and is more nearly decisive in importance to bring to bear upon them the testimony of *facts* concerning the *results* of the different modes of treatment which are compared. It is true that an absolute demonstration of therapeutical conclusions by means of statistics is not often practicable. My opinions on this subject have not been founded on statistics, but upon direct personal experience. But, when evidence of that kind, of a marked character and considerable in amount, can be adduced, it is manifestly worthy of careful attention, even when the conclusions to which it points are different from those which, in practice if not in theory, are in vogue, and which are approved by highly respected authorities, at the present time. Such evidence it is the principal purpose of my paper to bring forward, and apply to the question, how we ought to treat acute, uncomplicated pneumonia, in patients of ordinarily good constitution, not over middle age.

From sources and authorities which will be admitted to be reliable, and which are referred to in full in the paper of which this is an abstract, I have obtained and analyzed statistics, of which I will now give a summary account. I will say that, throughout my analysis of these statistics, I have made liberal allowance in favor of that construction of the facts which is most opposed to the conclusion which my judgment approves. On behalf of the latter, a much stronger case might be made out, if my aim were anything other than the actual truth.

First, a comparison is made of the results of different modes of treatment of pneumonia, within a few years prior to 1858, reported by between forty and fifty physicians, of 11,627 cases in Great Britain and Ireland and on the continent of