

# THE CANADA LANCET.

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Criticism and News.**

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.*

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## THE PAST AND PRESENT TREATMENT OF PNEUMONITIS.

The ever varying treatment of inflammatory diseases, and especially that of pneumonia, has recently received some consideration and useful comparison with the modes employed by our fathers about the middle of the present century. The results obtained by able and conscientious investigators in this field certainly do not flatter us. Statistics, so far as can be obtained, clearly prove that the former treatment, viz.: the moderate extraction of blood, judicious catharsis, promotion of the various secretions, etc., in the early stage of suitable cases, which prevailed from 1840 to 1860, produced better results than have been obtained since. During that period in England, America and Germany, the mortality in pneumonia averaged but 8.33 per cent. Subsequently the agitation against blood-letting, cathartics, elimination and so called depressant remedies had its effect, which continues to the present. The antiphlogistic treatment was followed by the stimulant, which resulted in increasing the mortality in hospital cases to 25 per cent. in America and Germany, and by the recent returns of the Collective Investigation Committee of the British Medical Association, in more conservative Great Britain, to 18 per cent. This is certainly a bad showing for our boasted advance in medicine, but one which should teach us a valuable lesson. The worst

results were obtained under the opium treatment, which prevailed for a time. The pendulum of professional opinion, started about 1850, against blood-letting and other so-called antiphlogistics, has evidently swung too far. It has recently not only ceased to progress, but started backward on its ceaseless course, and if these statements of statistical research are at all reliable its speed must be greatly accelerated.

It is to be sincerely regretted that we have no statistics of private practice to correct or endorse those of the hospitals. Many of the older physicians will be able to remember the general results of the former treatment in their younger days, and will doubtless candidly compare those results with these of the present, and confirm or dispute the correctness of the hospital statistics in relation to private practice. Personally, we believe that the results in the latter will, to some extent at least, confirm and endorse the hospital statistics. Experience is slowly teaching the older physicians that many of the alleged antipyretics are not producing the good ultimate results in inflammatory maladies anticipated, and we find that the administration of quinine in large doses, as well as the various recent drugs which subdue the pyrexia, seldom abort or subdue the inflammatory action, or prevent fatal results in severe cases. Nor have these alleged remedies proved free from danger, and more than a few instances have been published where they have hastened the fatal result if they did not wholly cause it. Their injurious effects are becoming more and more obvious as time to test their real value progresses, although these may have been caused by want of experience and injudicious administration. That antipyretics are, to some extent, useful in cases where the temperature exceeds 104°, obviating the evil consequences arising from hyperpyrexia, we think cannot be successfully disputed; but that they in any way benefit the acute organic inflammation, other than by suppressing the injurious excessive temperature, and allaying the neurotic irritation, is very questionable so far as experience has gone. Of the antipyretics, the least injurious and most effectual is the abstraction of heat by cold applications. The cool or cold bath, and nature's method of removing superfluous heat by evaporation of moisture from the surface, has long since been known as a remedy of value. Liebermeister, of Tübingen, has tested