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THE TREATMENT OF PNEUMONIA.*

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We have had so many cases of this disease under our observation lately, that I think it well to direct your attention connectedly to the general principles of treatment.

The therapeutics of no disease has given rise to more controversy than that of pneumonia. Formerly, the disease was looked upon as simply an inflammation of the lung, and was treated as other inflammations were treated, viz., by bleeding. About the middle of the century, bleeding was rapidly given up, and treatment by stimulants—often in enormous quantities—was adopted. During this time, the natural history of the disease not being known, recovery was attributed to the treatment adopted, and nature received little credit. Later, observations were made on the natural course of the disease when left to itself, and it was found that, in young and fairly healthy persons, its tendency was to recovery; that its dangers had been greatly exaggerated, and that the worst cases were usually little affected in their progress by bleeding, or alcohol, or the many other like plans that had been adopted. These observations led to the adoption of the so-called expectant plan of treatment, which consists in mitigating symptoms as far as possible, sustain-

ing the strength so that the patient may be able to bear up under the disease, and be in the best possible condition to recover his health as soon as the disease shall have run its course. This, you see, is just what we try to do in enteric fever, measles, etc. This plan of treatment accords too with the opinions now held by the majority of pathologists, that pneumonia is an essential fever, due to specific micro-organisms, of several varieties probably, and that the lesion in the lung is but a local expression of the disease, just as the ulcers in the bowel are of typhoid fever. If an essential fever, it would be of little use to try to abort the disease; anything that would destroy the germs, would injure or destroy the patient also. The late Sir William Gull was not far astray when he remarked that he "knew of no remedy for pneumonia, and that the best method of treatment was to send the patient to a warm bed" No one plan of treatment will suit all cases; we must treat the patient rather than the disease. If he has pain, relieve it; if the temperature is dangerously high, reduce it; if the pulse is strong, full, and bounding, quiet it; if weak, and showing signs of heart failure, stimulate it. There is much to be done, you see; there are few things that will try your judgment more than the judicious treatment of a severe case of pneumonia.

In all cases, absolute confinement to bed from the first, in an airy room, of a temperature of about 65°F., air slightly moist, plenty of easily-assimilated food, mostly liquid, without over-feeding, and good nursing, are indispen-

*A Clinical Lecture delivered at the Toronto General Hospital.