

gard to the latter he speaks of "watching its effects," *i.e.* its tendency to kill; another comforting suggestion which he offers is "cupping between the shoulders," or as an alternative, "a vigorous dose of Epsom salts." Another witness (so to speak), Dr. Chalmers, of St. Mary's and the Locke Hospitals, says—"Consider antimony, mercury (blue mass, calomel) and purgatives as poisons in pneumonia."

A third witness, Dr. Hunter, states that "blood-letting is one of the greatest weakeners," and naively adds "as we can kill thereby."

A fourth witness, Prof. Lobstein, says, "Without blood, there is no heat, no movement in the system; in the blood is the life; he who takes blood from the patient removes not only an organ (*sic*) of life, but a part of life itself."

An essay appeared in the *Canada Lancet*, of August, 1882, which had been read before the Medical Association of Ontario, in which the writer maintains that bleeding is correct practice *especially in pneumonia*, or inflammation of the lungs; the writer cites cases, in which he claims to have performed wonderful cures of that too frequently fatal malady.*

A sixth witness, Dr. Bennett, of Edinburgh, declares that "Any weakening remedies not only materially extend the period of the disease, but especially prolong the state of convalescence;" "it is easily understood therefore," he adds, "how it happened that the antiphlogistic † treatment (bleeding, prostrating, poisoning) of former days proved so fatal."

An all but infallible course of treatment of pneumonia is propounded in the *Canada Lancet*, of Sept. 1881; Prof. Alfred L. Loomis (quoted from the *New York Medical Record* enquires in the accustomed style "What shall we do? and proceeds to assume that pneumonia is caused by poison; (other authorities are content to acknowledge that it is traceable to "taking cold") the Professor discloses the great secret that opium furnishes the antidote for it! he enlightens us further as to his mode of applying the drug, and says that his rule for the past year has been "to bring his patient under the full influence of it at the outset of the inflammation, and to keep him in that state usually for the first four days of the disorder;" it is not surprising that the Professor should further say—"After this period, the greatest care must be exercised in its use (the use of opium), for now a new danger threatens *viz.* :—paralysis of the bronchi, and consequent accumulation of secretion in the bronchial tubes, which will greatly increase the difficulty of breathing!" Let no pneumatic sufferer despair, for there is still "balm in Gilead" and possibly a "physician there;" "the learned Professor" administers "morphia hypodermically" (under the skin) "during the developing period of the disease."

As we cannot suppose that our readers will be able to reduce the discordant testimony of these witnesses to harmony, we hope to present them with something so uncommon as common-sense views of this subject in our next number: in the meantime they may possibly reflect that death from "congestion of the lungs"—according to the registered cause of death—is less surprising than at first it may appear to be. Possibly it might be instructive to enquire which of the above approved modes of treatment was adopted in the one hundred and fifteen cases which have succumbed to the disorder, or the treatment in the hospitals of Ontario, during the past year; it may be satisfactory to enquirers to observe that the disorder is learnedly described as taking the several forms of "pleuro"—"typho"—and "broncho-pneumonia"

* As both the Editor of the *Lancet* and the several members of the Medical Association have hitherto yielded the assent involved by maintaining silence on this subject, we may venture to suggest that the cures were probably of such a nature as to result in mourners going about the streets.

† Inflated words are congenial to inflated persons.