

offers the fairest hope for solving the problem how to treat pneumonia most successfully, I would not be before you with this topic tonight. I do not offer this measure as a panacea, but I have the conviction that the treatment of pneumonia as ordinarily carried out, or exclusively of cold applied in some form, is worse than useless. I must confess that this is strong language to use, but when we look about and see that the natural tendency to recovery in this disease holds good in about eighty-five out of every hundred cases, and then find that our hospital statistics, with a few exceptions, give us a death-rate ranging from fifteen to thirty per cent., I think I am, perhaps, justified in employing it. I think this view is also endorsed by the results obtained in the cases which comprise my collection. Thus, in the 299 cases so far gathered there were ten deaths, giving a total death-rate of 3.35 per cent. Over and above the superior results which are given by the ice treatment in these cases is the fact that they were not secured by a single individual only, but by as many as fifty independent observers, among whom are a number who have treated a score of cases without a single death. This of itself speaks volumes in favour of the treatment, for it shows that the personal equation of the practitioners cannot enter very largely into the question of its success.

Now, what of the future of the treatment of acute pneumonia? Is there reason for believing that the death-rate of this disease may be diminished still further on the lines here indicated? I believe that this is possible. Of several things I am certain. One of these is that we have the course of pneumonia under control. The other is that the idea that pneumonia is a self-limited disease and pursues the even tenor of its way in spite of all medication is a delusion and a myth of the most pernicious type. It is a sprag in the wheel of therapeutic advancement. It is on a par with and belongs to the dogmatism of twenty-five years ago which asserted that the whole treatment of acute rheumatism could be summed up in "three weeks and plenty of woollen blankets." Salicine and the salicylates have undeceived us and taught us better. Thanks to them, this disease consumes a less number of hours now than it did days then, and we approach it with the utmost confidence, but not with any greater degree of assurance than, I believe, we may encounter acute pneumonia at the present day.

Medical Matters.

DRUG DRUNKARDS.



ONE of the greatest problems of the present day in medical circles, is the best method of dealing with patients who habitually intoxicate themselves—using that term in its real meaning of "poisoning." Because it is a well recognized fact that, while alcohol is a drug of the highest value in appropriate cases, it is a virulent poison when used in improper doses. And, therefore, it has been urged that drunkards should be treated on the same principles as are applied by the law to would-be suicides. For many years past, there has been a growing feeling amongst the medical profession, that the best method of treating drunkards is by seclusion in Homes, Asylums, or Retreats, as they are variously called, in which a certain amount of compulsion and restraint is exercised. And the principle has been carried logically a step further by the recommendation that persons who take certain drugs to excess, with the same result of chronic poisoning, should be similarly restrained. The experience of all physicians who have treated patients addicted to morphia, chloral, and cocaine, is conclusive that moral influence is absolutely essential in the great majority of cases. The craving for these drugs is oftentimes so great that the patient, if at liberty, is almost certain to succumb to the temptation to dose himself. And indeed in many instances, the patients are so well aware of this fact that they voluntarily request to be protected against themselves, and, for example, give up or destroy their hypodermic syringes so as to diminish their opportunity for self-dosage. The British Medical Association last year appointed a Committee to investigate this matter, and especially to consider the question as to what the description "habitual drunkenness" should apply, and whether it was a term applicable only to those who take alcoholic beverages to excess. The Committee have advised "the inclusion of intoxication by any narcotic in the term 'habitual drunkenness.'" The Committee, it is understood, suggest that special Homes should be established for the treatment of such patients, and that magistrates should have the power to order detention in such

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