Jones

In Prof. daybreak.
A Report
of
Certain Cases
in the
Clinical Wards
which have occurred during the past Session (1866)
with remarks
by Jones.

"In medio tute sovimus ibis."
Horace
Having to pass all my examinations this year, it may be judged that I have had not much time to make any original observations upon any subject, and so I have, though somewhat unwillingly, been driven to that "refuge for the destitute," a report of certain cases which have occurred during the past season. There I have taken as a text for the remarks, which I have brought forward. I hope however, that no one will criticise the shortness of the sermon when comparing it with the length of the text; the fact is that I felt that a full report of the cases, would not gain me have a great deal of light thrown upon them by anything I could say, and so I have principally confined my remarks to the effects of the bloodletting in each case, and have paid but little attention to the other points in each case. I am happy that if the remarks are neither occurred true, that the case an other
David Sounds admitted into 20.1 Ward under Dr. day care with symptoms of fever, Oct 29th 1866. He states that he is single, a sailor and a native of Persia. Both his parents are dead as are also his two brothers and one sister, so himself being the only one left; he does not know of what disease they died.

He has always lived well himself and has always been very temperate. Three years ago he had an attack of rheumatic fever and was confined to his bed for some time; about that time he also had a swelling in his left groin, which was opened and got well in three days. He has never had any previous disease. While in Persia, the water for drinking was unclean and he suffered greatly from diarrhea. The passage home was rough and he was fed upon salt pork and treated badly altogether; his bowels were at this time very confined, only being opened once every two or three days; to relieve the constipation he took sometimes castor oil and sometimes opium salts, but without any permanent relief. His stools were large, and painful, and sometimes the bowel came down, but he soon lost any blood. His appetite never continued good, and he had no constipation. Six or seven weeks ago he became more constipated than ever, being relieved only once in five or seven days, and he had rheumatic pains about his leg, which he says have continued up to the present time.
He arrived at Glasgow a week ago, and coming on the following day to Edinburgh he applied at the Infirmary, for advice as to his constitution. He was ordered some medicine which he took, and for three days afterwards he had severe pain in his back. His teeth were slightly opened on Thursday last (four days before his admission), the next day he was sick twice, and threw up a lot of stomach cream fluid. The following day he was also sick several times, the vomit being of the same character; on that day he had two injections, after which he was slightly moved; yesterday the pain in his abdomen becoming much worse, he applied again at the Infirmary and was admitted.

State on admission

Circulatory system. Pulse small and very 120 per minute. Heart sounds normal.

Respiratory system. Respiration 25 per minute, the inspiration is shallow and jerky; otherwise normal.

Nervous system. Has great pain in his head, no paralysis either of motion or sensation; is fairly intelligent.

Digestive system. Mouth dry, lips parched, tongue red, cannot eat, sometimes frequent and frequent. Abdomen very painful when touched. There is great distension, and a tympanitic sound is given out over the track of the colon, which extends a little.
as the eighth rib.

Int. digestive organs. Skin hot and dry, expression of face anxious, cheeks flushed.
Genito-urinary system. No scars of removed sicles upon the prepuce. He makes scarcely any urine at all.

Decubitus. He lies upon his left side with his knees drawn up.

He was treated with quinine, in small pills of 2 grains each, which were given at bedtime, after he had first been made to vomit with warm water, and receive enemata of warm water, 100 oz being thrown up at one time. On Oct. 31st as he still continue in great pain, and was very sick, he was ordered 3 pce of calomel and 60 pce of sugar, to be divided into 12 powder and one taken every hour and a half. He was not so sick and slept better than usual the following night. He went on however much in the same state, till Dec. 4th being fed by intermittent enemata of eggs and beef tea. On Dec. 10th he had two enemata of soup and water, one of them also containing half an ounce of sulphate of potash, the latter of these brought away a little feces, he slept well the following night, and the next morning had several fluid motions. From this time he got quickly better till Jan. 8th when the pain in his head, for which he had at first applied at the Infirmary because the prominent symptom
Nov. 8th He was ordered
R. Pet. Jodidyplos 30
Infus. Scapix fl v
tinct Compl. ad. fl 2
Sig. "Two tablespoonfuls to be taken three daily"

Nov. 9th Pain is not relieved; a blister was
ordered behind the right ear.

11th Pain was no better after the blister;
Dr. Daycock ordered another behind the left
ear.

13th He was still suffering, as much as ever
from the pain; he was ordered
R. Sp. Fomentis fl 3 or 4
Ori vitelli 1

Agua Quinina ad fl 2
Two tablespoonfuls three daily

18th Pain was much relieved for two days
but now seems to be as bad as ever. As it
is worst just as he is going to sleep, he was
ordered a little soup with a glass of wine in
it just before bed time.

22nd He was again relieved for a day or two, but
the pain has now returned again; pain in its full force,
his as ordered
R. Petru Venetae fl 3 or 4
Punc. Compl. 2 or 3

"A puncta to be taken as a snuff at that time."

30th This seemed to have a great effect upon the
pain at first; but now it does not seem to make him worse.
A subcutaneous injection of 1/2 fl oz of the solution of the Bimesonate of Morphine was tried (980s to 12)
Dec 2nd. The morphine did not give him much relief, and accordingly by oz of blood were ordered to be taken from the arm.

8th. The pain was very little by any letter after the blood letting; to day he was named

R. dig. Ammonis fl dr 1.

Alum. and fl oz 6

"A tablet fourfull to be taken three times a day."

of The pain is no letter, and accordingly he was discharged. About a fortnight after this he returned to say that since he had been out, he had put quite an of his troubles without any treatment at all.
Constantine Dr. Stryker. At 29. Shearman. Admitted into Ward I Dec 5th 1865 complaining of cough and distress of breath.

He is a widower, his wife having died 4 years ago, since which time he has been a very hard drinker. When young he had the "children's fever," but with this exception he cannot recollect that he has ever had to keep his bed for a day. He says that it was his habit to get drunk two days every week for the last 4 years. At these times he used to lay himself down to sleep in the open air, upon straw. The only effect of this which he suffered from, was sometimes a slight cold which he always cured by taking a drink of cold water; these attacks often his drunken fits never prevented him from working. About a fortnight ago he was drinking very hard in his usual style for two days; the next morning he had several distinct visions, which continued throughout the day, in despite of the quantity of cold water which he took; he had cough which gave him great pain, and he could not cough get up any shift; these symptoms together with difficulty have got worse up to his admission; he also complains of pain behind the left ear.

State on admission.

Respiratory system. Respiration 20 per minute. Perception normal. Auscultation, coarse respiration is heard over the whole surface of the chest, with both inspiration and expiration. On expiration, rhonchous...
He was put upon a nourishing diet with plenty of milk, beef, tea.
is heard over the entire of the right side. The
Sputum is white and frothy.
Circulating System. Pulse 100 full but very soft
and weak. Cardiac sounds can hardly be heard.
In account of the loud respiration
Defensive system. Tongue: moist brown, bevets
regular; appetite fair.
Genito-urinary System: Urine deep amber. S. Grader:
measures cloud neutral reaction, no albumen, chlorides
normal, contains indican, and crystals of triple
phosphates can be seen under the microscope. He
was ordered

R. Secret Rempa a flg 12

"Three tablespoonsfuls to be taken every 3 hours"

Dec 7th. He has continued much the same; the dyspnea
is getting very bad; the pulse is 102; the cough
is very troublesome, the expectoration is large in
quantity and much the same character.
He was ordered

R. P. Bengon

S. Campa t ophs o. flhovs
Vitelli Mr. mine intonadda
Again. 10 flg 12.

"Three tablespoonsfuls to be taken three times a day"

Dec 9th. He does not seem to be any better; he suffered a
great deal last night, from a pain in the left
breast, which was somewhat relieved by percussion
strokes. The pulse is 104 very weak, not as full as
it was. Indistinct friction sounded to be heard in
Dec 13
He has continued to put more since last note. The pulse is still 104. Schilis is heard very distinctly over both lungs, but the coarse respiration is diminishing. His urine is of sp. Gr. 1030, color due abundant, contains albumen, and some epithelial cells. It is also very acid. He was ordered:

P. Strychnii gr. 1/2
Acet. Acetic acid f. fl. 1/2
Arsn. ad fig. 2. Pid.

"A tablespoonful to be taken twice a day."

He was also ordered 1 oz of port wine a day and to continue the quinine, ordered in the 87th when the couple was troublesome.

Dec 13. The patient had a bad night, cough and dyspnea keeping him awake; he has great pain referred to the back of the insertion of the diaphragm, referred complaining. The albumenuria is increased, urine is very acid. Sp. Gr. 1030. Also contains pus cells and some puriform epithelium. His pulse is 120 very weak. He was ordered 6 oz of brandy per day in the place of his wine.

Dec 15. This morning he is weaker, sound evidently sinking; he complains greatly of dyspnea, and palpitation, great difficulty in expectoration. He slept very little, his pulse is 104, feels somewhat stronger than yesterday. He was ordered: P. P. Cocaine or methyl n. 5 " fid."

Three tablespoonfuls to be taken every three hours.
and to be laid to leg. This relieved his epiglottic dyspnoea for a short time, but he afterwards got weaker and weaker, the dyspnoea returned, the expectoration which had been yellow and more viscid, has now almost ceased. His albuminuria is increased.

Dec 16th. He continued to get worse, and gradually sank till 5 o'clock P.M. today when he died.

At the Sphen. Both limbs presented the appearance of limbs affected with scurvy and emaciation.

New Matthewson. At 28, Fisherman. Single. Admitted into Ward I under Dr. Haycock Dec 17th. Complaining of great debility and shortness of breath. He had fever when he was 17 years old, small pox 1 year ago, and rheumatic fever about 2 years back, with this last illness, he was long bed, being confined to his bed for 12 weeks. And he was weakly and troubled with pains in the joints for three months after this. Last winter had a severe cold and cough, but got rid of it in the summer. 9 months ago he took a cold, and at this time coughed a little blood, which came away at the end of the cough; the cough was dry and hard; his breathing became very difficult and was aggravated by walking or any other exercise; this dyspnoea with palpitation has continued up
every three hours
to the present time. Also complains of cough.

Present State.

Digestive system. Bowels constipated; tongue clean and moist; appetite good; vomits sometimes when the
food is excessive.

Genito- Urinary System. Bladder hard and large. Scrotum contains
potassium and bile pigment, otherwise normal.

Respiratory System. Breathing 18 per minute. On
percussion the only thing noted was slight dullness
over the whole of the back. On Auscultation, soft quiet
sounds were heard over the whole of the right lung.
Course expiration over lower and posterior lobe of left
lung, vesicles over upper lobe posteriorly, anteriorly the
respiratory murmur was normal in the left side.

The cough is very bad and his dyspnoea is quite
dreadful sometimes; the sputum white and frothy, with
yellow or greenish matter interspersed with it.

Circulatory system. Cardiac dulness increased slightly.
Heat tenuous and irregular, skin hot and stifled.

Sounds: there is a double systolic sound giving rise
to 3 sounds altogether, occasionally the second sound
is also double. Pulse diastolic \( \frac{84}{12} \) per minute.

Suggest instead of one, second very often near
infectible; ordered


Desert Lemoe 3 gr. 30.

This tablet to be taken three times a day.

Dec 24th. The dyspnoea seems to be increasing, and quite
prevents him from sleeping, & of blood were ordered.
Dec. 22nd. He slept a great deal better last night; respiration 35 per minute; dyspnoea not so bad, cough is not so troublesome; pulse about the same in every respect.

Dec. 26. He continued to improve up to this day, when he says he feels very weak, and his dyspnoea is returning. His urine contains iodine, chloride in abundance, the reaction is acid, and there is a small quantity of urate. He was ordered a Therapeutic syringe to the chest.

Dec. 27th. To day he is a great deal better as far as the dyspnoea is concerned, and to day he is doing about the ward comparatively well and cheerful. The pulse is the same rate, but its diastolic character is not so distinct, and very slight

Jan. 3rd. He feels weaker again to day, but the cough is not so bad; the pulse has now quite lost its diastolic character, and the heart's action is not so irregular.

Jan. 6th. To day he was discharged very much relieved.

James Regan was at no. 48, Hauken admitted Feb. 5th into Ward 1 with great dyspepsia and cough. He is single. When a child he had measles and hooping cough, also small pox; 18 years ago he had a fever in Ireland, and he says he has also had a fever in this country, with each of them.
From he was ill these weeks or a month, for the last 12 or 14 years he had been much troubled with cough and spitting, which he says was aggravated by exposure to cold. He has apparently suffered greatly from destitution and been exposed to great hardships, travelling about the country in all weathers. About a fortnight ago his ankles began to swell, but there was no pain in them, the swelling has kept on increasing; his cough is also very bad now and he is suffering greatly from difficulty in breathing.

Present State

Integumentary System. Patient is rathen low, both eyelids are very edematous; skin of thighs and abdomen edematous especially the latter; ankles and feet are very much swollen, putting equally upon preformance. Skin is quite loose all over the trunk.

Gastro-Intestinal System. Urine very clear, acid. Mucus cloud and deposit, contains a large quantity of deposit allumen, some phosphate and bicarbonate, chlorides deficient. Crystals of uric acid, urate, large renal casts, blood casts, and cells, and a quantity of brown due granular matter can be seen under the microscope. It is of a dark mahogany colour and becomes nearly solid on being heated.

Circulatory System. Pulse too very soft, though full; heart sounds obscured by the respiratory sounds.

Respiratory system. Very little expansion of thorax. Auditory there is slight high frequency super Eugene at eite
side of the sternum. On the left side the breathing is 
harsh and rough, approaching in some parts to expiratory 
inspiration; expiration is clean but loud and 
prolonged. On the right side inspiration is also 
hard and expiratory; expiration clean at some 
points, ribbulous at others: these sounds are most 
marked in the infra-clavicular region of each 
side.

Posteriorly, there is slight dulness over the whole 
back. On the left side inspiration harsh, and expiration 
dry and prolonged with ribbulous sounds. On the right 
side expiratory is distinct in and close pectoral 
region; lower down it is not so distinct, expiration can 
hardly be heard, vocal resonance is increased. Petechia 
spotting somewhat tenacious, slightly moist in colour; 
cough very troublesome. Respiration trochee-accents.

Digestive system. Insure clean bowels, open appetite 
fair.

Nervous system. No loss of consciousness, respiration 
regular. Lying on his back with the upper part 
of trunk much raised.

He was fed upon a good nourishing diet with 
8 oz of wine per diem.

Nov 10. He is still in the same condition, cough 
prevents him from sleeping; passed 22 oz of urine 
in 24 hours, the same characters as yesterday.

Ordered

'Infus. Digitalis fl. 2 oz'

Inf. Aurantia o. 12. Two tablespoonfuls every 3 hours.
Jan 11th. He says that he has been much easier since taking the above mixture, but having some tendency to diarrhoea. Pulp longer continued.

Acid Citric 80/120.  
Ft. Campb. 7d.  12.  
Ague-Campb. as for 12.

To take two doses every three hours.

Acid phosphate to drink at night.

Jan 15th. He continues much the same. Starts a good deal in his sleep. Sputum more clear and yellow in colour. The size of urine 1020 in other respects the same as when first examined. Papered 20. He has had two but a cold, but they do not same to have made him feel much. Pulse 106 out as full as it was.

Jan 16th. The dyspnoea is now becoming very dreadful. He cannot sleep: enophagia of wind in his stomach "like to choke him." Swelling in his lower extremities increasing.

Jan 17th. Pulse 106, seems to be getting weaker; appetite is now failing. Cough very troublesome; indeed it.  
Ft. Ferris Perchlor. fl 2.  
Ft. Digitalis fl 2.  
Inf. 12.  0.  0.  12.  12.

In taken every 4 hours.

Jan 18th. Says he feels very much weaker to day. Cannot sit up in bed without being supported up. He was often at start last night; the urine papered only the second 8 oz., but some is also papered with the stool.
Unr is brighter red in color, does not contain quite as much albumen. Pulse 110, getting very thready in character.

Jan 19th. He was evidently sinking this morning, but he wished something to be done to relieve his dreadful dyspnoea. Dr. Dayeck ordered him to be enuffled below the shoulder blades to 1 1/2", and the following mixture.

R. Infus Digitalis flag. 1 oz.

Tinct. Ipecacuanha flag. 1/2 oz.

Aqua Compost. flag. 1 oz.

Two tablespoonfuls every 1/2 hour.

Jan 20th. So much weaker today; suffring relieved his dyspnoea slightly, can scarcely recognise any one, and cannot speak. He is breathing heavily, face pale, lips chapped, extremities cold. Died at 2 P.M.

<table>
<thead>
<tr>
<th>Measurement in inches of ankles foot and chest</th>
<th>Left</th>
<th>Right</th>
<th>1st</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sat 4</td>
<td>9 1/2</td>
<td>9 3/4</td>
<td>9 1/2</td>
<td>9 3/4</td>
<td>15 3/4</td>
</tr>
<tr>
<td>11</td>
<td>9</td>
<td>9 1/2</td>
<td>9 3/4</td>
<td>9 1/2</td>
<td>15 1/2</td>
</tr>
<tr>
<td>12</td>
<td>9 3/4</td>
<td>10</td>
<td>9 3/4</td>
<td>10</td>
<td>15 3/4</td>
</tr>
<tr>
<td>13</td>
<td>9 1/2</td>
<td>10</td>
<td>9 3/4</td>
<td>10</td>
<td>15 3/4</td>
</tr>
<tr>
<td>14</td>
<td>9 3/4</td>
<td>10</td>
<td>9 3/4</td>
<td>10</td>
<td>15 3/4</td>
</tr>
<tr>
<td>15</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>16</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>15 3/4</td>
</tr>
<tr>
<td>18</td>
<td>10 1/2</td>
<td>10 1/2</td>
<td>10</td>
<td>10</td>
<td>15 3/4</td>
</tr>
</tbody>
</table>
Christina Hodgson aged 27. Residing at Home Yard admitted Jan. 15th 1886 under Dr. Haydock withe pain in the left side, cough and dyspnea. She is married, and has always been quite healthy till the present illness. On Jan. 10th she was seized with rigor (for a week before this she had had a slight cold). After the rigor she was attacked with sharp stabbing pain just below the left atroncle going through to the back. Till admission the pain has continued preventing her lying on the affected side; is increased by a deep inspiration. She also had cough which was accompanied by expectoration, the expectoration being of a rusty colour, and difficult to get up. Her face often became very flushed and the skin hot, which was followed by perspiration. On the 12th and 13th she applied mustard poultices to the side with some relief.

On admission

Circulatory system. Pulse 112 hard and small
Cardiac dullness and sounds normal

Respiratory system. Respiration 35 per minute shallow
Perception in front. On the right side rather hyperemic on the left side, normal in pubicular and mammary regions, marked dullness in infra-mammary region. Potency; perception normal on the right side; left side: absolute dullness below the angle of scapula laterally. Right side normal, left side marked
Auscultation: Intensively on right side, vesicular murmur is dry and harsh in character. Left side, inspiratory sounds very harsh at apex, with an occasional sound as if transmitted friction. Some faint friction is heard in mammary region; below this no breath sounds are heard at all; an occasional friction sound can be made out just below the nipple. Posteriorly on the right side; inspiratory sounds normal; on the left side breathing is harsh and jarring at the apex, at the angle of the scapula, distinct but very fine friction is heard with inspiration, with expiration, tubular breathing is heard, lower down no breath sounds can be heard at all.

Vocal Resonance: On right side, normal in front slightly increased behind. On left side, slightly increased in posterior scapular region; almost lost laterally and posteriorly towards the base. Expectoration viscid, tenacious and glairy, dark in colour but not rusty; not abundant.

Digestive System: Tongue reddish, especially at tip and edges, has no appetite but great thirst. Bowels constipated.

Integumentary System: There is a good layer of fat beneath the skin. Face flushed, skin dry and hot; occasional sweats at night.

Nervous System: Some restless pain in left mammary and inframammary regions, going through to the back.
Deceased; frontal headache
Germs or urinary system. Urine very bright colored
Sp. Gr. 1015. Acid reaction. Deposits urates and
phosphates, chlorides deficient in quantity.
Indican abundant, slight bile pigment.

She was ordered good nourishing diet, 4 oz of
Port per diem; 5 or 6 oz of blood to be taken
from the arm, a tourniquette strap to be applied
to the chest. The following mixture:

To Port Bicarb. 0.5
Fz Qiri

Aqua Campestris 0.03

"To sit out every three hours"

Jan 17th. Five ounces of blood were taken from the
arm last night, and she expels herself as much
believed the pain getting much less within 15 minutes
of the deflection. This morning her face is much less
flushed. Pulse 104 and softer, and the pain is say
plight. Physical signs the same as yesterday. The
blood drawn was much luffed and capped, and
was tested for urine acid, but none was found.

Jan 18th. The scarcely slept at all last night, account
of frequent loud cough. But a is becoming pretty
and sometimes has a reddish tinge. Abdulesque
dullness extends on the left side, as high as lower
angle of scapula. On the lower half of the scapula
the dulness is less marked, and near the axill
resonance is much increased. Above the spine of the scapula fine respiration is heard. In front there is distinct respiration in sub-clavicular region and upper part of mammary region.

Jan 19th. This morning the pain feels much easier. Pulse 104 soft; no pain in the side near spine is very little respiration heard over the left lung in front. Friction sound is heard about the middle of the scapula, vocal resonance still much increased behind. She was ordered a few drops of Phosphoric acid to be taken in water and used as a drink, as the complained much of thirst. At 9 P.M. gave 1 drachm of amber, mucoid deposit, chlorides diminished, contain, left bile pigment.

Jan 20th. Pulse 95. Extent of dullness behind is lessened, and there is less respiration to be heard over lower half of left posterior.

Feb. 5th. The patient has been improving daily since last note, except that there is still great dullness at the base of the left lung. I ordered an emetic

Feb. 8th. Pulse 64, no note at more pronounced.

Feb. 21st. Was ordered 1 drachm of Morphine to be given if this acted too much on the bowels; a blister was also applied around the left side. The pain, which had returned slightly, as the dullness diminished, almost left him after this time, and she continued to improve till

Feb. 28th. When the cough was the only thing that troubled
her strength she seems very weak. Sputum is purty and tinged with blood.

Mary Murray, Oct 5th. Her wife living at Pitts Clare was admitted into 2011 Ward under Dr. Wood, complaining of great difficulty in breathing, cough, and weakness. Nov. 13th 1865.

States that her mother died in childbirth, her father after an illness of 4 days beginning with pain in the head. She has always been quite healthy till two months since, has had 9 children of whom one was born dead. Has always been quite temperate. Six months ago when sitting in the room she heard the postman's knock, and as she expected a letter from her son who is living in America she ran down the stairs very fast and when she set up stairs again she thought she should never regain her breath, at the same time she was seized with shivering. She recovered a little from this however, but occasionally when going about the house, she would have to stop suddenly, feeling as if she were going to die. The other appetite, and there was great difficulty in swallowing. The cough which was at first very slight gradually became worse and the dyspepsia
Canted artery also beats much fuller on left side than on right.
which at the beginning of the illness was felt only during the paroxysms, is now constant through much more when the paroxysms come on. She gradually got weaker and weaker, and lost flesh very fast. Yesterday she was seized with such a fit of coughing, bringing up large quantities of fluid, that she determined to come to the Infirmary, which she did to day, and was admitted there.

Nervous system. Right pupil more contracted than left.

Pain in precordial region.

Circulating system. Pulse 80, full but more pronounced on left side than right. There is a bulging at opposite of the wall of the chest opposite the second intercostal space, which extends from the left margin of the sternum about 3½ inches to the right, and is about 2½ inches in extent from above downwards. This bulging is perhaps rather to be felt than to be seen. The skin over it the tumor is edematous, and there is hyperesthesia all over it, also at the inferior angle of right pectoral. Region of cardiac dullness extends up as high as the costal cartilage of second rib, its lower boundary are about the level of the seventh costal cartilage, where it joins the rib; laterally it extends from the middle of the sternum about 3 inches to the right. On auscultation over the bulging a robbing to and fro sound is heard, as the fluid approaches, the medium line the poulcides are still heard plainly, and the point of the greatest intensity
is about ½ inches from the lower end of the sternum. Respiratory System. Respiration 35 per minute. A tracheal sound as if the trachea was filled with mucus is audible to any bystander. There is great dullness over the whole of the right side of the chest. The respiration murmur at the apex is so obscured by the tracheal sound already mentioned that nothing can be heard towards the base, the respiration is very feeble and when heard tubular in character. At the back on the right side, expiration is loud and pursing, inspiration hardly audible at apex, but sounds very much inaudible at the base.

Pericardium on left side resonant; respiration pure in front; respiration prolonged behind, inaudible in character, inaudible towards the base. She has evident fits of coughing, bringing up a little thin fluid somewhat frothy, and which Dr. Leiper declared to be the characteristic serena tur Davis.

Genito-Urinary System. Incontinent ceased about 14 years since; at that time she lost the use of her tongue one morning, and the hair on the left side of her head became grey. Urine S. G. 1018. Acid dark amber colour, contains no albumen.

Digestive system. Tongue clean. A modest, lopsided, no appetite and when she does take anything, it seems not to go any further than the back of the stomach.

Integumentary System. Skin harsh and dry, unblemished fits her loosely, has evidently lost flesh lately, not recede.
January 4th. Leone Phlegmatic

Pulm. 15th. Prof. Laycock saw her this morning and ordered a warm bath.

15th. Pulse 70. Respiration 20 per minute, was much troubled with cough last night; tongue moist and clean; has taken very little food; there seems to be a slight impulse over the bulging of the chest. She was ordered the following:

- Ph. chloroformi fl. 1
- Alum. Emerit. ad fl. 1
- "For talcum powder to be taken when the cough is troublesome"
- Ph. pot. soda. ad 1
- Inf. sec. pro.

1st dose the patient:

Emine Ph. Gran. 10,20 Acid: contains a large quantity of triple phosphates.

From this time she seemed to improve slowly till

Dec 2nd. when as she insisted on going home, she was this changed very much relieved.

Dec 13th. She was again admitted with exactly the same symptoms as before; the emaciation was taken increased in intensity. The respiration is now 100 per minute; the pulse is 80; very weak and irregular; bowels open; tongue covered with a thick film of dirty white color.

Dec 15th. Last night about 8 o'clock, she had a sudden fainting fit, became very cold, almost pulseless, tongue felt flabby, and locality was colder than natural to the hand; eyes were half opened and glassed. And altogether she appeared quite moribund.
Hot bottle were ordered to the feet, a hot poultice to the foot and abdomen, and a teaspoonful of wine with one of hot water every ten minutes till more effect was produced upon the pulse. When the house physician saw her he ordered brandy in the place of the wine; the faintness gradually went off, and this morning though still very weak, she is much easier.

Dec 10. The dyspepsia is getting very terrible for her, and being very unfortunate for something to be done to relieve her. 2/3 of blood was taken from the arm, and though she was somewhat helped after it, her respiration became easier, the pulse is 110, frequency of respiration 40 per minute. Large expiration is heard on both sides of the chest in front.

Dec 18. Her breathing is now 30, pulse 100, says she feels a great deal easier altogether, countenance left appearance. Urine 0.105. Calcium deposit contains a great quantity of urates, and some phosphates; the morning took a little meat the first for 14 or 15 days.

Dec 25. The pulse last night her pulse has got gradually weaker, it is now 106. Urates have disappeared but phosphates have increased in urine. Bowel sounds can be heard on the right side of the chest at all, and it is quite still upon percussion, the expectoration is quite xanthopurpuraeus, and is small in quantity. On the left side of the chest the respiration is loud but there are coarse murmurs all over it; the declivities over the sternum, which is on a level with the 2nd and 3rd ribs, is heard for slightly increased in extent.
This morning between 12 and 1 o'clock, she seemed again to be almost moribund; she was covered with a cold sweat, the pulse could hardly be felt at the wrist, and then was coldness of the extremities. His tattle were put to the face, a pot and and meal mixture to the abdomen, and a teaspoonful of wine and brandy mixed, was given every 10 minutes, till the pulse was again felt at the wrist; in the course of half an hour the began to rally, and this morning she has recovered so far as to be much in the same state as yesterday.

Dec. 29th. Yesterday and today she has continued about the same, but seems to be very discontented with what was being done for her, and as there was took her out. I have since heard that she died on the following day.

Mary Skinner, 55. Farmer's wife was admitted into No. 11 Ward Jan. 24th 1865 with symptoms of aneurism of the arch of the aorta.

She has always been very healthy till her present illness, through she has gone through a great deal of hardship, and worked very hard. She is now living with her husband near Jem in Shropshire, of which place she is a native, having since a small farm there. Eight or 9 weeks ago, she first began to complain of a feeling of fullness about the head, and
also stiffened and twitched about the neck. This discomfort seemed to increase, and caused her a great deal of pain. Whenever she lay down. About 5 weeks ago her head and left ear became very painful, the pain being worse at night. At present, she is unable to give a good cough (though she often has the desire) or to raise her left arm to her head.

Present State

Circulatory System: Pulse 142. Full, locomotive, cutaneous. Heart's apex beats strongly between fifth and sixth ribs 13/4 inches below and 1/4 inch to the inner side of the centre of the sternal. Impulse distinctly visible. A pulsating tumor can be both felt and seen. just above the notch in the sternum; and also at the right side of the neck, just above and below the clavicle. Pulsation of both carotids and right 4th: clavicle is distinctly visible. The right carotid seems to merge into the tumor, an inch above the clavicle, or the outer side of the sternum anterior muscle. The left carotid pulsates less strongly than the right, and appears to be distinct from the tumor, as low as the clavicle. The pulsation of the right subclavian gives a peculiar thrilling sensation to the finger, which is present in a less marked degree in the carotid. Cardiac dullness extends from midway between the 3rd and 4th rib, 21/4 inches horizontally downwards and from about an inch to the right of the centre of the sternum 31/2 inches transversely to the left. The heart sounds are much increased by a rushing to and fro sound, which is heard most distinctly over the
upper end of the sternum, or over the lower part of the right side of the chest. This sound is so loud, that being transmitted it quite obscures the natural sound of the heart.

Respiratory System. Respiration 25 per minute. Respiration and Auscultation normal; the chest measures 30" under in circumference above the nipple, after expiration increase 3" on inspiration. Some cough, but no expectoration.

Digestive System. Jigee moist, red & figured in the centre, smooth and prejistik at the margin; has entirely lost her appetite; there seems to be slight dysphagia, though there is no pain after food. Bowels very constipated.

Genito-Urinary System. She has had three children, has ceased to menstruate for some years. Urine, Reddish.

Sp. Gr. 1.025; mucous cloud; acid reaction; no albumen; chlorides normal; trace of phosphates, indican, oxalate and cells very much resembling pus.

Integumentary System. Cutaneous florid, fair complexion.

Rheumatic Affections: strongly marked. Temperament sanguine.

Nervous System. She lies on her back on one side and alternately, as the pain is much increased by her lying down long together. For the last two or three weeks has had aching pains in her left ear, and left side of head and neck. She was ordered:

Ko. S. Alth. Sulph. flb. 1/2
Ague Comph. ad flb. 8.

Two tallels by mouth every three hours.

Nov. 25th, she thinks she has caught cold; dry and hot.
Breathing is heard, with cheering hiccough and
tremor over both sides of the chest. Urine is light
amber. Sp. Grav. 1020. No cloud or deposit; very acid;
was ordered

- 5 fl. oz. chloroform
- 2 fl. oz. camphor
- 1 fl. oz. essence of oil of pimento

Take two tablespoonfuls every four hours

Dec. 28th. Dyspnoea increased very much since last.
Note. Urine, none as on 24th, except that it is
lighter in colour. As the pain at the upper part
of the chest is much increased, she was ordered
a piece of lint dipped in solution of morphine to
be applied over the painful part. Also to take
Pil. cal. ext. c. 1. every 4th and bed time.

Dec. 30th. Since last note, the dyspnoea seems to be
getting worse and worse. The pain in the head, and
the sense of suffocation is very terrible, was ordered
yesterday to be laid to 1 fl. oz.; this relieved her very much.
The cough which had become very troublesome, is now
much softer and easier, and she has slight
respiratory expectoration. Perspiration is somewhat drier
posteriorly in the left side than on the right, and rust
sounds are now heard over both lungs.

Dec. 5th. She continued to be easier after the bleeding
till yesterday, when the dyspnoea again became
very troublesome. Pulse 74. Breathing is harsh in
character, and bronchophony is heard over both lungs.
Sputum is much more viscid and tenacious.
Dec 19. Since last note she has been much about the same till the present time, having symptoms of pain and dyspepsia occasionally, which were slightly relieved by the administration of chloroform, and painting with Belladonna emulsion. Her bed was changed on the 15th and she now occupies one by which the head and upper part of the body can be raised or lowered at pleasure.

Case 27. She went on much the same till today, having sometimes a small dose of chlorodyne or a subcutaneous injection of 1/6 minim of the solution of camphor of Bruxellia (1gr to 1fl oz) at bed time with great relief. Today however as her dyspepsia was very great she was again bled, but only 1/2 fl oz were taken, and it was followed by little or no relief.

Jan 30. Dyspepsia is now becoming a prominent symptom. She thinks that the first bleeding relieved her so much that she wants it to be tried again, though the last was unsuccessful. She was ordered

R. Fr. Bremide 3grs 50
dr. Digitale flor. 3grs
Aqua succis et fl oz viii Dn.

Two tablets every 4 hours.

Jan 31st. Slept very little, the couple trouble at her eye much the worse to day is very quick and jerking, was ordered by Prof Laycock to be bled to 6 oz which between was not done, as Prof Macalayan who took charge of the Clinical Ward on the following day counter ordered it.
she could not touch anything.
Feb. 2nd. The dyspnea being still very bad, and heart action very tumultuous, she was ordered:

R. F. Magnesia fl dr 1.

Ague ad flag 6 Pho.

A tablespoonful to be taken three times a day.

Feb. 12th. The dyspnea and dysphagia have not been improved at all by the last prescription; dry coughing between the shoulders tried to stay with very little success.

Feb. 21st. Six ounces of blood were taken from the arm by Dr. Moore, with great relief to the dyspnea.

Feb. 28th. The cough is now troubling her a great deal, and there is a difficulty in expectorating; the ophthism seems to be almost entirely removed, except.

She was ordered:

F. Camph. & Opii fl dr 6.

A tablespoonful to be taken every four hours.

March 7th. She still continues very bad; suffering greatly from paroxysms of pain, and feeling at this time as if she were going to die; she had an attack last night, which was relieved by chloroformi.

March 18th. Since last note the dysphagia has got much worse, and two days last week till she got her mouth washed with injection of 30 drops of solution of morphia. The upper part of the sternum and the right clavicle are now very prominent.
the latter seeming to be somewhat loose.
The pulse is now not near as full as it was, and
is about 88 per minute. She is still in the hospital.
See report in drawer of East Office 85
Perhaps there is no fact more interesting to the student, in the whole history of medicine, than the change of practice which has taken place with regard to the use of the lancet; so great is this change that if a student were formerly shown this instrument and asked what it was used for, he would have replied at once that it was chiefly used for amputation; but if a student were to be shown the instrument now, and asked the same question, he would most probably say its chief use was for vaccination and opening small abscesses.

There have been two views propounded with respect to this change, one being the very simple one that practitioners were formerly altogether wrong in their use of the lancet, and that we are altogether right; the other being that the change is not due to the increased knowledge that we have got upon diseases, since the lancet was as much in favour, but that it is due to change in the nature of diseases themselves, or in the constitution of those subject to those diseases. Curiously enough, the ablest advocates of both these views have been connected with the Edinburgh School—viz. Prof. Bennett maintaining the first of these views, together with Prof. Lyon, and (as his addresses upon surgery at the last meeting of the British Medical Association showed), and Prof. Allin, Prof. Chalmers, and Prof. Laycock holding the latter opinion.

I purpose here to examine a few of the arguments.
 İzmir 1965
addressed by both sides, and firstly there is the
argument that inflammation (for which bleeding
was very much used) is and must be always the
same in its nature, as forced by the fact that
no differences have been observed in the medicol
anatomy of inflammation, since accurate post
mortem observations have been made. For this very
fact was disputed by Prof Stokes last year in his
inaugural address to the British Medical Association,
for he said that in Pneumonia, formerly, exudable
lymph was thrown out in large quantity, becoming
very firm and having slight tendency to cause
suppuration, whereas now the lymph that is thrown
out does not exude so freely, is more fluid and
easily broken down, and there is now greater tendency
to cause suppuration. Now from this point it is
very material to notice that Prof Stokes, having been
engaged in the practice of medicine before the change
in type, as it is called, is said to have taken
place, and being confessedly one of the most accurate
of observers, speaks with great authority, and this
is especially the case, as those who hold the opposite
opinion have for the most part been men who
have been observers only since the time when the change
in disease was said to have occurred.
But supposing that the morbid anatomy of
Pneumonia is now exactly the same as it once
was, the local phenomena does not constitute
the whole of the disease, as Prof Christian has
that is a greater proportion
noticed in a paper sent to the Edinburgh Medical Journal of 1869 (June and July). The essence of the disease as is there mentioned may be and probably is the same now as it was in the days of Hippocrates; but that is not all, the disturbance of the circulation though not always present, is so seldom absent that it must be taken into account in the treatment of inflammation, and

Dr. Bennett means to say that there is no difference at all in patients in the constitutional symptoms which accompany inflammation; this objection to the essence of inflammation is the same now as it ever was, will not hold water at all.

Another objection is that if disease is of a more asthenic type now than fifty years ago, that more of the soldiers wounded in the Peninsula should have died than of those having the same kind of injuries at Waterloo and in the Peninsula war. Now the people who bring forward this objection, entirely ignore the fact, that in account of any improved style of surgery altogether, the mortality of injuries and operations of every kind have been much diminished notwithstanding the asthenic character of the constitutional symptoms which are observed after injuries, and again when we take into consideration the experiences of the army authorities, the destitution with which they were sometimes so ill as having men moved here and there, without reference to the sanitary conditions of the places to which they are moving them,
(though even they at last have come to see the necessity of sanitary precautions in these days) I do not think that these returns from the army will suffice to overcome the map of facts brought forward upon the other side of the question.

Another argument is that along with the disease of the lanceet by those who are able to treat human beings, there has been a corresponding disease of it by veterinarians and cattle doctors; and then the objectors triumphantly ask "Has there also been a change of type with regard to diseases in cattle?" To this I can only answer that I have not studied the facts of the case with reference to cattle though I think a great deal might be brought forward to prove that animals too have been subject to some influence producing a change in their constitutions. I believe it is a pretty well known fact that Snowman was the first pound horse that won the Derby for several years. The hypothesis which has been suggested by Dr. C. S. would apply equally well to explain the change of type in cattle, as in man. viz. as he puts it in the following words: "When we know that the nervous energy may be powerfully influenced in asthma, neuralgia, and other diseases, by atmosphere agencies of mysterious import, and
Facts like these indeed seem to one to be our answers to all the arguments upon the opposite side.
of which temperature, moisture, barometric pressure, and electric state can give us no adequate account, it is no vain hypothesis, that some such unseen agency, exerted enduringly or frequently on the body, may as modify the governing powers of the nervous system, as to produce for a time a change in the constitutional part of fever. I have no doubt that for fever he could put diseases generally, as we cannot well conceive a mysterious agency of this kind acting upon the body, so as to produce the asthenic type of disease, in fevers only and not in other diseases.

But as far as objections, drawn from the observation of animals, are concerned I do not see how the objectors can get over the fact that Prof. Christie, in a lecture piece in 1836, in which he says that fevers had changed their type since 1834, and that they did not bear bleeding so well, but they bore stimulants better than they had done previous to that date. And then again he relates how he had a third attack of what he describes as "syncopel" in the autumn of 1819, for which having been bled to 14 oz and then feeling faint, he insisted on having three 1 oz draughts making 30 oz in all, and this vigorous practice was followed with great benefit, not only in his own case, but in those of others, the mortality
Perhaps I should say the constitution of patients
not being more than 1 in 22. This to my mind is the most conclusive proof of all, for
I am well convinced that in the present state of things, no physician could pick
out 22 patients, from those coming into the Infirmary, and take 30 ounces of blood from
each without killing more than 1 of them.
There is also another set of facts, which cannot be explained upon any other supposition than that
diseases are now of a more acutaneous type than
formerly, excepting we suppose there also bring
them forward to be natural facts. It is well
known that formerly in country practice the
peasants used to come every spring and fall to
be bled from the arm; now some few physicians
continued this practice for many years after
the rest had given it up; among these was a
Dr. Brown of Rochester, who continued to the practice
till quite lately; and he says, that whereas
patients could formerly bear to lose 14 oz. to 16 oz.
of blood without fainting, they could not bear
now to lose more than 1 oz. to 2 oz.
So these facts may be added that the older physicians
such as Bullein, quite recognized that epidemics
of fevers and only differed as far as the rate of
mortality was concerned, but also that the tendency
to death was by different ways in different epidemics;
for instance in some the tendency to death was
by fainting, in others by active delirium follow.
by some, and in laying down the rules for bleeding, he mentions that the practitioners is to be guided in his conduct by the nature of the epidemic.

Having received my medical education at a school, where more perhaps had been done to put a stop to the practice of venesection and to initiate the practice of giving stimulants in disease, than in any other, and never having seen a person bleed, it may be expected that I watched the cases recorded alone with great interest, and I must say that if any deduction at all can be drawn from the cases narrated with no guard to the theory of the change of type in disease, they would go to prove that there has been a very great change indeed. But I do not think that any such conclusion could be fairly drawn, for two reasons, firstly that the cases narrated are so few in number and secondly the venesection was only practised in most of the cases to give relief for the time and not to cure, still however these cases were very interesting to me, as it is quite certain that in some cases where death is imminent in a longer or shorter time, it is justifiable to do almost anything to relieve the patient, since the next best thing to prolonging life is to make death easy.
Now an Analysis of these cases gives the following results, given 7 cases and 3 deaths, and 3 of those who are still alive much relieved. He temporarily 1 out of these 3 being so much relieved as to be able to go out and return to his employment.

The three deaths were the men further and Flanagan and the woman Kneary. Now the case of Flanagan was one of those in which the constitution had been entirely undermined and broken down by drink, and in which there was little or no hope from the first, and at the time he was last, he was evidently sinking, and the bleeding in fact was not done with any hope of prolonging life, but merely with the hope of making death easier, and on the whole I am inclined to think that he was much easier after it, for though the chloroform returned, it was never so bad as before the resuscitation was performed.

The case of Flanagan was one which assimilated itself to purely venereal characters, he was a man who had suffered many hardships having been exposed to all weathers, and in a chronic state of observation for many years, and as the disease went on and the hemorrhaxia increased it became certain that he was not going to get any better. Sur
not think that the cupping relieved him to any marked extent, but as the disease went on he seemed to lose all consciousness to external impressions, and it is to be hoped to all sense of discomfort too.

In the case of Mrs. Murray, all hope of cure was entirely gone, and it was only a question whether she could be relieved; and in her case it was a most important question, for aneurism is one of those diseases, which often progresses very slowly, the patient being likely to live many weeks or even months, and it is of course a most important thing that the patient should have as much comfort as possible during that time. Bearing this in mind, I think that the relief given to Mrs. Murray was as much as can reasonably be expected from any remedy in that formidable disease, either by physician or patient. Before taking leave of this case I may say that there is one very interesting fact connected with her history bearing upon the theory so strongly supported by Dr. Haggling's Jackson of the London Hospital, viz. that at the change of life she suddenly lost her speech one morning, and the hair on the left side of her head, became grey in front, and even when she came into the hospital the hair on the left side was a shade lighter than that on the right. Unfortunately we did not get an opportunity of examining
the brain, or indeed any other organ after death.

The case of David Sowodo though very interesting as a case of ileus, cured by the administration of opium and large enemata, was perhaps the only one in which bleeding was followed by no relief at all.

The case of Matthewson is perhaps the most interesting of all in this respect, that this was the only one in which the temporary relief produced by the bleeding became permanent, and this was more remarkable on his was one of those cases, in which we do not expect to get a complete cure; but though he was not cured when he went out, that is to say the bad symptoms were all likely to return again if he exposed himself too much to atmospheric changes, yet he was so far relieved as to be able to go out of the hospital and about his ordinary work again.

The case of the woman Christina Hodgeson is remarkable in this respect, that the relief was more speedy, and much greater in one case than in any of the others; if however it was not permanent, she remained in the hospital for a long time, for though I have only got the notes of her case down to Feb. 28th, she remained in the hospital till March 18th, was still very debilitated when she went
much like time
out and symptoms of incipient phthisis
had developed themselves.

The case of Mrs. Hines is the only one in
which the bleeding was repeated, and this
at her own desire. This of course was a case
in which permanent relief was not expected,
but the relief which she obtained for several
days after the first bleeding was very great
indeed, and she herself had so much faith
in it that she was continually clamoring
for it to be done again when the fit came.

The second bleeding where 1/2 of blood only was
taken, as the Horse Physician could not get
the vein to bleed, in account of its being lay
opened many times before, could not be
expected to give much relief, nor did it
do so. The third bleeding however was
followed by marked relief for several
days, and this leads me to say what
I think to be the indications for treatment,
and the means of fulfilling those indications
that we have at command, in cases of
aneurism. (Some one medical treatment).

I believe it is pretty well agreed that
the indications for treatment are
Firstly - The diminishing of the force of
the heart.
Secondly - The diminishing of the volume
of the blood.
Thirdly, to increase the coagulability of the blood.

How are these indications to be fulfilled? Well the first indication is to be fulfilled by keeping the patient at rest; if he be is in the habit of taking stimulants to knock them off, and if the patient has not contracted the habit, to be careful not to give him any stimulants, either in the shape of alcohol, ether, ammonia or any other shape; though in this matter we must not be dogmatic, but must be guided by the symptoms in each case. And thirdly, the second indication may be given, those medicines which diminish the force of the heart, such as Digitalis, Arsenite &c.

The second indication was formerly always fulfilled in one way, viz by drawing fluid out of the blood either by means of the lancet, or by means of cathartics, diuretics, purgatives; but it is obvious that if we prevent fluids from going into the blood we shall have at least quite as certain a mode of restricting the amount of the volume of the blood, and this could be done by restricting the amount of fluid, which the patient takes; and there is no reason why these two modes of diminishing the volume of the blood, may not be tried at once and the same time. In fact, the dry treatment...
which has been proposed for many diseases
would seem to be a most admirable one
for the treatment of aneurysm, and if I
were suffering from the disease myself, I
would restrict the amount of fluid I took
to the smallest possible quantity, at
the same time bleeding and evacuations
might be tried, or not according to the
judgment of the physician in attendance.
The third indication is very difficult to fulfill,
but it is quite clear what we should do:
we should not give those drugs which are
known to increase the fluidity of the blood,
such as the alkalies and their salts, and
we should be especially on our guard against
giving aneurysm, because this not only increases
the fluidity of the blood, but also the
force of the circulation. For increasing the
coagulability of the blood, some have great
faith in gallids or tannic acid, some in
potash or purgative of iron, some in
acetate of lead, and some in mineral
acids. I think I should be most inclined
to try these latter, though it would be entirely
on theoretical grounds, and I confess I have
no facts to show that they are of any use
or not. I have only to say further in regard
to the treatment of aneurysm, that if Skinner
seemed to be in the whole more benefited
by the hypodermic injection of morphia
than by any other simple thing.
There is also one other case which I have
not reported along with the others, because
I have not the time to report it so fully
as I should like. Her name is Janet Watson
Oct 29 Cook and Single was admitted
Nov 24 1866 with scarlatina, she had
no albuminuria, but her recovery was
much retarded by rheumatism, pain, flying
about the body, she however went out of the
hospital on Jan 11 of 67, but the pains
became so bad that she was re admitted
on Jan 28 th, the pain being chiefly on the
left side of the chest, about the margin of
the lower ribs, she also performed a great deal,
with intermittent of pyrexia, and then some
many symptoms of hysteria, especially the
globus hystericus, which was very well marked;
there was also great tenderness in the region
of the left ovary, pressure area, it being in
the sensation of the globus in the throat. On Jan 9th
she was bled to 6 oz, which gave her some
temporary relief. Jan 17 th the head six leeches
applied over the seat of pain, which eased her
considerably, and the next day the menses
flowed profusely; this relieved her considerably
for the time, but she gradually fell back, the
right ovary becoming also affected, if we could
judge from the tenderness upon prepare.
Feb. 12th Three leeches were applied over each ovary, the pain was alleviated, but no menstrual discharge was induced as before. She however again got worse after this, and was ordered first one thing and then another to relieve the symptoms as they arose, till March 5th when about a tea-cup full of purulent matter was expelled from vagina, with great relief to her pain. This time she has been slowly improving, but is still in the hospital (March 21st).

I do not think that there is anything in this case to make one very enthusiastic about bleeding, it relieved her very little at the time, and though I do not know that anyone could say that it shortened her disease, I am quite sure that no one could say it shortened it.

And now after this brief occurrence upon the cases, and considering them fairly, I do not think they will in any way tend to make us follow the practice of bleeding as our forefathers did. But the conclusion I have come to is, that these cases tend to show, that when death is inevitable in a longer or shorter period, that it is the proper practice to relieve your patient by any means, which you can, and that bleeding is undoubtedly one of those means.
But the only two cases, in which it could be said that there was acute inflammation present, with the pyrexia attendant upon it viz. in the women Hodgson and Watson, were on the whole I think very little benefited by the bleeding though the temporary relief which the former of these two obtained was quite marvellous to me, who had never seen bleeding tried before these cases. And on the whole I do not think that there is sufficient in these cases to make one think that the lanceet is a panacea for all the ills that flesh is heir to. I cannot conclude without expressing my thanks to Professor Laycock, Dr. Lagrange, and Dr. Christiansen, for their great kindness to me, a complete stranger to them, and I shall ever remember with gratitude, the manner with which they have directed, and assisted me in many studies, in whatever position or whatever part of the world, it may please God to place me.

James Jers

M.R.C.S. F.R.C.P. Lond