

again bled him freely. Typhoid symptoms, such as I have described in the others, soon followed, and I at that time, not knowing the appropriate treatment, he died after having been incoherent, and latterly insensible, resembling a patient, in an advanced stage of typhus fever.

I may mention that all those whose cases I have given were temperate in their habits, and all, the consumptive gentleman excepted, were previously in good health.

From the time the preceding cases were published I ceased to take notes, but I can remember no instance at variance with the conclusions drawn from them. In the inflammatory stage I have never hesitated to bleed to the extent of relieving, though perhaps of not wholly removing pain; during the next two or three days of comparative ease, the advent of typhoid symptoms was carefully watched at least if the patient was no longer young; sleep broken and unrefreshing excited suspicion, especially if followed by increased frequency of pulse; then came fretfulness, and some incoherence on awaking from sleep, next incoherence was seldom absent, and lastly the patient became too insensible to be able to answer a question. Whenever this train of symptoms is distinctly recognized, wine ought to be given with as little hesitation as blood-letting was employed in the inflammatory stage. For many years I believed that typhoid symptoms only occurred when the patient had been bled to the full extent that his strength permitted, but I can now remember at least three cases, where they came on without being preceded by bloodletting. One was a middle aged female of spare habits of body, the second a previously healthy and robust boy seven years of age, the third a previously healthy boy of fifteen. In none was the pain severe, but its character was distinct, and I had almost made up my mind to bleed, when, I observed incoherence; guided by this, I gave wine freely, when recovery commenced, and went on to perfect health.

Dr. Stokes, in his work on diseases of the chest, (Dublin, 1837), does not mention delirium or the train of symptoms I have related. He recommends blood-letting in the early stage, "a single or most two bleedings," and afterwards, as time advances, wine, or simultaneously with wine, the application of leeches, but no attempt is made to point out what symptoms indicate the employment of

these opposing remedies. Dr. Cullen says, that "delirium coming on during pneumonic inflammation is constantly a symptom denoting much danger." Sir Thomas Watson speaks of it in similar terms of apprehension, and though he has frequently met with it, does not connect it with collapse, or mention the precursory symptoms, and draws no conclusion respecting the appropriate treatment. If my observations are correct, it is a light in darkness, telling indeed of danger, but at the same time pointing the way to safety.

TWO CASES OF TRANSFUSION.

BY DR. D. CLARK, PRINCETON, ONT.

It was not my intention to report, at present, the two cases of transfusion here described, until a number could be grouped, and the average results of this mode of treatment known by a number of cases, but as the irrepressible newspaper reporter has given one of the cases to the public it is, perhaps, best to record them in a professional journal. The first case was that of a married woman 33 years of age, and the mother of four children. She has never been of robust health, and of a consumptive family, several of whose members died of it. The disease had shown pronounced symptoms of it for nearly two years, until at last the patient was confined to her bed the most of her time. It is unnecessary to enter into details, for such cases are unfortunately common in Canada. Transfusion was determined on as a last resort, and Dr. Meldrum of Ayr, was found a willing and able assistant. Aveling's instrument was used, and the husband was chosen to furnish the blood. He was a strong and healthy man, who scarcely knew what sickness was, and seemed an eligible subject. The direct method was decided on, and partially adopted. After the bulb had filled twice with blood, and this had been injected into the patient's vein the efferent flow ceased, and no coaxing could induce the blood to fill the instrument. We feared that either air had got into the tube, or that a clot had formed in some part of the intermediary course, or possibly both causes were hindering the current and might end in disaster, so it was decided, rather than run any risk, to use defibrinated blood by the indirect