

Aware however of the deceitful nature of the disease, I disregarded the message, and on my arrival found him complaining peevishly of the opium having caused a restless night, and uneasy dreams. Some of his expressions were decidedly incoherent, and his pulse was frequent. I now learned that since the night of the second day, he had talked incoherently when slumbering, and yesterday had manifested obstinacy and peevishness. He had had no appetite since my first visit. I ordered two ounces of wine to be given every three hours, and 25 drops of laudanum every six, till sleep was procured. I then left him for two hours, and on my return found the frequency of the pulse somewhat lessened. Next day, the fifth, I was informed that sound sleep had not come on, till after the third dose of laudanum, but that since that time he had slept with little intermission. He relished the wine, and had taken it as directed. This night he slept without laudanum, and next day, the sixth, was only slightly incoherent. Appetite gradually returned, but for some weeks he required several glasses of wine daily.

In May, 1838, a gentleman 24 years of age, was seized with pain in the left side of the chest which yielded under the application of warmth, and the use of opium which he required for three days. On the fifth, pain returned, and at bedtime became so violent that he durst scarcely cough, and was obliged to lie on his back, having his head and shoulders considerably elevated; the expectoration was not reddened; pulse 120. This patient had for several years been confined with phtisical symptoms arising from disease in the right lung, and had not till within a year or two recovered any measure of health. On this account scarcely more than ten ounces of blood were abstracted, which on cooling exhibited a buffy coat. The pain was immediately so much relieved that he could lie in the recumbent position, nevertheless through the night he was very restless and uneasy, and during the succeeding day was only partially soothed by opium. Next morning, 36 hours after the blood-letting, learning that he did not enjoy above five or ten minutes sleep at one time, and was incoherent for a short period after he awoke, symptoms which occurred in the early stage of sinking in the other patients, two ounces of wine were prescribed every three hours. He was still not altogether free from pain in the chest, and cough would, but

for opium, have been very troublesome. Pulse 126; there was considerable thirst, but the tongue was not dry. After commencing to take wine, he was observed to sleep longer, and to be less incoherent on awaking. Next morning the pulse was 116; he relished wine, and felt stronger. On the succeeding day the pulse was 104, and the incoherence gone: wine was still relished, and taken in the same quantity. At the end of a week he was much better, so that the doses of wine were greatly diminished.

A middle aged servant maid was seized with pleurisy for which I bled her once pretty freely, with immediate relief of pain; two days afterwards on the appearance of symptoms of sinking, wine was given at the rate of two ounces every three hours with decided benefit. The recovery was tedious, however, in consequence of a large abscess forming in the left cavity of the pleura, which burst into the bronchiæ.

An elderly gentleman one of my patients, while on a visit to his son in Edinburgh, was seized with pneumonia, and was attended by two of the most eminent medical men in that city, who bled him with great and immediate relief. On the fourth day I saw him. Contrary to his usual manner he was peevish, and I learned that on awaking from slumbers he manifested some degree of incoherence. Founding my opinion on these symptoms I advised wine, but was met by the objection that loss of blood had but a few days previously been imperiously demanded. Incoherence increased, and culminated in insensibility, when wine was given at the same rate as in the other cases, with similar benefit.

I do not suppose that the train of symptoms indicating sinking is confined to pneumonic affections, though most commonly met with in them; but that collapse may follow other inflammatory diseases, if the severity of the attack renders necessary the abstraction of a greater quantity of blood than the constitution can support. I remember only one such case. A somewhat elderly gentleman who had had in the course of years several attacks of enteritis, and these having been in every instance cured by free bloodletting, had ceased to regard them as dangerous, so that on the last occasion a day or two after he was bled he went out to his fields to inspect work which was going on. This caused a relapse, for which