

This stage may be divided into two periods—the incipient, and the confirmed, or state of asphyxia.

The *incipient cold stage* is the extreme aggravation of all the symptoms, and the pathological conditions of the organs, described as appertaining to the forming stage. The evacuations upwards and downwards are generally frequent and copious, consisting of a thin sero-albuminous fluid, either clear or of various colours. The epigastrium, in most instances, is exceedingly sensitive to the touch; burning heat, feeling of distension, and often violent spasmodic pains are felt in the abdomen. The thirst is intense, the tongue is cold, moist, and mostly pallid—the temperature of the breath diminished—the voice reduced to a whisper and is guttural; the external surface is cold, generally bathed in a colliquative cold sweat, yet the patient complains of a distressing sensation of heat, and warmth is excessively annoying; the skin of the fingers, hands, and feet, is shrivelled, and its elasticity impaired. The extremities of the fingers and even hands are discoloured, having a livid or bluish tinge. The capillary circulation is feeble, the blood pressed from the skin and inner labial surface returning with slowness. The pulse is feeble, vanishing from the touch—generally frequent. A disposition to fainting is common. The respiration is oppressed, the sense of suffocation distressing, with often great precordial anguish. The face is pallid, the eyes surrounded with a livid areola and are sunken; the features pinched and shrivelled—all the phenomena of extreme old age are induced in a few hours—the spasmodic cramps and neuralgic pains, sometimes one, sometimes the other, and frequently both, are generally present, and often subject the patient to extreme anguish. They are less frequent and more easily controlled in the phlegmatic or lymphatic than the nervous temperament.

The incipient collapse, in individuals of robust constitution, who have enjoyed good health, and led temperate lives, in whom the attack has not been induced by some most gross act of imprudence, is very frequently arrested, and reaction is established. But, in the feeble, the intemperate, the aged, the broken down valetudinarian, those exhausted by fatigue and watching, it resists all remedial means, and hastens with unrestrained rapidity into the second period, confirmed collapse or state of asphyxia.

In the *confirmed collapse* all hope has fled—so few are the escapes from this condition, it may be regarded as the dying state. The symptoms of the antecedent period have reached their climax. The evacuations are less constant in this period; at times they continue profuse, but often cease or are easily checked. The torment of thirst is unabated—cold drink is ardently desired and vehemently demanded—tongue and breath cold, the voice almost extinct. The surface cold as marble, is bedewed with a clear, thin fluid strained through every pore. A sense of oppressive heat still prevails, and the application of warmth is earnestly resisted; it causes restlessness, and frequently violent efforts to escape from it, exhausting and injuring the patient. The sensibility of the skin in this as in the preceding period, is often morbidly acute—sinapisms