

patient ordered to rest on affected side, to have low diet and avoid all stimulants.

21.—Pulse during the night has increased in volume and rapidity, varying from about 95 to 100. Inclined to restlessness. No discharge of blood from orifice of wound. Tenderness on pressure and slight swelling over the seat of injury associated with a degree of pain. Clearness on percussion of chest. Respiration slightly interrupted or jerking in rhythm. Ten ounces of blood were taken from the arm, and his bowels freely acted upon by calomel and jalap. Renewed dressing to wound.

22.—Has passed a better night—pulse 90—pain inside experienced at intervals. Bowels have been moved. Ordered a combination of calomel, Dovers and ant. tart. every three hours until again visited.

23.—Rested several hours during the night—pulse reduced in volume and frequency. Pain inside less severe. To continue powders every four hours.

24.—Was not so well this morning, and the pulse being more rapid and resisting, ten ounces of blood were again taken from the arm, after which he appeared much relieved. Tongue white—no mercurial factor. The calomel ordered every six hours in combination with opium; also hot fomentations to side.

25.—Has passed a more favourable night—and enjoyed a few hours sleep—pulse less frequent—edges of wound moistened with a serous discharge; tepid dressing re-applied. From this period, being now under the influence of mercury, he continued to progress until Nov. 5; during which interval diuretics and purgatives were administered as indicated.

Nov. 7.—Says he has not felt so well for a day or two, sleep not so refreshing as formerly; increased discharge from wound of a seropurulent nature, now displaced in small proportion by coughing, but more profusely by closing the air passages and attempting forced expiration. Having been under the influence of mercury followed by the acet. and bitart. potass.; I ordered *℞. tinct. iod. co. ʒss. Aquæ. puræ. ʒviij. M. fiat. misturæ; capiat cochleare amplum ter in die.*

Nov. 9.—Dullness on percussion over right side—particularly opposite lower and middle lobes laterally, associated with temporary absence of respiratory murmur. Aegophony not distinct. No marked intercostal bulging. Modified bronchial respiration at the posterior part of lung. (lower and mid. lobes.) At this period Dr. H. Hill visited patient in consultation. Being now made to assume the erect posture—about one pint and a half of characteristic seropurulent fluid was forced from wound, in as perfect a jet as if paracentesis had been performed. Dysp.