

did not bear active antiphlogistic measures with the same tolerance as heretofore, but that on the contrary asthenia was readily induced, and a stimulant course of treatment required.

Of course some instances of this kind had occurred in my practice both here and in England formerly, so that for, perhaps, the first 12 or 15 cases (though after the first two or three cases I was more guarded in my treatment,) though, thinking it singular I should have so many cases of this kind in rapid succession, I did not suppose any permanent change in the character of these diseases had occurred.

I am now, however, perfectly satisfied from the result of a vast number of cases, scattered over a large area (as my practice is) of fully 20 miles square, with a population of some 5 or 6 thousand, and extending over a space of upwards of four years, that a very material change has occurred in the character and consequent requisite treatment of this important class of diseases. In fact I now certainly consider a case of true sthenic pleuropneumonia or bronchitis (the latter, however, the most common), more the exception than the rule in my practice.

Should what I have observed, and am positive of, as an established fact in my practice prove to exist generally throughout the Province, I would beg to call the earnest attention of my confreres to the able remarks uttered, years ago, by "the Stokes" of Dublin, in reference to the lung complications of typhus, the purport of which was that we should always bear in mind, that though we may, and often do, find all the physical signs of inflammation of the various tissues of the lungs in cases of typhus, yet that we should be in grave error did we attempt to treat them as such cases, and that, in fact, though we have even dullness of percussion, pectoriloquy, crepitant rale, and dyspnoea; yet there is absolutely no inflammatory action as the result of various treatment evidenced, particularly in the rapidity with which excessive dullness (which if caused by inflammation, would form hepatization, and require a long time for its disappearance,) would disappear under generous diet and the free administration of stimulants internal and external.

The sum of my observation on the above would be to suggest the propriety in every case of apparent inflammation of the lungs, (especially pleuropneumonia or pneumonia) of using more than ordinary care in ascertaining the history of the case, how long it has been supervening, the state of the tongue, whether there is unusual dullness in an unusually short time after the invasion of disease, the hardness or otherwise of the pulse, whether much headache, and the previous state of the liver, stomach and bowels. And even if all these symptoms indicate sthenic disease, after the first sufficient venesection with the administra-