

much effect. I then punctured the temporal artery, which bled tolerably full. After a few ounces had escaped, the circulation had so far recovered, that the blood began to flow from the jugular vein, and by placing the ligature again on the arm, the fluid came from it also, in a full stream. The pulse always rises under the loss of blood, and the heat returns to the extremities as the circulation returns."

This latter remark of Surgeon Loudon's is perfectly correct. Having had occasion to make the observation two or three times to medical acquaintances who have objected, to the abstraction of blood on account of the smallness of the pulse, My remark has always been "It will rise under depletion as it does in enteritis."

Frederick Conleyn, Surgeon, again writing to the Bombay Board from the camp at Erich, Nov. 26th, 1817, says, "In the treatment of Europeans, however, I strongly recommend copious blood-letting, &c," although he adds further on, "Bleeding, it should be remarked, is not adapted to old persons, who are weak, or worn down by disease."

Surgeon Wallace, in writing from Peroov, in July, 1818, says, "When the medicine was obstinately rejected in every shape, the patient has been placed in a hot bath, and bled with evident advantage. The blood should be permitted to flow until the contractions of the muscles are subdued. At this period the stomach will retain the medicine, and a favorable effect may succeed to its use before the recurrence of spasms. Should these symptoms return, the bath must be tried again. A second bleeding also, is sometimes required."

R. Outon, Surgeon, says at page 103 of Kennedy, writing from Betlary, Oct. 8th, 1818, "I am extremely happy to have it in my power to bear testimony, in the strongest terms, to the efficacy of blood-letting in the treatment of cholera. In four cases it failed, but in all of these the severe symptoms had been established from five to thirteen hours before admission. In thirty-two others I have seen bleeding followed by rapid cures, though in fifteen of these the second stage had commenced. In none has it been unsuccessful when applied before or soon after the commencement of that stage."

Surgeon W. Train, writing to the Medical Board from Shooty, February, 1820, says, after describing the disease, at page 109 of Kennedy, "The practice I have followed has been bleeding in every case where blood could be procured. Most patients recover from whom a quantity of blood can be obtained. Frequently, however, on opening a vein, the fluid comes away only in drops, and even the most powerful stimulants fail in exciting the circulation."

J. Chalmers, Surgeon, writes to the Board from Tinnevely, May 20th, 1820. "His opportunities of treating and observing cholera were very extensive, and he seems to have made the best use of his position. His remarks are practical, and he has arranged his plan of treatment under ten distinct heads, commencing: 1. I bleed freely if possible," &c.

Sir S. Senestre, K. I. Surgeon, writing the 25th of the Indian Reports, dated Madras, 25th Dec., 1818, commences, "If I were to act discretionally, in the event of a second visitation of cholera, I would use the lancet in very many instances, and the subsequent treatment would be guided according to the degree of spasm or other urgent symptoms. Immediately after bleeding, the patient should be placed in the vapour bath."

A. Connel, Staff Surgeon, Secunderabad, writing to the Board under date of the 20th May, 1819, says, "The most effectual treatment, with Europeans, was immediate and copious blood-letting, and then calomel and laudanum."

Surgeon Provan, in the 34th Bengal Report, writes from Travancove, Nov. 5th, 1819, as follows, "In the limited number of patients treated here, blood-letting was resorted to; and where the blood could be procured in a full stream and large quantity, the cases uniformly recovered. One of my servants presented a rather remarkable instance. Previous to the attack, he had been much exposed to the rain at Nagricoil, and had also attended the sick. The disease was very severe, and he was bled to the extent of twenty-four ounces, which came away in a full stream. The usual dose of calomel and laudanum was administered, and soon after he was reported 'fast asleep'. In the course of two hours, however, the disease had returned, with increased violence. When I saw him, the pulse could barely be felt vibrating occasionally. Veins were opened in both arms, and the blood came away, sometimes in drops, sometimes at intervals, and sometimes in a stream for a few seconds. By persevering in this way *during upwards of an hour, it came at last in a full stream*, and about sixteen ounces were taken. After a severe struggle he recovered, and is now only suffering from the effects of an acid blister."

E. Chapman, Surgeon, writing the 36th of the Indian Reports, says, "In the early stage of the disease, and while the pulse is little diminished in strength, nothing should forego the use of blood-letting. The extent to which bleeding should be carried, must necessarily be regulated by the effect it produces on the system generally, and the circulation in particular. The operation should be performed without delay, as in a short time the