

first visit to Case I, I was called to see a niece of his, a young woman aged 19, of robust habit. I found her suffering from the same disease, having also been attacked the day previous. Her pneumonia was but slightly complicated with pleurisy. There was extensive consolidation of the right lung, extending from the lower portion of the upper throughout the middle and lower lobes of the right lung. Sputa "rusty" and tenacious, tongue dry and brown, hectic flush on each cheek; resp. 44, pulse 130, temp. 104 $\frac{2}{3}$. I also found congestion of the lower lobe of left lung posteriorly. The same treatment with reference to mustard and poulticing was pursued here as in the preceding case. I also gave the patient two grain doses of quinine every two hours, and am. carb., and tr. digitalis, in ten grain and ten minim doses respectively, every four hours.

February 7. Again saw patient; pulse 135, temp. 103, resp. 48. Crepitation over the upper lobe of the right lung becoming coarser; fine crepitation over a small portion of the left base posteriorly. Ordered four ounces of brandy in milk daily; digitalis and am. carb. to be continued.

8th. Pulse 144, temp. 102 $\frac{1}{2}$, resp. 52. Taking a good deal of nourishment. Ordered all the brandy that she could take. Continued the am. carb. and digitalis; ordered frequent sinapisms to the whole chest. The pneumonia of the left base, luckily for the patient, did not extend.

10th. Patient remained in much the same condition, and I regretted that I had not used the lancet. I did not see her again till the 12th, when I found that a great change had taken place. Incredible, as it may appear, the pulse was 63 and occasionally intermitted, temp. 101, resp. 24; tongue beginning to clean. I immediately stopped the digitalis, am. carb. and brandy; kept up the quinine, and ordered free nourishing liquid diet. The patient made a very rapid recovery, and was able to attend her ordinary work a fortnight before her uncle got out of bed.

CASE III.—*F.b.* 27. Was called to see a man, aged 27 years. He was a large, full-blooded, powerful man, weighing over 200 pounds, somewhat addicted to drinking. He had been attacked that day with severe pain in the right side, embarrassed and painful breathing; pulse 112, temp. 102; some diminished resonance on affected side and tubular breathing, but no crepitation; an

occasional cough, but no expectoration. Gave a saline purge and bled fully twenty ounces; gave tr. aconite rad., \mathfrak{m} iv., every four hours; ordered mustard and poultices to side alternately.

March 1st. Again saw patient. Crepitation now distinct over the anterior portions of the right lung, middle and lower lobes; abundant rusty sputa; pain in side somewhat easier; pulse 100, temp 102 $\frac{1}{2}$.

3rd. Patient in much the same condition. Pulse, however, running up to 115, temp. 102, respiration laboured.

4th. Pulse and temperature the same, respiration very laboured. Marked nervous prostration, delirium and stupor; cannot answer intelligibly. Discontinued aconite; ordered ara. carb., vin ipecac and quinine, also six ounces of brandy daily.

5th. Pulse 95, temp. 100, respiration less laboured; patient more rational.

9th. Very great improvement in every way; still very weak.

13th. Convalescing. The patient recovered very slowly, the lung remaining consolidated for a long time.

So much for the history of these three cases. Now, I think the point upon which we differ most is the question of venesection. This question has been discussed, and is still being discussed, by some of the best men in the profession, and they differ very much in opinion. Now, what mainly are our objects in bleeding in pneumonia? To prevent death from suffocation; to unload the right side of the heart. Is it a common thing for death to occur in pneumonia from suffocation? For my own part, I have never seen death from this cause, and have read of very few, and I believe that the experience of the profession generally coincides very nearly with mine. But some claim that bleeding favours absorption? This is easily affirmed, but difficult to prove. In case first absorption occurred very rapidly. In my third very slowly. Both were good subjects for bleeding; in both I employed venesection. In case second, a good subject for bleeding, I withheld the lancet; but absorption occurred here also with extreme rapidity. Now, I have treated a large number of cases of pneumonia in the last two years, in two only have I employed venesection, and, of all my cases, these were the most prolonged and