

When the external bleeding ceased, I apprehended internal hemorrhage; but no evidence of this presented itself at that time or subsequently. About 9 o'clock, he began to grow warm. At 10, he became exceedingly restless, and complained of intense suffering, but of no acute pain. Pulse about 120, intermittent; respiration interrupted, and at times as frequent as 60 to the minute. From 12 till 3 A. M., but little hope was entertained of his living till daylight, when his nervous system yielded to the quieting influence of morphine, about two grains of which had been given, at intervals. Towards morning he enjoyed some refreshing sleep.

Fearful of the return of a hemorrhage, or of disturbance to the nervous centres, I did not allow him to be removed from the academy, where I first found him, till 3 P. M. on the following day. He was then removed to his boarding house, with such care as to cause no disturbance. He suffered somewhat from restlessness and thirst. The first was remedied by small doses of morphine, the latter, by cool sub-acid drinks. At night, he suffered from distension of the bladder; not being allowed to change position, he had not been able to empty it. Catheter was used.

11th. Passed a restless night; interrupted slumber; frequent starting; hot head; some delirium. Considerable febrile excitement through the day; skin hot and dry, but pale; countenance shrunk, and indicative of much distress; tongue red and dry; pulse thready and irregular, about 120; complete prostration of muscular power; lies on his back; if turned to the right side, evinces but little pain, but soon turns back, with a sigh and heavy breathing; if turned on the left, suffers pain in the direction of the wound, is much distressed, and rolls back immediately. Bowels inactive, gave enemata. Bladder so torpid as not to expel the urine, when the catheter is introduced, without external pressure. Cooling drinks, laxatives, occasionally, small doses of morphine.

12th. Rested rather better last night. But little alteration in symptoms; rather more thirst. Skin and pulse somewhat softened by small doses of antim. morph. Bowels and bladder as before.

13th & 14th. Rests some better. Pulse ranging about 100, rather light; still some starting in sleep; respiration not so

quick, but still heavy some light delirium; tongue coated with fur; loathing of food; no voluntary evacuations. Use catheter every 12 hours, and enemata occasionally.

15th & 16th. Slowly improving; rests better. No change in condition of bladder or bowels. Use spirits turpentine, with mild mercurials, to act on secretions.

17th & 18th. Not doing so well. Constant fever; pulse rather full, about 100; veins full. Can lie on neither side; occasional pains, more or less acute, from the external wound through the chest to the spine. Some action on bowels; bladder totally inactive, air passing in through the instrument when pressure is removed, after emptying the viscus. Gave him a few grains of quinine, and small doses of morph. and ipecac.

19th. Rested pretty well last night. Fever subsided: skin cool and soft; moderate action on bowels. Drew off a pint of urine; yet notwithstanding this distension of the bladder, some air rushed in when the catheter was first introduced. Tongue becoming clean, no thirst. Uses strawberries, which have constituted his only subsistence. Looks more lively; breathes well.

20th. Improving. Wound healed; no pain; can lie comfortably on his right side. Some appetite; takes tea and toast, and this day ate a young pigeon broiled. Pulse 84.

21st. Rested well, without anodynes. This day passed urine without help, for the first time. Bowels in a healthy condition; appetite good. Sat up in a chair for some minutes, but with much fatigue. Pulse soft, 82; breathing good.

May 1st. Has continued to improve slowly. Sets up for hours, and walks about the house.

2d. Rode out, without fatigue.

4th. Left for home, on steamer Isabella.

There was a distinct bellows sound in the heart, for about two weeks, whose swells were not synchronous with arterial pulsation. This sound grew less distinct, till it was entirely lost.

I have seen Mr. H. frequently during the summer. He has been well, and is now enjoying fine health. December, 1850.

Wounds penetrating the cavity of the heart are considered, by most professional