

years, as nearly all the inflammatory affections have assumed a strongly marked sthenic character.

Nor do we agree that *perfect dullness* is ever heard over a hepatized portion of lung, *comparative dullness*, no doubt, is heard, but *perfect or absolute dullness* never. There are only two diseases involving the lungs, in which *complete or perfect dullness* is heard, and these are thoracic tumours (generally aneurismal or cancerous) and pleuritic effusion. Of the other signs named by Dr. Bennett, viz: *increased vocal resonance and rusty sputum*, the first alone is peculiar to hepatization, for rusty sputum is the product of *congestion and not of plastic exudation*, and, consequently, is common to the first, as well as the second stage of the disease, *for we never find the stages of pneumonia so well marked as that one lung shall exhibit in all parts the first stage, and another exhibit the second stage without any blending of these stages, or gradual transition from one to the other*. On the contrary, we always find an inflamed lung, which has passed on to hepatization, exhibit in various parts, the first or congestive stage of the disease, and we are not without evidence to satisfy us, that an *extensive* congestion is more destructive than a *limited* amount of hepatization, and, consequently, taking these pathological facts as our guide to treatment, we should not be deterred by the detection of solidification from abstracting blood, if other symptoms did not contra-indicate this measure. But Dr. Bennett forgets that one form of pneumonia, and, according to our experience, a difficult one to treat, or rather we should say, one in which recovery slowly takes place, is unattended with rusty expectoration, and in this variety we believe there is less congestion of the capillary tubes, and a greater tendency to plastic exudation than in other forms. We have made this point the subject of study for some years, but as yet have arrived at no *positive* conclusion; our impression is, that the explanation now given is the correct one. In this variety of the affection, we have found greater benefit from mercurial treatment, than from any other, and have been in the habit of taking *the presence of solidification without a rusty coloured expectoration*, as the index for its administration. In Dr. Bennett's directions, this form of pneumonia is overlooked. The objection to blood-letting, that it "checks the vital powers," necessary for the transformation of exudation matter into pus, is quite gratuitous. Is exudation matter never absorbed? Is a hepatized lung never restored to its original condition without the expectoration of pus? Is exudation on the pleura always followed by empyema? Is the lymph of iritis always followed by hypopium? When Dr. Bennett has answered these questions in such a manner as to square with his assertions and