pious exudation; the tongue is cold, and the breath also becomes so; a blueish tinge more or less deep of the skin, sometimes confined to the extremities (especially affecting the nails and fingers) and the palpebræ, sometimes diffused over the whole surface. A shriveling of the skin, of the fingers, hands and feet, caused by a shrinking of the parts adjacent, by which the skin falls into folds or becomes loose, as in a limb maccrated for some time. A remarkable sinking of the eyes, probably from the same cause, and which, attended by the dark areola around them, gives an expression to the countenance at once anouncing the disease. Pulse small, weak, and scarcely perceptible; though commonly something like an undulatory vibration, even at the wrist, can be perceived till near the approach of death. When sufficiently distinct, it was too rapid to be counted, and has been frequently made above 160 in the minute. The respiration is often not at all affected; at other times is oppressed, obliging the patient to relieve himself by long-drawn inspirations, and causing him to complain of an indescribable and agonizing feeling within the chest. It is this feeling which apparently gives rise to another marked symptom of the second stage, and one of the most certainly mortal signs, a constant jactitation or change of posture, even when the head becomes so much affected as to divest the sufferer of apparent consciousness.

'The head is frequently scarcely at all affected, no headache, and no aberration of intellect; at other times, stupor and lethargy, often proceeding to complete coma. No urine is secreted; often no desire of micturition is expressed, but frequently a feeling like strangury is perceived.

'Such are the principal symptoms of the stage of collapse, as I have seen them in Montreal. These vary however considerably in degree; in some fatal cases the degree of coldness is by no means great, and it is not uncommon to find an apparent effort to rally previous to death, the hands and extremities becoming warmer. The degree of blueness varies very much, from a slight tinge perceptible only under the nails, to a deep purple affecting not only the fingers, but colouring every feature, and giving an appearance which I cannot better describe than by comparing it to a sketch taken on a white surface by a crayon of indigo. It frequently happened that the patient, instead of becoming more blue as he approached his end, absolutely recovered in a great measure his natural colour, and the blueness did by no means remain always after death, as might have been expected. When the collapse set in, the more violent symptoms commonly abated, and a patient would lie for hours without vomiting or purging or cramps, giving fallacious hopes to his friends.'

Query VII.—Did the subjects of asphyxiated cholera manifest an indifference to their condition, and did this indifference exist during the premonitory stages? How also was the mind affected during the advanced stages of the disease?

The experience of Dr. Holmes in regard to the apathy of the patient did not correspond with ours in New York, and with that of physicians generally. He found the subjects of this disease 'ready to grasp at everything that promised a chance of safety. The latter inquiry is answered in his reply to query VI.

Query VIII.—What treatment did you find most useful after asphyxia had supervened?

Answer.—'I refer you to the reply to query X.

Query IX.—What proportion do you believe may have recovered after the stage of asphyxia had become fully developed?

Answer.—'The proportion of recoveries from the second stage I cannot fix accurately. Much will depend in such averages on the symptoms which are allowed to characterize this stage. If by the second stage, or of collapse, is meant only that condition in which the patient is quite cold and blueish in his extremities, pulseless, with shrivelled and clammy skin and sunken eyes, very few indeed have I seen rally from it. Some cases undoubtedly have. If cases not quite so far gone are included under this second stage, the recoveries will be proportionately more numerous; and as it is difficult to fix a line where the patient may be said to have fallen into this stage, the proportion will vary according to the idea of the practitioner.'