

rious results. Cases I., II., and IV. show this fact clearly.

I insist on giving calomel in ice-water in summer, and cold water in winter. Fill a teaspoon half full of water, and drop the powder in it; get the patient to open the mouth, and tumble it in; then wash down with fresh water.

Calomel should be given in its purity.

The hypothesis which I had adopted for years was as follows: The functions of the abdominal organs in inflammatory diseases were suspended for want of an influx of the *vis-vita*, which was largely eliminated by the breaking down of tissue, which is rapidly destroyed in disease. The resulting compounds which should be thrown off by the liver, kidneys, and intestinal mucous surface were retained in circulation, and then became poisonous blood-elements, fearfully increasing the danger of the sufferer. I supposed each particle of calomel to exercise the power of the point of a needle on the electric fluid, and attracting vital force to restore functional activity.

This may be called a mysterious hypothesis. To the student of natural science profound mystery attends every step of his progress. Catalysis is certain, but very mysterious. Optics demonstrates that we never see anything, but discern an image on the retina of our eyes. No study is so awfully mysterious and strangely perplexing as the minute anatomy of the ear. What was it sat in the cochlear and semicircular canals in Mozart's and Beethoven's ears, and interpreted the impressions made by the aqua Cotunnii on the gossamer threads of the auditory nerves, woven into a film and suspended there? Science leads to mystery deep, unfathomable, and awful. I knew an old veterinary surgeon for many years, and have seen him cure relaxed and distended capillaries in the conjunctivæ of horses' eyes, remaining after the reduction of acute conjunctivitis, in a few hours by blowing calomel under the lid from the cylinder of a goose-quill.

Calomel should be given in large doses, and repeated every hour until the bile in the defections assumes the appearance described. Then you are done with it, and run no risk of pytalism. When given at long intervals you do not secure free and frequent evacuations, and it may have had the specific effect you desire long before you can discern it. A liver relieved and acting healthfully and vigorously, portal veins readily emptying their contents into this organ, may be attended by lively action of the lacteals, which would convey calomel into the blood.

I permit my patients to take cold water and lemonade *ad libitum*, and insist on their drinking frequently mucilaginous fluids. I prefer barley gruel, but give gum-arabic water, flaxseed tea, and slippery-elm water, and nothing else,—*no food whatever*. During convalescence in the feeble I give small doses of quinia. With the calomel I give every third hour chlorate of potash. It has never done injury, but I doubt if it is needful.

The metamorphoses which are brought about by

and in the liver, as shown by that excellent compilation of experiments and their results, published by Dr. Murchison, make it very easy to understand how a liver, to-day ceasing to destroy fibrin, may in a few days hence permit the blood to be surcharged with lithic acid, as happened in Case IV.

I have notes of many cases recorded, but have only transcribed as many as I thought needed to explain my hypothesis.

*Case I.*—September 23, 1863, 11 a.m., was called in consultation with Dr. Robinson to see the daughter of Mr. Beatty, aged 3 years, who became ill the day before. She was a beautiful child, fair hair and blue eyes, with good organization. Countenance was distressed; almost perfect aphonia; respiration slightly stridulous; pulse small, hard, quick, and frequent; the whole fauces of a bright red, and covered with slight patches of exudation. The doctor had given a very unfavorable prognosis (had only seen her a few hours previous to my visit), in which I concurred, as the mischief had fixed itself mainly in the larynx. His treatment was five grains of potass. chlorat. in solution every third hour, and pencilling throat with solution of nitrat. argenti in glycerin. I prevailed on the doctor to continue his treatment, and give ten grains of calomel in a little ice-water, and repeat five grains every hour until we should meet again the next morning. Diet: cold water, lemonade, and barley gruel.

September 24, 10 a.m.—Met the doctor, and found our patient very much improved; voice almost restored; had two dejections; continued treatment.

September 25, 10 a.m.—Patient cheerful and bright; voice restored; pulse soft and natural; no prostration; respiration normal. Continue calomel every third hour until stools appear like polyps in water troughs. Add syrup senegæ to potass. chlorat. solution to relieve cough.

September 26, 10 a.m.—Patient took castor oil at night, when stools manifested characteristic mercurial action. Had taken four drachms calomel, and no prostration. Is now a vigorous young lady.

*Case II.*—July 24th, 1865, 11 a.m., was hurriedly called to see a child of John Eicher. I could not go,—was an invalid, and had been already overworked,—but got Dr. James McCann to visit it, and promised to see it myself in the afternoon. Dr. McCann reported that the father, who went out with him, said that they had buried an elder child one week before from diphtheria, and that the babe (eight months old) was now suffering from the same disease, and the attending physician pronounced the case hopeless. The child was well formed and nourished; pulse small, tense, and so frequent I could not count it; respirations frequent, difficult, attended by croupal noise; and at intervals there was a short, hoarse, expulsive, breaking cough. The skin was damp, face pallid and rather bluish in hue; the countenance had a worn, exhausted expression, and the eyes dull. The fauces had a glossy-red appearance, and the left tonsil had a diphtheritic film. Ordered three