

diarrhœa at once and decidedly by any means in our power? or is it a better and a more successful practice to encourage the evacuations by eliminants? The whole tendency of Dr. Jones' remarks is in the direction of an affirmative answer to the first of these questions, and of course of a negative to the second. Now, the ultimate appeal for the decision of all questions of this kind must be to facts and to experience; but the difficulty of obtaining trustworthy facts and the results of unbiassed experience is much greater than is commonly imagined. The facts are often seen through the distorting medium of a theory, and the judgment is in consequence perverted. To illustrate this by an example: two practitioners (MM. Briquet and Mignot, *Traité Critique et Analytique du Cholera Morbus*, 1850, p. 514) who believe that the worst symptoms of cholera are the result of the drain of fluid from the blood, treated 200 cases of diarrhœa in the hospital, under the most favourable circumstances, by repeated large doses of laudanum, and twenty-six of the patients so treated passed into the stage of collapse. Now, while it is assumed that the arrest of the disease in the 174 cases was a salutary result of the treatment, it is also assumed that the transition from the stage of choleraic diarrhœa to collapse in the other cases was a consequence of the laudanum having failed to arrest the gastro-intestinal discharges. But a totally different and possibly a more correct interpretation may be given of these phenomena. It is at least conceivable, though it is obviously incapable of proof, that, if these 200 patients had been kept in bed and had taken only copious draughts of cold water or any other simple diluent, not one would have passed into collapse, and all might have recovered more speedily than they did while taking large doses of laudanum. It is an indisputable fact, that a large portion of cases of choleraic diarrhœa will terminate in recovery under the use of the simplest possible remedies which are wholly free from astringent properties. Thus the late Mr. Wakefield, who was surgeon to the Middlesex House of Correction during the last epidemic of cholera in 1854, stated in a letter to the *Times*, that he had treated upwards of 150 cases of choleraic diarrhœa amongst the prisoners by thirty grains of sesquicarbonate of soda in a wineglassful of strong mint tea. The dose was repeated every half hour. No fatal case occurred. "The disease was arrested with a rapidity that was quite magical," and he had rarely occasion to administer the dose more than three times before the sickness and diarrhœa were arrested. While under treatment, the patient was confined to a diet of beef-tea, cocoa, or arrow-root; nothing solid, not even bread, being allowed while the diarrhœa continued. Now, this plan of treatment, which was remarkably well suited for allowing full play to the curative efforts of nature, can scarcely