

opium at all, it is desirable to keep the system under its influence with the least possible quantity commensurate with the object intended to be carried out; an object which can only be properly secured by exhibiting small doses frequently repeated. We should be afraid to exhibit a dose whose influence would extend to twelve hours duration. Such an effect could be only that of narcotism, an effect too dangerous to induce, and such or something like it would, we apprehend, be the result of such a practice. Dr. West's precautions in administering this drug to infants are in certain cases so excellent that we cannot forbear quoting them. "It must be given charily in all cases where the system has been exhausted by the previous disease or by the previous treatment. In all cases of cerebral excitement the use of opium calls for great watchfulness. In severe diarrhoea too the transition from a state of excitability of the nervous system to a condition of coma is often very rapid in its occurrence; an overdose of opium may hasten or induce this catastrophe, or even though it should not have this result, yet without great care we shall be at a loss to determine how far the disease, and how far the medicine, has induced the symptoms. In mere restlessness, unattended by severe pain, other sedatives are often preferable to opium," &c., &c.

There can be no doubt that observant and cautious physicians have on numerous occasions wished to prescribe opium, but have been deterred by the uncertainty of its action. The only safe system on which to proceed is to commence, when a necessity for the drug is clearly manifested, with the smallest dose consistent with the age of the patient and gradually to feel the way to that maximum point which the patient will tolerate with safety. There are so many circumstances, besides the peculiar susceptibility of the infantile nervous system, which control or modify its action, such as idiosyncrasy, the nature of the complaint, the age, &c., that no rule beyond that laid down can be safely or advantageously followed. The danger always consists in effecting too much with it, more than we desire or than the necessities of the case require.

The last remedial agents noticed by the author are *Blisters*. For two reasons, 1st to obviate ulcerated surfaces, and 2nd to prevent dislodgement of the blister, thus blistering some other part, the author employs and prefers the blistering fluid, painted once or oftener over the surface, according to the amount of irritation which it is desired to induce. After vesication, the serum is evacuated by a needle, and the surface dressed by a layer of cotton, allowed to remain until it drops off of its own accord. The author adds that this method possesses an advantage over the common mode, that of enabling us after the lapse of three or four days to repeat the vesication on the same spot, a practice which could not be attempted except after a lapse of ten or twelve days, the period usually taken for the healing of a blister as commonly practised. He also strongly insists, that a common blister should never be kept longer applied than four hours, or what is better, kept applied only until the skin is well reddened beneath it, easily known by raising it from time to time, the subsequent vesication being permitted to take place under a poultice applied for the purpose. In very young infants, as a general rule, a blister should never be permitted to remain longer applied than two hours. In all such cases the danger to be apprehended from protracted blistering, is