well known, that in their ſtrugglings their ſaliva is often thrown upon their hands and faces. And yet notwithſtanding this, he is of opinion that the diſeaſe, may be communicated, by a diſeaſed ſubject *breathing into the mouth of a healthy perſon*, or by the ſaliva applied to the mouth or lips, either immediately or by the intervention of food or other matters infected with the virus. Theſe opinions he ſupports by inſtances related by ſome of the older medical writers; but the arguments he has above employed againſt the opinion, that the ſaliva ſimply applied to the ſkin of a healthy animal, is capable of producing the diſeaſe, ſhould ſeem to hold equally good againſt theſe. But it is ſtill probable that the lips and internal ſurface of the mouth, being what may be ſtyled *intermediate ſurfaces*, to diſtinguiſh them from what Mr. Hunter has called *ſecreting* and *non ſecreting* ſurfaces, may be ſuſceptible of the action of the virus.

When the poiſon is communicated in this latter way, the diſeaſe is believed to appear generally within ſix or ſeven days, and ſometimes earlier. M. Portal mentions an inſtance from Morgagni, of a child that was bitten in the mouth, and in whom the diſeaſe did not break out till forty days after; but in this caſe the diſeaſe appears to have been received by a wound.

When the poiſon is taken up from a wound, the effects are much later in making their appearance, often forty days and upwards; and if we put confidence in authors, this period muſt be extended to five months, to a year, to ſix years, to ten, to eighteen, to twenty! But M. Portal is inclined to ſuſpect ſome of theſe have been caſes of ſpontaneous hydrophobia, or that the patients had contracted the diſeaſe at a ſubſequent period in ſome other way.

The violence of the diſeaſe, and the time of its appearance, depend, according to M. Portal, rather on the ſtate of the patient, than the number or largeneſs of the wounds, or the kind of animal. In the irritable and melancholic it ſhews itſelf ſooneſt, and affections of the mind are frequently the occaſional cauſe of its appearance.

In treating of the ſeat of the diſeaſe, our author adopts the opinion of Democritus, that the nerves are the parts principally affected. The ſhiverings, the ſmallneſs and inequality of the pulſe, the continual recurrence of the mind to one object, and the cramps which precede its attack, are ſymptoms, he obſerves, common to nervous diſeaſes. The heats which ſucceed the ſhiverings in different parts of the body are obſervable in nervous fevers, and the ſenſations of light and of ſounds which they ſeem to perceive in ſilence and in darkneſs, ariſe, he thinks, from exceſſive irritations of the optic and auditory nerves.

After explaining, in a very ſatisfactory manner, the different ſymptoms, our author proceeds to the mode of treatment. He recommends the application of butter of antimony (antimonium muriatum of our new diſpenſatory) to the wound, as preferable to any other cauſtic; and the application of five or ſix leeches around the wound, which is to be afterwards covered by a blidering plaiſter, and the diſcharge kept up for forty days. A dram of mercurial ointment is to be rubbed in round the wound, and two drams every day in ſome other part, till marks of a ſalivation appear, when the quantity of ointment is to be diminiſhed, and only ſo much rubbed in, as is juſt ſufficient to keep up a ſlight ſpitting. In caſe the poiſon has been introduced by the mouth, the ointment is to be rubbed in ſucceſſively on different parts of the body. The patient is to go into a warm bath every morning, and to ſtay in an hour, and on coming out the frictions are to be adminiſtered. Previous to this courſe of bathing, the patient is to take an emetic, on the day after the application of the leeches. M. Portal recommends alſo the uſe of antiſpaſmodics. R camph. & nitr. ā gr. viij. moſch. gr. ij. mel. q. ſ. ut f. maſſa in iij bolos dividenda. One of theſe is to be taken on going into the bath, another on coming out, and the third in the evening. But what are we to expect from antiſpaſmodics in ſuch doſes? By the uſe of theſe means, ſays M. Portal, the reſult of obſervation will juſtify us in the perſuaſion, that an attack of the diſeaſe may be prevented, and that we ought not to deſpair of their being attended with ſucceſs, even if the firſt ſymptoms ſhould have already made their appearance. In this latter caſe he adviſes the patient to be bled in the foot, to have clyſters of infuſions of antiſpaſmodic ſubſtances, with twenty drops of cau. de-luce, to rub in daily half an ounce of mercurial ointment, to bathe ſeveral hours every day, and to take, if poſſible, antiſpaſmodic boluſſes, and *draughts*; but in what doſes we are not told. If theſe means ſhould fail, the patient is to be *bound to his bed**, and to re-

* *A practice ſomewhat leſs inhuman than that of ſmothering them between feather beds, which ſtill prevails, M. Portal informs us, in ſome of the provinces of France, and was not long ago* practiſed in Paris. *We truſt, for the honour of this country, that it is not frequent with us.*

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