show. I must observe that I had at one time been in the habit of prescribing ipecacuan in the small doses recommended by Mr. Twining; but so ineffective was it when thus administered—excepting in cases of no great severity, wherein other medicines answered as well, *without* the inconvenience of nauseating—that I had long ceased to employ it. On resuming the use of ipecacuan, I gave it in doses ranging from ten to ninety grains; rarely less than twenty grains. The larger quantity was given in urgent cases only, the ordinary dose being a scruple or half drachm. The action of these large doses is certain, speedy, and complete, and truly surprising are sometimes their effects. In no single instance has failure attended this medicine, thus employed. I am not, of course, sufficiently sanguine to expect that it will effect a complete cure in an immense majority of instances.

"In all constitutions, robust as well as delicate, under all circumstances, the result is the same. In the very worst cases, when the strength of the patient is almost exhausted, after the whole range of remedies has been tried in vain, the disease running its course swiftly and surely to a fatal issue, ninety grains of ipecacuan have been given, and forthwith the character of the disease, or, I should rather say the character of the *symptoms* has been entirely changed; for the disease itself is literally cured, put a summary stop to, driven out. The evacuations, from being of the worst kind seen in dysentery, have not gradually, not by any degrees, however rapid, changed for the better; they have ceased at once, completely. There has been no inclination even to stool for twenty-four or thirty-six hours, the patient all the time in a state of delightful ease and freedom from pain; then at last, without aid of any kind, a perfectly natural, healthy evacuation, all irritation, pain, and tenesmus having at the same time entirely ceased.

"Nor is there the disposition to relapse so common in acute dysentery. I have not observed what may be termed a true relapse in any instance. If the patient contracts dysentery again, he does so *de novo*. All that remains—the medicine having cut short the disease—is for the patient to recover strength; and this quickly follows, without any extraordinary care as regards diet and regimen, so indispensable and requiring such nicety of management in convalescence from dysentery generally. The usual necessity, moreover, for after-treatment, in the shape of a long course of astringents, &c., is in most cases entirely obviated, a few doses of some vegetable tonic being all that is needed.

"It may be asked by what means the stomach is enabled to retain such large doses of an emetic substance. The course I have generally adopted is as follows:—In the first place, a sinapism is applied over the