

of the patient and the severity of the attack, and care always taken to observe the peculiar susceptibility in each individual case, as some children are much more susceptible to its action than others, as much so as is the case with opium and its preparations.

The course followed to my own satisfaction is to commence with a half grain for a child one year old, and increase a half grain for each additional year, and repeat every three or four hours. After noting the effect of the dose, to increase it from a half to one grain each day, according to the severity of the attack, and the peculiar tolerance of the medicine. Yet in some cases this plan may be deviated from with benefit, and the increase may be much greater and more rapid, but in the majority of cases I have found the above plan satisfactory. Of course it is necessary to watch the effect of the article (as it always is in the use of potent drugs), and, when decided symptoms of hypnosis are manifested, to suspend its use until the subsidence of such symptoms, then to begin it again in diminished quantity, to be increased as before.

I have found the "compound syrup of sarsaparilla" a good vehicle for its administration, as it masks the taste and destroys the pungency of the chloral more effectually than anything else I have tried. Some of the stimulant expectorants will prove valuable adjuvants.

I hope other practitioners who have not given this treatment a trial will do so, and all who may or have done so will report the result, that we may have more data upon the question.—*Philadelphian Medical Times*.

#### WHEN AND HOW TO USE MERCURY IN SYPHILIS.

The *Lancet* for Jan. 17 and 31 contains a highly interesting paper read before the Hunterian Society, Jan. 8, 1874, on this subject, by JONATHAN HUTCHISON, Sen. Surgeon to the London Hospital.

The following are the author's conclusions:—

"That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure.

That, in practice, a good many cases are really cured by mercury; the cure being proved by the restoration to good health, and, in some cases, by renewed susceptibility to contagion.

That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and upon the perseverance with which it is used.

That, in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system, and to protract its use over a very long time.

That ptyalism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy.

That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to the mercury,

the indication is to reduce the dose rather than to omit the drug.

That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre shows a tendency to indurate.

That many cases of indurated chancre, treated early by mercury, never show any of the characteristic symptoms of the secondary stage.

That in other cases of mercurial cure of the chancre, in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment.

That, when mercury does not wholly abrogate the secondary stage, it exhibits a remarkable power in delaying it.

That delayed outbreaks of secondary syphilis are to be regarded rather as proof that the administration had not been sufficiently persevering than that the remedy was not efficient.

That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage.

That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others.

That mercury, cautiously given, does not, in a great majority of instances, do any injury to the general health, and that its local inconveniences may usually be prevented.

That the doctrine of the real antidotal character of mercury, in respect to syphilis, ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering germs of the malady.

That most collected statistics as to the duration of treatment and freedom from relapse are misleading and worse than useless, because usually the treatment was far too short to be effectual.

That it has not yet been proved that there are any special forms of syphilitic disease in which mercury, ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others.

That iodide of potassium possesses little or no efficacy against either the primary or secondary form of syphilis.

That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium.

That it does not much matter whether mercury is given by the mouth, by inunction, or by the vapour bath, provided that, which ever method be selected, care be taken to avoid salivation, purging, etc.

That the doses usually resorted to for internal administration are, for the most part, too large, and thus often necessitate a premature discontinuance of the remedy.

That if one method of administration does not proceed satisfactorily, another should be tried; and that in no case of difficulty should the vapour bath be forgotten."