

since. Connection with his wife was forbidden for two years, and I believe was faithfully carried out. About 3 years from date of illness I confined his wife of a fine healthy male child, now alive.

This case is especially interesting on account of the enormous doses of iodide of potash which the patient took. At the time I was treating this case, my son, Dr. Rollo Campbell, was clinical clerk to Dr. Stephen McKenzie at the London Hospital, and had under his care a similar one. He mentioned my case and the dose of iodide of potash I was giving, to which Dr. McKenzie replied that it was impossible for the system to assimilate such enormous doses. I told this to Dr. Seguin, who said he did not care whether the system assimilated them or not, they cured the patient. This is the theoretical and practical sides of the question. An interesting point also was the delirium, which greatly complicated matters, and greatly alarmed the friends. During the progress of the case I was in constant communication with Dr. Seguin, and his opinion was, that it was either septicemic or embolic. Concerning it he advised me as follows: "I took the liberty of telegraphing you to try hyoscine again, your dose having been too small for an active delirium. In the active delirium of general paralysis I give from the 1-33 to the 1-25 of Merck's crystalized hyoscine with wonderful effect."

So far as I can ascertain, no one has before or since in Canada taken such enormous doses of iodide of potash. The result in this case certainly justified them, and, if a similar case should present itself to me, I would not hesitate to adopt similar treatment.

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