

and an aptitude for preaching, in the interest of a "connexion," is very small, and of the total crew the medical profession has few representatives in its ranks.

[Unless Dame Rumor is very much at fault, we have one of these "praying doctors" in this city. Not long since one of his patients, a female, of a very religious turn of mind, fell dangerously ill, and was not expected to recover. He prescribed what appeared necessary in her case, and on his return next day finding her very much better, he knelt down at her bed-side and thanked God that he had been made the humble instrument of her recovery!—ED. LANCET.]

### ADMINISTRATION OF MERCURY TO CHILDREN.

The following is from the "Confessional" in the *Brit. Med. Journal*.

The following case, for which I beg insertion in the "Confessional," illustrates the dangers attending the administration of mercury to children. I quote the case from memory.

Annie S., a child aged about 4, was apparently suffering from gastro hepatic derangement. I ordered two powders, containing each three grains of grey powder, with I think, a small quantity of Dover's powder, the powders to be taken on successive nights and followed in the morning by a small dose of castor-oil. On visiting the case the day after the second powder had been taken, I found that profuse salivation had been induced. I used every effort to check the salivation by frequent use of mouth-washes, internal administration of chlorate of potash with cinchona bark, and feeding the child with milk *ad libitum*. Notwithstanding these measures, the salivation went on increasing, spread through the Eustachian tube to the internal ear, and finally the child died with symptoms of acute meningitis, on the eighth day after the administration of the second powder. I ascertained, on my second visit, what had not, I think, been properly brought to my notice at first, viz., that the child had quite recently recovered from what, by the mother's account, must have been an attack of scarlet fever. I may likewise mention that there was a very small ulcer on the child's tongue, a fact which may perhaps account to some extent for the rapid production of such acute salivation. This case has been a lesson to me not to give mercury to children, without careful inquiry into the previous history of the case.—H.

**SMALLPOX AND GREAT POX.**—The *Michigan Med. News* has the following on this subject:—The occasional similarity of syphilis to variola, which has led to their bearing a common name, is well il-

lustrated by the following cases, given by Mr. Jonathan Hutchinson, F.R.C.S., in a recent lecture:

One of the most remarkable examples of this eruption came under my notice about twelve years ago. A young gentleman called on me with a conspicuous papular eruption on his face and other parts. "I have just had small-pox," he said; "and Mr. — says that I am cured, but the spots don't go away." He added that Mr. —, a gentleman of large experience, had kept him in bed a fortnight, and had since sent him into the country for a fortnight, and now said that he might return to his desk at a bank, "but," he continued, "the other clerks won't sit near me, and declare that I have small-pox still." He had a chancre, and the eruption was syphilitic. I have seen several cases which had been treated in the small-pox hospital for eruptions which were undoubtedly syphilitic. But I must not mention the mistakes of others, unless I am prepared to be candid about my own. I had many a time, in clinical lecture, mentioned the preceding facts, and enlarged upon the importance of distinguishing between the syphilitic simular of small-pox and the reality, when my own turn came. One day in the summer of 1877 I was hastily summoned to see a gentleman at his own house, who had just been landed from a sea-voyage, during the whole of which he had been very ill. He had been carried from the vessel to his house, and put to bed; and I found him covered from head to foot with crusts exactly like those of variola in the third stage. Some had fallen, and where this had happened, deep scars were left. The eruption had begun to come out on the day that he went on board, and he had been feeling ill a few days before. The stages had been unusually long, but still had not exceeded possible limits. I questioned him as to syphilis, and examined his penis and his throat, but without finding any reason to doubt his denial. In a word, after a careful and skeptical investigation, I thought that the eruption was variola. The sequel proved that it was syphilis; the scabs took months to fall; and just when he was recovering from the eruption he had iritis, which I could not doubt was specific. At this stage, three or four months after I had seen him at home, in bed, he came to Moorfields Hospital. His face was pitted all over, and I had much difficulty in convincing those who then saw him that he had not really had small-pox. I could not quote an instance more conclusive in support of the assertion that one of the forms of syphilitic eruption is exactly like small-pox in all its stages, and in its resulting scars. Slow progress is the one difference between the two exanthems. The similarity is produced, no doubt, by the fact that syphilis, in these cases, attacks precisely the same anatomical structures as those in which the variolous pustule is developed. It is scarcely needful to remark that this form of eruption always occurs in the secondary stage.