

tent fever. This learned physician shared this conviction, since the antiperiodic agent was used until the last moments.

If we review the symptoms we can no more or less clearly distinguish fine paroxysms of unequal duration and separated by unequal intervals. The first during the night of the 29th to the 30th of May; the second, in that of the 31st of May to the 1st of June; the third, in the evening of the 2d. As to the two others, one would have occurred in the night of the 3rd to the 4th, at two o'clock in the morning, and the other in the evening of the same day, at eight o'clock.

In this hypothesis, certainly very plausible, of an intermittent fever of a malignant type, many questions arise. The result was fatal, notwithstanding the repeated use of the febrifuges. Could they have been employed too late, and in too small doses? Could not the repeated bloodletting at such short intervals have diminished their effect? These repeated bleedings have struck our minds with astonishment. Mr. De C. was robust and in the habit of being bled. On this point we could only venture assertions. We will say, however, that when the access was very strong, blood-letting was observed to increase the intensity of the periodical concentrations.

As to the other question, every one knows that malignant intermittent fevers cannot be too soon attacked. A few days' delay may have thus influenced the result. Many physicians affirm that when treated in time and energetically, the success is almost certain; whilst others, having an experience equally great of these affections, declare the prognosis to be always very grave. Could these differences of opinion depend on the difference of locality and latitude where each one has practised? Again, the difficulties which the diagnosis presents are sometimes very great. If, as in some epidemics, the symptoms presented only an exaggeration of the usual stages of the febrile paroxysm, the error could be generally avoided. But these attacks are not only malignant, but sometimes marked by other morbid forms, by the *Fievre muqueuse ataxique* of Pinel, for example, which, according to our confrère, Dr. Cerise, seemed to have characterized Mr. De C's disease.

One remark and I have done. Does the citrate of quinine, in equal doses, possess the same action as the sulphate, much better known and oftener used among us?—*American Medical Times.*

ON THE ELIMINATION OF MERCURY, DURING AND AFTER ITS THERAPEUTIC EMPLOYMENT.

By Professor SCHNEIDER of Vienna.

It has lately been attempted to revive the old dispute as to the propriety of giving mercury and its preparations as remedial agents. So long as it is unknown whether, and in what quantity, a medicine, after being taken, is discharged from the body, the discussion regarding its effects must necessarily extend over a wide field; but in proportion as the domain of facts increases, that of hypothesis diminishes; and the questions regarding mercurialism and syphilis lose much of their importance so soon as it is established that mercury after its medicinal use, is eliminated from the organism by the kidneys, the liver, and the intestines. I have undertaken a series of experiments, which will, I trust, serve to facilitate the solution of points which have been long in dispute. Before I communicate my results, I must briefly describe the mode of research I have employed.

The most convenient test for mercury in the moist way is sulphuretted hydrogen. By means of it a sensible precipitate may be obtained from a solution of the bichloride of mercury in pure water, when 2 milligrammes (about 1-33rd grain) are contained in 50,000, 5 milligrammes in 100,000, or 10 milligrammes (1-6th grain) in 150,000 parts of the fluid; although 2 milligrammes in 250,000 parts cannot, by means of sulphuretted hydrogen, be recognised by any visible change. When the mercury is dissolved in urine, the test is less delicate than when the solvent is pure water. A sensible precipitate