

but, supposing that it was ordered for the patient just mentioned, he took it to him. In the presence of their comrades, they put the whole into a cup, adding sufficient water to make a paste of it; and the patient, although he found the medicine uncommonly bitter, did not leave off until had taken it all.

Dr. Hayler, on learning that this enormous dose had been taken, at once visited the patient. The most careful investigation left no doubt of the fact; but, with all that, *incredible dictu*, except a complete deafness and a kind of stupor, no other bad effect ensued, and no antidote was administered. He was directed to the Hospital, where he remained a week under observation, and left the establishment in the best state of health. The ague disappeared, probably never to return. I saw the man myself; he is a Swiss, named Albitz, aged 30, of small stature, and of a strong constitution.

It was not to be supposed that there was any important adulteration of the remedy in question, as all these preparations are subject to a chemical investigation before they are admitted in the Hospital Dispensary.

Now, I do not intend to discuss the various points in respect of which this case offers a peculiar interest, leaving the application of it to yourself. I merely hope that its publication may tend to diminish the popular prejudice still existing against this powerful and highly important remedy,—a prejudice which sometimes prevents us from using it. Professional men and patients may both learn once more how often symptoms, which we are so frequently led to consider the effect of quinine, ought rather to be attributed to the malady itself than to the medicine employed.

It would certainly be a difficult matter in this case to determine how much of the entire ounce was absorbed, and brought into circulation. A most careful inquiry as to the excreta for several days following its assumption would have facilitated an approximation of the amount. As this examination was not made, we can only infer, from the slight symptoms experienced by the patient, that a portion only of the quinine was absorbed. Though therefore I would not willingly encourage larger doses than we usually give, we may still feel induced by the present case to administer moderate doses in various affections besides ague, where the use of quinine is indicated. As for instance, in remittent fevers, we need not wait too anxiously till evident intermission, remembering the *occasio præceps*; so in certain cases of typhoid fever, and in acute rheumatism, we may, perhaps, more frequently try it, less deterred by the fear of increasing a supposed inflammatory condition, or of promoting severe nervous excitement. I recollect some cases of phthisis pulmonalis where