

found most suitable, and the intervals at which it ought to be repeated; 3dly, The result of my hospital practice; 4thly, The testimony of others.

1st, *The indication for the administration of strychnine.* In all cases of real Asiatic cholera (tested by the evacuation of rice water stools), even before the supervention of collapse, the coming failure of the circulation is indicated by less or more irregularity or fluttering in the rhythmic action of the pulse. When the case is seen at this stage, the strychnine should be at once commenced simultaneously with means for arresting and correcting the discharges. Given at this early period, it will rarely fail to arrest the patient's descent into collapse. From 6 to 12 doses will usually cause the pulse to become firmer and more regular, and the anæmic appearance due to the serous discharges from the alimentary canal to be replaced by an active capillary circulation. In those cases, on the other hand, that are in a state of collapse when first seen the principal indications are to bring on reaction and to arrest the discharges, when these still continue. All who have seen much of cholera must be but too familiar with the frequent failure of ordinary stimulants in bringing on reaction; hence the necessity of employing such an extraordinary and powerful agent as strychnine, which, according to my experience, will often, but not always, succeed in doing so, in cases where all other stimulants would fail. In some desperate cases, other stimulants, as tea, camphor, brandy, or champagne, may be advantageously given, when the stomach will bear them concurrently with strychnine, they will however be very commonly rejected, while strychnine alone is retained.

2ndly, *The dose* which I have found most suitable is the 1-18th part of a grain, dissolved in acetic acid and alcohol, and repeated every quarter of an hour, or every five or ten minutes in very severe cases, till the pulse, if it has been fluttering, as in incipient collapse, becomes steady, or till reaction is established in cases of collapse,—when these objects are accomplished, the interval between the doses ought to be lengthened—and should the specific effect of the medicine on the nervous system be produced, then its exhibition should be suspended till these disappear, when it may be again administered if deemed requisite at longer intervals. The medicine should be thus continued till the circulation is fully and firmly established, and the patient is fairly beyond the risk of collapse. During the administration of this dangerous remedy, the patient should be frequently seen by the physician in order to watch its effects, and direct its discontinuance, should its effects on the nervous system manifest themselves. When not convenient for the chief medical attendant to see the patient sufficiently often for the purpose, then an intelligent and well instructed assistant ought to be en-