

no actual vomiting. I gave her an emetic, which brought up considerable gall, and ordered six grains of calomel in a table-spoon-full of castor-oil at bed time. I have now to remark, that I generally give, after the bowels are emptied either by an emetic or physic, about 3 or 4 hours before the expected paroxysm, one large dose of sulphate of quinin, from 10 to 20 grains, dissolved in some water, acidulated with lemonjuice, and sweetened, and I have had almost always the satisfaction of cutting short the disease without any evil consequences. I gave my patient in the morning at 7 o'clock about 10 grains of quinin, prepared in this manner, was called out a short time afterwards to see a person 15 miles distant, and did not return until early next morning. A messenger was already waiting for me, to tell me that the young lady, after having taken the medicine two hours, had been lying insensible and so soundly asleep, that all efforts to rouse her out of her sleep had been unsuccessful. I immediately went to see her, and found her laying sound asleep, I shouted aloud into her ear, sprinkled her face with ice cold water, &c. &c., she did not even open her eyes; respiration and pulse quite normal. My resolution was to wait 24 hours from the time she had taken the quinin; I was sitting before the bed in anxious expectation, and, strange to say, hardly a minute had elapsed after 7 o'clock, when she rose yawning, got out of the bed, and wanted to eat. She had no other attack, and felt perfectly well afterwards. From the statements of the mother, I took her to be of a very hysterical disposition, but I am yet doubtful at present whether this state of catalepsy was the effect of the quinin or not.

---

[We give insertion to the above queries, although we think most of our readers will understand the rare and interesting case alluded to, as we do, and accept the interpretation the author has afforded. We conceive the hemiplegic attack to be fairly attributable to the peculiar state of the cerebro-spinal system, (whether congestion or other obscure condition,) consequent on the febrile action. It does not appear that the patient had any previous illness, or ever was affected by any of the ordinary symptoms of poisoning by lead, (or "painter's colic,") which we are assured would not have been overlooked, had such been the case. We conceive that the *legitimate palsy* of workers in lead, never shows itself by a sudden attack of hemiplegia, nor is it ever ushered in by acute fever. The palsy is usually confined to the upper extremities, is slow, and gradual in its progress, and equally tedious in its recovery; there is great wasting of the muscles, especially those of the thumbs, and the paralysis chiefly affects the extensors and wrists. It is preceded, and often accompanied, by manifest indications of dyspepsia, bowel derangement,