

cessful treatment? Take we into consideration the sudden collapse, the enormous drain upon the circulating fluid, the complete arrest of secretion, whether in the salivary glands, pancreas, liver or kidneys, and the utter prostration; couple all this with the deficient and inadequate pathological changes, and we *must* look to an impression on the nervous centre as the *first cause*, the active agent, inductive of the mischief, and all the symptoms concur in pointing out the ganglionic system, or the great sympathetic, as the one immediately affected, influenced in its innervation, and destroying, by consequence, the equilibrium of the circulation, and the tone of the capillaries, especially in the intestinal canal; and impeding secretion, and, to a marked extent, absorption.

Based upon the observations made, would appear to arise three important indications:—1st, The restoration of the ganglionic system to its pristine condition; 2nd, The arrest of the vomiting and purging; and 3rd, The re-establishment of the various secretions by excitation of the glandular viscera. Experience has amply illustrated this fact, that the attainment of the first of these indications cannot be effected by stimuli directly applied. No line of treatment in cholera has proved more signally unsuccessful than the stimulant one unaided. Ether, ammonia, alcohol in its various forms, camphor, opium in small and frequently-repeated doses, capsicum, &c., have all failed. This is too well established to admit of dispute. The first indication, then, must be sought to be fulfilled by the exhibition of medicines calculated to secure the second and third, but especially the latter, although the exhibition of stimulants is at the same time necessary and proper to sustain the powers of the system, and to *secure time*. Will what is called the saline treatment effect this? Assuredly it will not; and it is difficult to conceive the precise object to be attained by its adoption. It was at one time supposed that the saline constituents of the blood became diminished in their natural quantity. The experiments of Drs. McLagan, Christison and Robertson, of Edinburgh, prove the reverse of this. What is called the Russian mode of treatment subserves no better end; and the repeated exhibition of opium in the stage of collapse, appears to me to be most unlikely to answer any good purpose. There is no medicine with which we are acquainted more surely adapted to suspend secretion than opium, and there is therefore none more unfitted for protracted employment in cholera, in which secretion is suspended,—and, on the contrary, no medicine seems better adapted to fulfil the several indications than mercury, effecting its purpose by the crethism consequent upon its steady administration, in which the whole system participates.

Calomel in large doses is well known to be a powerful sedative in cases of irritability of the stomach, attended with nausea and vomiting; and in the treatment of sporadic and even infantile cholera, no medicine which we possess presents higher claims to consideration. The experience of the first physicians in this Province and the United States might be cited in its favor; and that it should present itself prominently to consideration in the management of an analogous condition of the stomach in the algide variety of the disease, is by no means surprising. Having been exhibited in the commencement of treatment, when symptoms demand it, in the manner and for the purpose indicated, it should become an object of equal importance to secure its constitutional influence by its steady administration in smaller, frequently repeated doses, combining it with stimulants, especially in the cyanic stage, with the twofold view of exciting the absorbents, and securing time by sustaining the vital powers. When exhibited in the large doses, at the commencement of treatment, especially if combined with morphia, it will be found to act in the majority of cases in the most satisfactory manner, allaying the vomiting almost instantaneously; while we afterwards seek to establish its constitutional effects by its exhibition in smaller doses, repeated every half-hour or hour, in accordance with the necessity of the case, combined with camphor or assisted by sulphuric ether, or some other stimulant of a similar character.

In my own practice, since the epidemic which now prevails commenced, I have had the good fortune to encounter, up to the present period, but ten cases of Cholera of the Asiatic variety; and as I have treated them on the principles laid down, I will let the results speak for themselves. To avoid prolixity, I will be as brief as possible in the descriptions, which will be given chiefly for the purpose of pointing out the stage of the disease at which the treatment commenced.

Case 1.—July 3, 6 P.M.—I was requested by Dr. H. to visit his wife, who was suffering under severe diarrhœa, which had existed during the greater part of the day. The evacuations were frequent, occurring about every half hour, and of a bilious character, attended with griping and some nausea; her pulse was regular but weak, and her countenance was natural. I requested Dr. H. to give her some powders containing Pulv. cretæ. comp. c. opio., to which I felt desirous of adding calomel, but to which objection was made, in consequence of the debilitating effects which she supposed it induced, and which she remembered having experienced at an early period of her youth. Satisfied, *pro tempore*, with the prescription, I left, and visited her at 10 p.m. I now found her in a state of incipient