

or ipecac; and the resinous cathartics must be avoided.

In cases of dysentery, moderate doses of calomel, ipecac, and opium, repeated every four or six hours, will be found most beneficial; but notwithstanding the frequent dysenteric stools, a dose of oil will be required every forty-eight hours, to clear the small intestines of their diseased secretions.

A dose of calomel exceeding ten grains I have rarely found required in our Canadian fevers or diarrhœas.

In cases of decided cholera, the scruple dose is, perhaps, the best. I have seen it doubled without any evil result, but, certainly, without increasing its beneficial results. If rejected, it must instantly be repeated; and should the choleraic discharges and collapse continue, may be repeated every hour or two, according to circumstances—the other remedies resorted to in such cases not being neglected.

Salivation is an effect of calomel exceedingly dreaded both by the profession and the patients. It is not likely to occur readily in serious cases of disease, with either inflammatory symptoms or those of excessive bilious derangement. The most annoying and troublesome cases of it in my own practice have been produced by small doses, given as a purgative, when its constitutional effect was not wished for, and there can be no doubt that the tendency to salivation depends much more upon the nature and state of the disease than upon any peculiar idiosyncrasy of patients.

Another constitutional effect of mercury in fevers, that has been previously alluded to, may be characterised by the very slight mercurial fetor of the breath, the inside of the lips and cheeks being red, shrunken, and irritable—sometimes blistered,—the gums red, but contracted and hard, sometimes with a white scruff on their edges, and here and there a slight ulceration where they join the teeth, no increased flow of saliva, the mouth and tongue being

rather dry than otherwise, and the salivary glands little increased in size. With this state, the febrile symptoms do not give way, but rather increase than otherwise. At times calomel may be given to a great extent without either of these states being produced.

I have never seen death take place, either in fever or dysentery, when the first of these symptoms was present; yet salivation is not a harbinger of perfect safety. It will sometimes suddenly disappear after being present for days, and the patient in a state of convalescence; the mouth may either then assume the dry appearance, or become as if no mercurial action had ever been produced; with this, a relapse will also take place, and the whole symptoms of the disease return as if they had never been checked.

A most inveterate dysentery broke out on board the Hon. East India Company's ship, London, on her passage from St Helena to England. It carried off one-fourth of the crew, and nearly all the remainder were affected with bowel complaints when the ship reached London.

Mr Roy, the surgeon, whose experience and scientific knowledge of these diseases was most extensive, assured me that nothing but salivation would check the disease, or alleviate a single symptom. I asked him if any had died in a state of salivation? He answered, "No; but that perfect salivations, which for days had completely checked the disease, would sometimes disappear in a single night, or even in a few hours, and the disease return; that he had to commence his treatment, *de novo*, as if no such state had ever been produced, and that some ultimately recovered, on leaving the ship, after two or three such changes as this."

Dunnville, Sept., 1851.