

doubtful cases, and, indeed, in this instance it was thus possible to diagnose the presence of lymphatic leukemia before any glandular enlargement was observable.

Calomel as a Poison, with an Illustrative Case. T. L. BUNTING,
M.D. (EDIN.), Scotswood, Newcastle-on-Tyne, in *The Lancet*, Nov.
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Calomel is very inconstant in its action as a poison. Guy says that six grains have proved fatal, while an ounce has been taken with impunity. Rungberg records* a case in which three injections of one and a half grains each given within one month proved fatal, and he mentions other similar fatal cases after subcutaneous injections of small doses. The general assumption seems to be that calomel itself produces the symptoms of acute mercurial poisoning. But this is contraindicated by its insolubility, by the fact that it is not a mechanical irritant, by the fact that very large doses have been taken with impunity, and by the great variations in the fatal dose. This difficulty is met by the suggestion, which does not commend itself to Guy, that calomel acts as a poison only by its partial conversion into perchloride of mercury by the free hydrochloric acid of the stomach. On this supposition the very small fatal doses could be explained on the theory of an over acid stomach converting the calomel to perchloride more rapidly than usual, though it is more likely that an impurity (probably the perchloride) was originally present. It is certain that the action of calomel in medicinal doses is by no means always proportionate to the amount given, the purgation produced by one grain being often equal to that produced by five grains or more in the same individual. On the theory that it acts only by conversion into perchloride this is understood on remembering that, as soon as sufficient conversion has taken place, purgation will be brought on and the remainder of the calomel will be expelled unchanged. Calomel injected subcutaneously would in the same way be converted to perchloride by the chlorides of the blood. But in this case the action of a small quantity could not cause expulsion of the remainder. Hence, the fatal cases from small subcutaneous doses. If this be true, large doses of calomel should be borne with impunity by individuals with healthy gastro-intestinal tracts.

*Deutsche Medicinische Wochenschrift, No. 1, 1889.