

grains calomel every hour; potass. chlorat., 3i; aquæ destillat., ʒiii. M. A teaspoonful every three hours, and throat to be pencilled with nitrat. argenti, ʒi; glycerin, ʒi; barley gruel or gum water and ice water *ad libitum*. When I proposed to Dr. McCann, in the afternoon, to visit this child, he protested; told me I had better spare my strength and visit hopeful cases. I told him I had promised, and would go. Found the case as hopeless as the doctor had depicted it, and had no expectation it could recover. Doubled the calomel powders and gave six grains every hour. Continued other treatment. I found the spoon daubed with calomel; ordered another, and showed them how to give the powder. And this is important. A spoon half full of water, powder dropped in the water, and then tumbled into the open mouth. Then give a drink of water to wash it down. In this way it escapes the lips and teeth, and the whole dose is swallowed. It does not touch the spoon, and therefore cannot adhere to it.

July 25, 8 a.m.—Patient much improved; eyes bright; countenance calm, except when it coughs; then expresses pain. Cough still croupal; respiration slower, fuller, and freer, and some mucus in trachea when it coughs; pulse 130, fuller and softer; bowels have moved twice; dejections exceedingly offensive and black; throat not so red, and exudation passing away from left tonsil.

5 p.m.—Patient doing well. Two dejections since morning; dark green and oily; not offensive; think fetor in first was owing to putrefied caseine. Give three grains instead of six grains of calomel every hour. Up to this time this infant of eight months had taken one hundred and sixty grains of calomel.

July 26, 9 a.m.—Improvement very marked. Child inclined to be playful. Slept well all night; had to be waked to administer medicine. Respiration almost normal; pulse 110; skin natural; cough still troublesome. Bowels moved three times; dejections watery and very green. Fauces very much better. Give calomel every fourth hour, and potass. chlorat. in interval. Give beef broth, without fat.

July 27, 9 a.m.—Improvement manifest. Respiration perfectly free, but cough somewhat annoying, yet not frequent. Bowels moved three times,—a dark clear green, consisting of gelatinous masses. Omit calomel, and give ol. ricini, ʒij. Continue potass. chlorat. every four hours, and give gtt. xv, in interval, of syrup. polygalæ senegæ.

July 28.—Cough better; patient doing well. Continue treatment.

July 29 and 30.—Convalescence progressing happily.

This child was brought to the office about the third week of October, and an abscess was opened at the angle of the left jaw, which discharged laudable pus and soon healed. Dr. McCann reported this case at the time, and I have considerably cut his report, but cannot avoid quoting his remarks on it in full:

"In this case, a babe eight months old, which appeared moribund on first and second visits, took

at the rate of  $3\frac{3}{4}$  grains of calomel every hour for sixty-eight hours, and instead of exhaustion the load was rolled off the vital organism, and it steadily attained its power and force of healthy vitality. In this case, as indeed in all the other cases we have noted, there was never a sign of mercurialism, no ptyalism, no ulceration of the mouth or throat, and, judging by the *physique* of the child when last seen, no injury had resulted to its organism from mercury or disease. Thus the bugbear of the injurious effects of mercury on the system may be laughed at as utterly ridiculous."

Case III.—Thursday, September 13, 1877, 9 a.m.—Saw a female child of J. Yarnells, aged 5 years,—a family in which I have been the sole physician for twelve years. Found the child feeble, with hot skin, frequent but feeble pulse, complaining of great soreness in throat; no glandular enlargement. On inspecting fauces, saw the tonsils thickly covered with a white exudation, which extended over palate, velum palati, and pharynx. The tonsils had the appearance of two small hard-boiled eggs with shell removed. On enquiry, learned the patient had been ill since Monday. Gave a fatal prognosis, and prescribed tonics, stimulants, etc., to support against gangrene of fauces, which I felt certain would occur. On visiting her in the evening, found parents much rejoiced at apparent improvement. Some portions of exudation had come away, one-fifth inch in thickness. Dr. McCann was with me, and I had intended to experiment with bichloride of mercury; but the doctor wisely admonished me not to change treatment in a case which, to an enlightened medical observer, must inevitably prove fatal, when the parents believed the patient improving on the remedies administered.

On the following morning, September 14, the patient was moribund, glands of neck immensely swollen, breath had a gangrenous fetor, extremities cold, pulse could not be counted, and she died at noon.

Case IV.—At ten o'clock on Tuesday, October 2, 1877, was called to see the housemaid in same family, aged 17 years, and of a vigorous organization; had but lately come from England. Had felt unwell for several days, but had worked until the afternoon, when she told the lady she could not work any more, but must go to bed. Found her with flushed face, hot skin, anxious countenance; complains of soreness in throat and severe pain in head, especially in occiput, extending down spine. Has aphonia; can only speak in whisper; pulse small, tense, quick, and 136 in minute. Tongue furred; throat of an intense glossy red, and a thin patch of diphtheritic exudation on right tonsil; pain from this tonsil extends into right ear.

Bled her to syncope (twenty-four ounces), gave twenty-five grains of calomel, and in an hour twenty more, then ten grains every hour; if she complains of weakness, extend to three hours. Give ten grains of potass. chlorat. in solution every third hour, and nothing to be taken but lemon water, cold water, and barley gruel.