the patient was sitting on a chair in the yard, evidently free from the poisonous effects of the venom; and on applying a bottle of hartshorn to her nostrils, she was instantly overpowered, although a few hours previously it had no effect on her when applied continuously. For two days she suffered from sickness and uneasiness in the bowels, which were relieved by a few doses of calomel, and senna and salts; on the third day the wound began to be painful; diet ordered to be generous; poultice to the wound; adjacent part to be rubbed with stimulating embrocation, and a bandage from the toes to the wound, to prevent the matter from descending under the skin; the blue mark still visible.

Remarks.—If the snake is not seen, as in this case, a person may be bitten, and yet scarcely be aware of it. The venom of this snake acted like that which caused the death of Cleopatra—no pain; and the patient might have departed this life in a sound though delusive sleep. "Bite" of a snake conveys a wrong idea in many cases; blood is frequently not drawn, as in this case. As a powerful stimulant and exciter of the great spinal system, mustard poultices down the back will be found one of the most important means of stimulating the nervous system, and will rank with the ligature, excision, and suction, as a certain remedial agent in all cases of depressed vital power from venomous bites! On talking over the accident afterwards, our attention was directed to the blue mark, which extended downwards towards the heel, and not upwards to the knee, as the current of blood towards the heart would have led us to suppose; of course presuming that this mark was caused by the poison extending under the skin. Why did the track of the venom extend downwards? The lady of the house queried, was it the ligature, which was applied immediately, and before the arrival of medical aid; doubtless it was, and thus the current of the blood was changed from its direction to the heart, and vital centre, and caused to retrograde towards the foot; and this affords ocular proof of the value of the ligature, in altering, at least temporarily, the current of the blood. It appears to me that ipecacuanha may have some powerful controlling action on the local effects of the bite or sting, particularly when the bite is unconnected with dangerous constitutional symptoms; but the idea that, locally applied, it can have any saving effect on real constitutional symptoms, seems to me preposterous.

North Shore, Sydney, Feb. 1849.

SUCCESSFUL TREATMENT OF CHOLERA BY SMALL AND REPEATED DOSES OF CALOMEL.

By JOHN PICKOP, Esq., M.R.C.S. &c., Blackburn.

I BEG to forward you the subjoined case, as proving the power and efficacy of calomel in subduing cholera in its worst form, when administered as recommended by Dr. Ayre.

My patient, a fine, athletic young man, aged twenty-five, after a diarrhoea, which continued three days, was seized on the 1st of September with every symptom of Asiatic cholera. I visited him at half-past twelve p.m. I found him in bed, complaining of severe pain in the bowels and legs; haggard expression of countenance; voice almost inaudible; pulse very feeble; cold, livid condition of the skin; extreme thirst, with incessant vomiting and purging of the peculiar rice-water evacuations.

Treatment.—A grain of calomel every five minutes; simple effervescing draughts, with two minims of tincture of opium every hour; toast and barley-water ad libitum. Visited him three times betwixt then and nine p.m., to ensure the steady exhibition of the calomel, but found little change until that hour. He was then warmer; pulse very feeble, but improving; purging less severe; vomiting still urgent; no urine passed; voice better. Ordered a grain of calomel every fifteen minutes; draughts as before.

Sept. 2nd.—Eight a.m.: Considerable improvement; pulse very quick, but fuller; has dozed at intervals during the night; perfectly warm; restless and very sick. Ordered one grain of calomel every hour, and one minim and a half of prussic acid every hour with the draught, instead of the tincture of opium; cantharides blister to the epigastrium.—Nine p.m.: Progressing favourably; sickness not so urgent. Omit the calomel; a draught every third hour (unless asleep).

3rd.—Nine a.m.: Slept a great part of the night; has passed urine twice for the first time, and had two bilious evacuations. After this, his recovery was so rapid and easy, that on the 5th he was removed in a gig to his own home—a distance of five miles. Calomel taken, 140 grains; no ptyalism.

I have also given calomel in grain doses in three other cases of less severity, every fifteen minutes, with simple effervescing draughts every hour, containing two minims of tincture of opium; and in each case the vomiting and purging have been arrested, as if under the influence of a charm. Two out of the three cases were salivated, though in one case only twenty grains were taken; in the other, fifteen grains.

Blackburn, Sept. 1849.

ON SYPHILIS.

By J. C. CHRISTOPHERS, Esq., M.R.C.S. London, &c.

(Continued from p. 39, vol. i.)

IF, by settling the question of the non-identity of the poisons of syphilis and gonorrhœa, a moiety of victims at least were wrested from the dominion of mercury, a large addition has been made to the number subsequently, through the researches of M. Ricord, aided by inoculation.

It ought not to be too much to say, that what vaccination has done for variola, inoculation may be made to do for syphilis, and though not itself (as in the former case) the prophylactic, it has been the means to indicate it. Variola, under the influence of vaccination, is now well-nigh extinct, and were inoculation practised in every case of genital sore, and every sore that inoculation proves to be syphilitic excised and cauterized before the fifth day of its existence, the same remark might nearly apply to syphilis. The only cases remaining would be those of urethral or concealed chancres, and cases of direct absorption, of which (the last mentioned) I have not seen an instance.

The power to convert the germ of a loathsome, disgraceful, contagious, and contaminating constitutional disease into a simple, harmless, local ulcer, easy to cure, and of short duration, is no slender privilege, and honour and credit are due to the distinguished surgeon whose acute perception detected the means to rid mortality and its offspring of a most potent curse.

The next step that tended to infringe on the ancient heroic mercurial mode of treating syphilis is due to the introduction of iodine and its compounds in the treatment of secondary and tertiary symptoms; formerly, when, under the influence of mercury, those cases appeared to retrograde, or failed to progress, the necessity to increase the mercurial dose was thought to be imperatively indicated, in order (as it was imagined) that the antidote, so called, might keep pace with, and eventually outstrip, the disease. The notion that it might aggravate, and even that it might produce the symptoms it was given to cure, was of course rarely, if ever, entertained; simple treatment, happily, has unmasked that fatal fallacy, and it is now very generally admitted, that some of the worst cases of secondary and tertiary symptoms, that mercury was most largely employed to remedy, owed their severity and duration to its misuse. Sir Astley Cooper, however, in his lectures, page 519, exhibits some misgiving of this kind, and though a strenuous advocate for its employment in syphilis generally, observes, that "Mercury itself unfortunately produces diseases very similar, both in appearance and in effect, to syphilis." He continues: "I recollect at the commencement of my studies at these hospitals, one day, on going round the wards with a surgeon, having been very much surprised to see mercury so indiscriminately employed, and at seeing every poor emaciated wretch continually rubbing-in. There was one individual, I remember, in a dreadful state, who had been using mercury for a great length of time, and under which treatment he continued to get rather worse than better. In this case I took the liberty of suggesting the propriety of discontinuing it, when, in a short time, the patient became completely cured. Mercury, in reality, when given injudiciously, or to excess, will sometimes produce ulcers, that a man of little experience would say were venereal."

Mercury, at the present time, in the hands of its best advocates, is rarely persevered in long after the primary sore is healed—never after the induration around it disappears. Secondary symptoms supervening, the patient having gone through a mercurial course, it is not by any means universally employed; but recourse is had, for the most part, to iodine, or to some of its preparations. The general effect of iodine appears to be to increase the secretions, and the first and a constant evidence of its influence is the occurrence of coryza, and congestion of the mucous membrane of the nose, eyes, and fauces, somewhat like that produced by small and repeated doses of arsenic. If it be administered while the gums are under the influence of mercury, it will maintain that