

during epidemic catarrh is changed in character, either by having passed over some surface which has modified its physical constitution, or has charged it with infinitely-minute particles leading to an equivalent change, it would be improper to affirm that these catarrhal epidemics are due to an allotropic change of the oxygen. But this may safely and strongly be said, that from synthetic observation the evidence in favor of such a view is more striking than any other line of evidence that has been adduced; and that further research is demanded in relation to atmospheric states during the existence of these great and distressing outbreaks.

* * * * *

Such is the report of Sir B. Richardson's experiments. What do the readers of the RECORDER think of it? I suppose some will think it very feasible, and others will not. My own conviction is that it is the most reasonable explanation of the cause of influenza which has been presented to us. Moreover, it does not necessarily conflict with the theory of Dr. Davidson. It will be remembered that Dr. Davidson attributes the alteration in the atmosphere to an emanation of gas from a comet. Of course this gas may be just the same as that produced by Dr. Richardson, or it may be so nearly like it that the effects on man are pretty much the same. Whether Dr. Davidson's theory be correct or not, it would ill become us to laugh at it unless we can produce a better hypothesis ourselves. Contrasted with the nonsense which talks about floods in China, or the generation of a pathogenetic germ in Russia, this theory compares most favorably. At all events we may safely conclude that the poison is an aerial one, and not a bacterial one.

I incline to the theory of the Rev. Dr. Davidson because it reaches beyond that of the other. It not only acknowledges the change of atmosphere, but also informs us of the source whence the change proceeds. It does not concern us much whether there be an "allotropic change of oxygen" or not; it is sufficient to know that we are not breathing our normal vital air. It is true, however, that even this knowledge does not help us much, for we are totally unable to alter the abnormal condition. All we can do is to remedy the effects produced upon us, and this can, I think, invariably be done.

The three epidemics through which we recently passed, although all called by the same name, were not attended by precisely the same symptoms, nor were they amenable to the same

remedy. In the first epidemic the respiratory mucous membrane was most affected, producing catarrh and bronchitis. The second epidemic resembled a specific fever, running a definite course, but not producing identical symptoms in all cases. Probably the weakest organ in each case suffered the most. In the third epidemic there was a tendency to capillary bronchitis. However, there was a lack of uniformity in all the epidemics.

That there was some distinction of poison in these three epidemics I proved more decisively by watching the effect of treatment. For example, in the first epidemic I cured every patient with one particular remedy. This proved to be a veritable antidote, for every one who took this medicine speedily recovered. This was the *Muriate of ammonia*. I put a few grains in a tumbler of water, and gave a tablespoonful every two or three hours.

When the second epidemic came I found this remedy was not sufficient. Observing in one patient some resemblance to whooping cough, I gave the good old remedy, *Kali carb.*, which answered so well that I continued to give it to all succeeding patients, and all recovered.

In the third epidemic neither of these medicines seemed to answer, and after trying one remedy and another I eventually found most benefit from *Antim. tart.*

But all this is mere matter of history, for when the next visitation comes no one can predict beforehand what medicine will prove to be the best. If the poisoned air were in every epidemic just the same, one would naturally suppose that the same medicine would always be required. But as the same medicine does not answer, we cannot help concluding that the poisonous gas is not of an invariable nature. And this constitutes our difficulty in the treatment—previous experience fails to adequately help us. It will not, I think, be uncharitable to say that the refining and differentiating process peculiar to Homœopathy seems alone able to contend with the subtle variations of epidemic diseases.

The following account of influenza* as understood and experienced by one of our friends of the old school is interesting, and I need not, therefore, apologize for giving it. I must reserve my comments upon it for a future communication.

Happening to be in charge of a large Provident Dispensary

*Influenza; Its Symptoms and Treatment, by Francis W. Clark, L. R. C. P., Lond., M. R. C. S., Author of "The Germ-theory of Disease," late Hon. Visiting Surgeon to the Bute Hospital, Luton. An Original Essay, specially written for Medical Reprints.

during the epidemic of influenza last autumn and spring I naturally had a large number of such cases under my care, and my experience of the symptoms and treatment may possibly be of some value to your readers should the threatened recrudescence of the disease occur.

Although I cannot give you the exact number of cases treated by myself and my two assistants, yet some idea of their number may be gathered from the fact that between us we paid some eight or nine hundred visits a week, in addition to seeing all the less acute cases in the out-patient department of the dispensary.

Unfortunately, towards the close of the epidemic I contracted the disease myself, and can therefore give you the symptoms experienced by me. In the first place I had a sore throat, in which the tonsils and the whole of the back of the pharynx was injected and glazed; this lasted for two days and was accompanied by malaise, although for that time I was able to continue in attendance upon my patients. On the morning of the third day I awoke with pains in all my limbs, great frontal headache, chilliness, T. 103°, and pain in the lumbar region, so great that on getting out of bed I found that I was not able to stand and therefore had to tumble back again, and there I had to remain for ten days, as my attack was followed by slight bronchitis and a most troublesome cough.

On being allowed to get about again I experienced great weakness in the lumbar region, so much so that on walking a few hundred yards I was completely exhausted and unable to stand upright, and this sense of weakness lasted for several weeks.

I may say that I met with sore throat in almost every case that came under my care, while running from the eyes and nose was generally also a prominent symptom. Another curious symptom which I experienced myself and which I met with in a few of my patients was complete loss of taste, lasting for more than a week, while in two children only did I meet with any rash, this being of an erythematous nature, and in neither case was it followed by any desquamation.

The disease, so far as my experience went, was more prevalent among men than women, and, moreover, I found that the most severe cases occurred among the men.

I could not trace any instances of direct infection from one person to another, and in fact some of my earlier cases occurred in the surrounding country, and were quite isolated, one man in

particular contracting the disease after having been employed for a couple of days repairing the roof of his own cottage, his being the first case to occur in that village.

The more important sequelæ were bronchitis and pneumonia, while in several women under my care abortion or premature labor occurred, and I am glad to say they all did well in spite of the fact that the influenza ran its usual course during the puerperium.

Although I did not inquire what was the treatment adopted by my friend, Dr. Simons, of Luton, in my own case, yet the treatment I found most efficacious consisted in the administration of *Salicylate of soda* in doses of from 5-15 grs., combined with the *Carbonate* and *Acetate of ammonia*, while for the sleeplessness which was such a troublesome symptom in several cases I found that x-xv. grs. of *Sulphonal* acted like a charm, and had the additional advantage of leaving no ill after-effects.

A mild purge at the commencement of the illness, and a light diet of beef-tea or a little fish, with, in some cases, a small amount of stimulant, preferably brandy, was all that was needed, and of course the complications were treated in the ordinary manner.

In quite a number of cases a relapse occurred some two or three weeks after recovery from the primary attack and in many cases the second attack was more severe, and more frequently attended by complications, than the primary.

It would appear that the malady is essentially miasmatic in origin, and considering the course which the epidemic took in traveling round the world, the theory that it originated in the effluvia from the decomposing bodies left after the devastating floods in Southern China had subsided, early last autumn, appears to me to be as rational and probable a theory as any that has been advanced to account for this strange and fatal epidemic.

Staites, Yorkshire.

G. HERRING.

CLINICAL CASES.

Case No. 1.—Rhus Tox in Splenitis.

Patient, named Abdul Wated Khan, aged about twenty-four years, came to be treated 30 10-95, 9-10 A. M., for splenitis, since yesterday.

History and Symptoms: Costiveness since about eight days; before this he passed daily two stools, but now only one stool

daily, hard and with no regularity of time; splenitis—pain in spleen—felt by pressing the organ, in inspiration, in coughing; not felt on lying on the affected side, felt *increased after taking meal; feels in movement*, but not much; also feels pain in left shoulder, posterior part, on about the lower end of the upper third of the dorsal or posterior margin of the left scapula, this pain being felt in moving the arm and the shoulder. No other complaints. Tongue clean; taste good; urine not colored. The day before yesterday had been a rainy day, and the night before the last was not rainy but cloudy and cool. *Walked and worked in the rain the previous day.*

Remark: One globule of *Rhus tox. 6*, in one dose, cured him.

Case No. II.—*Rhus. tox.* in Parotitis.

Patient, Mufizuddeen, a boy of about eight years, came to dispensary 26-10-95, 10:10 A. M., with parotitis, for its treatment.

History and symptoms: Nasal catarrh continuing since five or six days; discharge thick; no cough; fever since last evening, and just after that, *pain on both sides of neck on the parotid regions*, fever still continues; slight *carotid pulsation*. Tongue, *reddish points on sides and tip*; middle and back parts slightly yellowish; and moist; *no thirst*; *change of water for bathing is ascertained by the mother to have been the cause of the coryza*. One formed stool yesterday; no stool this morning; *pupils widely dilated*; *slight injections of palpebral vessels*; passed no water this morning; had itch last year and cured with external application. Fever did not commence with chill.

Treatment: *Rhus. tox. 6*, one globule per dose. Two doses per diem.

27-10-95. 9:45 A. M. No fever now and no fever last night no stool; inflammation less.

Treatment: *Rhus. tox. 6*, two doses as above.

28-10-95. 9 A. M. No more fever; no stool; inflammation much reduced; slight swelling and slight pain remaining. Placebo.

29-10-95. 8:40 A. M. No fever yesterday and no fever now; one formed stool yesterday; no stool to-day; swelling much reduced; says: "more pain than yesterday."

Treatment: *Rhus. tox. 6*, one dose as above.

30-10-95. 8:55 A. M. Fever yesterday since 9 A. M. till now; no perfect remission as yet; no stool yesterday; took nothing yesterday; pain and slight swelling in both parotid regions.

Treatment: Placebo.

31-10-95. 9 A. M. Fever continuing; swelling and pain almost gone; no stool; urine slightly colored; feels hungry.

Treatment: Placebo.

1-11-95. 9 A. M. No more fever; no swelling; very slight pain in both parotid regions; no stool; urine colored; tongue, anterior part, reddish with raised-up red papillæ; middle and posterior part slightly yellowish.

Treatment: *Sulph. 12*, one globule per dose; one dose just now.

2-11-95. 9:05 A. M. No fever yesterday; no stool; very slight pain on the two slightly hardened submaxillary glands; tongue coated brownish yellow; urine slightly colored; appetite good.

Treatment: *Sulph. 12*, one dose as above.

3-11-95. 9 A. M. Pain and swelling almost gone; one hard formed stool yesterday; tongue coated yellowish, middle and posterior parts; urine not colored.

Treatment; *Sulph. 12*, one dose as above.

4-11-95. 9:30 A. M. Very slight pain in the submaxillary glands, which are slightly swollen; passed one formed stool yesterday; no stool this morning; tongue better.

Treatment: Placebo.

5-11-95. 9:25 A. M. No fever; getting well; very slight pain only on right side; one stool yesterday and another this morning.

Treatment: Placebo.

Diet as above.

Last day of patient's attendance. 8th inst., getting placebo since last report. Recovered.

Remarks: Two doses *Rhus. tox. 6* (a globule a dose) and, to complete the cure, three doses of *Sulph. 12* (one globule a dose) were given to the patient, which restored him to perfect health. Patient attended dispensary two weeks and got five globules (a globule a dose) in all to cure him. Mother of patient mentioned change of water for bathing caused me to remember "ill effects of getting wet" indicates *Rhus. tox.*

Case III.—*Cimex* in Intermittent Fever.

Patient, Mâjer Behârâ, aged about thirty years, came to me to be treated for intermittent fever the 12th September, 1895, about 9 A. M., he being then ill a week. The following is the case:

Type : Quotidian.

Time : Afternoon at about 4 or 5 P. M.

Prodrome : Burning of eyes.

Chill : Slight, about half an hour ; *thirst*, some days, *no thirst* other days ; thirst for small quantity of water ; horripilation ; passed water twice ; *increase with lying down ; increase of cough if he drinks water during chill.*

Heat : Lasts whole night ; to-day feverish yet ; burning heat of palms of hands and soles of feet ; *no thirst* ; passed water twice.

Sweat : Very slight on forehead and neck ; *no thirst.*

Pyrexia : Complete. Bowels costive ; stools knotty with streaks of blood on them ; urine reddish ; passes with burning sensation of the passage, the burning sensation lasting for a few minutes after urination ; spitting of saliva, but not constant ; tongue clean and moist ; taste insipid ; *cough constant, increasing at evening*, with expectoration ; sputa thick and of yellowish color ; appetite not good ; food does not relish well ; worked in water about eight or ten days past, and before this he had been feverish every day, though very slightly ; pupils dilated and conjunctivæ pale ; itch last year which disappeared on applying some external applications ; passes daily one or two stools consisting of hard knots.

Treatment : *Cimex 30*, one globule per dose ; one dose given to be taken at full remission.

13-9-95. 9 A. M. Had fever paroxysm yesterday at about 2 P. M., with *chill*, with no thirst, lasting about half an hour ; then *heat* with no thirst, continuing till 10 P. M., when *sweat* commenced all over body, no thirst during sweat ; now perspiring ; skin cold to touch ; had horripilation during chill ; no stool passed after taking medicine ; urine less reddish with less burning sensation during urination ; taste normal ; tongue clean and moist ; cough much less ; complains of a pain in chest, left side, lower down left axillary region pain being felt during coughing, and not felt by percussing, slightly felt by movements ; yesterday paroxysm was much less in severity ; pupils dilated ; no sleep last night ; appetite good ; yesterday paroxysm was less by more than half the severity of the previous paroxysms.

Treatment : Placebo.

Diet : *Atâ*-bread, milk, sugar candy.

14-9-95. 9:30 A. M. No more fever ; one formed stool after noon yesterday ; urine reddish ; cough less with thin expectora-

tion of saltish taste ; pain in left side of chest increased last night, and he of himself applied some external application ; now the pain almost gone ; no sleep last night ; appetite good.

Result : Recovery.

Remark : One globule cured. Is it not more fascinating than Allopathic quinine ?

Case IV.—Phosphorus in Diarrhœa.

A Brahmin boy, yet in his mother's arms, dentition not having finished, visited by me 21st. November, 1895, at about 11 A. M., with the following history and symptoms : Diarrhœa, three days, with stools (at present) *profuse, of greenish color, turning into blue on standing, gushing out*, now and then as if *passed involuntarily*, and that of small quantity. The color of stools changing as follows : Grass-green, then whitish green, or ash color, the brownish or blue color. The fæces consist of bits of *mucus* of then above color. *Passing stools involuntarily during sleep* ; this involuntary stool during sleep being scanty. *Abdomen tympanitic and swollen*, which state disappears on passing stool, and again flatus accumulates and the abdomen becomes distended, which is again relieved by passing stool. Does not cry during passing stool or urine. Irritability of stomach as is shown by *vomiting of liquids* immediately after taking ; does not vomit homœopathic medicine in water when drunk ; slight *thirst* tongue anterior side *clean*, middle and back *whitish* ; *dry* ; *eyes sunken* and *blue around eyes* ; pupils normal ; *emaciated*. This morning has passed water with stool, slept last night with occasional disturbance for passing stool, or to take medicine ; temperature about normal ; has been under homœopathic treatment since commencement of illness till this morning ; the Homœopathic medicines have been *Calc. c.*, *Cina.* and *Ipec.*, and fourthly *Cina* and *Cham.* Last dose of medicine given and that this morning is *Cina* ; patient does not cry.

Treatment : *Phos. 5*, one globule per dose ; two doses given, one dose to be taken just now, and the second dose at about 4 P. M.

23-11-95. 8 P. M. Informed this afternoon that the child had only one stool after the first dose of the medicine ; no stool after the second dose till to-day after nursing mother's milk (which was strictly forbidden) ; has had one big yellowish liquid stool ; then scanty oozing stools.

The medicine produced a wonderful effect as expressed by the patient's uncle, an Allopathic doctor.

Result: Recovery.

Remarks: It is noteworthy that an Allopathic doctor praises and admits frankly the wonderful efficacy of Homœopathic medicines when properly selected, otherwise they produce no good effect at all.

Case V.—*Apis* in Intermittent Fever.

Patient, one of my relations, L. R. K. Choudhury, aged about four years, suffering from intermittent fever, was seen 27-10-95, at about 10 A. M., with the following characteristics:

Type: Quotidian.

Time: 11 A. M. Heavy fever yesterday; 2 P. M., light fever day before yesterday.

Chill: Severe, *thirst*, passes stools during; sleep; lasting about three hours.

Heat: Slight, *no thirst*.

Sweat: About 3 P. M.; *no thirst*.

Apyrexia: Complete.

Bowels opened twice yesterday during chill of fever; passing no thread-worms; urine reddish; tongue clean; pupils dilated; no stool to-day.

Treatment: *Apis 6x*, one globule per dose; one dose given just now.

28-10-95, 8:30 A. M. No more fever; no stool; pulse is not normal yet; tongue clean.

Treatment: *Apis 6x*, one dose as above.

Treatment and diet as above.

31-10-95, 7:55 A. M. No more fever.

Treatment and diet as above.

1-11-95, 8:55 A. M. Going on well.

Result: *Recovery*.

Remarks. Two doses were used, first dose stopped the fever and there was fever no more.

Case VI.—*Calcarea carb.* in Gastrodynia.

Patient, wife of Ekim Dâtâl, a Kabirâja, aged about eighteen years, having had no children as yet. Patient not seen by me; treatment according to the description of her husband; entered in my case book 12-7-95, 8:30 A. M.

History and Symptoms: Painful menstruation for about three years; each time of menstruation the menses remains only for three days and no more; first menstruation at her fourteenth

year; now *menses with irregularity of times*, sometimes *few days earlier* or a few days later.

Hysterical fits since three years, first six months with much severity of symptoms; whenever it occurred; it occurs with *new or full moon*, two or three days before, or occasionally after; and sometimes during new or full moon; these fits last about two hours; fit increases with lying down.

Gastrodynia. Present state of patient since last full moon-day, the pain being increasing since the night following; pain piercing through the chest and back; patient restless and tossing about on her head; one normal stool yesterday at about 2 P. M., and passed water once of normal color at about 8 P. M.; vomited once last night at about 10 P. M.; *vomited bilious matter with undigested food* (rice) taken at about 11 A. M. yesterday. This vomit tasted bitter and not acid. She never experienced before such pain. *Constant dryness of nose*. This pain commenced after meal. No vomiting even during the whole course of illness. Daily one stool during this fit as before. Never had no itch. *Food taken increases pain. Better by exercise*.

Treatment: *Calc. c. 12*, two globules per dose. Two doses given, one dose taken just now and the other dose at night about 9:30 or 10 P. M.

13-7-95, 8:30 A. M. Medicine administered at about 9:30 A. M., then instantaneous disappearance of pain; then after about half an hour felt slight pain which continued till 12 M., then the pain gradually subsided; had a large stool consisting of hard fecal knots; then got the second dose in evening at about 7 P. M.; no pain felt this morning; had feverishness yesterday at about noon, the fever continuing till about evening.

15-7-95, 8:30 A. M. Very slight pain occasionally; bowels open; had a swelling in the right hypochondrium but not found now, now griping pain in the left side of stomach as shown to me; increase after meal.

Treatment: *Calc. c. 12* as above two doses; daily one dose, to be taken early in the morning.

16-7-95, 8:30 A. M. No stool yesterday; slight pain yesterday at about noon continuing last night about 9 P. M.; pain is felt on the left side of stomach.

Treatment: *Calc. c. 12*, one dose as above.

20-7-95, 3:30 P. M. Pain once a day before yesterday; feels pain on the dorsal aspect of the place, where she felt pain first, bowels open.

Treatment: *Calc. c.* 12, one dose as above for to-morrow morning.

26-7-95. 9:50 A. M. Aching from back down to knees; bowels open daily twice; urine not colored; occasional burning sensation during urination but no such thing now.

Treatment: *Calc. c.* 12, one dose given to be taken just now.

Diet: Rice, fish broth and milk.

24-8-95. 10:30 A. M. Three or four days ago the patient's husband informed me of her continued sound health; no pain in abdomen nor any fit at about new or full moon since recovery.

In a later report of the husband I was again informed that she had been pregnant for a few months and continuing well.

Result: Recovery.

Remarks: Here I was a fortunate man to cure hysteria in treating *Gastrodynia*.

A. W. K. CHOUDHURY.

Satkhira P. O., Calcutta, India.

NOTES FROM NEW YORK TRANSACTIONS.

The *Transactions of the Homœopathic Medical Society of the State of New York* for 1895 makes a neat octavo volume of 410 pages. Picking here and there we glean from its richness the following items of more or less general interest.

A Legal Point.

From President Schley's address we take the following, showing that state officers may make it very unpleasant for physicians:

"I desire to bring to your notice also, a case of the utmost importance to one and all of us relating to the power or privilege of practicing medicine in this State. It has been supposed that registration in one part of this state at a county clerk's office, some year or year's ago, before the recent law came into force, would permit the holder of the county clerk's certificate to continue the practice of medicine in any other county of the state, should he or she decide to change his or her residence. This, in fact, should, according to the recent enacted medical law be just as binding as prior to its enactment. For example, should any one register in King's county to-day and receive the privilege to practice medicine, and to-morrow remove to Erie to practice, the presentation of their certificate of King's county

should suffice without further questioning or conference with the Board of Regents."

"From the recent arbitrary action of the Secretary of the Board of Regents, it seems that not one of us is safe from dogmatic rulings, such as Doctress Walker has been submitted to within the last six months. This vexed question should be solved in some way at once, and it would be wise to know by correspondence or conference, if the old school and eclectic members have had a similar or similar cases brought to their notice. I think this society should stand by our associate, Doctress Walker, in every manner possible, and even come to her aid financially to fight out this legal (?) point, if it becomes expedient, and finally, I would draw your attention again, to a condition where our society should be thoroughly protected, for, we do not know at what moment occasions may arise, showing the wisdom of our being ready to meet such and all emergencies."

Percentages,

In the Proceeding the percentages of rejections by the State Medical Examiners stood as follows:

Homœopathic	13.7.
Allopathic	20.2.
Eclectic	20.

Not a bad comparison that.

Uranium Nitricum.

Thirty-five pages are taken up with a very complete and carefully conducted proving of this drug under the supervision of Drs. T. F. Allen, M. Deschere, H. M. Dearborn and A. R. McMichael.

Senile Cataract Successfully Treated with Phosphorus.

Dr. H. D. Schenck reported two cases of this ill, one of which we quote:

"Mrs. S., a fleshy, married woman of 61, who had always enjoyed good health and the best of vision, consulted me February 1, 1893. She had worn glasses for five years for near work, but only in the evening, or when the work was fine. Recently there had been some difficulty in threading the needle, with transient vertigo. Soon after rising three days before seen, a flickering before the right eye with various sized black spots floating before the vision. Some spots were green, others were yellow and

all appeared to be constantly moving. An examination showed the right lens to be quite hazy with some broad striæ extending toward the centre. The haziness prevented a view of the fundus. The left lens was uniformly hazy, but a fairly normal fundus could be made out back of it. The vision was 15-100 R. E. and 15-50 L. E., with no improvement with glasses. Phos.^s was given every three hours. By February 24th, the black spots had decreased very much. The vision in the R. E. equals 15-50, L. E. equals 15-40, and the lenses were found less hazy. The retina of the right eye began to be seen by March 11th, when the vision of the R. E. equaled 15-40 sd., L. E. equaled 15-30. Some black and brownish-yellow spots are yet seen by the right eye. The vision did not improve much beyond this point, but with a plus cylinder was brought up to 15-30 d. in R. E. and 15-20 d. in L. E. The last of May glasses were prescribed for near vision, which enabled her to use the eyes easily on everything but the finest work. In fact she was so well satisfied that she ceased treatment after the fourth month, and I have only heard indirectly that her vision is still good. Phos.^s was the only remedy given."

Abuse of Ergot.

In his paper on this drug Dr. Edwin H. Walcott said:

"But what shall be said of the Homœopathic physician who is continually using this drug in full doses for the correction of numerous abnormal conditions that are clearly within the domain of Homœopathic therapeutics, and that have their *similimum* in such well known remedies as *Acon.*, *Actæa*, *Bell.*, *Cham.*, *CaULO.*, *Gels.*, *Hyos.*, *Ign.*, *Nux vomica*, *Puls.*, *Viburnum*, and others? Surely Homœopathy has not shed its beneficent rays of healing over the ailments of humanity as we are taught to believe, and left unaided and alone the parturient in the throes of labor."

To which we might add that if any one wants to know how to use these remedies and the others let them get Dr. Yingling's recently published *Accoucheur's Manual*.

Irreducible Hernia Cured by Nux Vomica.

Dr. E. W. Bryan reported several cases cured by the old remedy. Here is one of them:

"I was called in June, 1872, to see an infant about eighteen months old. On my arrival the mother informed me her baby had a swelling in his privates. Investigation revealed strangulated hernia in left inguinal region, intestines filling scrotum to

a tense condition. After a long, tiresome and ineffectual effort at reduction, I informed the mother that it was a rupture and that I could not reduce it and that in my opinion an operation was the only thing that could save the life of her boy, and that I would return to my office and make necessary arrangements in the way of instruments, anæsthetics and assistants, and return for the operation. At this announcement she very emphatically informed me I could not cut her baby. I informed her that it was my judgment there was no other way to save the child and that the sooner done the greater the probability of success. But she persisted in her refusal, and then I suggested council or that some other physician should have the case, but this she seemed to think meant an operation, with or without consent, and was refused. She desired me to leave medicine for the child, and if that would not cure it she thought there could be no cure, and if she changed her mind she would let me know."

"I left *Nux v.* 3x, to be given once an hour, and left with no hope that the child would recover. I was passing the third day after my visit, and seeing the mother at the door inquired in regard to the child. She replied 'surre, the medicine cured him.' At this I left my carriage and went to see the child, and surely enough the child was apparently as well as ever. She informed me that after about two hours she discovered the swelling, as she called it, was softer, and at the next examination, two or three hours later, it was all gone, and the baby was cured. I advised a truss, and urged it as a protection, but could not prevail on her to bother the baby with such a thing as that."

"I have kept an observation of the boy, who has grown to manhood without any recurrence of the trouble, and is now a large, healthy man, engaged at heavy manual labor."

Antitoxine.

Towards the conclusion of his paper on the Antitoxine treatment, Dr. Martin Deschere, after quoting some reliable statistics showing a death-rate in diphtheria treated Homœopathically of from two to seven per cent. says:

"As long as we can get such brilliant results by carefully and accurately individualizing our remedies, I cannot understand why some Homœopathic physicians will cling to local treatment, or equally adopt measures recommended by a school of medicine which is hardly in the earliest dawn of development in drug therapeutics. As long as Antitoxine-treatment shows no better positive results than it has done so far; as long