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at all times slight, and is often entirely absent. In pneumonia the expectoration is somewhat scanty, plum-colored in hue, and so tenacious as to adhere to the bottom of the cup, even when reversed; in congestion the expectoration is transparent, and only occasionally tinged with blood. The fever of pneumonia is marked by a high temperature, rarely under 105°; that of congestion is evanescent and rarely exceeds 102°. Lastly, in pneumonia the signs obtainable by auscultation are almost invariable; in congestion they vary almost infinitely.

Under efficient homeopathic treatment, the prognosis of acute congestion of the lungs is extremely favorable. In thirty-six years I have seen but two fatal cases under homeopathic treatment, and both had been grossly neglected. But it must be understood that repeated attacks modify this favourable statement very much, for they are serious matters in children, especially when scrofulous, and in young people, especially in young women. A history of consumption in the patient's family makes a gloomy prognosis, for consumption often follows repeated attacks. Poverty is a serious hindrance to rapid and permanent recovery.

It is most astonishing to read in the Reference Handbook of the Medical Sciences (vol. iv., p. 589), a practitioner of Dr. Donald M. Cammann's eminence recommending the following treatment:—"Cupping should be practiced over the seat of the hyperæmia or over the whole chest, for the purpose of diminishing the supply of blood to the lungs. Dry cups should be applied if the patient is feeble and gives evidence of exhaustion, but wet cups should be used for plethoric patients. Hydragogue cathartics are beneficial. The dyspnæa and feeling of anxiety may be relieved by steam inhalations and the application of mustard to the extremities. A hot-air bath relieves the overloaded pulmonary vessels, and often gives relief from distressing symptoms." How different from this cumbrous and antiquated treatment is the prompt simplicity of the homœopathic therapeutics!