

old Greeks and Romans. The employment of mercury in syphilis by inunction and fumigation, which our nineteenth century therapeutists regard with such satisfaction, seems to go back to the time of the crusades, and it is said that its use can be traced in Malabar as far back as the ninth century. Podophyllum as a purgative we owe to the North American Indians. If we go through the list of all the drugs on which we most rely, we find a similar story. Even in the case of those which are the latest additions to our resources, we find that, with very few exceptions, their use arose from what we must regard as pure empiricism. It was by accident that the local anæsthetic influence of cocaine was discovered."—*Boston Medical and Surgical Journal*.

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SIR J. RUSSELL REYNOLDS AS A CONSULTANT.—In an extended obituary of Dr. Reynolds, the *British Medical Journal* gives the following account of his qualities as a consultant: "He was remarkable for the courteous consideration and shrewd kindness of his manner not less than for the painstaking study which he gave to every case. He was not led by his unsurpassed experience in all forms of nervous disease or by his keen diagnostic acumen to come to a hasty decision. He seemed to have ever before him the idea that he was called not merely to make a diagnosis, much less to write a prescription, but to advise the individual patient what he or she could best do to regain health or to diminish suffering, and what changes in the environment, mental, emotional, or physical, were most likely to achieve this end. No doubt these are objects which we all have in view, but Reynolds seemed to make them the guiding principle of his practice, and the personal interest which he really felt was quickly perceived by his patients. To many of them he was something more than a 'doctor;' he was the strong guide which led them back to a clearer-sighted and calmer view of life, and its possibilities and duties. As a teacher and hospital physician he displayed the same qualities. His love of precision, order and classification in dealing with scientific questions, perhaps also a rooted conviction that clinical insight was only really to be gained from patient personal study of the individual, prevented him from ever seeking success as a clinical lecturer. Though far from a sceptic in matters of therapeutics, like some of his most distinguished contemporaries, he yet appeared to have an almost instinctive aversion to generalizations as to treatment. Each patient must be considered by himself and treated individually, not merely as one of a class."