

recovery within three hours after the administration of the 3d decimal dilution of the homœopathically selected remedy. Instead of promising to tell *Wonderer* how to treat cholera morbus, simply upon its being named, apart from the totality or key-notes of the symptoms, in the case, presented; I told him to study such works as I referred to, and stated that he would find therein the appropriate remedy for the key-notes or totality of symptoms, although not for the treatment of the individual disease by mere name that is, the homœopathically correct method of prescribing, whether the disorder is cholera nostras, cholera Britannica or cholera Asiatica. He does not require to consult authorities, for what they would give in cholera morbus, or dysentery, or nephritis. He comes closer to the root of the evil the other way, besides it gives pleasure to some minds to know that you are prescribing according to a law of cure.

I likewise thought that *Wonderer* had considered that the allopathic treatment of cholera morbus was something substantial, bulky and efficient, in doing good instead of harm, and not a delusion and snare, as he infers, when he says in your May number, viz., "I do not believe that any remedy has yet been discovered which exercises any appreciable effect upon the cholera."!!!

Well, there is no accounting for beliefs; in this correspondence I am replying to the person in your March number, whose identity is recognized only by the words, "*I Wonder*" and in your issue of May by the word "*me*." These are synonyms not generally considered worthy of reply, but I am not at all disposed to find fault, with even these idiosyncrasies. The summation of the logic of "*me*," then, is this, "That Dr." McLouchlan, and all Homœopathic Physicians are deluded, into "thinking they are giving remedies when they are not." I suppose that "*me*" believes that that assertion is very strong in condemnation of McLouchlan and Homœopathy. However, I am not disposed to find fault with his right of belief, facts are better than beliefs in my estimation, and McLouchlan's and other similar testimonies relate to facts, regarding the cases of cholera McLouchlan saw, he says: "that all were true cases of cholera, which would have sunk under other than Homœopathic treatment."

Yours truly,

JOHN WANLESS, M.D.

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ON HÆMOPTYSIS AND ITS TREATMENT.

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In discussing hæmoptysis and its treatment, I would at the onset wish to state that the following remarks relate only to such cases in which there is a suspicion that pulmonary tubercle is present. It is probably a correct assertion that there is no complication in phthisis more alarming to the patient and his friends than a severe attack of pulmonary hæmorrhage. It is equally probable that of all the more grave symptoms of phthisis hæmoptysis is *per se* of less moment as regards its immediate danger than many others to which less attention is paid. In laying down this rule I refer mainly to an ordinary case of blood-spitting and such severe forms as suffocative hæmoptysis, in which an aneurysmal dilatation of a blood vessel suddenly ruptures, are not for the moment taken into consideration. The mental disturbance which a patient undergoes when suffering from hæmorrhage is one of the difficulties the physician has to meet; but in many instances this great factor is overlooked, and we concentrate our energies in prescribing astringents which often fail, and perhaps as often do harm. The treatment generally advocated is guided by arbitrary rules; and remedies are ordered often with no scientific knowledge of their action, but more in accordance with empiricism. It is generally acknowledged that hæmoptysis, in however slight a form, is one of the sure signs of tubercular phthisis; but it will be as well to admit that it may occur without the presence of tubercle, and also that it may be found in some cases of phthisis in which the presence of tubercles is of secondary import as regards the cause of bleeding; or, in other words, that hæmoptysis may arise from disturbances in the vascular current through the lungs, such disturbances being independent of the presence of new growth. On the other hand, not a few cases of rapid phthisis run their course to a fatal termination without their having been at any period any hæmorrhage whatever.

In a majority of instances I am of opinion there should be no undue precipitancy in employing many of the astringents usually advocated. It has certainly been my experience that in the early stage of pulmonary consumption a small amount of hæmorrhage has been rather beneficial than otherwise. A blood-spitting at this period is merely a method of nature to alleviate a congested apex. Consequently it is a congestion we have to combat, not the subsequent hæmorrhage. We see a similar course of events in epistaxis, in bleeding from the bowel, yet no medical man would think of applying astringents and styptics in these latter cases unless the amount of blood