from the others. Aconite is applied to the symptoms of one class, bryonia to those in another; and so on with belladona, chamomile, arnica, nuxvomica, pulsatilla, mercury, dulcamara, rhus, ignatia, thuja, china, veratrum, arsenic, phosphorus, caustic, sulphur, sepia. Now, rheumatism proper, is an affection of the muscles and joints, chiefly of the shoulders, hips and knees. The pains are the same in all cases; differing only in intensity; and being either temporary and shifting, or permanent. A difference of intensity, or of temporary or permanent continuance of pain, is a difference only of symptoms. These symptoms are not the disease, and therefore should not constitute the object of treatment. Yet, Dr. Pulte prescribes for each symptom, as for a separate disorder. As a climax, he adds a provision that overturns the whole fabric of specifics, reared with such a degree of minuteness. It is as follows: "After a remedy has been tried for ten or fourteen days, another may be chosen, if no improvement has appeared."

The question that arises here, is this: Which other is to be chosen? If aconite has been tried for ten or fourteen days, and has failed, what other specific will answer the symptoms for which aconite has been prescribed? Will any of the other eighteen do? If so, and if the same liberty is allowed in the other eighteen cases, when, in a similar way, each specific fails to cure the symptoms to which it is said to be specifically applicable, what use can there be in assigning one specific to one class of symptoms more than to another? Why not allow these specifics to be guessed at, in the first instance, as well as afterwards? If aconite has failed, and belladona is next to be tried, what is the reason that belladona is not prescribed first; or, in other words, why is aconite made to take precedence of belladona? That provision is a virtual acknowledgment that the finely adjusted arrangement of symptoms and their specifics, is fallacious and deceptive. One addition only is wanting, to place the homœopathic system of curing symytoms in its true light. But Dr. Pulte, less candid than the famous chronothermalist, Dr. Dickson, suppresses what Dr. Dickson, under similar circumstances, frankly admits. Writing also under the head "rheumatism," Dr. Dickson says:

"Like the gout, it is a remittent disorder; and Dr. Haygarth, long ago, wrote a work illustrative of the value of bark in its treatment. My own practise is to premise an emetic; this I follow up with a combination of quinine and colchicum. If that mode of treatment fail, I have recourse to opium, arsenic, guiaic, mercury, silver, turpentine, copaiba, arnica montana, aconite or sulphur, or combinations of them; all of which remedies have succeeded and failed, in ague as well as rheumatism. In most instances of