

f pneumonia in the patient, whom I found decidedly better next day, and who finally recovered in a much shorter period than did Prof. Scoda's cases. I thought this very curious, but, "one swallow does not make a summer," so I went on investigating, the result satisfying me that the mortality rate of the homœopathic hospital, in general and particular diseases, was lower, and the time of convalescence shorter, than in the allopathic general hospital.

The allopathists claimed that their opponents falsified their statistics, but Prof. Dietel, one of the great authorities in allopathic medicine of the time, said: "I believe their statistics to be perfectly correct; *it is not that they cure their patients, but that we kill ours.* Following out this reasoning he began leaving his patients entirely to nature, foregoing all bleedings, blisterings and medications. He found that his patients recovered in greater numbers and in shorter time than did those of his colleagues or than his own had done under active treatment. The success under homœopathic treatment was still greater, though I am free to confess that the difference between it and the do-nothing-treatment was not as great as that between the latter and the active medication. Later statistics, however, show a great improvement in the results; homœopathy was then in its infancy.

Dr. Dudgeon, who was also one of my Edinburgh contemporaries, afterwards joined us and was converted to the belief in the truth and efficacy of homœopathy. He has now a large homœopathic practice in London, and is the author of several homœopathic works, on theory and practice of medicine, diseases of the eye, as well as his celebrated translations of Hahnemann's Organon, Lesser Writings, Materia Medica Pura, etc. He has been in active practice of homœopathy nearly 55 years.

[TO BE CONTINUED.]

OPENING DAY.

The 24th and 25th of April have been chosen as Opening Day for the new wing, when it is hoped many will avail themselves of the opportunity to inspect the building, and encourage the ladies by patronizing the "five o'clock tea" and sale of fancy articles, by which they hope to augment the funds for running expenses.

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<hr/>	
Total .....	\$84 00

WHY TAKE THE RISK?

"In opening Mr. Greenshields said that he agreed with the counsel for the defence that the case was a most important one, but it was not only important by reason of the private interest involved, but that the public interest in it was paramount. The public were interested in the trial inasmuch as it might occur that through a mistake on the part of a druggist, the nearest and best relative or friend might meet death by partaking of a poisonous drug, given in error for some harmless medicine. Dr. England was not before this court asking for money compensation for himself for the death of his wife; but he was here in the public interest and because, as a professional man, he deemed it to the greatest public interest that greater care should be exercised in the dispensation of deleterious drugs than had prevailed in the past. For himself, he would scorn to avail himself of any money that might be awarded himself personally; the sum should be donated to the Western Hospital. He was not here to traffic in the blood of the slaughtered wife. As for the child that was a different matter. There were merely three important questions to be decided by the jury:

First—Was the tartar emetic supplied by Kerry, Watson & Co.?

Second—Was it taken by his wife?

Third—Did it cause her death?

It was proven beyond all question that the drug was supplied by Kerry, Watson & Co. in mistake for bismuth.

The jury awarded the plaintiff the sum of \$1000. The amount claimed was \$20,000. — *Montreal Herald.*

The above excerpt from a report of case of Dr. England vs. Kerry, Watson & Co. for the poisoning of his wife, pre-