

The old school physicians of the great State of New York are allowed to consult with recognized Homœopathic graduates, a resolution to this effect having been inserted in the code of ethics. Only a few of the more advanced and independent members of the profession are willing to concede a similar recognition to the Homœopaths of Montreal.

DONATIONS FOR AUGUST.

Miss Sternburg, magazines.
 Mr. Young, magazines.
 Mrs. G. H. Sheppard, magazines.
 Mrs. Penney, magazines.
 Miss Moodie, one bolt pillow-slip muslin.
 Mrs. G. D. Phillips, large rocking chair, lace trimming for table covers.
 Mrs. A. H. Thompson, three baskets apples.
 Mrs. C. M. Alexander, cake for nurses.
 Miss E. Kisbey, cake for nurses.
 Flower Mission, six donations.
 Mr. J. J. Uiley, portrait Master Freddie Uiley.
 Messrs. Johnston & Coppang, frame and matting for portrait.
 Mr. C. M. Alexander, ice cream and cake for nurses.
 St. Martin's Church, Sunday Readings.
 Mrs. John Murphy, basket grapes and wafers for nurses.

HEALING BY FAITH.

For the body's nought at all;
 Rich and poor and great and small,
 Thin and fat,
 Man is nobody; you'll note
 There is nothing in his coat
 Or his hat.

Should you lose your legs, anon,
 Never think of grafting on
 Legs of cork;
 Don't believe you're even lame,
 Put your boots on all the same,
 Rise and walk!

* * * * *

Never work and ne'er be sad;
 Hunger's nothing but a fad;
 Feed the mind.
 When on nothing you are cloyed,
 If you feel a kind of void—
 Think you've dined.

—*The Critic.*

THE SICK CHILD.

Translated for the Homœopathic Recorder from the Hom. Monatsblatt.

When is a child ill? The answer to this question is not always easy, when the infant cannot speak as yet, nor utter his complaints. The crying of children is not always an utterance of pain, nor does it always show hunger. When a child cries loud, continuously and vigorously, we may, at least, be sure that there is no disease of the respiratory passages. It might, however, indicate a disturbance in the digestive canal. If an inflammation of the internal ear is the cause of the crying—and this is by no means a rare occurrence—or some other deep seated suppuration or inflammation of the periosteum, then the child will cry louder when the suspected place is touched or pressed upon. Single shrill cries, occurring also in sleep, should direct our attention to cerebral troubles; a soft, dull, discontinued crying, more sighing and moaning, points to pulmonary disease. If the cry is hoarse and toneless, we should think of laryngeal troubles. A labored, softly moaning, whimpering is often found in severe, exhausting diseases, or in infants born prematurely and apparently dead. A soft, long continued whimpering should cause us to suspect an inflammation of the abdominal organs; a weakened, but rather continuous, crying is a concomitant of the setting in of fever.

In judging of the illness of children, the expression of the eyes and of the face of the child is also to be noticed. A reddened face, showing pain and distress, with irritation of the brain and a rush of blood to this organ, while the countenance has a staring, motionless, indifferent expression, should make us think of paralytic symptoms. A relaxed, peevish, old expression appearing on the pale, emaciated, wrinkled face, with narrow, thin lips and pointed nose, points to long continued alimentary disturbances, or severe loss of fluids through intestinal troubles and by diseased states of the mass of the fluids. Transitory, painful grimaces of the face point to colic troubles; an anxious expression of the face, with staring eyes wide open, violent elevation and depression of the nostrils and open mouth point to a disease of the larynx and of the lungs,