

crease in professional ranks as well as large gain in number of adherents and patrons will ever compare favorably with those of bronze and marble. It is a far cry from Montreal homœopathy of 55 years ago represented solely by Dr. Fisher, to the handsome new \$20,000 hospital opened last month with its staff of physicians and nurses, appointments and equipments, second to none in the land. But the end is not yet, and Oliver Wendell Holmes' prediction of the funeral of homœopathy still lacks the chief necessity for such function.

REMINISCENT HOMŒOPATHY.

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[Continued.]

Being in common honesty, unable to resist the evidence of its truth and value, there was nothing left for me to do but embrace homœopathy, which I did, continuing for some time to study it in the little hospital in Vienna, which was in charge of the Sisters of Mercy and contained only 40 beds. By the way, this hospital was only allowed to exist, by the paternal government, after the signal success of homœopathy in the treatment of Asiatic cholera.

Leaving Vienna, I studied the system still further in London, under Dr. Curie an eminent French homœopathist, and Dr. Ozan, in the Hatton Garden Dispensary, long before the great Ormond St. hospital lately rebuilt, was even thought of. Of my original Homœopathic "instigators," Dr. Drysdale settled in Liverpool, where he built up a large practice, and with the assistance of Dr. Hayward established a magnificent hospital. Before his death, which occurred recently, he published a treatise on sanitary house building, which is considered a standard work. Dr. Russell settled in Edinburgh and died there some time ago. Homœopathy does not pretend to prolong life indefinitely. At the time of my leaving England, all the homœopathic practitioners in Great Britain and Ireland could have been counted on the fingers of two hands, if not of one.

Arriving on this side of the Atlantic, before going home I visited Boston, New York and Philadelphia, in which places I made the acquaintance of the

pioneers of homœopathy in America, the greatest of them being Hering in Philadelphia. He was a pupil and friend of Hahnemann, lived to an advanced age and did great service to the cause. I kept up friendly relations with him until the time of his death. The number of homœopathic physicians then in the United States was about the same as that of Great Britain. It has however increased with vastly greater rapidity since that time.

Arriving in Montreal, where I may truly say homœopathy had hardly been heard of, I felt a delicacy in declaring my adhesion to what would have been considered quackery, as it afterwards was, and is even now by those ignorant of its virtues and scientific origin. Hence, I became known, simply as Dr. Fisher, but treated my patients with sugar of milk powders, in which the globules were crushed and in some cases gave also an eight ounce mixture of molasses and water. (It would be well if our allopathic confreres gave nothing more harmful.)

About this time, Dr. James Dick a young man of great promise, and originally a fellow student of mine, fell a victim to typhus. He was demonstrator of anatomy at McGill College, and his position was then offered to me, which would never have been done had the faculty known of my homœopathic tendencies. There being however, no difference between homœopathic and allopathic anatomy, I accepted the appointment, and officiated for two years, having for pupils some of the men who afterwards filled professorial chairs in the university, who were pleased to acknowledge to me the advantage they had derived from my teaching. At the end of this time, my practice having so increased that I could not do justice to it and my college duties I resigned the position. I may here remark, that I am the oldest representative of the medical faculty of McGill still living, all the men under whom I studied, and many more afterwards appointed, have passed away, while I like a gnarled oak of the forest still stand.

On assuming my collegiate duties, I performed in the presence of my class for the first time in Canada; perhaps in America, the operation for strabismus (tenotomy) which I had learned from its originator Prof. Diefenbach, of Berlin. The squint was divergent, the eyeball turning to the external angle of the orbit, an uncommon variety of squint and more conspicuous than the convergent. The operation was quite successful,