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SMALL AND SIMPLE DOSES CONTRASTED WITH BLEEDING AND CONFUSED DRUGGING;

OR,

HOMŒOPATHY vs. ALLOPATHY.

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A LECTURE

DELIVERED BEFORE

THE HOMŒOPATHIC MEDICAL SOCIETY OF CANADA, AT ITS ANNUAL MEETING IN HAMILTON, MAY 15, 1855,

AND REPEATED BY REQUEST,

IN THE CITY OF TORONTO, JUNE 25, 1855.

PUBLISHED BY THE SOCIETY, WITH AN APPENDIX OF THE PROCEEDINGS OF THE SOCIETY.

BY JAMES LILLIE, M.D., D.D.,

PROFESSOR OF MACLAY COLLEGE, TORONTO.

TORONTO:

PRINTED AT THE GLOBE BOOK AND JOB OFFICE.

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LECTURE.

It is now a quarter of a century since my attention was first drawn to Homœopathy, by an article in the Edinburgh Review of 1830. After attending medical classes in the University of that city, I had abandoned the study of Physic, under a deep conviction that whatever truth there might be in Anatomy, Chemistry, Physiology, Pathology, or Botany, considered merely as natural sciences, still the science of healing, or Therapeutics, had no existence. The discussion in the Review, at once acute and witty, bold, and in the main candid, shook my medical scepticism, and I became satisfied, if there was an art of healing at all, that the Organon of Samuel Hahnemann must be its text-book.

It was not, however, till eight years after, that the subject came under my attention once more, with an interest that has been growing ever since. It was then that Hooping Cough invaded the parish of which I was Pastor. I was led to test the pretensions of Hahnemann as to having discovered a remedy. I gave six globules of the Decillionth of Drosera Rotundifolia, to six children respectively. Next day I found them all decidedly better. Two of them had never hooped, after taking the remedy. Struck by this apparent success, neighbours came for help. Above forty cases were thus treated satisfactorily; five or six being treated Allopathically, of whom two died. I now determined to examine Hahnemann's Arzneimittellehre, Materia Medïca, or Exposition of Remedies. I was arrested by the assertion on Vegetable Charcoal, that the millionth of

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a grain was more powerful in its action on man, than the whole grain in its crude form. Without delay I burned the wood, prepared the charcoal according to directions, and gave some of the millionths to a farmer who complained of dyspepsia. On his return he was curious to know what what he had taken,as it had worked him so well,that he had got more good from it, than from anything he had ever tried. The very same experiment was made with Calcarea Carbonica, or Oyster shell, with the same happy results. By experiments like these, I soon became completely convinced that Samuel Hahnemann had really discovered the true science of cure.

What then is the grand principle of the system of Homœopathy? As the name implies, the principle is, that a drug can only cure a disease, provided it has the power of producing symptoms analogous to the disease, in a healthy man. For example how was Hahnemann led to think of Drosera in Hooping Cough? Because on trying the juice of that plant on healthy individuals, he found it produced a cough, which struck him as a lively picture of the disease. Thus the 58th symptom is, "Cough,the shocks of which succeed each other with such rapidity,that he can scarcely breathe."

How was I led to think of giving charcoal to the farmer? It was because I remembered especially, among other things that I found corresponding, the 249th symptom : "In the evening, pain in the pit of the stomach, which was even painful to the touch; at the same time nausea,and disgust which seizes him, even on thinking of eating." Another dyspeptic farmer was treated with Calcarea, because the symptoms in the drug and the disease, were more analogous than in Charcoal. By touching the patient's system in the direction of the disease,the reaction of the vital force is called forth against the disease in the direction of health;

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and as the vital force is a permament cause, the effect which it produces is permanent ; that is, it is curative, not palliative.

One inference is very clear from this statement, viz., if Hahnemann and his disciples are mistaken in these things it must be the easiest thing in the world to demonstrate their error. Let a medical college take the Drosera, and try it on their own persons, and in the circles which they can influence; if cough of the kind described is not provoked —if the majority have no such affection,then Homœopathy will reel under the blow. Let the provings be vigorously pushed,and if the results still disprove Hahnemann's assertions, his system must expire. Or if, as is almost certain, the members of the Faculty shrink from the ordeal of Hahnemann and his band, those heroes and heroines of humanity, and have no relish for the idea of getting up mimic Hooping Coughs on themselves and families, in order to protect mankind from such miseries,let them do,as has been done hundreds and thousands of times, let them give the remedy in the analogous disease, and if experience do not prove the truth of the system, it must fall. But though Hahnemann gave this challenge, and lived more than half a century after, he died without having his challenge accepted. Nay, has not Joerg, an Allopath, made similar experiments, and confirmed Hahnemann's results ?

Allopathy, as the name indictates, endeavours to cure by *directly* producing symptoms different from those of the disease. Thus a leading symptom in acute fever is frequent and strong pulse. This pulse, Allopathy makes slow and weak by bleeding. The lancet does this directly and and primarily. How far this process is safe and scientific, we shall now consider,by contrasting the two systems in their treatment of Inflammatory fever; after which we

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may glance at their comparative results in the treatment of Scarlet fever, Cholera, and Inflammation of the lungs.

The great remedy of Allopathy in Inflammatory fever, is bleeding. It is strange, however, and, to a lover of man and medicine,humiliating,to examine the contradictory opinions and practices of Physicians about this favorite proceeding; to witness their endless wranglings and mutual denunciations, about the How and the Why, the When and the Howmuch, the supposed remedy is to be employed. Those who are afraid of bleeding much and often, and that is now the vast and increasing majority, do not scruple to accuse the opposite method as absolutely fatal; while the other party retort the charge of killing by omission, with indignant energy. Both cannot be right; nay it is not necessary that one should be so. On the contrary we may find good reasons for regarding both as completely deceived.

Nothing is more common with Allopaths, than accusing Homœopaths of dealing merely with symptoms; while they extol Allopathy as a rational science, that removes the causes of disease. But how stands the fact? That bounding pulse which they assail with the lancet,is not the cause of the fever. It is merely what they regard as the main symptom. How do they dream of drying up the spring by drawing off a few pools beside the flowing current? Alison tells us,he thus subdues the overaction of the heart,by withdrawing the living stimulus of the blood; and the heart is thus found to become quiet. True, but does is remain so? Nay, it very soon resumes its bounding, and that probably worse than before. This shews that the bounding heart, as well as the bounding artery at the wrist, is merely an effect, and if we would touch it to any purpose, we must seek for its cause.

Where can this cause be found if not in the diseased action of the vital force? The mighty apparatus through

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which the vital force operates, is the nervous system; and as it is an anatomical fact, that no artery wanders from the heart, without its accompanying nerve, we are led to ask, Does the action of the artery depend on the control of the nerve? That it does so, is one of the clearest facts in Physiology. Why does the heart of man spring at the insulting word, if not because the auditory nerve sent the word to the soul and brain, which turned it back on the nervous centres of the chest? Why does the word of terror quell the heart's action, and pale the cheek, and the ardent appeal of pure affection suffuse the maiden's cheek with loveliness? Why if not because the arteries, the veins, and the capillaries, are all under the empire of the nerves? The regal brain seated aloft in its vaulted hall, sends forth its messages by its myriads of nerves, and rules over the heart below with all its tributaries.

The illustrious Frank, speaking of the convulsive rejection of a drop of water by the inflamed stomach, observes; "We cannot here deny the influence of the nervous system. "The empire of the nerves over the arteries and the veins "which they surround, manifests itself sufficiently by "the coloring and sudden paleness of the face, the frequen-"cy of the pulse, the redness of the eyes, and the ferocious "look in the fire of anger; by the access of contagious mi-"asms on the circulation."

That profound pathologist, Dr. Martyn Paine, of the University of New York, a philosopher who has written more and better on this subject, than any man on this continent, traces (p. 325 Ins.) the action of an emetic on the windpipe and lungs, from the stomach through the pneumogastric nerve, thus breaking up Croup or Pneumonia (Inflammation of the lungs.)

Still I would respectfully suggest to my venerable teacher, that his noble science would be better illustrated, if it

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should be a demonstrable fact, that the happy effect does not depend on vomiting at all, but on the vital action of the emetic (so called) on the nerves, and consequently on the blood vessels of the chest.

Hear Frank once more : " Sometimes the stomach throws off only a small quantity of matter, but the vomiting is followed by a great diminution of the symptons ; which allows us to conjecture, that the greatest disorders sometimes depend on slight causes, or that the property of the emetic consists less in the evacuation of impurities, than in a special action of the abdominal nerves."

If then such is the control of the nerves over the blood-vessels why not deal with the nerves if we would affect the pulse ? To tamper for an hour or two with the movements of the servant, who must move every day, as his master directs, is lost labor. Let us persuade the master, if we can, to command the servant, and then the servant may do steadily what he is bidden.

That a fever pulse cannot be reduced by mere Bloodletting, is demonstrated by the amplest experience. If anything is certain about this boasted agent, it is this, that just as surely as it reduces the pulse at first, it raises it at last ; and as this secondary effect results from the reaction of the living force, it is necessarily the permanent one, because that force is permanent.

Thus Dr. M. Hall tells us (p. 142 of his work on bloodletting,) that the pulse of his terrier was 120, when it was well. It was bled eleven ounces. Two days after the operation the pulse was 160. It was bled again in the evening $5\frac{1}{2}$ ounces. The pulse fell to 108 ; but in two minutes rose to 116, and at half past 11 was 128. Next morning at 10, it was 140, and by 7 in the evening had returned to 160 : nay it varied from 160 to 180. Thus notwithstanding the second bleeding, in 24 hours the pulse was higher than

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it was the evening before. Next day the pulse still vibrated between 160 and 180. The day following the pulse was still nearly the same. The dog was bled a third time, and the pulse fell, and varied from 96 to 108, but in 20 minutes rose to 160. Under the 4th bleeding, the pulse fell to 108, and rose to 150. The 5th bleeding brought it down again to 108, but next day it was up again to 160. After the 6th bleeding we are told the pulse was slow, but grew gradually quicker, and, next day, varied from 150 to 160. At the 8th bleeding the pulse was 158, and fell to 100, but in three hours was extremely frequent, and next day was 160, and jerking. The 10th bleeding made the pulse 132, but next day it was 168. Under the 11th it became 132, but next day 180. The 12th brought it down to 120, but 5 hours after, it varied from 160 to 216; next day it was 180, and on the following 190. Under the 13th, it sunk to 128, *to rise no more*. The poor dog died in convulsions, with effusion on the brain.

Dr. Hall gives six other cases, in which dogs were bled to death. Although all the seven experiments were varied more or less, the results were essentially the same Especially, there was not one fact to set aside our allegation, that as surely as the pulse falls at first under the lancet, it rises soon after; and above all, that while the fall may last for hours, or minutes only, the rise continues for days. It must surely seem a very odd logic, that would argue the lowering of the pulse by bleeding, on the ground of these experiments. What they prove demonstrably, is, that bleeding for a high pulse, is a fatal delusion. It is employing a pernicious palliative instead of a real cure. Who can count the myriads that have died the death of Dr. M. Hall's seven dogs? Is this a shocking question? What is the fact? Look at p., 94 of Dr. Hall's volume, and behold that unhappy mother bled two days in succession, seven ounces a

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day. On the morning of the third day the pulse is 110. She is bled again seven ounces. In the evening, however, the pulse was 132 and strong. Leeches were ordered, but not procured; and Mr. Hey found on his return, that the pulse had fallen to 120, without any leeching at all. Had he only taken the hint to wait, the pulse would probably have come down still more, and the mother been saved. But no? Mr. Hey must bring down the pulse of 120, by taking three ounces from the temporal artery. Well! The pulse did come down to 112; but mark, next morning, it was up to 126. Thus the three ounces, instead of really, that is permanently, lowering the pulse, actually raised it six beats. The artery again gave up its three ounces, and things seemed better. But lo! In the evening, the pulse is 140! Life is again drawn from the artery, and the pulse falls to 120. Now, Mr. Hey becomes alarmed, and calls for help. All he has gained by his four operations, since the 3rd day, is to raise the pulse from 110 to 120. The physicians arrive—they blister. Next morning the pulse is 116; but at morn it is up again to 140! Palsy now begins to set in; the doctors fly to wine and ammonia, and after tossing for a few days, and refusing all medicine, the poor mother at last is still!

It is dreadful to compare this statement, with the experiment on Dr. Hall's lower animal; and still more dreadful to find Mr. Hey confessing that the case was no exception, even in his practice (and he was at the head of his profession as a surgeon,) but, on the contrary, was merely one of a "melancholy" group. What unprejudiced mind can doubt, *they were bled to death?*

Dr. Hall, commenting on that very case, declares, (p.99,) "It is impossible to imagine a more interesting and in-
"structive train of events. Nothing but a careful exami-
"nation is wanting, to make it complete as an illustration

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" of the effects of extreme loss of blood upon the brain, " lungs, and other organs of the body."

Dr. Hall at p. 6 gives us the following " interesting and instructive" passage :—" I have already stated the symptoms "of reaction from loss of blood, accurately resemble those of " power in the system, and of morbidly increased action of " the encephalon (brain) and that from these causes, the " case is apt to be mistaken, and mistreated by the further " abstraction of blood. The result of this treatment is " again apt to mislead us ; for all the previous symptoms are " promptly and completely relieved ; and this relief in its " turn again, suggests the use of the lancet. In this manner " the last blood-letting may prove suddenly and unexpect- " edly fatal." Such then is the blood–stained circle in which the ablest Allopaths are almost necessitated, by their own candid confession, to make their patients travel.

Dr. Hall is very earnest in distinguishing inflammation from irritation, as an opposite condition, demanding opposite treatment ; while he allows that the symptoms of both " accurately" resemble each other during life, and present many common appearances in death. How then can they be distinguished from one another ? Dr. M. Paine, however, rejects the distinction entirely, insists they are one state, and equally demand the lancet. Still he maintains, the weapon must be wielded with consummate skill, inasmuch as bleeding too little would make the inflammation worse, and bleeding too much would light up inflammation, where it had no existence before. But if the leaders of the medical world are thus at issue, as to the safe use of the lancet, how can it be expected that ordinary practitioners should avoidthe most fatal mistakes? Whatever medical schools may teach, they cannot teach the use of the lancet, for the teachers themselves are all at odds what should be taught. We find Hey, and Gordon, and Denman, all candidly acknow-

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ledging the fatality of their mistakes about blood-letting, and though they supposed, they found out at last a safer way, by increasing the quantity drawn at the outset of the disease, they have failed in convincing a majority of practitioners of the correctness of their method. Besides, what had the teachers of these able men been doing, not to instruct them how to use the fatal instrument, so as not to stumble over corpses in their way to truth? The fact is, to this day, professors declare in effect that they cannot teach the use of the lancet. For example, Dr. Elliotson, late Professor of the Practice of Physic in the University of London, tells us (p. 123 of his lectures,) "I am satisfied, that general bleeding is continually omitted, when it might be most advantageously adopted." Then (p. 129) he adds, "supposing, however, as is very likely to happen, that the patient has been bled too much," and after perplexing himself and his readers, he finally winds up by saying; "these matters, however, cannot be learned minutely by precept." Nay, verily, "these matters" are not "learned" at all, if blunders, as Dr. E. says, are daily made in bleeding too little and too much. But then it is clear if these matters cannot be learned, it must be, because they cannot be taught; and if they cannot be taught, it can only be, because they are *not known*.

The utter want of all science in bleeding, may be demonstrated from the practice and confessions of the famous Andral of Paris. This physician has the reputation of being the first pathologist in the world. If any one knows how to bleed, he must be the man. Judging from his writings, he seems to be a man of truth and candor. What then is his testimony? After detailing his first case of Inflammation of the bowels (in his Clinique Medicale,) he declares "here, blood-letting exercised no beneficial influence." If so, it is clear Andral was mistaken in bleeding at all. But it may be said this proves nothing against bleeding, it merely shows

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that a great man may blunder. Unfortunately, however, for such a reply, Andral declares that this case was like "many others,"—that it is "one among a thousand," in which bleeding was absolutely useless, nay, it did not even "prevent a new inflammation from setting in." Now if an Andral may be a thousand times mistaken in bleeding, this can only be, because there is no science to guide in the operation. Commenting on his second case, Andral declares, "here, again the total inefficacy of blood-letting." And to confirm his view of this frequent inefficacy, he quotes the cases of two medical students who died under the lancet, and thus winds up; "Here are two well marked cases where blood-letting was equally ineffectual, either to remove the still slight symptoms which existed at the time it was employed, or to prevent the development of more alarming symptoms." Here it cannot be pretended, that blood-letting was too late in being resorted to, for it is expressly allowed the symptoms were "still slight" when it was employed. But if blood-letting cannot deal even with such cases, why should it be supposed capable of curing more dangerous ones? Should it be pretended, that it is only on great emergencies, that so powerful an agent should be employed, then the question will be, why it did not cure those two cases, when they became more alarming? But this, Andral expressly says, it failed to do.

Andral gives the cases of other five medical students who were bled for fever, two of whom died. Out of these seven young men, therefore, four died in spite, if not in consequence, of bleeding. It is a singular fact, that one medical student, whose case was rather severe, was left by Andral without any treatment at all, and got well. I call attention to this now, because it is a curious confirmation of what I will soon mention at length viz, the memorable result of Dr. Dietl's experiment at Vienna, when of the patients bled,

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and vomited, and purged, about three times as many died, as when left to nature alone. And it is worthy of still more special notice, that five other cases of fever left by Andral to nature, recovered.

Weighing all these things carefully together, I maintain, that Allopathy cannot cure Inflammatory fever. That patients often get well under the lancet, and its various accompaniments of Calonel, Tartar Emetic, Blisters, &c., is not denied. These recoveries, however, are due to the recuperative energies of nature. They take place in spite of, not in consequence of, these dangerous expedients.

Let us now very briefly consider the theory and practice of Homœopathy in Acute fever. In 1811, Samuel Hahnemann published the first volume of his Arzneimittellehre, or Materia Medica, containing an account, among other things, of the action of Aconitum Napellus, on the healthy subject. In the introduction to that drug, we find the following statements:—"Although the following symptoms "do not express all the medicinal power of this precious "plant, they do not the less furnish the sagacity of the Hom-"œopathist, with the means of judging how far it may be "useful in certain diseased conditions, against which vul-"gar medicine has hitherto employed, often in vain, and "almost always with sad results, its dangerous resources, "such as copious blood-lettings, and the apparatus of what "it calls the antiphlogistic treatment. I refer to fevers, "called purely inflammatory, in which the smallest dose "of Aconite, which allows us to renounce all the remedies "acting in an antipathic manner, cures with promptitude, "and without leaving any consecutive affection. In mea-"sles, in miliary fever, in inflammatory fevers with pleu-"risy &c., the efficacy of this plant is almost miraculous.

"It is precisely in those cases, in which the partizans of "Allopathy boast most loudly of their method; it is in great,

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"acute inflammatory fevers, in which they fancy themselves
"alone able to save the patient by bold and frequent bleed-
"ings, and think that so they will carry it over Homœopa-
"thy, that they deceive themselves most grossly. There,
"in fact, Homœopathy displays more than anywhere else
"its immense superiority, as it has no need of shedding
"one drop of blood (that precious vital juice, of which Al-
"lopathy makes such enormous, thoughtless and irreparable
"waste) in order to triumph over these dangerous fevers,
"and lead them back to health."

I do not apologize for the length of these quotations, since they really embody the most important announcement that was ever made in Medicine. If these statements of the founder of Homœopathy be not true, it is the easiest thing in the world to disprove them. Inflammatory fevers are no such rarities in this world, nor is a drop of Aconite so hard to procure, and divide, that the enemies of Homœopathy could have had any difficulty in covering Hahnemann with shame, by challenging him to make his words good, in the presence of impartial witnesses. But this, these false brethren (for Hahnemann was a regular physician as well as they) never dared to do. What they did, was, to harrass the immortal reformer of Physic, by low malignant prosecutions of the apothecaries, first at Kœnigslutter, and then in Leipsic, and to drive him into exile in Anhalt Coethen, thus confessing by implication the impossibility of meeting Hahnemann in the field of fact, and scientific controversy.

In the prolegomena to his Materia Medica, Hahnemann thus appeals to his unworthy persecutors: "But I will
"point out to my adversaries a more powerful, an infallible
"way of overturning, if it be possible, this doctrine, which
"threatens to stifle their conjectural art.

"Homœopathy rests solely on experience. Imitate me,

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"says she, with a loud voice, but imitate well, and you "will see, at every step, the confirmation of what I advance. "What no Materia Medica, what no system of Medicine or "Therapeutics, have ever been able hitherto to do, she de- "mands with loud voice; she *will* be judged by the results."

This gauntlet has lain before the eyes of Allopathy for forty-four years, and it lies untouched this day.

Hahnemann declares in the passage formerly quoted, that the smallest dose of Aconite enables us to dispense with all antipathic agents, in the case of Inflammatory fevers. For example, were we to try to restore a frozen limb by hot water, we should be using an antipathic agent, just as we should be doing, were we to apply snow to a burn. Experience demonstrates, that the successful practice is, snow for the frozen limb, and warm alcohol for burns. Hahnemann justly claims these popular facts, as instances of the Homœopathic law, by which the agent acting in the direction of the disease, wakes up the vital force, against the disease, in the direction of cure.

Bleeding is antipathic to a high pulse, because its primary action is to lower the pulse. *The necessary result is, that the vital force reacts, and raises the pulse as high, or higher than before.* To bring down the pulse therefore, as well as to allay all the accompanying fever symptoms, it is necessary to employ an agent, whose primary action is to quicken the pulse. The secondary result is, that the vital force reacts against the drug, in the direction of health. Many substances possess this primary power of raising the pulse, and are thus homœopathic to Inflammatory fever. None, however, in this inestimable virtue, equals the Aconitum Napellus. The extraordinary power of this "precious plant," as Hahnemann truly designates it, can no longer be denied, even by Allopathy. The late Mr. Liston, one of the most eminent surgeons of the age, proclaimed the

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power of Aconite, in very small doses, to subdue Inflammatory fever, and had the moral courage (and it was not small) to own, that he had learned the fact from Homœopathy. Alas! That so few seem to be able to afford to follow his example.

What shall we say of Dr. Alexander Fleming, President of the Royal Medical Society of Edinburgh, who, ten years ago, came out with an inaugural dissertation on Aconitum Napellus, setting forth its marvellous powers in curing acute Rheumatism, and inferring, forsooth, that "it will probably be found," highly useful in Pneumonia, Pleuritis, &c! Now I would ask, did not Dr. A. Fleming know, that Aconite in Acute inflammations, had been proclaimed by Hahnemann, as with trumpet, 40 years before? If he knew it, and tried to conceal it, that he might seem to be a discoverer of the very truths, which Homœopaths are acting on, every hour, throughout the civilized world, then his assurance is only matched by his disingenuousness. If he did not know it, his ignorance totally disqualified him for the task he undertook. In either case, the Medical Faculty of the Senatus Academicus of Edinburgh, are sharers in his deep demerit.

Dr. Fleming does not seem to be aware there is such a thing as Homœopathy in the world. He very quietly tells us, p. 31 that "Aconite exerts a direct sedative action "on the vascular system, reducing, in the first instance, the "frequency of the pulse." Now, if this be true; if Aconite indeed reduces, "in the first instance, the frequency of the pulse," it must be antipathic to Inflammatory fever, not Homœopathic to it, as Hahnemann supposes. In that case, Hahnemann was entirely mistaken in saying that he cured Inflammatory fever, by a remedy that was not antipathic. Is it possible that Dr. Fleming was aware of the vast significancy of his declaration, that the primary action of Acon-

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ite brought down the high pulse? If, as he supposes, he has proved this, he has given Homœopathy as a science, its death blow. He has proved, that Hahnemann did not know what he was doing, when he wrote his dissertation on Aconite, and that his disciples are really Allopathists in the greater part of their practice.

If Aconite acts directly as a sedative, reducing, in the first instance, the frequency of the pulse, then it acts precisely like bleeding, and its *indirect* action would necessarily be to elevate the pulse, under the antagonism of the vital force. But where, in that case, would be the advantage of Aconite over Bleeding, which Dr. Fleming wrote his dissertation to demonstrate? The truth is, the direct action of Aconite is on the nervous system, and its primary action on the pulse, is to raise it; the secondary effect, and the permanent one, being the falling of the pulse below its original beat, under the reaction of the vital force. This secondary effect, Dr. Fleming mistakes for the primary, and consequently the graduating medal of 1844, was assigned under a mistake.

I speak on this subject with the confidence inspired by 18 years continual experience. I know that the primary action of Aconite is to heighten the pulse. I have repeatedly called the attention of professional men on the other side, to this remarkable fact. Again and again, have I asked them to feel the morbid pulse, its rise and fall, under the action of a small fraction of a drop of Aconite, has been predicted, and within fifteen minutes has the prediction been fulfilled.

It was only last Friday week, that one drop of Aconite was dissolved in a tumbler of water, poured back and forward from one tumbler to another 50 times, and divided among 4 persons, whose ages were 55, 18, 11, 8. Their pulses just before taking the dose, which was a table spoon-

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ful of the solution, stood 61, 50, 76, 72. *A few minutes* after swallowing, the pulses were respectively, 63, 60, 84, 90; i. e. 3, 10, 8, and 18 beats, higher than before taking the dose. In *half an hour*, however, the first pulse which had risen 3 beats under the *primary* action af the Aconite, had fallen to 54, that is, 7 beats below its original beat of 61.

One week after the last experiment, 3 drops were dissolved in the same way, and divided among 3 males, whose ages were 55, 20, 18. Before the dose, the pulses were 62, 80, 72. *A few minutes* after the dose, the pulses were 64, 88, 76 respectively, having risen 2, 8, and 4 beats. *In less than half an hour*, however, they had fallen to 58, 70, 70, that is 4, 10, and 2 beats respectively, below the original point.

How then has Dr. Fleming been misled in so simple a matter? Apparently, by not looking after the primary effect, till the secondary had set in. Thus p. 23 he says, that *one hour* OR MORE after 5 or 6 drops, the pulse is found to be diminished in strength. "Thus a pulse which in the "normal state beats 72 in the minute, will, *by that time*, "have fallen to about 64." To ascertain the primitive effect however, the Dr. should have examined the pulse, *a few minutes* after the dose was taken. Had he done so he would have found out, that the pulse did not fall from 72 to 64 by a *direct* descent, but first rose, probably to 80, and *then* began to fall to 64. And it is just because the pulse goes round by 80 in such a case, that it is disposed to remain steadily at a lower figure.

Had Dr. Fleming properly attended to his own experiments, on the dogs which he killed with Aconitine, he might have found out the truth, on this all important point, about the *primary* action of Aconite. Thus in his 14th experiment on the English terrier, p. 102, he tells us that "in 20 minutes" (i. e. after the poison had been taken) "severe

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"retching came on; he began to stagger, and the inspira-
"tion became laborious (18 per minute.) The pulse was then
"(that is 20 minutes after taking the poison) "144, regular,
"of good strength. In an hour and a half it had fallen to
"68." Here is a fall of more than one half. Now I ask Dr. F., was 144 the natural pulse of the terrier? This could hardly be 20 minutes after taking the poison, when the symptoms of death were on the dog. Dr. M. Hall's terrier had a pulse of 120 *before the first bleeding*. If the pulse of Dr. F.'s was about the same, before it took the Aconitine, it is clear the pulse must have risen in 20 minutes about 24 beats. Dr. F,. therefore, contradicts what must be the real meaning of his own record, when he tells us, that the *direct* action of Aconite, *reduces* the pulse. The direct action on the terrier, must have raised the pulse.

The same fact seems to be implied still more strikingly, in the case of the colly dog; p. 103. Here the pulse is first 200; this could not be the natural pulse. We are told, the 200 fell to 134 in 22 minutes. 15 minutes, however, and 5 more, are noted as *stages* after taking the poison. I infer then, that the 200 must refer to what came up 15 or 20 minutes after the drug was injected. Dr. F.'s dogs, therefore, are as fatal to his medical philosophy as Dr. M. Hall's, to the *curative* effect of Bleeding.

It is demonstrated then, that the *primary* effect of Aconite, is precisely the opposite of the primary effect of Bleeding. The Aconite *raises* the pulse *first*, and then the vital force brings it down; while Bleeding *brings down* the pulse *first*; and then the vital force raises it. It is, therefore, a downright absurdity to say that the one may be a substitute for the other, Dr. F,'s book then is a pompous perplexity. When he uses Aconite to bring down a pulse, he is merely a Homœopathist in the dark.

There is, besides, neither sense nor science in Dr. F.'s

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dose of Aconite. "As an antiphlogistic," says he, "5 minims (drops) ought to be given at "first and repeated in 4 hours." Why *five?* Why *always* five? Why *repeated* in *four* hours? Is there any infallible virtue in these numbers to maks them suitable for all Inflammatory states? If I have found a single drop, or the quarter of it, producing such results on myself, and other healthy persons, may not a much smaller dose be suitable, for one in disease? If Dr. F. never tried, what right has he to contradict those who have? Is he not aware, that the susceptibilities of sickness to the action of a drug, analogous in its effects to the symptoms of the disease, are far greater than in health? If he does not know this, Dr. Christon has taught him to little purpose, and he would need to take a course of drug provings under Professor Joerg, of Leipsic.

"Medicines operate most powerfully," says this emi-"nent Allopath, "upon the sick, when the symptoms cor-"respond with those of the disease. A very small dose of "medicinal Arnica, will produce a violent effect upon per-"sons who have an irritable condition of the œsophagus "and stomach.*" This is the grand reason, why it was absolutely necessary for Hahnemann to reduce his dose, unless he intended to kill his patients, it being the pole star of his course, to give no remedy, whose proved action on the healthy subject. did not correspond with the symptoms of the case.

The unreflecting abuse of drugs, or poisons (for all drugs *are* poison) in crude doses, has been the bane of medicine, and human hopes, and family joy, for thousands of years. What has turned Arsenic more than once out of the Pharmacopœia, but the odium arising from the poisonings produced by the absurd, blind bungling of men calling them-

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* Vid. Dr. W. Henderson's Rep. P. 235.

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selves physicians, who with all their learning, never could learn the necessity of dividing a grain of Arsenic into 100, still less 1000, and least of all, 1,000,000 parts? The consequence was, that last century Sir George Baker absolutely refused to touch Arsenic in ague, because forsooth, Sir George had found no ague so dangerous as Arsenic. This was only because somehow he could not learn the necessity of dividing a grain into 100 parts. Had he found the hundredth still dangerous, was it a very hard thing to find out, that a thousandth might possibly be safer? But the idea of diminishing the dose, however simple, was hid from his eyes, as it is this day from the eyes of 99 out of every 100 doctors in the world. So far as we know, Hahnemann was the first man that ever thought of that simple thing. What has been paralyzing the progress of Aconite in Allopathic practice, in spite of the attention drawn to it by Hahnemann and Homœophathy, and Fleming's blind experiments? The deaths that, no doubt, have followed the abuse of it in crude drops. What killed Dr. Male of Birmingham a few years since, but his own fingers dealing out for himself drops of Aconite? How did Mr.Brown of Glasgow, 3 years ago, find a grave? By Whitley, the medical student, counting out 25 drops at a druggist's counter?

How has Dr. Fleming gained his gold medal? In the midst of the bodies of God's poor whom his Aconite has slain. Do I bear false witness? Dr. A. Fleming is himself the witness. At p. 25 of his book, I find these words, "Fourth degree of operation. On the administration of a "fourth dose of five minims, two hours after the third, the "symptoms assume a more alarming character. The coun- "tenance becomes pale and sunken, froth issues from "the mouth and, the prostration increases. Some, thus "affected, have stated, that they felt as if dying from ex- "cessive loss of blood. (So *your* Aconite, Dr. F., *will* do

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the work of a lancet.) "Consciousness usually remains; "or there may be slight wandering delirium; as occurs also "after profuse hæmorrhage. The voice is whispering or is "altogether lost. The pulse becomes still smaller, weaker, "and more irregular; and the breathing more imperfect. "The surface is colder than before, and is covered with a "clammy sweat."

"I have seen patients recover from this state." Have you seen them recover? Then it is fair to believe, you have seen them not "recover from *this state*." Now Dr. who put them into "this state" from which they did not "recover." Was it not you with your drops of Aconite? You *dropped* them out of the world. Go on, Sir, with your testimony.

"When the action of the drug is carried to a fatal extent, "the individual becomes entirely blind, deaf, and speech-"less. He either retains his consciousness to the last, or "is affected with slight wandering delirium; the pupils are "dilated, general muscular tremors, or even slight convul-"sions supervene, the pulse becomes imperceptible, both "at the wrist and heart; the temperature of the surface sinks "still lower than before, and at length after a few hurried "gasps, death by syncope takes place." Indeed. And where did you make these striking experiments, Dr? In Charlotte Square in the dwellings of the opulent? Oh no. It was in Edinburgh Infimary, on the bodies of *the poor*, who went there for healing, and found in your hands agony and death. It is a lasting infamy to the Physicians of the Infimary that they allowed you to make *such* experiments, and it is not for the honour of the Medical Faculty, that they crowned them with their medal.

It is impossible to imagine a stronger proof of folly in professional men, than the prejudice against Homœopathy on account of the smallness of the dose, as if any thing but

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experience could determine it ? As to the action, or the no-action, of Hahnemann's decillionths, the Allopath is absolutely without experience. How then can he reasonably say any thing about it ? One of the most learned of the Physicians of Germany, (if Hufeland may be believed,) comes forth, and solemnly declares, he has ascertained the extraordinary curative action of doses unprecedentedly small. How do his brethren receive him ? Do they put his strange assertions to the test of experiment (no murderous experiments like these of the Edinburgh Infirmary)? No ! They abuse him as a mad-man, or an impostor, hound the apothecaries on him,and hunt him from place to place,as if he had been a mad *dog*. *This was their legitimate practice.* The only logical reply to Hahnemann, was : Experience is against you ; but that reply was never given. It has not been given to this hour. For though Andral did, at last, pretend to test the matter,—in such a man, it was *pretending* of the most singular kind ; since he was absolutely ignorant of the *science*; not knowing even the meaning of the *word Homœopathy*. How then could he *try* the *thing* ?

Though experience alone can decide on any question in Medicine, and especially on the quantity in which drugs should be administered, still it is a fact that all legitimate analogy would suggest the likelihood, that a remedy for fever, should not be given in a *gross* dose. The reason is, fever in its essence, is a derangement of the nervous system. We found the eloquent Frank illustrating "the empire of the nerves,"by referring to "miasms deranging the circulation." He accordingly, calls fever the "shadow of the disease," rather than the disease itself; and if so, then the body of the disease must be found in the nervous system. This has been a favorite idea with medical philosophers, from the time of Frederick Hoffman at least.

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Dr. M. Hall says, p. 119 "fever appears to consist in an "affection of the nervous system, and the heart" The affection of the nervous system, then, is *primary*.

Syme, in his Principles of Surgery, states p. 9, "being "thus obliged to admit as the essence of inflammation, the "disturbance of nervous energy in the part, we may em- "ploy this also to account for the changes observed in the "in the circulation, which have never satisfactorily been "explained otherwise."

The eminent Dr. Alison in his "Outlines of Physiology and Pathology" gives five reasons for believing fever to depend on nervous derangement. He refers, p. 443, to other reasons for this view, and concludes thus: "We judge the "immediate cause of the alteration in the vascular system "to be,therefore, an impression on the nervous system, con- "sequent on the local inflammation,and acting on the organs "of circulation, in a manner somewhat analogous to a con- "cussion, or a violent sensation, or emotion."

Now I argue thus; if fever depend on some shock of the nervous system,—if violent anger will give a man Inflammation of the liver, we ought by all means, if we would act rationally, to bring our remedies to bear on the immediate source of the disease. We must direct our attention to acting on the nervous system. To pierce a vein, is a very round about way of reaching a nerve. It is trifling about the effect, while the cause continues. It is chasing Frank's "shadow," instead of laying hold of the body, and thus arresting the shadow in a moment. It is a gallop in the direction of death, and if death is not the invariable result, it is just because something breaks off the hunt, it may be Calomel, or Tartar Emetic, or Blistering, or terror paralyzing the physician, and thus the lancet is not plied to its final consummation, as on the poor doomed dogs of Dr. M. Hall.

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Now if we must deal with the *nervous* system in fever, how shall we go about the operation? By doses of an ounce, or a scruple, or even a grain? If a *miasm*, which no man ever saw, or tasted, or smelled, may light up a fever by means of the nervous system, why may not a decillionth of Aconite, which no man ever saw, or tasted, or smelled, extinguish the fever by acting on the nervous system? True, a decillionth is very little, very light; it baffles even the imagination. But who will say it is less, or lighter than a *miasm*? Who ever guaged or weighed a miasm? Do these cavillers at decillionths not know, that a disgusting recollection, a mere thought, may excite such loathing as to empty the stomach? Will they tell us what is the weight of the thought, or what may be its dimensions? Did they never read of the idiosyncratic effect of Shylock's bag-pipe "singing i' the nose," a dose of which Scottish melody taken by the ear, produced such singular effects on the well known Rousseau.*

If these views of the principles of Homœopathy and Allopathy, are well founded, we need not be surprised, if experience at the bed side confirms them. Let us then examine a few practical results of the two methods of treating disease. The points to be contrasted are Scarlet fever, Cholera, and Inflammation of the lungs.

Scarlet fever, in its severer form especially, has long been a scourge to families. Allopathy has differed with itself as much about the proper treatment of this disease, as of most others. Bleeding, as usual, has its strong advocates, and its doubtful, or decided opponents. Mason Good, regarding the complaint as one of debility, trembles to bleed, and hesitates to abstain. Frank taught bleeding, but insists strongly on the necessity of caution. Elliotson prefers

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* Vid. Prof. Hendersons Homœopathy, &c.

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leeches, if he must bleed, though he allows the lancet may be wanted. Plenciz and Armstrong are strenuous for general bleeding. Withering is as earnest against bleeding, as he is in favor of vomiting. Many are enthusiastic about opium. Some cry up Ammonia; but Elliotson laughs at them, denies the cases to have been generally Scarlatina, and says a bit of sugar every day, would have done just as well. Currie, of Liverpool, used cold water. How is it possible that *science* should produce such discordances?

It is generally true, that while Allopathic faith is a Babel of all conceivable contradictions, and its practice a corresponding chaos of bewildering expedients, Homœopathy glories in the precision of its principle, and the harmony of its practical applications. Thus there is not a Homœopathist in the world, who does not treat pure Inflammatory fever by Aconite, and true Scarlatina by Belladonna.

Not only has Hahnemann presented the world with the true specific in Scarlatina, he has also fully demonstrated the protecting power of the remedy, when suitably employed, in preventing the disease altogether. Prevention is better than cure; and if Jenner is immortal by his improvement in innoculation, a similar glory awaits Hahnemann for his triumph in Scarlet Fever. The fact of the preventive action of Belladonna has been fully demonstrated on the continent of Europe, especially in Germany, while it has been too much neglected every where else. The matter has received some attention in Edinburgh. Mr. Bell tried it in Watson's Hospital; but began with the fifth of a grain of the extract; morning and evening. He found this injured the boys' health. He diminished the dose, but not sufficiently to avoid evil consequences, and on the whole doubts the expediency of using Belladonna. Now there ought to be no doubt about the inexpediency of using such a poison, in such doses, in such a case. Bell's pretended trials of

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Hahnemann's discovery, fully demonstrate this; and they also imply the sagacity of Hahnemann, in diminishing the dose, in order to attain the good without the evil. If we will meddle with a man's discovery, we are bound to follow his directions, in making his experiments If we can improve on his plan, so much the better. But, if by our conceited officiousness, we injure truth, the health of those intrusted to us, as well as the reputation of a great benefactor of humanity, we are deeply criminal.

In regard to the Allopathic treatment of cholera, I will quote the very candid, honest, and no doubt, correct statement of Dr. Elliotson:—

"As respects this country" says he "I cannot but think "if all the patients had been left alone, the mortality would "have been the same as it has been. If all the persons at- "tacked with cholera had been put into warm beds, made "comfortable, and left alone, although many would have "died, who have been saved,—yet on the whole, I think, "the mortality would not have been greater, than after all that "has been done: for we are not in the least more informed re- "garding the proper remedies, than we were when the first "case of cholera occurred; we have not been instructed "in the least, by those who have had the disease to treat. "Some say they have cured the disease by bleeding; oth- "ers, by calomel; others by opium; and others again say "that opium does harm. No doubt many poor creatures "died uncomfortably, who would have died tranquilly, if "nothing had been done for them. Some were placed in "hot water, or in hot air, and had opium and calomel, and "other stimulants, which altogether were more than their "system could bear, and more than would have been "borne, if they had been so treated in perfect health.

"I am sorry to say, that of the cases I had to treat, the "patients nearly all died. I tried two or three sorts of

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"treatment. Some had calomel and opium in large and "full doses: but they died. Hot air was applied exter- "nally, and I got two to breathe hot air. I had a tube "passed through boiling water, so that they might inhale "hot air. It was found vain, to attempt to warm people "by hot air applied *externally*; they were nearly as cold "as before, we could not raise their temperature; and "therefore thought of making them breathe hot air; but "both patients died about the time that death usually "takes place. It was said that saline treatment was likely "to be of use; and I accordingly tried it on some patients. "At first I exhibited half a drachm of Sesqui-Carbonate "of Soda every hour: and thinking that might not be quite "enough, I exhibited a drachm: in one patient at St. "Thomas Hospital I ordered an injection containing an "ounce of the same remedy: but the greater part of it "came away, and the patient died. Hot air was used in "this case, as well as in the others."

One or two words on this plain passage. 1st. I agree with the Dr. that too many of these patients were *killed*, and that they were before death, more or less *tortured*, but I maintain, there is not an atom of proof, that one of the few who got well, was cured.

2d. The Dr. seems surprised at the obstinacy of the cold of cholera, resisting not only external heat, but even *internal*. "It was found vain to attempt to warm people," thus,—I wonder a man so intelligent as Elliotson ever made so absurd an attempt. Had he been dealing with cold sticks, or stones, no doubt *they* would have become warm. Nay if after his patients were dead, he had put the bodies into warm water, they too would have become warm. But to pursue the same method with a living body, that is found effectual with a dead one, is to ignore the fundamental fact in Physiology, Pathology, and Therapeutics, viz., the all-per-

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vading, all-controlling energy of the *vital force*. Were Elliotson to treat a frozen limb, as he did his half-frozen cholera patients, he would put it in hot water, and of course kill it, after torturing it. Such practice is pure Allopathy, precisely analogous to palliating constipation by castor oil, diarrhœa by opium, fever by bleeding. Immediate ease is purchased at the expense of permanent mischief. It is like trying to cure poverty by usury.

3d. I agree with the Dr. that he and his Allopathic brethren were just as ignorant, when he made his confession, of a real remedy for cholera, as they were when the first patient was treated in England. But *I* maintain that this confessed helplessness of Allopathy, after years of study and practice, demonstrated the inability of Allopathy to *find* a remedy. And the reason is, it is without one principle to guide it in the search. Accordingly this day Allopathy is as ignorant of a remedy for cholera, as Elliotson confessed it was when he lectured. Now contrast with this, the facts on the other side.

Before Hahnemann ever saw a cholera case, he proclaimed Camphor as a leading remedy, from merely reading an account of the symptoms of cholera. These he perceived were a picture of his provings of camphor. He was sure, therefore, that camphor must cure cholera. He had not even to try first, before advising. Accordingly, thousands of hands throughout the civilized world are busy, whenever cholera comes, in demonstrating the truth of Hahmenann's prediction. He declares that "at Berlin and Magdeburg alone, thousands of families having followed his instructions respecting the treatment by camphor restoring those of this number who were attacked by the epidemic, restored them often in less than a quarter of an hour." (*Joslin on Chol.*)

The Genius of Hahnemann shines forth on cholera, as

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well as scarlet fever, in having discovered a *preservative* treatment. This most generous and self-denying of all achievements of medical science, (for as prevention of disease prevails, fees must fail;) belongs to Hahnemann more than to any other name in history. The alternation of decillionth doses of copper and veratrum, at regular intervals, has been thoroughly tested, and its efficacy established.

Let us now contrast for a moment the two methods, in the statistical records on cholera. In the Allopathic Hospitals of France and Italy, the mortality is given at 63 per cent. In 1823, in the city of New York, the mortality in Hospitals, including Bellevue, was nearly 50. In Vienna the two systems were brought into close comparison; 4,500 were treated in the old way, of whom 1,360 died, i. e. 31 per cent; 581 were treated Homœopathically, of whom eight per cent died i.e. about one fourth of Austrian, one sixth of American, and one eighth of Parisian Allopathy.

That these results are genuine, is demonstrated by the fact, that after the Austrian Government ascertained them, it decreed the right of the Homœopathic physicians to practice and dispense medecines in Austria. Dr. Balfour of Edinburgh, an Allopath, thus writes from Vienna, to Dr. Forbes, of the Medical Chirurgical Review, "During the first "appearance of cholera here, the practice of Homeopathy "was first introduced; and cholera when it came again "renewed the favorable impulse previously given, as it was "through Dr. Fleishman's successful treatment of this di-"sease, that the restrictive laws were removed, and homœo-"pathists obtained leave to practice and dispense medicines "in Austria. Since that time their number has increased "more than three fold in Vienna and its provinces."

We see, then, that the very disease which Dr. Elliotson allows he could not treat at all, is declared, by Dr. Balfour,

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to have been successfully treated by Dr. Fleischmann of Vienna. Surely Elliotson is a sufficient witness of his own failures, and Balfour of Fleischmann's success.

A very rapid contrast of the two systems in their treatment of Inflammation of the lungs. Here we find the same confusion and disastrous results, as in other departments of Allopathic practice. With most, bleeding is ostensibly the grand remedy, though, as usual, there is no counting the shades and varieties among its advocates; some being loud and heroic, others timid and ambiguous, from Bouillaud with his coup sur coup, Anglice, *cut and come again*, to Mason Good, who is much afraid of Typhus setting in, and would fain get along with leeches, and a bold exhibition of emetics, though he is singular in his admiration of bold vomiting.

The distinguished Louis of Paris lost nearly one-third of his first list of cases, though they had been selected to ensure favorable results. The treatment was bleeding exclusively. In his second set he drew more blood at once, though less on the whole, combining Tartar Emetic and Blisters. The cases were again selected. The deaths were 14 per cent. Bouillaud lost $14\frac{2}{3}$ per cent. Taylor, Walshe, and Peacock lost 30 per cent; or, on the most favorable allowance, 26.

Along with these results let us compare the never-to-be-forgotten experiments of Dr. Dietl, of Vienna. "To try conclusions" this original inquirer divided his Pneumonia patients into three bands, resolving to treat one set by bleeding, another by Tartar Emetic, and the last by *nature*. The happy imagination which suggested the plan, being still strong in Dietl, he fortunately made the third band nearly as large as the other two: 85 were bled, and $20\frac{3}{4}$ per cent. died. 106 had full doses of Tartar Emetic, and $20\frac{7}{8}$ per cent died. 189 were left to kind nature, and only $7\frac{1}{2}$ per cent died. It

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is clear, therefore, that nearly three times as many died under the lancet, and the drug, respectively, as under the kindly hand of nature. It is undeniable then by the testimony of Allopaths themselves, that in Inflammation of the lungs no treatment at all is three or four times better than theirs.

It affords a curious glimpse of medical human nature, to contemplate the result of this famous trial on its distinguished author. One would think that Dietl would henceforth forswear lancet and Tartar Emetic,—at least in pneumonia. But no! Dietl's practice is heroic and doubtless he is a hero. The eleven whom bleeding has slain, are lying on the one hand, and the fifteen whom Tartar Emetic has poisoned, are lying on the other, but he is not alarmed. Instead of turning Homœopathist, he detests the modern system more than ever and clings more fondly than before to his darling Allopathy. Still this constancy may be more professional than absolute. I have heard of doctors who were readier to give drugs than to take them, and possibly were Dietl himself taken with Pneumonia, he might prefer doing nothing to trying either the sharp steel, or the cruel emetic. If not, it is clear, his chance of becoming a martyr to Allopathy would be three to one.

We are deficient in Homœopathic statistics on Pneumonia. Dr. Henderson, of Edinburgh University, to whom I am indebted for these details, reports eleven cases in the British Journal of Homœopathy. They were all promptly cured. To the same author, I am indebted for an account of Tessier's fifty cases. He is, I believe, the only Hospital Physician in Paris who is a Homœopath. His cases were, on the whole, decidedly more unfavorable than Louis's or Bouillaud's, yet he only lost 3, *i. e.* 6 per cent, while Louis lost more than 14 per cent. in his more successful attempt; and his result is the best that exists in the records of Allopathy.

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The health of the body stands second in importance, only to the health of its great inhabitant, the soul. Called as I was to discourse in a neighboring city on the former subject, I did not feel at liberty to decline the invitation which was addressed to me, to repeat the discourse in this place. I have spoken as unto wise men, and it remains for you to meditate, and to decide, on what I say.

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PROCEEDINGS.

HAMILTON, *February 6th*, 1854.

A meeting of the Homœopathic Physicians, convened at the Burlington Hotel, Hamilton, C. W., pursuant to notice. Dr. A. T. Bull of London, stated the object of the meeting, whereupon Dr. J. J. Lancaster was called to the Chair, and Dr. W. A. Greenleaf appointed Secretary.

The following resolution was then moved by Dr. J. C. Peterson, seconded by Dr. A. N. Wolverton :

Resolved,—That it is expedient for the advancement of the cause of Homœopathy ; and the mutual benefit of social intercourse of practitioners thereof, that an Association be formed ; and that this meeting do institute a society, to be known as the Homœopathic Medical Society of Canada.

The resolution was carried, and, on motion, the Chair appointed a Committee, consisting of Drs. Wolverton, Bull and Greenleaf to prepare a Constitution and By-Laws.

The Committee retired and after due deliberation reported the annexed Constitution and By-Laws—which, on motion of Dr. Peterson, seconded by Dr. Fields, was received and adopted.

Moved by Dr. Peterson, seconded by Dr. Springer, that the Chair appoint a Committee to nominate officers, to hold office for one year from the next ensuing annual meeting ; Drs. Peterson, Bull and Wolverton were appointed.

The Committee reported the following named gentlemen :

For President, Arthur Fisher, M. D., of Montreal, C. E. ; 1st Vice-President, A. N. Wolverton, M. D., of Hamilton, C. W. ; 2nd Vice-President, Dr. J. J. Lancaster, of Eden Vale ; Secretary and Treasurer, W. A. Greenleaf, M. D., of St. Catherines ; Censors, A. T. Bull, M. D., of London, J. C. Peterson, M. D., of Hamilton, and G. W. Campbell, M. D., of Siddlesville ; Corresponding Secretary, Dr. Wm. Springer, of Hamilton.

Who were unanimously elected.

Dr. Fields offered the following resolution :

Resolved,—That a Committee of three be appointed by the Chair, to report an address to be read at the annual meeting, and for publication.

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The motion was carried, and Drs. Bull, Wolverton, and Greenleaf appointed.

Dr. Bull offered the following resolution :

Resolved,—That Dr. James Lillie of Montreal, be invited to deliver an address before this Society, at their annual meeting in May, and that the Secretary be instructed to correspond with him for that purpose.

The following was offered by Dr. Peterson :

Resolved,—That each member of the Society be requested to report at the annual meeting, at least one case cured by a single remedy.—Carried.

Dr. Peterson presented a report of the medical treatment of St. Mary's Orphan Asylum, at Hamilton, from January, 1853 to January, 1855, inclusive, which was placed on file.

After discussing some important points of treatment and other matters of interest to the Society, an adjourment was carried, to meet in Hamilton on the third Tuesday of May next ensuing.

ANNUAL MEETING.

HAMILTON, 15*th May*, 1855.

The Society met at the Hall of the Mechanics' Institute, in the city of Hamilton, in accordance with the adjourment of the previous meeting.

A considerable number being present, the meeting was called to order at half-past eleven o'clock, A. M., Dr. Wolverton, 1st. Vice-President, in the chair.

It was moved and carried, that a recess be taken until 2 o'clock, P. M.

The Society met at 2 o'clock, P. M., Dr. Fisher, the President, in the chair.

The minutes of the meeting in February were read and approved. An election of new members then took place, which resulted in the election of seven full members and two inceptive members, who signed the Constitution and took their seats in the Convention.

The Treasurer presented his report which was read, and, on motion, adopted.

The Committee on printing presented a report, which was accepted, and the Committee discharged.

The Committee appointed to prepare an address reported, That in consequence of the address of Dr. Lillie, they should withhold what had been prepared, and request a copy of Dr. Lillie's for publication. Accepted and Committee discharged.

Report of the medical treatment of St. Mary's Asylum, Dr. Peterson, physician, was presented, and ordered to be placed in the Archives of the Society.

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The following resolution was offered by Dr. Greenleaf :

Resolved,—That all reports of Committees be made in writing.—Carried.

On motion, the Chair appointed Drs. Wolverton, Greenleaf and Peterson, a Committee on Printing and Publishing.

Dr. Young offered the following resolution, seconded by Dr. Adams :

Resolved,—That the word "Provincial" be stricken out of Article 1st, paragraph 1st, of the Constitution.

Adopted after a short discussion.

Moved by Dr. Greenleaf, seconded by Dr. Peterson that when this meeting adjourn, we adjourn to meet at Toronto, on the third Tuesday of May, 1856.—Carried.

Moved, that Drs. Adams, Lillie, and Schuch, be a Committee to provide for the above meeting —Carried.

On motion, the Chair appointed Drs. Adams, Bull, and Greenleaf, a Committee to procure a seal for the Society.

A lengthy discussion arose on the best plan of treatment of intermittents, and seminal weakness, the preparation of remedies, &c., which continued until time for adjournment, when the Society adjourned to meet at seven o'clock, P. M., to hear the annual address of Dr. Lillie.

EVENING SESSION.

At the appointed hour, the Society assembled, with a large and intelligent audience, at the Hall of the Mechanics' Institute.

The President, Dr. Fisher, called the meeting to order and after some well-timed remarks of the rise and progress of Homœopathy in Canada, introduced Dr. James Lillie, who proceeded to deliver his address.

On motion it was

Resolved,—That a copy of Dr. Lillie's address be requested for publication ; and that one thousand copies be published for the use of the members.

The Society then adjourned to meet at Toronto in May, 1856.

W. A. GREENLEAF,
Secretary.

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CONSTITUTION.

We, the undersigned physicians residing in the province of Canada, believing the law propounded by Hahnemann:

"*Similia Similibus Curantur,*"

to be a fundamental truth in medicine, do agree to form an Association under the following Constitution :

Article I.—NAME AND OBJECT.

§ I. The Association shall be styled the "Homœopathic Medical Society of Canada," and its object shall be the advancement of the science of medicine.

Article II.—OF MEMBERS.

§ I. Any educated Physician of this Province, of good standing, acknowledging the Homœopathic Law of cure, may be elected a member of this Society; and any student regularly entered upon the study of medicine with a Homœopathic Physician may be elected Inceptive members, by a majority of the members present at any regular meeting.

Article III.—OF OFFICERS.

§ I. The officers of this Society shall be, a President, two Vice-Presidents, a Secretary, a Corresponding Secretary, and such Examiners and Censors as shall be provided for in the By-Laws. The Secretary shall act as Treasurer.

§ II. The officers shall be elected at the Annual meeting, by a majority of all the members present.

Article IV.—OF MEETINGS.

§ I. There shall be a meeting of the Society annually, on the third Tuesday of May, at such place as be may designated at the previous annual meeting. The President, may also convene special meetings at such time and place as he may deem expedient.

§ II. This Constitution may be amended by a vote of two-thirds of the members present at the annual meeting.

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BY-LAWS.

Article I.—OF ELECTIONS.

§ I. The officers elected at any annual meeting shall hold office until the adjournment of the annual meeting next after that at which they were elected and until their successors are chosen.

§ II. All elections shall be by ballot. No Candidate for membership shall be ballotted for, unless proposed by a member of the Society, and seconded by two other members, nor unless he shall have received a certificate of qualification from two at least of the Censors of this Society.

Article II.—OF MEMBERS.

§ I. No person shall be entitled to the privileges of membership until he shall have signed the Constitution, and paid to the Treasurer an initiation fee of one pound currency.

§ II. Inceptive members to be entitled to membership with right to speak, but not to vote, on payment of five shillings currency.

§ III. Expenses incurred shall be equally assessed upon the members.

Article III.—OF ORDER.

§ I. Seven members shall be necessary to constitute a quorum for the transaction of business.

§ II. The usual order of business shall be as follows :—

1. Calling of the Roll.
2. Reading minutes of last meeting and approval.
3. Proposition and election of members.
4. Reports of Committees.
5. Reading Communications.
6. Miscellaneous business.
7. Election of officers.
8. Adjournment.

§ III. Communications read before the Society become its property, to be deposited in its Archives ; but no paper shall be published as a part of the transactions without an express resolution to that effect.

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Article IV.—OF OFFICERS.

§ I. The President shall preside at all meetings of the Society. In his absence the Vice-Presidents shall preside in their order. It shall be the duty of the President to deliver an address at the Annual and Semi-Annual Meetings of the Society, or to make some other provision for that purpose.

§ II. The Secretary shall have charge of the Archives of the Society, keep a record of its proceedings and a list of its members, and give notice of its meetings. He shall also make an annual report of the state of the funds of the Society.

§ III. There shall be elected at each annual meeting, three Censors who shall examine applicants for membership and give certificates, which shall entitle the applicant to a certificate of membership on compliance with the foregoing provisions of the Constitution and By-Laws, signed by the President and Secretary of this Society, and for which he shall pay the sum of five shillings currency.

Article V.—OF AMENDMENTS.

§ I. The By-Laws may be amended by a majority of the members present at any annual meeting.

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A LECTURE

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