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ON

THE FALLACIES OF HOMŒOPATHY,

AND THE

IMPERFECT STATISTICAL INQUIRIES ON WHICH THE RESULTS OF THAT PRACTICE ARE ESTIMATED.

BY

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At the request of several distinguished friends, both in and out of the profession, I have been induced to publish in a separate form my researches on the subject of Homœopathy. If I have hesitated to do so before, it has been because I felt that the question had been treated of already by many and abler men. Still there have been those who have thought and informed me that there were several points which I had brought out in the course of this investigation not before noticed, and that as such they should not be withheld. Whether this has been said out of compliment to me, or out of a kindly feeling for me, I know not; yet it is always pleasing to find some have so estimated my intentions; and this must be my excuse for intruding myself upon the public.

One thing I have endeavoured to do. It is to treat the subject as fairly and as honestly as I can—to show that I do not only assert the delusion of Homœopathy to be based on shallow foundations, but to prove it to be so. For this system has unfortunately lately made, and continues to make, such progress in this country, and the metropolis in particular, and is daily extending its influence, even amongst the most learned, and those whose high position in society gives them no little moral power over the opinions of the multitude, that our profession is, I think, bound to make it the subject of inquiry and investigation. Colleges of physicians and medical societies may, and justly do, condemn it; but their influence is confined to the moral power of the executive over their own members or

fellows: the individual members of society at large have no part in this condemnation, and, however they may look up with respect to the declaration of learned persons, as embodying opinions of some weight, in this inquiring age something more is needed than a mere declaration. On the other hand, the violent opposition of others to Homœopathy can do no good. Abuse, intolerance, cannot be accepted by the world as a fair and philosophical inquiry. These can only call forth new defenders, and even those who perhaps may have hastily adopted its doctrines, and who, if logically and temperately admonished, might have been convinced of error, will not be compelled to recant. All doctrines are founded on truth, or what is supposed to be truth. The way to disprove a doctrine is, therefore, not by assailing it as ridiculous or absurd,—a conviction of error can only follow when the foundations upon which it is based are shown to be untenable.

Examples of such unphilosophical demeanour in refusing fair inquiry, or prosecuting an *ex parte* investigation, are not wanting; and, from the time of Galileo down to the present day, are triumphantly appealed to by those who seek to subvert legitimate medicine. Thus the Homœopath has reason on his side when he appeals to the history of the French Academy, as exemplifying intolerance and unfairness in inquiry. He tells us that in 1642 this Assembly declared that the blood did not circulate in the body; in 1672, that it was impossible. In 1774, after having opposed inoculation for fifty years, it admitted its advantages, the moment three Princes of the Royal blood had been inoculated contrary to their permission. In 1609 it expelled one of its members for making use of, and curing his patients of ague by quinine. Even among ourselves, the great Harvey was persecuted for his discovery. The time was when the surgeon who had dared to bring together the edges of a cut surface to unite by the first intention, or who had ventured to dress wounds by water-dressings, in lieu of plugging by large pieces of lint and cerate, had met with the universal reprobation of the profession, and been accused of quackery. Even in later years, with what opprobrious names was the discovery of the great Jenner assailed! Nay, but very recently, with what violence was the introduction of the stethoscope opposed! and in the present year how have not certain physician-operators

been insulted by the ascription of motives, not certainly the most honourable.

This is certainly not the correct way in which to promulgate opinions. A fair, unbiassed, and philosophical inquiry should, in this as in all political matters, precede this promulgation; and then the conclusions arrived at might assume a more commendable form. I believe globulism to be false; but this opinion is the result of a fair inquiry. I shall, therefore, disdain abuse, and endeavour to show my opinion to be founded on truth.

PART I.

Homœopathy may be best considered in three lights. 1st. In regard to its theory, *i. e.* a principle or law of nature, admitted among ourselves as occasionally in action, but by Homœopaths stated to be of universal application,—"Similia similibus curantur," both in large and infinitesimal doses. 2ndly. In regard to the influence of mind, and the hygienic regimen enforced, apart from the globules employed. 3dly. In regard to the experience of Homœopathic, as compared with Allopathic practice.

I. This law, "Similia similibus curantur," defined by Hahnemann as follows;— "That in order to cure in a mild, prompt, safe, and durable manner, it is necessary to choose in each case a medicine that will incite an affection similar (*ὅμοιον πάθος*) to that against which it is employed," was, it is said, discovered in 1790, by Hahnemann, while engaged in translating Cullen's *Materia Medica*. He then perceived that Cinchona bark, given to a healthy person, produced the symptoms of ague. The Editor of the Latin edition of his *Materia Medica** informs us, that after *very many* experiments, (these very many experiments are found to have been made with some 45 medicines only,) and comparing these experiments with those accidentally occurring in the practice of, or specially

* Et idem semper extitit eventus. Medicamentum exploratum genuina pollere vi, eadem symptomata in corpore sano excitandi quibus in corpore ægroto mederi soleat.

performed by other practitioners at different times, he found this law to be one of *universal* application.* These experiments occupied him six years ; and it was not till 1796 that he published his famous dissert ation in Hufeland's Journal,† in which he made known his discoveries. If any credit thus is due to Hahnemann for originality, it is for these 45 or 50 experiments. Unfortunately, further experience has not confirmed his conclusions,—with Allopaths certainly not. But they are even doubted by Homœopaths themselves, since a new periodical has been established at Vienna to reprove all the medicines, called the *Oesterreische Zeitschrift für Homœopathie;* because Hahnemann's views are not to be depended upon‡; nay, Isensec goes so far as to say,§ that in no case are the peculiar and characteristic symptoms of a medicine to be found, except in such cases as Hahnemann borrowed from the Allopaths for want of original observations, and that his own symptoms may be all referred to sobriety, fasting, ill-humour, and sleepiness, caused by continual attention to *nothing,* mixed with those innumerable sensations which crowd every hour of our life.‖

We must stop here to advert to two logical fallacies.

1st. It does not follow, that because, out of some hundreds of experiments, (the results of which may have, in a great number, been simply negative,) although he succeeded in fifty or more cases in mimicking certain diseases, that there is for every disease a specific remedy. We might, from a few experiments, be led to suspect so, but no more. This source of fallacy, through disregard of which a false system of medicine, purely empirical in kind, has been created, I am sorry to trace among all homœopathic writers. This tendency to *universalise,* or to deduce from a *few facts* a doctrine which it is then assumed universally applies, cannot be too strongly reprehended. *Idyosyncrasy* is seldom regarded. For example: it

* "Jam nunc in clarissima luce egregiam illam conspexit legem, 'Morbum dynamicum *quemcumque* optime sanari medicamento tali, quod simillimum symptomatum complexum eoque ipso similem affectionem (ὅμοιον πάθος) sponte sua in corpore sano excitare valeat.'" (P. VII. c. 1.)

† "An Inquiry in Relation to a New Method of finding out the Remedial Powers of Medicinal Substances; together with a Recapitulation of what had already been made out therein."

‡ 1 Band, 1 Heft. secs. 4 et 5.

§ *Geschichte der Medecin,* Vol. VI. p. 169.

‖ "Dr. Balfour's Report on Homœopathic Treatment in Vienna." *Brit. and For. Review,* p. 588. Vol. XXII.

is notorious that, in some instances, particular individuals are peculiarly influenced by ipecacanuha, so that a grain, or much less, will, if sprinkled through the air, bring about the most violent symptoms of catarrh; and yet it is not logical to conclude that, in *all* cases, an infinitesimal dose of ipecacuanha will cure, or greatly meliorate, the symptoms of catarrh.

2nd. These experiments of Hahnemann were made with *appreciable*, not *infinitesimal* doses. Nor is it logical to conclude, that, because a large (or even a small allopathic) dose has mimicked a disease in health, therefore, when that disease occurs, an infinitesimal dose will cure. Assuming the principle to be correct, we can understand that a *similar allopathic dose might* cure, but not an *infinitesimal* dose. And yet these preliminary experiments are spoken of by Homœopaths, to justify their doctrine of infinitesimals.

I purposely abstain from alluding to his subsequent experiments between 1796 and 1805, when he published his *Organon*, because, as far as regards these, we have no evidence of increased mental powers and ability, but rather of the reverse. The same experiments that proved the value of infinitesimal doses, were the means by which he discovered the great increase of power given by the *succussion of liquids*. For this great master also said, that the length of time a powder is rubbed, or the number of shakes given to a mixture, influences the effect on the body; and that rubbing or shaking is so energetic in developing the inherent virtues of medicines, that latterly he had been forced, by experience, to reduce the number of shakes to two, where he formerly had prescribed ten to each dilution. And, again, the same experiments were the means through which he discovered the psoric theory, *i. e.* that most diseases were produced by scabies (itch), all of which serves certainly rather to prove a weakness brought on by age in his intellectual powers, or that much learning had made him mad. I might, however, go further, and distrust still more the value of these experiments, since there is evidence to show that Hahnemann began life by inventing a certain nostrum as a cure for all diseases.* And that there are those who have stated, that Hahnemann, being a very shrewd man in early life, saw the abuse to which the drugging system was carried on in his

* *Medical Times*, March, 1851.

time in Germany, and coupling this with the love of the marvellous so common to mankind, and the love for the good things of this world so general in his country, he invented a severe system of diet, on which he exclusively relied, and only amused his dupes by pretended virtues in the globules he presented. These tales, probably resting on equally good foundation as those propounded by his own disciples, led me to limit my notice of his experiments.

Allopaths, admitting the occasional truth of this doctrine, "Similia similibus curantur," have given the larger dose. The experiments of Majendie have shown, that tartar emetic, in doses of six to eight grains, will produce, amongst other lesions, pneumonia, if not rejected by vomiting. Every day's experience proves the efficacy of large doses of tartar emetic in curing pneumonia and other affections of the lungs. Arsenious acid, long continued, will produce a variety of cutaneous eruptions. The advantage of arsenic in many of these diseases is, on the other hand, well recognized.

Certain peculiar eruptions which occur after taking mercury have been described as produced by it, and which closely resemble those against which mercury is a specific. Here, then, are instances of the occasional truth of the law. But numerous instances could be mentioned of the contrary. Gallic acid and turpentine exert a specific influence in cases of hæmorrhage. Can these medicines produce hæmorrhage? Turpentine and the oil of male fern are specifics in many cases of tape-worm. Would a healthy person, taking turpentine continually, have tape-worm? The case of goitre is another familiar example. Iodine will cure this lesion, but will not produce it; and although, through excess of homœopathic zeal, some have maintained that the absorption of such a tumour, in a patient taking iodine, is always preceded by a slight feeling of erethism and swelling on the goitre, others have, again, denied it; and at most, even if correct, it would only prove that this occurs in a diseased subject, and not in health.

But there are examples of a different kind, which, if correct, must compel the Homœopath to have recourse only to infinitesimal doses, or renounce his system altogether. It is possible that a medicine which has been found to produce a certain set of symptoms in health, such as quinine, which (if we may

believe Homœopaths, will mimic in health all the symptoms of ague,) should cure the disease when it occurs. But then I am compelled to assume that it only does so by some specific effect of which the symptoms are by no means a criterion. In some cases of otitis, involving the dura mater, we have shivering followed by hot fits, exactly resembling the paroxysms of ague, of a quotidian, sometimes tertian, or other type; and what is still more singular, is that they seem to be checked for the time by the exhibition of bark. Now bark certainly produces symptoms, as alleged by Homœopaths, very *like* those of ague; in addition, intense headache, all the symptoms of cerebral congestion, eruption within the ear (Jahr), &c., and deafness. In this case, therefore, we have the exact application of the principle, "Similia similibus curantur," and yet death would inevitably follow the practice.

These objections are met in a different manner by different Homœopaths. 1. *The legitimate Homœopaths* answer the objection to the examples of turpentine, gallic acid, oil of male fern, &c., thus, If they should produce respectively hæmorrhage and tape-worm, &c., this would be *Isopathy*, not Homœopathy. The objection, however, still holds. Do they produce anything *like* a tape-worm, any *animal* like it? and then the last example cannot be got over. 2. The Isopathic Homœopaths, however, must yield to these objections. They at least give the scrapings of itchy patients for the cure of that loathsome disease,* and the discharges from two equally disgusting affections for curing those diseases themselves.†

What, then, is an infinitesimal dose? And here we are quite at a loss. We hear of hundredth, ten thousandth, millionth, billionth, and so on, up to a decillionth; and it is asserted even this last dilution has produced marked and sensible effects on the animal economy, and cured disease. This piece of affectation—for I can call it nothing else—has been sufficiently exposed in Dr. Forbes' able article on Allopathy, Homœopathy, and young Physic; and by Dr. Alexander Wood, more lately by Dr. Simpson. I may, however, be allowed to offer two other illustrations.

What is a decillionth of a grain? We really have no idea of the infinitesimal smallness of this quantity. If all the

* *Pharmaceutical Journal*, Vol. X. No. VIII. p. 382. † *Ib.* No. VII.

waters* of the sea were put together in one locality, the quantity of water necessary to dilute this mass so that each drop might contain the decillionth of a grain, would be expressed by 1,000,000,000,000,000,000,000,000,032,603; indeed it would require a much larger dilution to enable us to make the quantity to be introduced more intelligible. The waters of the whole world would require the addition only of 1·32603 grains to make the dilution such that each drop should contain but the quadrillionth of a grain; the addition of twenty-one gallons so that each drop should contain one trillionth of a grain. Again, if a decillion globules† were placed side by side, it would take 1285 sextillions of centuries before a ray of light, travelling at the rate of 200,000 miles a second, had reached the other end. In the case of a quadrillion, it would occupy 1285 centuries only; a trillion about 36 days.

The belief, therefore, that anything so small could have any effect on disease is too ridiculous to require comment. Thus all sorts of shifts are made use of to excuse it. 1. Some renounce the infinitesimal dose altogether, or only give it in those cases where the cure is to be effected by the influence of mind. They get over this direct violation of their great master's doctrine in this way, (as I once heard the statement made by several members of the Homœopathic Society in Bloomsbury Square, having been courteously, I will say, admitted as a visitor,) viz.: that infinitesimal doses were not a *sine qua non* in homœopathy, provided the law "similia similibus

* Let v be the volume of water in the sea = 577,892,000 cubic miles.—5280 feet make a mile—12 inches 1 foot. ∴ there are $12^3 . 5280^3 \times v$ cubic inches in the sea. 277 cubic inches = 1 gallon. ∴ there are $\frac{12^3 \times 5280^3 \times v}{277}$ gallons in the sea.—Reducing to drops we have

$$\therefore \text{ there are } \frac{\overline{12 \times 5280}^3 \times v}{277} \times 4 \times 2 \times 16 \times 480 \text{ drops in the sea}$$

$= 32603 \times 10^{26}$. This is to be divided by 10^{60} to give the number of drops to be put in the sea, so that each drop shall contain a decillionth of a grain = $\frac{\cdot 32603}{10^{-29}} = 32603$ with 29 ciphers and the decimal point before it. A quadrillionth would require 1·32603 drops; a trillionth, 21 gallons.

† Diameter of a globule $\frac{1}{25}$ of an inch ∴ decillion of globules $= 5 \times 10^{58}$ inches. The velocity of light is 200,000 miles per second ∴ time in seconds

$$\frac{5 \times 10^{58}}{200{,}000 \times 5280 \times 12} = \frac{5 \times 10^{58}}{2.10^5.528.10.12} \times \frac{1}{60 \times 60 \times 24 \times 365 \times 100}$$

$= 12854 \times 10^{85} = i.\ e.$ 1285 sextillions of centuries. These numbers are calculated conceiving 1 decillion as expressed by 1 followed by 60 ciphers.

curantur" was admitted to be of universal application. Moreover, Dr. Schmid, in his work* contends, that small doses are worse than useless, and that one drop of the mother-tincture, or a larger dose, should be employed. Dr. A. Mühre tells us, that a drop of the mother-tincture is frequently given by the Homœopaths in Germany.

It will also be in the recollection of many of the Fellows of the Medical Society of London, that when I brought the subject of Homœopathy before their notice, Dr. Dudgeon, a distinguished practitioner and writer of the Homœopathic school, himself instanced Dr. Fleischmann as a slovenly homœopathic practitioner, and one who gave single-drop doses of the mother-tincture.

2. Others have adopted a larger sized globule, which they call *pilule*, so as to be able to give larger doses, and already, in the *Homœopathic Times*, we find a paper war has begun between some of the medical officers of the Hahnemann Hospital and the Editors.† I quote the very words. The Editor, in speaking of the large-sized globules used by some, remarks: "*It cannot have escaped Dr. D——'s knowledge, that some practitioners who practise Homœopathy, so far as they can secretly, in cases where their patients like active treatment, make use of all shifts to conceal the fact that they are giving homœopathic remedies. . . . . It is obvious that pills or pilules greatly facilitate this mode of doing business.*"

Now, a homœopathic pilule is, in other words, a very large globule; indeed, with no great difficulty, it may assume the size of a genuine allopathic pill. Even the ordinary English globule is a giant as compared with the German or Hahnemannic globules. Hahnemann had said (I quote again from the *Homœopathic Times*) "that 200 globules of the size of poppy seeds were equal to one grain." We are, however, informed by Mr. Headland, the homœopathic chemist, that 75 globules such as are used in England, are equal to one drop of the mother-tincture. Supposing the average size of a man in Germany to be 5 feet 7 inches, this difference would require, *cæteris paribus*, a man to be 14 feet 10 here, a difference of 265 per cent. in the size! One large pilule is equal to one grain, and

* *Ueber Die Arnzeibereitung und Gaben grösse.* Wien, 1846.

† Number for February 22, 1851, p. 413.

when medicated, contains about the fourth part of a drop of the tincture.

3. And others, however, go even further still. They combine Homœopathy with Allopathy, at the choice of the patient. It is now no longer among the less distinguished. The heads of the homœopathic school adopt it. Professor Henderson authorizes the mixed practice, and his views are admitted by the *Journal of Homœopathy*.*

4. Occasionally, however, it becomes necessary to show that homœopathic medicines have really an effect, and this is especially useful with unbelievers. Our strongest active principles are put in an homœopathic pill or pilule, and administered. It is owing to such treachery that the Duke of Cannigaro was killed by three homœopathic globules. The death of Mr. Horace Green, of New York, who swallowed in sport a number of homœopathic globules, is explained in the same way. Indeed, chemical analysis has proved to what extent this fraud is carried on occasionally; 1-3rd of a grain of morphia, and appreciable doses of mercury, have been found. When we remember that 1-96th of a grain of elatin will purge, ½ a grain of strychnia kill, 1-50th of a grain of aconitine may kill, &c.,† it is easy to understand how a globule so medicated would have a sensible effect.

The natural conclusion which must be made on becoming cognizant of these facts is simply this,—that if Homœopaths are in the habit of practising in these various ways, their cases of cure cannot be instanced as conclusive evidence of the same homœopathic treatment, in many cases of homœopathic treatment at all; and that therefore we must distrust the pretended results of their experiments.

Again, there is another objection that can be offered, and it is in relation to the manufacture of these globules or pilules. The editor of the *Homœopathic Times* informs us that they are not made of sugar of milk exclusively, but that they may be made of sugar, sugar of milk, or starch, according to the taste of the chemist, and the preparation to be made. Indeed, according to the editor, it matters not what the vehicle is, provided it be

* Simpson, *On Homœopathy*, 2nd ed.

† Simpson's *Homœop.* 2nd ed. p. 5; *Medical Gazette*, 1847, p. 294; *Lancet*, 1850, p. 300; *Pharmaceutical Journal*, 1851, p. 318.

pure and non-medicinal. Mr. Headland, we are told, formerly made all his globules of sugar of milk, and incurred considerable expense in their preparation. Now that he finds that it is not necessary to do so, he is no longer so particular. The objection to sugar of milk, however, remarks the editor, is, that in the process of its manufacture it is adulterated with divers medicinal substances. (Ibid.) Dr. Dudgeon, however, in the same journal, remarks, that globules of all kinds are not made of sugar of milk, but of sugar. Which are we to believe?

In either case no dependence, by reason of the very impurities, can be placed in the results obtained. In the case of common sugar, we have the editor's concurrence. But sugar of milk, or lactine, is obtained by evaporating the whey of milk to crystallization, purifying by animal charcoal and recrystallization. Supposing, however, the whey pure in the first instance, who will pretend to say it does not contain an infinitesimal quantity of carbon; and it is clear this portion of *attenuated* carbon must modify the action of the future globule made out of it. And in the case of a *camphor globule*, carbon being the homœopathic antidote, the globule must needs be inert. The same objection applies to the impurities of water. For it must follow, that if the infinitesimal quantities contained in globules are not detectible by the most delicate tests, and yet are powerful in their operation on the body; *à fortiori* the remark applies to the impurities of water. Add to these difficulties, that it is admitted the globules may spoil by keeping, and that in other cases their influence may not be detected for thirty or forty days on the economy.

But the Homœopath is ready with his answer. A drug in itself may be inert. The very essence of the infinitesimal theory is, that it becomes active by "the *dynamizing* power of trituration;"* convenient words to garb falsehood both for the learned and simple-minded. Is it possible to triturate any substance without triturating and dynamizing also the impurities from which it cannot be separated? Both must thus acquire power.

With a doctrine based upon such difficulties, what dependence can can be placed on the results? In Allopathy we are able to trace the good or deleterious influence of drugs, which

* Letter to Dr. Routh, by Sigma. *Homœop. Times*, No. 119, Nov. 8, 1851, p. 225.

Homœopathists assert to be inadequately prepared. Here we are acquainted with cognizable and sensible agents. The Homœopathists, on the contrary, have no such index to guide them. Their remedies are too subtle for appreciation, even by the most erudite. They depend exclusively on the good faith of those who serve them; and all their experiments are open to fallacy, unless we feel disposed to grant them, what we cannot do, perfection.

The force of this objection has been felt, and attempts have been made to evade it. This very undiscoverable subtility in their effects, after attenuation and infinitesimal division, so as to evade the most delicate tests, chemical, mechanical, or otherwise, has been explained by pretended analogous comparisons; for instance, malaria or other contagious miasmata, the influence of powerful odorific substances, vaccination and inoculation, the influence of mineral and other waters containing infinitesimal quantities of medicinal substances. I shall speak of these *seriatim*.

1st, then, in regard to the influence of malaria, odoriferous substances, and miasmata, we have no right to argue, *à priori*, that, because certain medicines taken by inhalation, and thereby at once absorbed into the blood, or acting on the mucous surface, produce certain effects, that, therefore, the same result will follow the employment of such substances taken as ingesta, *i. e.* by the mouth, and submitted to the influence of digestion. Odoriferous substances may produce headache, intoxication, and other unpleasant symptoms; but dissolved in water, this effect would probably not result. Musk is a familiar instance. Some persons cannot bear the smell of it, and yet will take by the mouth one, two, three, and even more grains, with advantage, and certainly impunity. Fifteen drops of the tincture of sesquichloride of iron will produce but little effect by the mouth. Inhaled, it will produce sickness, faintness, and great prostration. The inhalation of carbonic acid will kill. The ingestion of it will produce beneficial warmth in the stomach, and allay sickness. Two drachms, or even an ounce of ether, may be taken by the mouth, and an effect scarcely appreciable will result. Chloroform is in a similar predicament; 3 drachms have been taken by the mouth, with no appreciable effect; and yet, according to Dr. Snow, seven

drops inhaled, if undiluted with atmospheric air, will kill. High game, or, in other words, putrid flesh, may be taken by the mouth, and yet not only do no harm, but positively nourish. The inhalation, however, of putrid odours or miasmata, it is well known, will often produce most distressing symptoms of nausea, diarrhœa, or even in some rare cases death. The black vomit of patients affected with malignant fever in Africa has been swallowed with impunity; but the miasma from patients affected with this disorder is highly poisonous, and so on. The result obtained by some medicines, it is true, may probably be the same, whether taken by inhalation or ingestion; only in the former, we may, as a rule, expect it will be more marked, but commonly it differs not only in degree but in kind; and sometimes ingestion of poisonous miasmata may be quite inert. There is no analogy, therefore, in the comparison made.

Again, with reference to this subtle ethereal influence, this question is sometimes asked.—How much scent remains behind after a hare, so that the dogs may detect it? Here is an example of an infinitesimal dose exerting a sensible effect. 1. I must answer, How is it that in frosty weather the scent is destroyed, and the dogs lose it, and yet the hare passed equally over the ground? 2. How do we know that it is not owing to an undulating movement, that smell is diffused? It is so for light,—so for sound,—so for touch. Must we necessarily imbibe an infinitesimal dose of light, sound, an opposing body, to see, hear, and feel? If we look at a bright light a few moments, the impression remains on the eye, though it be closed, and the light has disappeared. We hear a loud sound; it buzzes in the ears still, though the sound has ceased. If we travel on a railway or a steamer for some hours, at night we feel as if we were moving along still. So it is with smell. There is no more reason for believing, that the dog has imbibed an infinitely small amount of the hare, to smell it, than that we should have imbibed part of a railway or steamer, because we seem after we have left it to be in it.

2nd. In reference to the examples of vaccination and inoculation.

It is commonly adduced in support of the action of homœopathic remedies, that these operations are instances:—1st. When very small quantities of medicine may produce very

powerful effects.—2nd. That, precisely as when inoculation or vaccination is performed, the patient is not only prevented by the artificial disease from having in most cases small-pox, but, if in a case of small-pox we vaccinate, the artificial disease supersedes as it were the natural disorder, modifies its action, and makes it milder in character: so, upon the same principle, medicines which in health will generate the disease, or one analogous to it, will, when taken internally by the mouth, cure the disease.

The first objection here, however, is, that the argument, if applicable at all, is true only for Isopathy, and not Homœopathy—a most important difference; one, indeed, which would, if true, greatly facilitate the practice of our profession. Discharges of cancerous and gangrenous sores, the injection of diseased portions of bodies, would at once be the most accessible and certain remedies. Unfortunately, however, the result clearly proves, that there is no truth in the theory: and even legitimate Homœopaths reject Isopathy. The inoculation of such poisons not only does not cure or prevent the occurrence of disease, but aggravates or generates it, where it remains permanently till overcome by other remedies.

But, 3rdly. It is not true that medicines inoculated or injected into the blood always produce the same symptoms as when taken internally by the mouth. The injection of oils, or some other nourishing liquids, as milk, will often kill—the arrestation of the larger globules in the capillaries mechanically giving rise to asphyxia and death. Other agents, such as alcohol, acids, alkalis, will kill, in like manner, by their chemical influence, coagulating and disorganising the blood, even if taken in that degree of dilution which will give rise to little or no effect when taken by the mouth. The simple inoculation of many oils, milk, &c., will produce no effect. The inoculation of rust, soda, and many comparatively innocuous substances, if we look to the quantity that may be taken safely by the mouth, may give rise to a poisoned wound, and so on. The results of a dissection-wound are well known. Indeed, in regard to those more powerful poisons which, so inoculated, may act dynamically rather than chemically or mechanically, the rule is as follows: that medicines which, inoculated in the body, produce certain effects, will produce a like effect when

given by the mouth, only in those cases where the dose is considerably increased. The reverse, however, is the plan adopted by Homœopaths; and, besides, we should bear in mind, that occasionally a totally opposite effect may result, as I have said. High game may nourish, taken as food; inoculation of putrid food will probably kill; because the former is digested.

4thly. The preventive effect of inoculation or vaccination is confined only to small-pox. Measles may be produced in like manner; but then the disease is not rendered milder. Erysipelas, ringworm, scald head, charbon, itch, and many other diseases, may be produced by inoculation; the disease is neither prevented, arrested, nor rendered milder, if present. It is not fair, therefore, to generalise or deduce a universal conclusion from exceptional facts.

Lastly. The alleged infinitesimal quantities of substances in mineral waters, and which even Allopaths admit to possess medicinal qualities, is no argument in favour of Homœopathy. This statement is, unfortunately, incorrect, and, indeed, is after all one of the strongest which could be adduced against Homœopathy. Infinitesimal doses are precisely those *which are not appreciable, or detectible even by the most minute chemical tests.* The ingredients in mineral water are so easily detected, that the waters may, and have been frequently artificially prepared. Moreover, the waters are *not* taken in *small* quantities. The word "infinitesimal" cannot thus fairly be applied, especially if we do not confine our attention to one ingredient only, but to all. The proportion of solid matter contained in mineral waters may vary from 1 grain to several hundred in 16 ounces. Taking again, as an example of a particular ingredient, carbonate of iron, the quantity varies from 5-100ths to 44-100ths; but even here we have a quantity fully and completely appreciable by the senses.

In like manner the *régime* lately recommended as the preventive of goitre cannot be fairly adduced as favourable to the infinitesimal doctrine. The French Commission have shown that the cause of goitre is the undue proportion of magnesian salts in the food taken or water drunk. If iodine, however, be taken at the same time, it acts as a preservative. The proportion of iodide of potassium recommended to be taken in the salt in daily use is given as 1 to 5 per cent. The quantity,

therefore, taken daily by each person is certainly small, and would average from 1-5th to 1 grain; but then it is appreciable, and much too large to be called infinitesimal.

The last argument used in favour of the efficacy of infinitesimal doses is connected with the discovery of the magnetoscope. By this we were triumphantly informed that infinitesimal doses, a long way beyond the *Ultima Thule* of homœopathic arithmeticians, the decillionth, could be detected, and were found to produce exactly the same effect on the magnetic currents as the same medicine in its grosser preparations. Here was indeed a discovery, and one which could not fail to stagger the most incredulous; but, *O miserabile dictu!* Dr. Madden has now recanted! He sinks beneath the mighty arguments of "J. H."* Dr. Madden himself now admits, in a letter published in the same journal, "that he fears he is bound to conclude that Mr. Rutter's magnetoscope in its present form *is not applicable to experiments with homœopathic doses, the motions produced being the result of every slight motion of the operator's hands.*" What a falling off is here! It may be wrong to crow over a fallen foe; I shall, therefore, rest satisfied in instancing this *mauvais pas* on the part of homœopathic professors, as another proof of their tendency to universalize from a few non-conclusive and hasty experiments.

Thus we are compelled to conclude that the infinitesimal doses, neither by analogy, nor upon any theoretical grounds, can have any power upon the human frame; and it is thus that we are enabled to explain such statements as that made by Dr. Glover, that one of the first, if not the very first, wholesale firms in London, was in the habit of supplying its customers simply with sugar of milk globules, labelling them, however, according to the different homœopathic names of drugs—this statement having been made by the agent of this firm at the house of Messrs. Gilpin and Co., druggists, Newcastle.† It is in this manner we can explain the secession of Dr. Holland, late physician to one of the London Homœopathic Hospitals—the resignation of the late house-physician of the Leipsic Homœopathic Hospital, who, convinced of the nullity and danger of the system, gave up the appointment, and published an exposition

* *Homœopathic Times*, November 8.
† *Simpson's Homœopathy*, 2nd ed.

of the practice pursued in the hospital. It is in this way we can explain the non-distinction by the homœopathic physician, of globules of all kinds completely intermixed by a child, and which produced precisely the same effect on the system as those duly separated and labelled by the most careful of homœopathic compounders. (See Simpson's *Homœopathy*, 2nd edition.)

The infinitesimal dose is therefore inert, but even small doses not infinitesimal may be so. It is certainly true that small doses, and especially in large dilution, will oftentimes act very satisfactorily. I have seen this repeatedly with quinine and aloes.

The activity of some ingredients is also very great, even in large dilution. Elatin, in doses of 1-96th of a grain, is an efficient purgative. The same would be true of prussic acid and aconitine: small doses would act powerfully. The effect of dilution in increasing solubility is universally admitted; indeed, medicines frequently act in proportion to their solubility, and so much so, that it is the common practice to select the most soluble preparations, and to add to a medicine those other ingredients the combination with which increases the solubility; for instance, bichloride of mercury and the hydrochlorate of ammonia. But here, as in all other instances, we see the tendency of Homœopaths to generalize from a few examples. This principle is not universal. There are proofs that some medicines act independently of absorption, and their operations, as such, do not depend upon their solubility. The instantaneous action of some medicines, and the effect of mechanical injury or mental emotions, afford ample evidence of this. Calomel is an active but very insoluble agent. Carbon, in like manner.

PART II.

In testing the value of statistical returns, there are several sources of fallacy which must be guarded against. If it be shown that the Homœopaths neglect these wholly or in part, so must their conclusions in support of the efficacy of their treatment be disbelieved.

There are general causes which occasion a difference in mortality which require consideration. These are: 1. The effects of difference of locality. 2. The constitutional type of prevailing diseases. 3. Peculiar mental epidemics or idiosyncrasies, if I may so term them, which at different times, in the histories of nations or epochs of individual life, influence health, and modify general mortality. 4. Hygienic discipline.

I. *Difference of Locality.* In the department of vital statistics, there are doubtless many laws which are not affected by difference of locality. Thus in a population the per-centage of persons living, married, unmarried, males, and females, at different ages, is about the same. The commission of crime seems to bear pretty nearly the same proportion in all countries, for the same ages. Mortality may be expressed generally by life-tables, not far different from one another, at least for Europe, &c. Yet due regard must sometimes he paid to special circumstances. It is thus a common source of fallacy among Homœopaths to assert, that because in a certain country or city a certain favourable result has followed treatment which they have directed, therefore in all countries or cities similar results would follow their practice. Unfortunately experience belies this assertion. Take, for instance, many diseases as they occur in England, and as they occur in tropical climates. Intermittent and remittent fevers, hepatitis, are mild diseases here; they are very generally fatal in India. Small-pox occurring in a vaccinated person in England, and therefore modified, is a mild disease in Europe. It is commonly fatal in India. I was soon made sensible of the effect of climate in modifying disease during my visit on the Continent. In England I had seen acute inflammatory fever frequently follow

surgical operations, and they often required most energetic treatment, perhaps sanguineous depletion. Calomel and opium, antiphlogistics generally, were well borne. The inflammation was usually *plastic* in kind. In the medical cases this dynamic type was less certain. A visit to the Parisian hospitals convinced me that a totally different order of things prevailed there. The inflammations after operations were generally suppurative and *aplastic;* adhesions by the first intention were of rare occurrence. In the medical cases the inflammations were more *dynamic*, and bore depletion well. To no other cause could I attribute the success of M. Bouillaud's "jugulating system" in the treatment of pneumonia, where patients recovered, and sometimes after eleven venesections, and many of these *ad syncope*. In Austria, I again noticed a marked difference in the character of these inflammations. After the most severe operations, where the patient was more than one hour (in one case as much as an hour and a half) under the knife, the inflammation that followed was very trifling, usually adhesive, the cures frequent and rapid. In the medical cases the inflammations were generally slight in kind, and did not require depletion. This remark was made not only by myself. The numerous Italian physicians who frequented the general hospital of Vienna had often expressed to me their surprise at the favourable terminations of these cases, which their experience in Lombardy and other parts of Italy had satisfied them would most probably have proved fatal. I attribute much of this to a most important pathological fact, which I cannot too strongly insist upon, namely, the extreme rarity of *Bright's disease of the kidney*. Of this fact I am satisfied, not only from clinical observation in the wards, but from positive examination of the dead. In the post-mortem department there are commonly fifteen bodies opened daily; every organ is separately examined with attention. Speaking generally, I should say from memory, it did not occur in 5 per cent. of the cases examined. The proportion is probably much larger. The influence of Bright's disease in the generation of, and in otherwise seriously complicating when they do occur, other diseases, is universally admitted. The researches of Dr. Taylor have shown its fatal influence in pericarditis. It is, however, too generally admitted to require comment.

The influence of locality on mortality is well brought out in the Irish Tables, as given by Mr. Wilde, in the Report of the Census Commissioners for 1841.

Place.	Receptions.	Per Cent. Mortality.	Place.	Receptions.	Per Cent. Mortality.
Cork Foundling	3,564	1·5	Tullamore	4,393	2·6
Cork Union Workhouse	9,603	4·3	Galway	2,715	2·6
Waterford Leper	5,536	5·5	Cavan	4,319	2·7
Lurgan	112	10·7	Carlow	1,694	2·7
Londonderry	358	10·9	Baltinglass	626	3·1
Limerick Banington	3,081	10·5	Tralee	2,624	3·2
Belfast	17,308	11·5	Armagh	5,473	3·1
Clonmel	96	15·6	Enniskillen	2,617	3·2
„ Poor House	9,861	18·8	Dundalk	3,037	3·3
Lisburn	120	25·7	Castlebar	3,738	3·5
Waterford Incurable	31	32·3	Kildare	2,281	3·6
Wexford Poor House	488	43·4	Lisburn	3,353	3·7
Dublin:			Maryborough	8,217	3·8
Incurables	211	37·0	Mallow	2,852	4·2
N. Union Workhouse	2,263	14·9	Ennis	5,534	4·2
Whitworth	1,538	9·7	Monaghan	2,755	4·3
S. Union Workhouse	3,922	9·4	Londonderry	6,488	4·8
St. Vincent	2,719	8·5	Wexford	2,233	5·4
Sir P. Dunn's	8,124	8·1	Sligo	2,264	5·4
City	3,824	7·3	Cork, North	5,571	5·5
Jarvis	4,607	7·2	Cavan	2,801	5·5
Mercer's	7,329	6·4	Limerick	5,212	5·7
Adelaide	360	6·1	Wicklow	1,973	6·1
Richmond	14,432	6·1	Cashel	2,819	5·9
Stevens'	15,643	5·8	Downpatrick	2,440	6·2
House of Industry	1,716	5·7	Cork, South	4,509	6·7
Whitworth Chronic	8,883	1·9	Kilkenny	4,186	7·3
Longford	1,626	1·8	Dublin	15,053	7·6
Carrick on Shannon	3,576	2·1	Lifford	1,753	8·1
Roscommon	4,665	2·1	Drogheda	852	8·8
Mullingar	3,544	2·1	Total	127,793	

	Receptions.	Per Cent. Mortality.
Total, Hospitals	126,982	10·3
Total, Hospitals and Infirmaries	253,775	7·3

The influence in different countries is shewn in the Appendix.

II. The constitutional type of disease may vary in the same country or locality, at intervals of years, months, and even days. It is well known that owing to some epidemic influence or prevailing diathesis the character of a disease may change altogether, sometimes assuming a *dynamic*, sometimes an *adynamic* type, at other times a specific character not before observed: one day requiring energetic treatment and the free abstraction of blood, another day requiring the free exhibition of stimulants. Thus, twenty years ago, Dr. Clutterbuck brought in free venesection in cases of continued fever, and

the plan was eminently successful. In an able paper by Dr. Webster, in the *London Journal of Medicine,* we are informed that during the whole of last year, in the Fever Hospital, no blood-letting, not even by topical abstraction, was called for. On the other hand, in the stage of depression, wine and stimulants had been freely given, as the chief measures on which reliance could be placed. As an example of the change in the specific character of the disease, the puerperal fever of Paris may be mentioned. In this fever, on one occasion, after the most fearful mortality, ipecacuanha was accidentally found to act as a specific; and yet, two years afterwards, on the recurrence of a similar epidemic, it entirely failed to do any good.

To similar changes may be probably ascribed the very opposite results obtained by certain remedies at different periods, though apparently in the same diseases. The high praise formerly bestowed on many medicines, now recognized to be almost inert, may have been due in part to this. The history of medicine in fact teems with such examples. But even in the course of a few days an epidemic may change altogether in its type. A familiar example of this is *cholera,* which at the beginning of an epidemic is always more severe and fearfully fatal, and in no way amenable to treatment, but subsequently becoming milder in character, is less fatal and more readily subdued. It would be clear that if the statistics of the first week were compared with those of the last, a very different cypher of mortality would obtain; and yet it would be wrong to infer that this was wholly due to better treatment pursued. If so, whoever had treated the last cases would be considered the best doctor, and the Homœopath, if so circumstanced, might boast of having cured the largest percentage of cases; a trick I fear more than once resorted to.

This fact is strikingly displayed in the Irish tables, shewing the weekly mortality in different localities.

TABLE, *showing the Weekly Number of Deaths in the Union Workhouses in the four Provinces of Ireland, from the 17th April, 1847, to the 29th April, 1848.*

Week.	Ulster.		Munster.		Leinster.		Connaught.		All Ireland.	
1847.	To 1000 Inmates.	To 100 Sick.	To 1000 Inmates.	To 100 Sick.	To 1000 Inmates.	To 100 Sick.	To 1000 Inmates.	To 100 Sick.	To 1000 Inmates.	To 100 Sick.
April 17...	21·6	9·8	28·3	10·9	15·8	7·3	43·6	13·1	24·5	9·9
„ 24...	20·2	8·7	25·0	9·4	17·4	7·9	40·4	13·6	23·0	9·3
May 1...	19·0	8·3	23·0	8·9	15·3	6·8	43·4	13·9	22·6	8·8
„ 8...	18·6	8·5	21·2	8·4	14·5	6·3	39·0	13·9	20·3	8·6
„ 15...	15·7	7·5	17·1	7·0	12·2	6·4	33·0	10·5	17·4	8·5
„ 22...	16·9	8·1	16·5	7·1	10·8	5·0	30·2	10·6	16·4	7·02
„ 29...	14·8	7·6	16·5	7·4	11·8	5·4	25·8	7·9	15·5	7·0
June 5...	13·2	6·8	15·0	6·1	10·3	4·3	22·6	7·3	14·0	6·2
„ 12...	14·1	7·2	14·3	6·8	9·9	4·6	24·9	8·6	14·1	6·5
„ 19...	14·8	7·9	13·4	6·4	10·4	4·5	24·9	8·5	14·1	6·5
„ 26...	14·5	7·4	12·4	6·0	9·7	4·3	21·6	7·3	13·2	6·05
July 3...	12·5	6·5	11·7	5·9	9·9	4·4	19·8	6·9	12·2	5·7
„ 10...	11·0	5·8	9·2	4·9	9·1	4·4	16·0	5·9	10·5	5·1
„ 17...	9·4	5·2	9.8	5·3	8·9	4·1	15·5	5·5	10·1	4·9
„ 24...	8·6	4·8	7·9	4·0	7·6	3·6	15·4	5·5	8·8	4·3
„ 31...	8·7	4·9	8·1	4·1	9·1	4·5	11·6	3·9	8·9	4·4
August 7...	8·3	4·6	8·3	4·3	8·3	4·1	11·0	4·1	8·5	4·3
„ 14...	8·2	4·9	6·9	3·7	7·5	3·5	12·2	4·7	8·3	4·1
„ 21...	8·8	4·9	7·6	4·0	6·8	3·0	7·3	2·9	7·7	3·8
„ 28...	8·8	4·7	7·8	4·2	8·5	3·9	9·4	3·8	8·5	4·2
September 4...	8·4	4·2	7·6	4·1	7·1	3·4	9·9	4·4	7·8	3·9
„ 11...	9·3	5·2	7·4	4·2	8·5	4·1	8·1	3·6	8·4	4·4
„ 18...	7·1	4·0	6·6	4·6	8·0	3·8	8·6	3·9	7·3	4·1
„ 25...	8·4	4.9	6·2	4·4	7·5	3·6	7 4	3·8	7·3	4·3
October 2...	6·1	3·7	4·4	2·7	5·5	2·8	4·7	2·5	5·2	2·9
„ 9...	5·1	3·6	4·4	3·1	6·5	3·0	6·9	4·0	5·6	3·2
„ 16...	4·9	3·0	5·1	3·7	5·9	2·8	5·0	2·9	5·3	3·1
„ 23...	5·1	3·2	4·0	2·9	6·1	3·0	5·2	3·2	5·1	3·0
„ 30...	6·1	4·0	4·0	3·0	6·6	3·3	5·8	3·1	5·5	3·5
November 6...	4·4	2·9	4·8	3·2	5·7	2·9	4·3	2·1	5·0	3·0
„ 13...	5·7	4·0	4·2	3·2	5·3	2·8	5·4	3·1	5·1	3·3
„ 20...	5·0	3·4	4·2	3·1	6·7	3·7	5·8	8·4	5·2	3·4
„ 27...	6·1	3·9	5·0	4·0	6·4	3·3	4·7	2·6	5·7	3·6
December 4...	6·0	3·6	5·3	4·1	7·8	6·1	6·8	4·1	6·4	4·0
„ 11...	7·1	4·4	6·1	4·7	7·9	4·0	7·9	4·7	7·1	4·5
„ 18...	8·6	5·2	6·9	5·3	8·1	4·3	8·5	5·7	7·9	4·9
„ 25...	10·5	6·4	8·1	6·0	8·5	4·6	13·1	7·4	9·5	5·8
1848.										
January 1...	10·5	6·6	10·0	6·8	12·4	6·3	16·7	8·5	11·6	6·3
„ 8...	10·5	6·2	10·5	7·6	12·6	6·4	16·7	8·8	11·8	7·0
„ 15...	8·4	4·9	10·1	7·5	11·5	5·9	8·2	9·0	10·8	6·5
„ 22...	9·3	5·4	8·8	6·4	9·7	5·1	17·5	8·7	10·2	6·0
„ 29...	8·0	4·9	9·4	5·8	10·0	5·2	19·5	9 8	10·5	6·3
February 5...	8·7	5·5	10·2	7·2	11·3	5·5	17·7	8·8	11·0	6·4
„ 12...	7·7	4·7	9·6	6·4	9·6	4·8	15·1	7·7	9·7	5·7
„ 19...	7·7	4·9	8·8	5·8	9·6	4·7	16·1	8·2	9·7	5·6
„ 26...	8·2	5·1	9·3	6·2	8·6	4·1	16·4	8·4	9·7	5·6
March 4...	8·8	5·3	10·2	6·6	8·6	4·2	15·8	7·8	10·3	5·8
„ 11...	8·5	5·2	10·6	6·9	8·6	4·0	13·5	6·5	9·8	5·5
„ 18...	9·0	5·3	12·5	7·2	7·9	3·9	16·8	8·1	10·7	5·8
„ 25...	8·9	5·0	14·5	8·9	9·0	4·5	15·7	7·4	11·7	6·4
April 1...	8·4	4·8	11·8	7·2	7·1	3·6	13·2	6·8	9·8	5·6
„ 8...	7·8	5·0	11·2	7·8	6·8	4·0	14·6	6·8	9·7	5·5
„ 15...	8·2	5·0	11·9	7·8	7·2	4·0	15·0	6·8	10·2	6·0
„ 22...	7·9	4·9	10·0	6·7	5·8	3·3	13·6	6·1	8·8	5·3
„ 29...	7·7	4·9	9·0	6·4	6 6	3·8	14·1	6·0	8·8	5·3

A similar result is given by the French tables. In a French work, called the *Statistique des Hôpitaux et Hospices de France*, the following facts appear. Taking triennial periods, to avoid errors of single years, we have, as a *résumé*—

	Admissions.	Deaths.	Deaths to Admissions.
1833 to 1835	1,023,991	112,424	99 on 1000
1836—1838	1,013,037	116,534	102 ,,
1838—1841	1,146,254	133,993	104 ,,

The *résumé* includes returns from eighty-six places and departments. Owing to cholera and other accidental causes, there was a great difference in the admission and mortality of different localities and the same places during different years. Thus in regard to admissions, there were, in—

	1833.	1834.	And in 1840.	1841.
Hautes Pyrenées	373	320	860	1,048
Dordogne	598	962	1,994	2,061
Le Morbihan	163	287	5,522	5,340
Finisterre	7,727	.....	....	3,476

The changes in the mortality were equally varied.

Place.	Year.	Deaths p.cent.		Deaths p.cent.
La Meuse	1840	49·2	Yonne.....	6·6 to 6·0
Bouches du Rhone	1841	35·1	Vendée, did not exceed.....	5·8
Ain	1833	37·1	Le Gard.....	5·4 — 7·0
Meuse	1834	1·0	Indre et Loire	4·0 — 6·5
Morbihan	1839	1·9	Morbihan, from 1833—8....	1·9 — 2·9
Deux Sevres	1833	2·4	Le Nord	7·9 — 8·9
Vienne	1833	3·9	Seine	7·6 — 9·7

In some there was great and continuous mortality.

Rhone, 9·3 to 12·6 | Haut Rhin, 9·5 to 13·5 | Seine Inférieure, 10·2 to 11·7.

It was generally less in the agricultural districts. In twenty-three of these it only reached, once in eight years, 7·5 per cent. These facts prove the unfairness that may sometimes exist in selecting hospitals for comparison without due regard to locality, epidemics, &c.

III. In estimating the results of practice, the influence of the mind should not be lost sight of. There are three ways in which it may be supposed to act. 1. By imagination and credulity. 2. Emotionally. 3. Epidemically.

The influence of imagination and credulity in the cure of disease has been well commented upon Dr. A. Todd Thompson. The patient who believes he will die after a particular operation or a particular epidemic which prevails will often prove a true prophet. Vexation, annoyance, or care, frequently causes

dyspepsia or diarrhœa, and, if long continued, even mania. A firm belief in any result which we are given to understand will take place will often insure its occurrence. Cases have been recorded of this kind by Mr. E. Lee in his book on homœopathy. In one case where an allopath, having failed to benefit a lady patient, when requested to treat her homœopathically, exhibited 2 grains of sugar, assuring her she would experience the effects of this powerful medicine for six days. The symptoms indeed that followed caused the lady, as she assured the doctor, such disturbance that she did not expect to live the night. I was myself struck at the results of some experiments I conducted, in some fifty or sixty cases. In a case of hypochondriasis of some duration a cure was effected by two bread pills. I also experimented with coloured water. My plan was to employ three kinds of coloured water—red, yellow, and blue; to work upon the imagination of my patients, describing this water to be a deadly poison, and having it labelled accordingly, giving express caution to keep the medicine from the children. I invented a series of symptoms as likely to follow. From 20 to 30 drops to a dose. It is but right to state that in many cases the result was null, no effect appearing to have been produced. In some patients, however, chiefly neuralgic cases and weak-minded individuals, there was. In one case this coloured water produced such alarming symptoms that I was sent for in a great hurry to see my patient, a strong well-built man about twenty-five years old, labouring under some dyspeptic affection. I was informed that after every dose of the medicine taken (which consisted of 30 drops of water coloured with the compound lavender tincture), syncope, with convulsive movement, followed. A diminution to 20 drops reassured my patient, and the fits did not again occur. My colleague, Dr. Taylor, found coloured water produce such distressing symptoms in a female that he was obliged to omit it. If such effects were produced among *out-patients*, by whom all dietetic regimen was neglected, where rest and quiet were not enforced, what good effects might not have followed the employment of coloured water with these adjuvants. These effects could not, it is true, be logically inferred as due to the water, but to the local contingencies present, and the power of the mind. In the same way I once effected a cure upon a very susceptible individual,

about forty, labouring under intense cerebral congestion, by the mere threat of venesection. The pulse was full and strong, the eyes red and ferrety, headache intense. The mere preparation of my apparatus almost brought about syncope, and in the course of a few minutes all necessity that might have existed to bleed ceased. I think any Homœopath, who had in any of these cases exhibited a globule, would have entirely overlooked the influence of mind, and ascribed the results to the infinitesimal dose. Yet manifestly, here he would have concluded incorrectly. Innumerable instances of similar kind might be noticed. Many of these have been recorded in Lee's *Homœopathy*. Sufficient has been said, however, to direct attention to this influence in the cure of disease.

But, 2nd. Mind may act *emotionally;* and here I wish to restrict the sense of this word. In most of the cases before recorded, the effect produced is one of time, nor does the mind appear to act *directly, singly,* or *at once.* "The emotional nerves appear, like the reflex and voluntary, to have allotted to them a particular portion of the nervous centres. The distinctness of their character is further made obvious from the observation of those cases of paralysis, especially of the facial nerve (through which the muscles of expression are, for the most part, excited to action), in which the muscles are obedient to an emotional influence, though the will exerts no power over them." There are, moreover, several disordered states of the nervous system, (such as St. Vitus's Dance and Hysteria,) in which irregular or convulsive movements, totally unrestrainable by will, are directly consequent upon emotional excitement. Secondly, the will itself appears to have the power occasionally to induce these actions, "as in hysterical convulsions, which may be excited by the will, which *gets up,* so to speak, a state of feeling which is the immediate cause of the disordered movements," and yet once induced, the will can no longer restrain them.* It is admitted by all, that the excito-motary actions may be increased by diminution of voluntary power in cases of paralysis. Again, it is a rule in nature, that the exercise of any particular function increases its power. It is thus but a step in the same direction to suppose that, in some cases, where the voluntary power is weakened, the emotional may be in-

* Carpenter's *Physiology*. 3rd ed. pp. 1042 and 3.

creased likewise; and also, that persons who may be in the habit of indulging, or not repressing, emotional influences, may also thereby increase this emotional power. So far exalted, it may thus both give rise to, and, in more extraordinary instances, cure disease.

It is to this category of cures that many alleged miracles of the present day may be referred. Sudden and powerful mental excitement, as by a fright, has been known to restore voluntary power which has been long lost. A lady who for several years had lost the use of her lower extremities, was startled by a rat running near hear. Having an extreme antipathy to this animal, she made an effort and sprang upon a table near. The power, however, was not permanently restored. In other cases a different result has obtained, under strong religious fanaticism, as in the supposed miracle of Prince Hohenlohe, Miss Fancourt, &c. (Williams's *Practice of Medicine.*) Of a similar nature are the cures of Madmoiselle Maistre, and the young girl at Plombières, recorded by Mr. E. Lee. The following case, taken from Dr. Watson's *Lectures on Physic*, is another instance of this strong emotional influence in bringing about a cure.—" A young lady had lost all the power of her legs. Sir B. Brodie was called in; he found her in bed, and learnt she had been lying several months on her back. He wished, however, to see her try to walk. She declared the attempt to do so would kill her. Sir Benjamin, however, was resolute; he had her got out of bed,—in a few days she was walking about. Another case occurred to Dr. Bright.*—A young lady, for nine months, had been laid on her back, and had lost the use of her legs. If she attempted to move she was thrown into a paroxysm of agitation and excruciating agony. In other respects however she was healthy. She had derived some relief from stimulating injections and certain pills. Dr. Bright talked seriously to the mother, and recommended that simple water should be substituted for the injection, and that bread pills should be substituted for those the girl had been taking. The mother soon perceived that these means produced the same tranquillizing effects on her daughter, hitherto ascribed to the medicine. In this case Dr. Bright attempted to have her shifted gently to the sofa, but it was

* Watson's *Practice of Physic*, 1st ed. vol. 1, p. 676.

impossible, the paroxysm almost overcame her. Dr. B. continued to see her at intervals for nine months. One one occasion, when visiting her after an absence of a month, her sister met him at the door, and informed him that his patient had, three mornings before, "under a deep religious impression," completely recovered all her powers. He found her accordingly sitting up and well. In the year 1821, a poor woman lived in the house situated over the mews in Marchmont-street, Burton-crescent; she had been bed-ridden for years. On one occasion the house took fire, and she fell down, upon her bed, through the ceiling into the street. From that moment she got up and was enabled to walk, cured by a strong emotion of terror. The late Dr. J——, of Christchurch, was a martyr for years to asthma. On one occasion, while superintending the works in a house he was building, he fell down the staircase from a height: from that moment the asthma disappeared. "These are the cases," remarks Dr. Watson, "which suit the purposes of miracle-mongers." Many of these pseudo-diseases terminate suddenly under some strong moral emotion: a fall, a fire in the house, any overwhelming terror will sometimes put an end to them. If such extraordinary cures are effected through this agency, it is not supposing too much, to ascribe many minor cures to a similar, though a less exalted influence.

3. There may be such things as mental epidemics. A whole community, like individuals, may be led to believe in the reality of phantoms created by the imagination, the action of which belief may not only be traced in their daily occupations, but in the very diseases which afflict them. The members of the fair sex are quite aware how insensibly and yet how certainly a fashion changes, and makes way for another. That which one day is most admired, is most offensive the next. It is the same thing in medicine: the same principle acting in a different manner upon the mind, secondarily upon the body. Political revolutions frequently give rise to mania. The types of disease occurring in an army under defeat are adynamic, and low fever may even be generated under such circumstances. Boerhaave has given us an account of an epidemic of a convulsive nature—epilepsy; induced originally in a hospital ward, by the distressing sight of a girl in an epileptic seizure. The Dancing Mania of the sixteenth century is another instance

of this. Cures by metallic tractors were formerly of frequent occurrence (1832), and the credulity of the public in the beneficial influence of these magnetic rings could not for the time be opposed. Dr. Haygarth removed rheumatic pains by tractors made of wood, ivory, and even gingerbread. There was the period of the dark ages, when superstition veiled the resisting powers of reason, and miracles by relics, or witchcraft, were of frequent occurence; another period, when sensuality tainted every effort, moral as well as physical, and disease assumed a character hateful and disgusting; another, when the dignitaries of the earth were looked upon as beings superiorly gifted, and possessing attributes and healing powers to which even the most learned in physic could not attain. The practice of curing king's evil or scrophula is an instance of this; and it prevailed for centuries in England. Thus Charles II is said to have touched above 32,000 persons for this disease between the years 1663 and 1684. Writers of the day believed in this power; amongst these many most distinguished physicians. Education, however, improved; these cures were doubted, faith was shaken, and they ceased to occur. In the present day we have this love for the marvellous again on the increase; and this although M. Robin and other equally honest wizards surprise us by their tricks, which they acknowledge to be sleight-of-hand. We must believe in something too subtle even for appreciation by our intellects. Thus we have phrenology, mesmerism, electro-biology, odyle, and magnetoscopes, all of which, in their application, are attended with most extraordinary results. Add to this a revolutionary and perverting spirit has gone abroad. Whole nations have believed that despotism, intolerance, civil war, are the wisest means of establishing liberty, fraternity, and equality. No wonder, therefore, that this same love for the marvellous, coupled with the revolutionary spirit of the day, should have assailed medicine: that legitimate medical authority should be cast down, and illegitimate homœopathy should be believed to perform cures. Like the brandy-and-salt delusion, with some truth (a very little truth, it is true) concealed at the bottom of it, yet withal containing much that is false and absurd, it satisfies the minds of many. Perverted in opposition to reason, they believe and are cured. He only, however, is the true philosopher

who can so far separate his mind from the bias of the day, as to extricate it from the dazzling perplexities which surround him, and by adopting only those conclusions which logical reasoning deduces, is enabled out of this labyrinth to bring out truth.

Lastly. *Coincidences* are frequently confounded with *causes.* It does not follow that because a patient takes a certain medicine, and recovery follows, that the cure was the effect of this medicine. *Post hoc* is not always *propter hoc.* The above examples of the influence of mind on disease prove this. In Dr. Bright's case it was supposed the medicines produced certain tranquillizing effects. Bread pills produced similar results. In Sir B. Brodie's case, had a globule been first given, and the patient then compelled to leave her bed, to have ascribed the the cure to the globule had been untrue. The *vis medicatrix naturæ* is often overlooked, even among ourselves, as well as the *vis medicatrix mentis.* I have already alluded to the severe regime of Bouillaud, in pneumonia. Cases have, in the same hospital, and at the same period, perfectly similar then in every respect, got well without similar treatment: it may be, got well sooner. Thus, because many of Bouillaud's cases recovered, it did not follow the repeated bleedings cured the pneumonia. Many diseases will disappear if left to themselves. I have seen several such cases of erysipelas, scarlatina, bronchitis, &c., do so. Such was also Cullen's opinion of the *nimia cura medendi.* Indeed, I feel satisfied the power of drugs is sometimes overrated. I believe also, that formerly, owing to the altered type of disease, they were more certainly useful than now. Here are two cases which show the source of fallacy from the too frequent disregard of coincidence. A physician was, and had been suffering very severely from bronchitis for weeks. He had neglected himself, and got very much worse, so much so that he found it necessary to take medicine. He accordingly ordered for himself some cough pills. The same night, and before he took any of them, he lost his cough. A hospital patient of Dr. Taylor's at University College had been ill for some time, I believe, with chronic rheumatism. Remedies had been given with small advantage. At a visit he was ordered a draught containing iodide of potassium. The next day he was very much better than he

had been for several days. On inquiry, however, it was found that, owing to some mistake, no medicine had been given whatever. There can be no doubt that in both these cases, had the cure followed the prescribed medicines, it would have been unfairly ascribed to their operation.

To get over these sources of fallacy, Homœopaths appeal to the experience derived from their practice among animals and little children, who, they allege, have no reasoning powers, and on whose diseases, therefore, the mind cannot exert any influence. Assuming, first, for the sake of argument, this proposition to be true, let us test this practice in a few of these examples of cure.

1. Through the kindness of an amateur,* my attention has been directed to some cases of cure, or *pretended cures*, of animals by homœopathic medicines. First, a statement made by Dr. Gross, in Stapf's *Archives Homœopathiques*, who maintains that one of his friends, a veterinary surgeon, cured by ten doses of phosphorus, No. 4, at intervals of five days between each dose, a *Fungus hæmatodes* of the size of a child's head, upon the hinder parts of a horse; a form of cancer well known to be most rapid in its course, and least susceptible of cure: and he adds, the same gentleman had always succeeded in curing those malignant colics in horses which had hitherto been considered fatal, by aconite, colocynth, sulphur, or arsenic. Few medical men would, I think, be disposed to believe these statements. But admitting they should be true, it is extraordinary that these experiments have not been confirmed by subsequent experience. How is it also that these great discoveries should only be made known to us *second-hand*. Does veracity fear exposure? It must be admitted such revelations appear suspicious.

Another case is that of Mr. H. J. Genske (*Arch. Homœop.* v. iii. p. 152), surgeon. He is represented as having cured horses of inflammatory rheumatism of the hoofs in three days. Yet, on reference to these cases, I find that one case only is cited in full, and this appears to have been merely a case of slight catarrh, with some muscular pains in the limbs. Another similar case is mentioned as having been treated and cured, but neither appear to me of so grave a nature but what rest and

* *Homœopathy Vindicated*, 3rd ed.

emollients (which were also, by-the-bye, prescribed) might not have cured as in an ordinary case of pleurodynia. The third horse died; but, as usual, the blame is put on an allopathic purgative previously given, more especially as a *post-mortem* examination revealed the existence of enteritis and gangrenous portions of the intestines. Whether, in the other cases, or not, allopathy was also employed, is not said. It would be a pity to confess this in any but unfortunate cases. It is but right to add, that the horse was very ill when first seen; but where, in one case, we have so incorrect a diagnosis made, surely we have a right to doubt the correctness of diagnosis in a second; and, at any rate, to carry conviction to an opponent, full particulars must be given: simple assertion will not suffice. Besides, where it is alleged that allopathy was so shamefully practised in this one case, as to give rise to inflammation of the bowels and gangrene, if it prove the ignorance of the person who directed the treatment, it is not an argument against the system:—abuse is no argument against use.

There is a very amusing article in the *Homœopathic Times* of March 1, 1851—amusing inasmuch as it well evidences the powers of credulity among Homœopaths. It purports to come from an *anonymous* Homœopath, who incloses a letter from a *Derbyshire farmer, also anonymous*, announcing the effects of homœopathic treatment in curing a virulent epidemic of *pleuropneumonia* among the cattle. The treatment was as follows: Six drops of the Tinct. Bryonic. in three ounces of water every four hours for three days, when a decided improvement in the cow was manifested. Phosphorus was then given for a similar period, when the improvement was still more decided. Lastly, the same quantity of the sulphur tincture was given at the same interval of hours, and the cow was perfectly well. The number of cases is not mentioned, but one death only occurred. Under allopathic treatment a fatal termination had very generally occurred; but, 1st, it should be remarked that very little credence can be accorded to *anonymous writers;* 2nd, and particularly *non-medical observers*, for which reason we cannot say positively that these were genuine cases of pleuropneumonia; 3rd, the *dietetic regimen* observed was very severe. To use the writer's own expressions, "I only allow them just sufficient food to keep life from becoming extinct."

To us who as medical men are well acquainted with the excellent effects of low diet in the treatment of disease, it would be more natural to believe that the "*diète absolue*" was after all the real medicinal agent, and more especially as the writer adds, "*it is requisite they should be kept dry, and in a warm shed,*" influences to which animals accustomed to eat *ad libitum*, and habitually exposed to the vicissitudes of temperature, must be peculiarly sensible; and not the homœopathic drugs.

Another series of cures under homœopathic treatment is recorded by Captain Merson, drill-captain of the 10th Regiment (French) of Cuirassiers, who details the experiments made by M. Leblanc, the veterinary surgeon to the corps, on a number of horses affected with glanders and farcy. The cases occurred in the years 1834–6. In 1832 it was said that thirty-two horses were sent to Pompona, but not one returned to the corps. The inference intended is evidently the natural death of these horses, though they may have been slaughtered, killed, or otherwise got rid of. The facts of Captain Merson may be briefly stated as follows:

Out of forty-six horses affected with the disease and treated homœopathically, twenty-eight were ordered to be slaughtered as incurable. The report, however, adds, that this was only done by order of the Inspector-General, and that at a post-mortem examination of nine or ten of these horses, recovery had already begun, and might have been ultimately perfected had the animals been allowed to live a little longer. The following Table exhibits the progress of alleged cure in the remainder:

Date of Admission.	Date of Exit, after Cure.	Under Treatment.	Date of Admission.	Date of Exit, after Cure.	Under Treatment.
		Days.			Days.
June 10, 1835 ...	Aug. 1, 1835 ...	52	Feb. 17, 1836...	June 22, 1836 ...	125
Oct. 20 „ ...	Dec. 28 „ ...	69	Nov. 17, 1834...	April 6, 1835 ...	141
Sept. 25 „ ...	„ 5 „ ...	71	„ 22 „ ...	„ 24 „ ...	153
Oct. 26 „ ...	Jan. 16, 1836 ...	82	„ 11 „ ...	May 15 „ ...	185
Jan. 30, 1836 ...	April 23 „ ...	84	„ 12 „ ...	June 1 „ ...	210
„ 17, 1835 ...	May 5, 1835 ...	98	Jan. 6, 1835...	Aug. 24 „ ...	230
May 15 „ ...	Aug. 31 „ ...	108	July 31 „ ...	April 6, 1836 ...	250
Jan. 16, 1836 ...	May 13, 1836 ...	117	March 26 „ ...	„ 16 „ ...	371
Feb. 4, 1835 ...	June 5, 1835 ...	121	Feb. 26 „ ...	„ 6 „ ...	404

The simple consideration of these cases disproves their authenticity. At most, admitting them genuine, they would be examples of a benignant character of disease, which yielded

to hygienic treatment. The experience of Percival proves, that of all diseases glanders is most easily prevented and influenced by careful attention to measures of ventilation, cleanliness, diet, &c. The disease, from its very duration, was chronic; and it is known horses may continue for years so affected, and apparently perform their duties as well as when in a healthy state. Besides, till lately more than one disease has been included under the generic name, and many a horse slaughtered while simply affected with nasal gleet, a curable disease, and one which, like many other blenorrhœas, will get well of itself (*Veterinarian*, p. 423, 1847). The distinction has only been lately recognized. The very duration of many of these cases is so much evidence that they were not genuine cases of glanders.* For if it were otherwise, why have not these cures been repeated, and of late years? Individual instances of former cures might be cited: the charlatan Herie's cures; Collaine's experiments, so favourably reported upon by the Royal Society of Agriculture in 1810, and his success with the horses of the 23rd Dragoons; Cadet de Vaur's cures; Gangain's cures of sixty horses of the 11th Hussars, all by *Hepar sulphuris*. The type of these cases was, however, different, or the disease probably mere nasal gleet or influenza. Others have tried and failed, not only once but repeatedly since.

Finally, it may be a charitable act to inform the Homœopaths of one source whence much emolument and honour might accrue to their art. I allude to overfed, overindulged poodle and parlour dogs. Experience has amply proved how low diet and water will often work rapid and wonderful cures in all those diseases to which this portion of creation is liable. Let the homœopathic veterinary, however, keep this dietetic regimen out of view, but with all solemnity administer and attribute the cure to globules. The credulous public would surely not be so impolitic as to disbelieve them.

2. In the cures believed to have been effected upon children, much discrimination is necessary to enable us to say that they have really been produced by the remedial agents employed. There are especially two sources of fallacy which should not be overlooked, even supposing the mind to exercise no influence.

* They could not have been acute, characterized by necrosis of the bones of the nose, and tubercles in the lungs and other parts of the body.

1. Sudden transitions from apparent health to disease, and *vice versâ*, are of frequent occurrence in children. All who have had much to do in the treatment of these little sufferers must be convinced of the truth of this remark. How often do we see a patient almost *in articulo mortis* one day, the next apparently well. In remittent fever how commonly is this sudden change observed: and we all know that most infantile diseases have a great tendency to assume a *remittent type*. But for the knowledge of this, we would in most cases ascribe these changes, either for good or the reverse, to the influence of our remedial measures. 2. No class of patients are more readily influenced by dietetic regimen than infants. The evidence of this truth is so clear that it seems scarcely to require mention. Diarrhœa, constipation, convulsions, worms, the most disgusting eruptions, may be all induced by errors in the child's or the mother's diet. Take, for instance, the *Eczema rubrum* of the scalp. This disease has been frequently induced by the consumption of large quantities of butter. The suspension of this article of diet has removed it. Speaking generally, however, in most diseases of children, the mere correction of the improper diet and hygienic prudence will often cure their diseases without medicines.

But, lastly, I very much question the truth of the conclusion that animals or infants cannot be influenced by psychical causes. Admitting instinct to be perfectly distinct from reason, and that animals are almost exclusively, or rather largely, indebted to this power for their regulation, are they totally devoid of psychical powers? I cannot bring myself to admit this conclusion. Most of the arguments made use of to prove the existence of a living agent within the body and distinct from it, apply to animals. (Butler's *Analogy*, chapter 1, p. 11.) Moreover, the extraordinary sagacity, the acquired experience which gives to some animals a superiority over others of their fellows, are not to be explained by a mere instinctive power, the same for all animals of the same species, both young and old, and not capable of progressive improvement through different ages. But even if psychical power be denied, at least an emotional influence must be admitted. Like ourselves, animals are susceptible of fear, sorrow, terror, joy, &c., sensations referred to mind usually with man. Whencesoever these emotions take their rise in animals, their existence *cannot* be denied, and

their influence is capable of giving rise to morbid symptoms in the body.

A fortiori, must this influence be found among infants? The power of memory in after-life to recall sensations experienced in childhood may be limited; but to deny that children, even infants, are insusceptible of pleasing or displeasing emotions, would be manifestly unphilosophical. Supposing, however, the voluntary powers of the will or mind are dormant, this would only, upon the principle before laid down, increase the action of the emotional influences. Precisely as in cases of paralysis, the excitomotory function (as evidenced by the production of movements in the paralyzed parts by irritation or pinching of the skin) is increased, so the involuntary emotional influence may be increased in intensity; and all admit, that with children, in the prevalence of spasmodic diseases, we have proof that the excitomotory power is increased.

Influence of Hygienic Discipline.

IV. That simple hygienic treatment, *i. e.* attention to diet, regularity in the hours of meals and of rest, exercise, change of air, will oftentimes cure many diseases, apart from any so-called drug, indeed, in a few cases, where drugs have failed altogether, cannot be disputed. The fact scarcely requires more than mention. The experience of every day proves to us that many cases of scarlatina, measles, erysipelas, ephemeral fever, even continued fever of several days' duration, will get well by simple attention to hygienic measures, and without any so-called medicines. Dr. Watson speaks, for instance, of simple measles as scarcely deserving the name of a disease; of simple scarlatina as requiring nothing more than confinement to the house, the observance of the antiphlogistic regimen, with regard to diet and regulation of the bowels. Exclusive animal diet will frequently cure diabetes; vegetable diet, scurvy. Indeed, experience seems to prove, that even in some acute diseases, simple hygienic treatment, if well directed, will bring about a cure. Allusion will be made to many of these instances in the sequel; it may be mentioned that Dietl and Grisolle both cured, and very satisfactorily, many cases of pneumonia; that the malignant Irish fever was best treated by simple dietetic measures. Thus, in the estimation in which

we must regard Homœopathy, it is not one of the least important considerations, that attention to hygiene is the sheet-anchor of their practice, not to allude to those questionable cases where they give cod-liver oil, purgative and refrigerant fruit, as *condiments,* in considerable quantities; and in their recommendation of the purest and best preparations of food, we have evidence of their dietetic discipline, in many of their works and semi-admissions, if I may so term them. Thus Dr. Madden, quoted by Mr. Lee, says, "If the homœopathic physician possesses even an ordinary amount of penetration, he will soon perceive, that the remedies which are chosen nevertheless fail to effect a cure, unless great attention be paid to the hygienic regimen and external means. The Homœopathist must, therefore, after a few years, have his attention *almost exclusively directed to hygiene.*" Dr. Fleischmann has said, that in 1000 cases of pneumonia not more than 200 are cured by remedies. If we look at the cases published by their most distinguished writers, and in which the attention to diet is recorded, we are forcibly struck by the extraordinary manner in which this is enforced. Coupling this with the admissions made by converts to Allopathy, we cannot fail to be convinced that, in most cases, not influenced by mind, the cure is effected by the dietary rules enforced, and not by the mere globule. When due allowance is thus made for all these sources of fallacy, how many cures remain which can be attributed to pure Homœopathic medicines?

Let us however not be misunderstood. Do we say that all diseases are to be cured by the initiative power of nature or mind apart from medicines? God forbid that we should assent to such a heresy. Both mind exalted, and nature unassisted by medicines, will do singly or conjointly a great deal, indeed a great deal more than we perhaps have an idea. But herein lies the great advantage of the Allopath over the Homœopath. The latter if honest, operating exclusively with these two agents, mind and nature, is obliged to have recourse to every expedient he can find to intensify, as it were, their action. The Allopath acts in most instances upon more certain ground. He has the opportunity of using mind and nature singly or conjointly, as he chooses, but he can better direct their influence by medicine. Let him use castor-oil, he is pretty sure it will purge, opium

will soothe, ipecacuanha will produce sickness and vomiting. Like as a traveller, who undertakes a long voyage over valleys, mountains, rivers, seas, and snows, could not effectively accomplish his journey with two means of conveyance only, but would probably employ railways, horses, carriages, ships, boats, steamers, sledges, &c., so the true Allopath makes use of all the means within his reach; and there is this advantage at least he possesses,—it is not his interest or his custom to deceive.

PART III.

Section I.—*On the General Mortality of Hospitals.*

The influence of the causes before-mentioned will frequently explain many cures, and also differences in mortality. There are, however, special influences which require notice as directly bearing upon the subject of mortality in homœopathic institutions. It will be well to speak of these, first in their relation to mortality from all diseases collectively; and secondly, as throwing light upon the question of mortality from particular diseases, such as pneumonia, pleuritis, encephalitis and meningitis, dysentery and fever. It is to be regretted that the statistical returns for comparison from allopathic hospitals are frequently insufficient for special diseases. Even the Registrar-General's valuable returns give us only the *absolute*, not the *relative*, mortality, *i.e.* all the deaths, but not the proportions of deaths to admissions, a most important omission, and one which has probably its origin in the medical profession itself. The Glasgow Infirmary is an honourable exception. On the contrary, this is a point to which the Homœopaths have directed particular attention, and they have already derived benefit from it with the public.

Mortality from all Diseases.

In the sets of tables (given in the Appendix) under this head, the Homœopaths give us the following results:—

	Per cent.	
Leipsic Hospital, 1833—42	2·6	
Do. 1842—49	1·4	Mean.
Sisters of Charity (Fleischmann's) at Vienna, 1835—47	6·4	
Do. Linz, 1845—7	4·4	4·3 per cent.
Kremzier Hospital, do.	5·5	
Guns and Elizabethan Krankenhaus	7·2	

The allopathic returns are far higher, from 7 to 10 per cent. on the average, although occasionally as low as 2 to 4 per cent.

But, 1. The exclusion of moribund cases is not fair. These are always included in our allopathic returns, even though a patient be admitted but one hour before death. It is notorious that during an epidemic of any virulence the number of these will vastly increase; and the Glasgow returns, it is well-known, abound with these cases. In some tables published by M. Touchon, in his work on Homœopathy, this error is committed. Taking the numbers for four hospitals we have—

	Admissions.	Deaths.	Brought moribund.	Mortality, exclusively moribund, Touchon's mortality, p. cent.	Actual mortality. p. cent.
Gyongos	*266	11	15	4⅖	9·7
Leipsic	4,596	157	31	3¼	4·9
Sisters of Charity, Vienna	5,100	267	33	5⅓	5·9
Guns	722	29	17	4⅓	6·3

making occasionally a difference of from 2 to 4 per cent. In years of bad epidemics this difference would be much increased, as well shewn in Dr. Mateer's cases of Fever. (*Dublin Journal*, Vol. X.)

Year.	Admissions.	Died.	Brought moribund.	Deaths to Admissions. One in		
				General.	Excluding moribund.	Difference.
1817	1,621	70	18	20	26	6
1818	1,258	62	7	20	23	3
1819	680	41	—	16	24	8
1820	727	41	9	17	22	5
1821	259	19	11	13	32	19
1822	305	27	3	11	13	2
1823	211	23	1	9	9	—
1824	408	25	3	16	22	6
1825	312	19	5	16	28	12
1826	858	60	9	14	19	5
1827	656	36	6	18	28	10
1828	481	20	1	24	25	1
1829	205	10	2	20	23	3
1830	508	47	1	12	13	1
1831	1,009	79	4	12	13	1
1832	537	52	11	10	14	4
1833	477	43	9	11	14	3
1834	637	60	3	10	11	1
Total	11,209	743	103	15	18	5

* Cases treated to termination.

Thus occasionally making a difference of 4 per cent. on one disease. On several diseases the per-centage mortality would be manifestly diminished by the exclusion of the moribund cases.

2. One source whence a great difference in the cypher of mortality would be effected, would be in a selection of cases. Are the cases in both allopathic and homœopathic hospitals identical in nature? I do not hesitate to say they are not. I remember having once seen a young lad admitted in Fleischmann's Hospital at Vienna for simple headache. On the visit the next day he was well, and yet had not seen any physician, or been prescribed for. Yet, on his visit, the physician could not pass him over. A globule was ordered, and no doubt in the annual returns the case was recorded as a cure. I do not say this was otherwise than an accident, but many such accidents would materially affect mortality. I can honestly affirm that the serious cases are few and far between; the milder cases, on the contrary, of frequent occurrence. When, for instance, we find in Fleischmann's Hospital, between 1835-43, the following simple cases (which cannot include the more severe, which are referred to separate heads):—Hysteria, 6; hypochondriasis, 3; spasms, 23; spasms of bladder, chest and stomach, 37; amenorrhœa, 10; chlorosis, 80; rheumatic and gouty affections of chest, 47; catamenial colic, 15; headaches, 79; hoarseness, 6; shingles, 20; swelling of cheeks, 29; vomiting, 23; simple cough, 9; dyspepsia, 172; catarrh, 43; chorea, 4; rheumatismal colic, 1; senile atrophy, 6; leucorrhœa, 2; nervous debility, 4; nettle rash, 3; total, 622; of simple diseases, seldom fatal, not to include 270 very mild surgical cases and such diseases as tonsillitis, &c.: it is very difficult to believe the cases are not selected. Besides, it is on neuralgic cases Homœopathy is alleged to be so successful, and these are more frequently, therefore, taken in. Thus, in 1842-43, in the Leipsic Hospital, we have 23 cases of odontalgia, *i. e.* simple toothache, admitted out of 418 cases altogether. These are not even reckoned in allopathic hospitals. Between the years 1835-43, in Fleischmann's Hospital, the proportion of cases of amenorrhœa and chlorosis to all cases admitted, was 13 per 1000; of headaches, 9 per 1000; both together, therefore, 22 per 1000. In Leipsic, the proportion of these cases,

taking 4 years indiscriminately, was 29 per 1000; in the Glasgow Infirmary, it was only 4 per 1000; in the General Allopathic Hospital at Vienna, in the two years 1848-9, the number of cases of chlorosis and neuralgia, under which these classes of disease are included, was 10·9 per 1000. But even including all the cases of cerebral congestion, 18·9 per 1000. It should be remarked, that it would be quite possible, by a studied selection of cases, to bring out a double advantage. Certain diseases, such as phthisis, known as incurable, should be studiously rejected when applying for admission, and to make up for this deficiency, the unfavourable cases of pneumonia, pleurisy, bronchitis, which may be complicated with tubercles, by including them under this head. Now I would not assert this to be the case, but

Let figures speak. There were—

			Per cent.
Cases of Phthisis—Glasgow Infirmary, 4 years		481	4·0
General Hospital, Vienna, out of	51,709 cases	366	4·5
Dresden, 1821—43, ,,	27,067 —	1,854	6·8
Strasburg, 1841 (Forget Statistics)	1,324 —	128	9·6
In the Homœopathic Hospitals.			
Fleischmann's	6,501 —	98	1·5
Leipsic, 1841—8	6,507 —	101	1·6

This is a singular coincidence. Again, by including some of the milder cases, such as bronchitis with pneumonia, cerebral congestion with cerebritis, pleurodynia with pleuritis, the success of treatment would be still more apparent. This is again shown to be the case in the Homœopathic Returns, another very singular coincidence, as shall be shown in the sequel. This opinion is confirmed by Dr. Balfour, who states his conviction to be that the secret of Dr. Fleischmann's great seeming success *lies in the fact of the admissions and dismissions being entirely uncontrolled, and there being no check on the diagnosis.* Indeed, to say the least, it requires a man to be very conscientious to decide impartially where a case is cured or only convalescent, and to admit none but the worst cases, more especially when the maintenance of the hospital depends on the returns of mortality attaining a cypher which shall be considered favourable by the Government.

3. Another reason of the increased rate of mortality in allopathic hospitals is in the want of room to admit milder cases of disease. It must indeed be obvious, where there is more room for the admission of less serious cases, the annual mortality will

be less. This was strikingly shown to be the case by Dr. Hare before the Medical Society of London in the case of the London Hospital. As the hospital enlarged in size, so as to admit a larger number of cases, and necessarily a more equally mixed number of mild and severe cases, excepting only one or two remarkably unhealthy years, the mortality diminished.

Year.	Mortality per cent.	In-Patients.	Year.	Mortality per cent.	In-Patients.	Year.	Mortality per cent.	In-Patients.
1835	10	2,735	1840	9	3,339	1845	6¼	3,625
1836	10	2,815	1841	10	3,308	1846	7	4,092
1837	14½	2,961	1842	8	3,500	1847	6⅔	4,159
1838	12½	2,987	1843	7	3,530	1848	6¼	4,185
1839	9½	3,247	1844	6	3,961	1849	7¼	4,090

The same truth is brought out by the Registrar-General's tables; from which it would appear that hospitals with a smaller number of beds have, with very few exceptions, such as Guy's (these exceptions to be explained by local causes), the highest cypher of mortality; the reason obviously being, that in these instances the large proportion of cases taken in are the severe, to the exclusion of the milder. The following are a few examples: The number in the first column as indicating the number of deaths to 100 beds assumed to be continually occupied by patients, will, in proportion as these cases are acute and severe, be large, and *vice versâ;* and may thus be fairly taken as an index of the capabilities of the hospital to take in only the more acute cases.

Hospital.	Deaths to 100 beds, assumed to be continually occupied.	Deaths per cent.	Hospital.	Deaths to 100 beds, assumed to be continually occupied.	Deaths per cent.
Fever	256·76	18·52	St. Bartholomew..	75·56	6·69
Small Pox	373·33	17·83	Guy's	75·00	8·84
King's College	125·71	10·11	Middlesex	73·83	7·36
University College.	118·52	11·32	Charing Cross	71·43	6·36
Westminster	97·87	8·32	Dreadnought Ship	54·17	3·68
St. George's	87·50	7·69	GrenadierGuards	36·25	2·20
Royal Free	80·44	4·83	Scotch Fusileers	18·64	1·83
London	87·70	7·18	Royal Ordnance	13·33	0·76
Consumption	78·82	23·18			

The exceptions are the Royal Free; in which, however, although there are 145 beds, there are only 65 inmates; the Consumption, where we have to do with a very fatal disease;

Guy's, where, from its position and neighbourhood, there is always a preponderance of bad cases and accidents as compared with other hospitals.

There is yet another way in which we may trace a very unpleasant coincidence for the Homœopaths in these cases. What if it should appear that, proportionally to their number of beds, they admit more patients, perhaps twice as many; will this not be evidence that they have a large number of milder cases? The comparison will appear in the Table.

	Beds.	Admissions.	Patients.	Mortality.
1850....Royal Free Hospital	65	766	or 1 bed to 11	4·8
1850....University College.....	100	1131	or 1 bed to 9	11·3
1850....Charing Cross.....	100	1101	or 1 bed to 11	6·4
1850....London Hospital.....	400	3894	or 1 bed to 9	7·1
1849.... Do.	400	4090	or 1 bed to 10	7·2
1850....King's College Hospital	100	1305	or 1 bed to 13	10·1
1844-8....Glasgow Infirmary ....(*mean*)	450	4569	or 1 bed to 10	12·7
1844....Fleischmann's..... ...	,, 50	1058	or 1 bed to 21	5·3
1845.... Do.	,, 50	1116	or 1 bed to 22	5·5
1848....Leipsic	,, 8	777	or 1 bed to 97	0·9
1849.... Do.	,, 8	973	or 1 bed to 121	0·6

This Table might be multiplied *ad infinitum*. It is curious that for once the homœopathic returns confirm the conclusion before drawn, that in proportion as the number of cases are larger, and therefore milder, so does mortality diminish. Thus with Fleischmann:

	Admissions.	Mortality.		Admissions.	Mortality.
1844	1,058	5·3	1846	1,116	5·5
1845	927	8·0	1847	1,002	7·9

Certainly they seem to admit a large number of chronic cases. The Leipsic Hospital gives us such a return for several years, *i.e.* a totality of 4,880 acute cases to 19,624 chronic, *i.e.* a proportion of 19·5 acute cases only to every 100. In the Irish Table the lowest cypher of mortality, after the Foundling, is to be found in the Whitworth Chronic Hospital, *i.e.* only 1·9 per cent.

4. An important element in hospitals towards increasing or diminishing mortality, is the degree of comfort of patients, and the ventilation of the building. Most of our hospitals, it should be remembered, are medical schools. The patients are necessarily frequently examined or disquieted by the students in attendance; a necessary evil, yet doubtless not without some disagreeable influence on the sick. On the contrary side, taking

Fleischmann's Hospital as my example, I can safely assert I never saw one in which the internal arrangements, attention, and kindness of attendants, were more excellently exemplified. With Dr. Balfour, I must say that the Austrians, as a rule, and especially the working classes, are eminently a people easily influenced by superstition. The Sisters of Charity, on the other hand, who undertake the nursing of the patients in this hospital, are also their spiritual advisers, and are very superior to those whom we are accustomed to see in Paris and elsewhere. Those who have witnessed the severity of the former are most agreeably surprised on observing the humility, gentleness, unremitting kindness of the Sisters of Charity in Vienna. The calm aspect of religion they betray, the beauty frequently observed in their persons, act as it were like charms to soothe the pangs of the body, while their melodious accents, often raised in the language of prayer, instil peace into the minds of the sick. This statement will be the more readily believed as emanating from a Protestant; and if it be correct, must be considered as exerting a very powerful influence on the course of diseases. I may, moreover, add that I never saw at any one time more than two students in attendance, besides the physician going round. The examination of a bad case was rigorously objected to.

5. Another circumstance which will explain the different rate of mortality in homœopathic hospital returns is in the class of patients admitted; and here it is important to notice that the delusion of Homœopathy has only reached the upper and better class, and not the very lower orders. These debilitated, oftentimes by excess, privation, exposure, &c., are at all times the more obnoxious to disease, and less able to resist it when once it has attacked them. The acute cases, in addition, will be sure to come to us, at least the great majority of such cases. The purely nervous or the chronic, the ailing, proverbially known to last the longer, will have no objection to try Homœopathy; *à priori*, therefore, here is a source whereby mortality might be considerably reduced. In addition, I can state from personal observation in regard to Dr. Fleischmann's Hospital, that the patients are not the very poorest, but the better class of working mechanics and manufacturers. Those in the general hospital (allopathic) are oftentimes the most wretched objects

living. My observation, I am happy to find, is fully confirmed by Dr. Glück, who for a considerable time attended the practice of Fleischmann's Hospital in Vienna. The difference in the mortality, when speaking of the lower orders of all, and in that class which immediately precedes them, is most obvious, if we look to the returns of our workhouses as compared with those of our hospitals. The fact has been strikingly alluded to in Dr. Webster's paper published in *The London Journal of Medicine*, for June. The following table taken from the Registrar-General's report will better exemplify my meaning. The comparison is made with the general hospitals.

General Hospitals.	Mortality per Cent. Sick.	Workhouses.	Mortality per Cent. Sick and Healthy.
St. Thomas	6·44	St. George's, Southwark	27·13
Charing Cross	6·36	St. Martin in the Fields	11·79
St. Bartholomew	6·69	London City	11·49
London	7·18	Whitechapel	27·74
Middlesex	7·36	Marylebone	24·73
St. George	7·69	St. George	21·32
Westminster	8·32	Westminster	22·36
Guy's	8·84	Bermondsey	11·73
King's College	10·11	Strand	19·86
University College	11·32	St. Pancras	23·46

The same remark applies to the workhouses and hospitals in Ireland.

6. Sex is another circumstance which exerts a powerful influence on diseases in general; but it will be best considered in reference to particular diseases.

7. Age materially affects the cypher of mortality. The very young and the very old are precisely those who are most likely to die from disease; a diminution in the number of these, will considerably reduce the rate of mortality. The notices of age given in Homœopathic returns, are few and far between. A few of these I herewith annex.

Linz Hospital. (Admissions, 1844.)				Leipsic Hospital. (Persons.)			Fleischmann's. Dr. Balfour.			
Age.	Males.	Females.	M&F	Age.	Stat-Klinik.	Poli-klinik.	Age.	Cases.		Total.
Under 10	9	13	= 22	Under 9 ...	...	... 173	... ...			195 or 11·2 pr. Ct.
10—20	58	54		10—19	16	92				
20—30	66	116		20—29	52	200	Under 15 ...	31		
30—40	63	79		30—39	18	109	20 ...	90		
	—187 +	—249 =	436		—86	—401	25 ...	80		
							30 ...	44		1203 or 73·7 pr. Ct.
							35 ...	22		
							40 ...	13		
								—280		
50—65	25	25		40—49	4	69	50 ...	13		
65—80	11	16		50—59	1	37	60 ...	5		
	— 46 +	— 41 =	87	60—69	...	23	76 ...	3		
				70—79	2	4	95 ...	1		250 or 15·1 pr. Ct.
				80—89	1	...		— 22		
					— 8	—133				
	242	303	545		94	707		302		1648

Here is evidence of unfairness. The number of persons living at these three series of ages, is respectively under 10, 25·3 per cent.; under 40, 52·5 per cent.; and above 40, 22 per cent. This includes healthy and diseased. It is precisely between the ages in which they have most patients, *i. e.* between 10 and 40, that persons are most healthy, and least likely to die, as being better able to resist disease: and it is precisely between those ages where disease is more common, and the mortality usually greatest, that they have fewest patients. Between the ages under 10, they have 11 per cent., or one-half too few patients. Between 10 and 40, 21 per cent., or rather less than one-third too many patients; and above 40, they have 6·8 per cent., or nearly one-half too few patients. Even assuming that there are some units of error, the proof of selection, according to favourable ages, is perfect.

In the Army and Navy Returns, where young and old persons are excluded, the following is the cypher of mortality obtained:—

Army. 1818—1837.	Admissions.	Deaths.	One in	Per Cent.
Gibraltar	58,227	1,291	45·1	2·2
Malta	44,639	666	70·1	1·4
Ionian Islands	84,438	1,775	47·5	2·1
Bermudas	15,356	338	45·4	2·2
Nova Scotia and Brunswick	36,174	649	56·8	1·8
Cape District	25,506	311	72·0	1·2
Cape Frontier	5,740	65	88·0	1·1
St. Helena	4,360	150	29·0	3·4
Mauritius	38,108	835	45·0	2·1
Canadas	66,957	982	681·0	1·4
Total	341,397	8,068	42·0	2·1

Navy.	Admissions.	Deaths.	One in	Per Cent.
Home Service, 1830–36	25,586	229	111	0·9
Cape	14,858	263	56	1·7
South America, 1837–43	25,361	191	132	0·7
Mediterranean ,,	97,081	996	96	1·6
Variously employed, 1830–36	17,532	171	72	0·9
Total	180,418	1850	97	1·0

The effect for each age is shown in the tables of the General Hospital for Turin. Thus the mortality in that hospital was—

Under 20	3 per cent.	50—60	10¾ per cent.
20—30	3½ ,,	60—70	14 ,,
30—40	5½ ,,	Above 70	24 ,,
40—50	8 ,,		
Mean, under 40 ... 4 per cent.		Mean, above 40 ... 14 per cent.	

If, therefore, the majority of the homœopathic patients be under 40, even allowing these units to be slightly different, their mortality must be proportionally less.

Lastly—The Homœopaths prove too much. When we come to look at the homœopathic mortality, as collected from some of their hospitals, we find it is considerably less than the mortality of any given population, including *the healthy* as well as the diseased. Take Leipsic, for instance. In 1833, in the Poliklinik, it was 1·5; in Statklinik, 1·7; and in 1839, in the Poliklinik, it was 0·5 per cent. A 2 per cent. mortality is a common occurrence. The Homœopaths thus prove too much, since their mortality, including their worse and most severe cases, is positively less than that of ordinary populations in most European countries, which averages 2 to 2½ per cent.

The reason is probably this. They often include in their admissions, both their *in*-patients and *out*-patients. By reference to the Appendix, it will be seen, that among the admissions are included many who never returned after a first or second visit. The number of incurables discharged is also great. Thus between the years 1834 and 1842, 5,194 patients were admitted, the mortality being 3·8 per cent. only; but when we come to consider that 1,380 of this number left, or were discharged as incurable, and 1,133 were only relieved, how insufficiently the number 3·8 per cent. expresses the mortality, is at once apparent.

Section II.—*Mortality in particular Diseases.*

PNEUMONIA.

This is perhaps the disease which of all others has made the most perverts to Homœopathy. In the table given at length in the Appendix the following cases are recorded:—

	Cases.	Deaths.	Mortality.
Under Homœopathic treatment } Male and Female..... }	783	45	5·7 p. cent., or 1 in 17.
Under Allopathic do. do.	1522	373	24·5 p. cent., or 1 in 4.

A result most favourable to homœopathic treatment. Unfortunately, however, it is not to be depended on, and much in this difference of mortality is to be explained by the relation to some of the causes before noticed, such as the variety or type of the disease, the selection of cases, the comfort of the patient in the hospital, the age, sex, &c., having particular reference to the mortality of pneumonia.

But 1, the question presents itself, *Are these cases occurring in the homœopathic hospitals genuine instances of pneumonia?* Let us make figures speak. I find that in the two years 1848 and 1849 there were admitted into the General Hospital at Vienna 51,709 cases altogether. Of these 3,884 were cases of bronchitis, or 7·5 per cent. of the whole, and 1134 were cases of pneumonia and pleuropneumonia, or 2·1 per cent. Applying this test to Fleischmann's Hospital, out of 6,551 cases admitted between the years 1835 and 1843, there were only 59 cases returned as bronchitis or catarrh, or 0·8 per cent., and 300 as pneumonia, or 4·5 per cent. Curious enough, however, we have the somewhat indeterminate expression chronic cough, of which there were 130 cases and 7 deaths. Assuming these to be bronchitis, which is incorrect, this would raise the proportion of such cases admitted to 2·7 per cent. The review of these facts admits but one of two inferences; the cases are either picked out or selected, or the diagnosis is wrong. In the same town we should expect a similar number of cases. Taking the General Infirmary of Glasgow, the proportion of bronchitis cases out of 12,007 cases of all diseases was 423 or 3·6 per cent.; of pneumonia 141, or 1·1 per cent. of the whole.

The above conclusions seem to point out that the principal reason of the homœopathic success is to be found in the incor-

rect diagnosis or selection of cases. Diseases are not called by their proper names. Thus in the Leipsic (1841—2) returns, we have 7 cases of peritonitis *muscularis;* in 1840—1, 1 case of peritonitis muscularis, another of pleuritis *muscularis* (Stat-klinik); again the same year, 3 cases of muscular peritonitis and muscular pleuritis, &c.; in their cases of pneumonia, instances of *pneumonia*-hypostatica are recorded. This improper nomenclature it is clear, as including diseases perfectly different and in no way fatal, must materially affect the cypher of mortality when a comparison is made for special diseases.

2. *Sex* exerts a great influence in the mortality from pneumonia. This distinction is very generally (in some homœopathic hospitals almost invariably) *not* made. In pneumonia this proposition may be laid down:—the number of seizures among males is greatest, but the mortality is greatest among females. To diminish the per-centage mortality, it is clear it is best to take in a larger than the proportional number of males. The number of males attacked (and here we exclude children) is always greater than females, owing, as Grisolle believes, to the nature of their employment. Thus out of 542 cases collected by himself, Briquet, Chomel, 404 were males, 138 females, *i.e.* 25 females for 75 males per cent. The following table, founded on a larger number of cases, gives—

	Admissions.		Males.		Females.	
	Males.	Females.	Admis.	Deaths.	Admis.	Deaths.
Briquet, Chomel, and Grisolle	444	138				
General Hospital, Vienna	694	440	108	32	31	12
Drs. Taylor, Walshe, & Peacock	113	27	694	140	440	120
Glasgow Infirmary, 5 years	102	35	102	27	35	14
Dr. Hughes' cases	168	68				
	1,481	708	904	199	506	146
	100	48·	100	22·	100	28·8

Thus the mortality of females is greater than that of males in the proportion of 100 males for every 130 females; so that the absolute mortality is 62·8 females for every 100 males.

Without positive returns of pneumonia, showing the difference of sex in large numbers, it is impossible to speak more than generally as to this effect on the homœopathic mortality. Out of 24 cases recorded by Dr. Balfour from Fleischmann's Hospital, 4 were females; a proportion of 20 females to 100 males: half too little. Moreover, judging from such general returns, where the difference of sex in homœopathic hospitals is

given, *i. e.* 5 years of Leipsic and 1 of Munich, and comparing with allopathic tables, we have—

Leipsic and Munich, 1,792 males and 1,137 females, *i.e.* 100 males to 63 females.
Gen. Hos. Vienna, 125,945 ,, 25,764 ,, *i.e.* do. 99 ,,
Dresden..... 10,846 ,, 12,163 ,, *i.e.* do. 112 ,,

Bearing this in connection with the large number of cases of amenorrhea and chlorosis taken in, it betrays again something very like a selection.

3. *Age* is another source of fallacy. The influence of age is well shown in the army and navy returns.

ARMY.

Place.	Admissions.	Deaths.	Mortality.	
			One in	Per Cent.
Gibraltar	2,515	56	45	2·2
Malta	1,371	44	31	3·2
Ionian Islands	2,189	81	27	3·7
Bermudas	436	13	34	2·9
Nova Scotia and New Brunswick	1,505	56	27	3·7
Canadas	2,774	99	28	3·5
Cape District	673	22	31	3·2
Cape Frontier	94	4	23	4·2
Mauritius	690	35	19	5·0
St. Helena	24	3	8	10·2
Total	12,271	413	29	3·3

NAVY.

Place.	Admissions.	Deaths.	Mortality.	
			One in	Per Cent.
Home Service	754	32	23	4·2
Cape	212	6	35	2·8
South America	295	5	59	1·9
Mediterranean	1,352	48	28	3·5
Variously employed	486	25	19	5·1
Total	3,099	136	23	4·3

The homœopathic returns give 1 in 24, occasionally, as with Fleischmann, 1 in 16. The following table from Grisolle gives a numerical explanation of the difference of mortality in *pneumonia* for different ages. It is founded on upwards of 900 cases.

Age.	Mortality One in	Per cent.
13—30	12·3	8·1
30—40	5·4	18·5
40—50	4·4	22·7
50—60	3·6	27·7
60—70	3·8	26·3
Above 70	0·8	125·0

giving a mean of 13·3 per cent. for ages from 13 to 40, and of 50·4 above, or neglecting the ages above 70, which for practical purposes is more correct, 25·1 per cent. Now it is shown from the allopathic returns that the proportion of cases admitted in the latter age is proportionally greater to the number of persons living at these ages, than between the ages 13 and 40.

Age.	Dr. Hughes.	Grisolle.	Glasgow Infirmary.	Drs. Taylor & Walsh.	Dr. Peacock.	Total.		
Children	10	—	—	1	—	11		
10—15	—	—	2	9	4	15		
15—20	40	118	18	13	10	199	882	or 48·6 pr. Cent.
20—30	70	272	29	22	19	412		
30—40	42	175	20	10	4	256		
40—50	41	150	11	13	4	219	469	or 25·8 pr. Cent.
Above 50	20	207	11	10	2	250		
Total	223	922	91	78	48	1362		

The selection according to ages we have seen is made for all diseases; and if in the same proportion here, the difference between 73·7 and 48·6 for ages under 40, and between 25·8 and 15·1 for ages above, would necessarily greatly reduce the mortality.

4. Another important fact in connection with these statistica returns is the following. The majority of cases of pneumonia recorded by Homœopaths are *idiopathic* or *simple*, not *complicated* or *secondary*. The mortality in these varieties must necessarily be very different. One of the principal causes of this difference I attribute to the extreme rarity of Bright's disease of the kidneys. Looking over the homœopathic reports, I find among the Leipsic records three cases of complicated pneumonia (1841). In the Linz reports, out of 93 cases of pneumonia, 8 are complicated, or 8·5 per cent. In the Glasgow Infirmary, out of 248 cases of pneumonia, 107 were complicated with fever, or 43 per cent.: the complications with other diseases are not stated. In 140 cases occurring in the practice of Drs. Taylor, Walshe, and Peacock, furnished me by the kindness of these gentlemen, 55 per cent. were complicated: Dr. Hughes obtained 52 per cent. The proportion of complicated to uncomplicated may be thus fairly assumed as equal. It is hence manifest that by diminishing the number of complicated cases the cypher of mortality may be diminished—a mode of stating a result not likely to be detected if the fatal cases are carried under a generally-admitted fatal complication; phthisis, for instance;

or œdema of the lungs, of which disease twelve out of thirteen died in Fleischmann's Hospital between 1835 and 1843.

The truth of many of these objections is confirmed by a closer analysis of recorded facts. I have selected Tessier's cases of pneumonia as the only well-reported series of cases I am acquainted with, in opposition to which I have brought the 140 cases occurring in the practice of Drs. Taylor, Walsh, and Peacock; believing them of peculiar value, as coming from three gentlemen holding distinguished positions in the profession, and whose correct diagnosis in auscultation is not likely to be questioned.

Tessier's cases amount to 41. Mortality, 3; *i.e.* 1 in 13, or 7·3 per cent.—a number already higher than that obtained by other Homœopaths.

Of this number 37 are males, 4 females, giving a proportion of 100 males to 12 females only, instead of 48—a fact of importance, as showing the cases were not selected according to the usual average.

In relation to *age*, where this particular is given, there were—

Under 20	5 cases	0 deaths		From 40—50	6 cases	0 deaths.
20—30	5 „	0 „		50—60	6 „	2 „
30—40	11 „	1 „		Above 60	6 „	0 „
	21	1			18	2

Here there is no room for complaint. The number under 40 is correct—that above, about twice as large as it should be.

But from the treatment pursued, some of these cases must be omitted, as having also been allopathically treated, and thus affording no index to the efficacy of homœopathic treatment. Among the successful cases 4 were bled previously to admission. One had ten leeches, another sinapisms applied. These 6, therefore, should be omitted. Of the 3 fatal cases one was also treated allopathically, but inefficiently so; yet, from its complication, it must be admitted, it would probably have died under any treatment; 3 in addition to the 3 fatal cases before recorded died before they left the hospital, 2 of phthisis (one 3 months after admission), the other of erysipelas. These 3 cases would have been returned as fatal cases in an allopathic hospital. Thus the 41 cases with 3 deaths should in reality be considered as 35 cases, with 5 deaths—a mortality of 1 in 7, or 14·2 per cent.

There were 4 cases only of double, 30 of single idiopathic; 2 only of secondary, 5 complicated—the proportion of complicated and secondary to idiopathic being 17 per cent., instead of 50 per cent., as in allopathic hospitals.

The very imperfect action of the homœopathic treatment is apparent from the following Table, setting forth the duration of the pneumonia and residence in the hospital after convalescence.

	Treatment before Convalescence.	Residence in Hospital after	Total days Residence in Hospital.
Cases treated also Allopathically	10·1 days	7·0 days	17·1 days
Ditto exclusively Homœopathically	14·0 „	15·1 „	29·1 „
Ditto Allopathically, admitted in 1st stage	9·0 „	4·0 „	13·0 „
Ditto Allopathically, admitted in 2nd stage	10·5 „	6·5 „	27·0 „
Ditto exclusively Homœopathically, 1st stage	20·5 „	11·5 „	32·0 „
Ditto exclusively Homœopathically, scarcely 2nd stage	7·0 „	17·8 „	24·8 „
Ditto exclusively Homœopathically, 2nd stage	13·2 „	17·0 „	30·2 „

So far, then, as an analysis founded on so few cases is to be depended upon, it is unfavourable to Homœopathy. Even in the bad pneumonia cases in the Glasgow Infirmary the average residence was only 20 days, occasionally as high as 26 during the epidemic fever of 1847.

If, in opposition to the foregoing, we make the analysis of Drs. Taylor, Walshe, and Peacock's cases, we obtain the following results:

There were 140 cases, 43 deaths—mortality 1 in 3, or 30 per cent.; but of this number 113 were males, 27 females—proportion 100 males to 23 females. The proportion of females upon the whole is therefore under the average.

1. The cases were distributed as follows:

Among males, 33 cases of idiopathic single pneumonia, no deaths.
„ 14 „ „ double „ 2 „
giving a mortality in idiopathic pneumonia, 1 in 23.

Among females there were 5 cases of single idiopathic pneumonia—none of double pneumonia. Taking males and females, the mortality was 1 in 25, or 3·8 per cent.

2. There were 9 cases of simple pleuro-pneumonia among

males—none among females. Of this number 7 were cured, 1 relieved, 1 discharged—no deaths. Including, therefore, the cases of single, double, and pleuro-pneumonia under one head, the cases uncomplicated with other diseases, there were 61 cases, with 2 deaths, or 3·2 per cent., or 1 in 30.

3. There were 17 cases of secondary pneumonia, chiefly to fever, 14 males, 3 females; 9 of the males died, 5 only were cured; among the females, 1 was cured, 1 died, 1 was dismissed. Mortality 1 in 1·5, or 58 per cent.

4. There were 62 cases of complicated pneumonia. The complications being in order of frequency chiefly as follows. Phthisis, severe bronchitis, Bright's disease of the kidney and dropsy, endo- and peri- carditis, meningitis, erysipelas. Of this number 32 died, or rather more than 1 in 2.

Among the males there were—	Among the females there were—
39 Seizures.	23 Cases admitted.
13 Cured.	9 Cured.
3 Relieved.	2 Relieved.
3 Discharged.	1 Discharged.
21 Died.	11 Died.
Mortality, 1 in 1·9.	Mortality, 1 in 2·0.

United mortality, 51 per cent.

The mortality in these cases appears to be greater among males, owing to the greater number of cases affected with Bright's disease among the former, a disease which it will be remembered is very rare in Vienna, and very common here.

5. Taking secondary and complicated together, we have—

Males—53 Cases.	Females—26 Cases.
18 Cured.	10 Cured.
3 Relieved.	2 Relieved.
2 Discharged.	1 Discharged.
30 Died.	12 Died.
Mortality, 1 in 1·7.	Mortality, 1 in 2·1.

United mortality, 79 Cases, 42 Deaths, or 1 in 1·8, or 53·1 per cent.

6. The ages are given in 126 cases, and are as follows:—

	Males.	Females.	Persons.
Pleuro-pneumonia, under 40	6	....	6
„ above	1	....	1
Idiopathic, single, under 40	23	2	25
„ „ above	5	3	8
„ double, under 40	9	....	9
„ „ above	5	....	5
Secondary and complicated, under 40....	40	16	56
„ „ above	12	4	16
	101	25	126

Giving a proportion of 86 under 40, to 40 above.

Such is, I believe, a fair statement of the cases; and a careful perusal of these, and comparison with Tessier's and other homœopathic cases, will convince the reader that the disparity in the mortality is not due to the better homœopathic treatment, but to a selection of cases, a younger age, and probably in very many cases, incorrect diagnosis. Indeed, it is impossible to look over these cases and not feel conscious of one fact which is forcibly brought under our notice; and it is, that pure idiopathic pneumonia is very rarely fatal. The experience of Chomel had led him to form a similar opinion, expressed in his lectures, "that in all cases of pneumonia under forty, it is only the exception when death occurs, and that this has generally very little reference to the treatment pursued." Indeed, one genuine case of pneumonia, honestly such, and getting well under homœopathic treatment, which an Allopath will consider as equivalent to no treatment at all, must be conclusive on this point. I remember having seen one such a case, but only one, in Fleischmann's Hospital. It was that of a young girl of about twenty-three, affected with extensive double pneumonia. All the symptoms were unusually marked, accompanied with high fever, lividity of countenance, occasional delirium, and yet without a single poultice, cataplasm, or other treatment than the inert globule, rest, emollient drinks, a warm atmosphere, and starvation, she got well. That it was pneumonia, I convinced myself by stethoscopic examination. The disease attained the second stage, but it was fully four weeks before she was convalescent and all the physical signs of the disease had disappeared. But even in the Allopathic Hospital in Vienna I have seen patients similarly diseased get well under treatment scarcely more energetic. Perhaps a quarter of a grain of corrosive sublimate or Ext. Graminis in their whole illness. In circumstances, however, of comfort they are certainly less fortunate; being lectured on, and annoyed by multitudes of students, and repeated stethoscopical examinations, a circumstance in itself sufficient to increase the mortality.

Grisolle has also shown the good effect of emollient drinks only, without any other active treatment. He gives us the analysis of the cases of eleven patients so treated. These were young, only one fifty-six: quiet only was enjoined, low diet, occasionally a mild laxative, like castor oil. On the fourth day

they were all affected with well-marked pneumonia. In nine, it had gone on to hepatization. In two only it did not proceed beyond the first stage. These all got well of the pneumonia. In four of these cases, however, it is right to say, that owing to the persistence of the pain in the side, probably due to some pleuritic complication, recourse was had to cupping. In like manner, Dr. Dietl, the allopathic physician of the Wieden Hospital in Vienna, anxious to test the efficacy of dietetic regimen in pneumonia, instituted a series of experiments, which certainly go a great way towards explaining the occasional homœopathic success, in cases of genuine pneumonia.

In the course of three years that gentleman treated 380 cases of pneumonia. 85 of these cases were treated by repeated bleedings. Of this number 17 died, or 20 per cent.; the remaining 68 recovered. 106 were treated with tartar emetic. The mortality was now 20·7 per cent., 22 dying, and 84 only recovering. The remaining 189 were treated by simple dietetic means; the deaths amounted to 14, or 7·4 per cent., 175 recovering. The above data have been given upon the evidence of Dr. Roth (*Hom. Times*, No. 49, vol. i. p. 737), an eminent homœopathic writer.

In a Report made to the Academy of Medicine, in Belgium, on April 1, 1848, the effect of cold water in curing cases of pneumonia is treated of by Dr. Moreau. The Commission appointed to investigate this subject, without reporting altogether favourably, admitted many of the facts. The Report first referred to the authority of Areteus, who flourished sixteen centuries ago, in favour of cold water in these diseases. Also to Dr. Moneta, who, in 1776 combated, by the administration of cold water, the inflammations occurring in the thoracic region. He had treated all his cases of catarrh for four years in this way; and he states that in no case did he fail. In more grave cases he conjoined, however, tartar emetic and bleeding. Dr. Compagnani, Physician to the Central Marine Hospital at Naples, read a paper to the Medico-Chirurgical Academy on the therapeutical effects of cold water in inflammations of the chest. In regard to the *internal employment of cold water*, he treated by it various other inflammatory affections and exanthemata; but all his cases of pleurisy and peripneumonia,

with pure ice, flavoured with lemonade; and he added, he always obtained happy results.

There are yet two circumstances bearing upon this question which are worthy of remark. Dr. Peacock, one of the gentlemen who kindly communicated to me his cases, has suggested to me, that probably many of the cases called pneumonia, are in reality cases of *capillary bronchitis*, the former being a mild disease, the latter one of very serious import. These diseases are rarely distinguished, and even by some good auscultators. Again, a very careful and minute observer may often discover pneumonia one day, and because it might be absent on the morrow, another observer would have overlooked this, and called it bronchitis. Statistically such a case ought to be included in the returns of pneumonia. The minute observer may thus have many cases of pneumonia which have recovered; the other but few. Hence one source of fallacy to be obviated.

I think we may therefore conclude that nature, or very simple emollient drinks, quiet, rest, a warm atmosphere, will often cure pneumonia, apart from any drugging whatever. But I do not wish to infer from this conclusion, that the expectant method is preferable to proper medical allopathic treatment. In so far as a limited number of cases allows us to form an opinion, Tessier's cases, treated also allopathically, are in favour of Allopathy. The same is brought out by the following table taken from Dr. Forbes' Review of Grisolle's Work on pneumonia:—

11 *Cases of mild Pneumonia, treated by Emollients.*	13 *Cases of mild Pneumonia, treated by Bleeding, on an average performed on the 4th day.*
The characteristic sputa	
Continued till the 9th day.	Ceased before the end of the 6th, about 48 hours after venesection.
The Pain in the side,	
Although diminished at the end of 4 or 5 days, never disappeared before the 8th; frequently continued to the 20th, 25th, and 27th days. Mean duration, 15 days.	Invariably relieved by bleeding, whether general or local, and disappeared completely from the 2nd to the 12th day. Mean, 8 days.
The Febrile reaction ceased	
About the 10th day. Convalescence, 11th or 12th day.	Abruptly at the end of the 7th day; then commenced convalescence, which was thoroughly established 24 hours after.

The Auscultatory phenomena

Commenced to decline at the end of the 2nd week, *i.e.* four or 5 days after the cessation of fever. Continued to be more or less manifest till from the 22nd to 30th day, *i.e.* the lung was still more or less impermeable.	Began to decrease with the cessation of the fever, *i.e.* the 7th day; and in the subjects carefully examined till their departure from the hospital, the lung had completely recovered its permeability, on an average, on the 12th day.

Moreover, it has been shown by Grisolle, that in proportion as the patients come early under treatment, in proportion does the mortality diminish. The following table will prove this:— The mortality, among patients admitted—

First 3 days after	seizure was	....	1 in 13
4th day	,,	....	1 in 8
5th day	,,	....	1 in 6
6th day	,,	....	1 in 4
7th day	,,	....	1 in 3
8th day	,,	....	1 in 2
9th day	,,	....	1 in 3
10th day	,,	....	1 in 3

It is obvious, therefore, that treatment is effective. If it fail, it must be due to the type of the disease, or other unfortunate accidental circumstances.

Lastly, as exemplifying the influence of type in many of these cases, I may cursorily allude to some returns in favour of Allopathy, where, with a limited number of cases, most fortunate results were obtained by different observers. In 1824, Laennec did not lose one pneumonia case. In 1825, out of 28 pneumonia cases, simple or double, with or without pleurisy, one only died, and this an old man of 70. In 1825, out of 34 cases, 3 died; two females brought *in articulo mortis*, and an old man above 70. Altogether, Laennec concludes that out of 57 pneumonias, he in reality lost but 2 patients above 70. Louis lost, out of 20 cases, 3 patients, all from 60 to 70. In 1831–2, Trousseau lost 2 patients out of 58. None of these were bled in the hospital; but 5 had been so before admission. Since that period, owing to a change of type, he had not been so successful. Professor Bang, out of 54 cases of pneumonia treated at Copenhagen, lost only 2. These were generally bled at the onset. Dr. Wolf did not lose any out of 10 cases (Grisolle). Out of 75 cases treated by Bouillaud, recovery was observed as follows: 55 cases of single pneumonia, 2 died; 16 cases of double, 11 died. Mr. Husson, out of 43 cases, bleeding each patient from 1 to 11 times, lost only 3 cases. Grisolle collected 44,

for the most part severe; in 2 cases the pneumonia was double, 6 only died. The fatal cases occurred among weakened individuals, who were generally above 50 years old. Were I to imitate in this compilation the Homœopaths, I could conclude I had collected some 300 cases, with a mortality of about 3 per cent. In justice, however, such a computation and comparison must be condemned; the type and peculiar treatment of each being so different, and admitting of no general conclusion.

PLEURITIS.

The returns collected from several Homœopathic Hospitals of the disease termed pleuritis, or pleurisy, include 386 cases, with 12 deaths, or 3 per cent., 1 in 32.

The returns collected from several Allopathic Hospitals give 1017 cases, with a mortality of 13 per cent.

As before, the advantage is in favour of Homœopathy. Unfortunately, however, as in the instance of pneumonia, there is reason to believe the cases are either not genuine or selected.

Let us make numbers speak.

Allopathy.	Admissions.	Deaths.	Mortality per cent.	Proportion of admissions from Pleuritis to admissions of all Diseases.
Vienna, 2 years	804	100	12	1·5
Glasgow, 5 years	105	14	13	0·8
8 Scotch hospitals	59	7	11	0·6
Liverpool North. Hospital, 2 years	10	1	10	1·2
Total	978	122	12	1·2

In opposition, let us place the Homœopathic Returns.

Fleischmann, 1835—47	245	5	2	3·0
Linz, 1842—7	71	0	0	2·7
Leipsic, 1840—6	65	7	10	1·2
Total	381	12	3	2·1

Indeed, if we confine ourselves to the period between 1835-43 for Fleischmann, 224 cases of pleuritis out of 6,551 cases of all diseases, is as much as 3·4 per cent. of all the diseases admitted,—a proportion more than double that of Vienna, or 226 per cent. more.

It results from the above analysis, either as before, that the cases are not genuine cases of *pleuritis*, or that the cases are selected. The number of cases of pleuritis generally admitted

in those Homœopathic Hospitals are at the least double the number admitted in Allopathic Institutions, where there is no selection, and where, if on any side this could exist, it would be towards the admission of the worse cases. Except in the Leipsic Homœopathic Hospital, indeed, this is the invariable rule. In this hospital, even, it is high; but, as if proving that there is less selection, the mortality attains a higher cypher, namely, 10 per cent., coming much nearer to that obtained in, and honestly returned by, the Allopathic Hospitals. The reality is, most of the cases returned are cases of *pleurodynia*. Indeed, we have evidence of this from their own records, where sometimes the distinction is made, and *muscular pleuritis* and *muscular peritonitis* are spoken of. Thus, in 1841-2, Leipsic, one case of muscular peritonitis is recorded. In 1840-1, one of muscular pleuritis, and another of muscular peritonitis. In the Poliklinik, three cases of muscular pleuritis, and one of muscular peritonitis. Indeed, the very history of some of these cases will admit of no other explanation. Thus—

Alleged Case of Pleuritis. (From Fleischmann.)

Anne W., æt. 50, of strong constitution, had been affected with pain in the side some weeks ago, for which she was treated by venesection, leeching, and calomel. When scarcely convalescent she had a relapse. The lancinating pain was fixed between the ribs of the left side, from whence it extended over the whole chest, increased by every inspiration. She had a dry cough, breathing panting, anxious, abdominal, increased thirst, frequent shivering, full pulse. After aconite 2, every three hours, the pain diminished, and in six days the patient was well.

In the absence of any physical signs, there is nothing in the present case to justify us in calling it other than a smart case of pleurodynia in a highly nervous female, a complication of frequent occurrence after pneumonia and pleurisy.

Here is another from the *Clinical Reports* of an eminent homœopathic writer in this city. (*Hom. Times.*)

"*Acute Pleurisy.*

"*May 8th.*—This patient had continued very well, when he caught cold a few days ago at the close of a hard day's work.

Soon after he began to experience aching and catching pains in both sides, worse in the left, which have gradually increased. These pains are now rather urgent, and are chiefly felt during motion, or at the end of a deep inspiration, and at times seem to go through the chest. Tongue white-coated; no appetite; much thirst; skin hot; pulse 96, full; respiration hurried, with immobility of the lower ribs of the side principally affected.

"Percussion-sound dull on the left side of the chest, anteriorly, laterally, posteriorly, and inferiorly. The dulness is more remarkable posteriorly, from the angle of the scapula downwards. Breathing very indistinct, and becoming gradually inaudible in the more dependent portions of the left lung; vocal resonance much impaired. There is very slight, if any, dulness in the right lung, and the respiration appears, with the exception of very trifling indistinctness, normal.

"*Prescription—Aconitum*, 2 drops, 3rd dilution, and *Bryonia Alba*, 2 drops, 3rd dilution; in doses of a sixth part alternately every four hours.

"*Diet, Toast and water.*"

Thus without complete dulness on percussion, friction sound, change of dulness with change of position of body, without ægophone or other positive sign, the case is called one of acute pleurisy; whereas it may have been simply one of pleurodynia, with some pneumonia; and in this manner the diet may have been, after all, the active agent in the cure, which was complete on the 17th: another reason for believing that the case was not one of acute pleurisy. The above cases all exemplify the want of precision among Homœopaths in reporting their cases, and their easy credulity in believing their patients to be seriously ill, who are, after all, perhaps, but slightly indisposed. Hence their astonishment at their own cures.

The above view of the case derives confirmation from the following considerations. Pleuritis is a rare disease, as compared with the other diseases of the chest. The deaths in London amount only to 19·8 per cent. of all the deaths from diseases of the chest, or 1·8 per cent. of deaths from all diseases. In this large city, with its two millions and a half of population, the annual number of deaths from pleurisy does not exceed on

an average 600. Even admitting the greater frequency of pleurisy in Vienna, as shown by the Allopathic Hospital-returns, there is no doubt it is by no means so frequent as made out by the Homœopaths.

2. *Sex* does not in this disease exert the same favourable influence on the mortality, as in the case of pneumonia. The number of seizures from the Vienna returns are 100 males to 57 females. The mortality is however about equal, or 13·9 per cent. for males, and 9 per cent. for females. The Glasgow returns are 9·5 for males, and 14·2 for females. It seems safer thus to admit equal fatality in both sexes.

3. The proportion of idiopathic to complicated cases is also a source of fallacy, having a strong influence on the mortality. The cases are for the most part simple in Vienna, and this is as before, I believe, mainly due to the rarity of Bright's disease. In the allopathic returns for Vienna, the distinction is not made. Moreover, it is a matter of experience, that effusion in the homœopathic cases is by no means so frequent. In the case of Glasgow, the complications with fever are alone distinguished, and these amount to 43 per cent. of all the cases of pleurisy. Out of 39 cases admitted under Drs. Taylor and Walshe, the proportion of complicated to simple was 53 per cent. In opposition the Homœpathic returns give—

Linz	out of	74	cases,	4	were complicated,	13	with effusion, total	23	per Cent.
Leipsic	„	65	„	14	„	5	„	2	
Fleischmann ..	„	245	„	...	„	12	„	5	
Total		384			48			12	

Moreover, it should be noted, that although out of these 48, 2 only died, or 4·1 per cent.; yet 14, or 32 per cent., were discharged, having received no benefit, and one being only relieved, a circumstance which does not speak much in favour of Homœopathy.

4. The favourable influence of age is here also not to be lost sight of. The army-returns will again enable us to test this numerically.

Place.	Admissions.	Deaths.	Mortality.	
			One in	Per Cent.
Gibraltar	280	....	....	....
Malta	21	....	....	....
Ionian Islands	86	3	29	3·5
Bermudas	5	....	....	....
Canadas	129	6	21	4·6
Nova Scotia and New Brunswick	72	2	36	2·7
Cape District	55	3	18	5·4
Cape Frontier	2	....	....	....
Mauritius	34	4	8	11·7
St. Helena	12	....	....	....
Total	696	18	36	2·5

The analysis of Drs. Taylor and Walshe's cases is as follows:—39 cases admitted, mortality 30·7 per cent.; of this number 11 were females and 28 males, or a proportion of 39 per cent. females, rather more than the usual per-centage.

Of the 11 females 1 died, or 9·0 per cent.
Of the 28 males 11 died, or 39·0 per cent.

Of this number there were 11 cases of *idiopathic* pleuritis; 10 recovered, 1 was relieved; no deaths.

There were 7 cases of *rheumatic pleuritis; i. e.*, where the disease occurred in the course of a rheumatic attack; 5 were cured, 1 was relieved, 1 died.

There were 19 cases of complicated pleuritis; that is, where the disease was complicated with nephria, phthisis, morbus cordis, ascites, &c.; 5 were cured, 2 were relieved, 2 discharged, and 10 died.

Lastly, there were 2 cases where the disease was complicated with pneumonia, but in which the pleuritis was the principal affection: 1 was cured, the other died.

The ages were as follow, in those cases where this particular is given:—

Age.	Males.	Females.	Age.	Males.	Females.
10—15	2	2	35—40	1	—
15—20	5	3	40—45	2	—
20—25	6	3	50—55	1	—
25—30	2	1	60—65	1	—
30—35	3	1	Above 65	2	—

It thus appears, that pleurisy is a mild disease, and benignant if uncomplicated. The most fatal complication seems to be Bright's disease, or nephria.

PERITONITIS.

The severity and seriousness of this disorder is such, that to cure it satisfactorily by medical art is no small proof of skill. The Homœopath prides himself in doing so. Here also *age* can give him no advantage, as in many cases it would seem rather to aggravate the disease than otherwise; thus, taking the army returns, we have,—

Place.	Admissions.	Deaths.	Mortality.	
			One in	Per Cent.
Gibraltar	13	5	2·5	3·0
Ionian Islands	20	5	4	25·0
Malta	21	4	7	19·0
Bermudas	3	2	1·5	66·6
Nova Scotia and New Brunswick	6	2	3	33·3
Canadas	22	7	3	31·7
Cape District	23	9	2	39·1
Cape Frontier	7	1	7	14·2
Mauritius	7	3	2	42·9
St. Helena	2	....	....	....
Total	124	38	3	30

It is here, however, that we have good evidence of something very like cajoling. The diseases compared are not identical, and include true, false, partial, and tubercular peritonitis, occasionally metritis. With us (and here I purposely omit the puerperal variety, over which the Homœopaths admit they have but very little control,) peritonitis, the true idiopathic variety is a very rare disease. The Glasgow returns give, out of 17,792 cases admitted for all diseases, only 28 of peritonitis, with a mortality of 57 per cent., the proportion to all admissions being 0·16 per cent. The five hospitals before alluded to, give 25 cases out of 11,164, with a mortality of 20 per cent., the proportion of admissions from all diseases being ·22 per cent. The number of deaths from this disease in London, out of a population of two millions and a half, amounted in the years 1846, 1847, 1848, 1849, 1850 respectively, to 213, 270, 263, 216, 217. It must, however, be admitted, that the disease is more common in Vienna. The returns of the Allopathic Hospital, Vienna, give, for the years 1848-9, 575 cases of peritonitis, or 1·1 per cent. of all admissions, with 63 deaths, or 10 per cent., a very low mortality as compared with England. This very cypher of mortality, obtained from a hospital,

remarkable for the *do-nothing* treatment, would at once explain that the disease cannot be true idiopathic peritonitis. But even allowing for this, the number of cases admitted by Fleischmann is 147 cases out of 9,538 of all diseases, or 1·5 per cent. The difference here is not great; still it is one-third greater. Very few cases are admitted in the Leipsic; thus, between 1840 and 1844, 7 cases; but then, as a test that they are more genuine, the mortality is 14·3 per cent. In Linz we have 28 cases, no deaths; but we have conclusive evidence of error from their own returns. What is "muscular peritonitis?" certainly not the disease we mean by peritonitis. As this variety is of constant occurrence, as before alluded to, (p. 59) it is easy to make out a large number of peritonitis cases, and deceive as to the effect of treatment. The disease as it occurs in Vienna is in fact, in most cases, tubercular peritonitis, and frequently *localized*. As such it is amenable to treatment; indeed any one who has seen the disease there, must at once perceive the unfairness of comparing these cases with our cases of truly idiopathic peritonitis here. That the Homœopaths do so, is in itself proof of their insincerity. Besides, the disease is much more rare among males than females, in the proportion of 100 males to 566 females. The mortality is, however, much greater with males than females. The army-returns, males, only give a mortality of 30 per cent. The Vienna (Allopathic), 29 per cent.; the females have a mortality of 11 per cent., less than half what males have. The preponderance of patients in Homœopathic Hospitals are males, and the greater number of cases of females are affected with chlorosis, headache, amenorrhœa, fertile sources of false peritonitis. Their admissions for this disease should be therefore much less numerous, and proportionally more fatal, and yet it is the very reverse.*

The following analogous cases will illustrate my meaning more forcibly. They occurred, as before, in the practice of Drs. Taylor and Walshe, at University College.

There occurred 21 cases; 11 died, or 52 per cent., 7 were cured, 3 relieved. There were 6 idiopathic cases, 4 died; there were 15 complicated; 4 were cured, 4 relieved, and 7 died. The fatal idiopathic were all males; the complicated that

* As it is, comparing Fleischmann's Hospital with the General Hospital, the former admits 36 per cent. more cases of peritonitis per annum.

recovered were females, and the disease was more or less connected with metritis, or disease about the womb, of an acute character. The complicated that proved fatal were cases of cancer, or perforation, a class of cases which would in homœopathic returns have been excluded from under the head of peritonitis, and placed under the more certainly fatal complication, cancer, &c.

ENCEPHALITIS AND MENINGITIS

Are two other diseases which with Allopaths are extremely fatal, and over which, if we refer to the homœopathic returns, the Hahnemann practice is especially successful. After what has preceded, the question will again occur to our minds, Are the cases genuine? With us they are extremely rare. In the 3 years 1844–5–6, in the Glasgow Infirmary, but 3 cases and 2 deaths are reported, out of upwards of 9000 cases of admissions from all diseases, *i.e.* 0·03 per cent. Looking, however, to the allopathic returns from Vienna, which give a proportion of 0·16 per cent., we are forced to admit they are more frequent in that hospital. But even this proportion is one-third or 33 per cent. less than what the Homœopaths admit; the proportion of cases admitted by Fleischmann amounting to 0·24 per cent. of all diseases admitted. Thus we have presumptive evidence again to doubt the genuineness of these cases. The following case, taken from the *Homœopathic Journal*, is a proof of this. Fleischmann usually publishes his more severe cases, so as to explain his mortality or success, or to show the efficacy of his remedies. There is no harm in this—we might be disposed to do as much—but the fact is curious, when remembered in connection with the following case:

Case. Inflammation of the Dura Mater.—Eliza G., æt. 28, a servant, was admitted on October 18, having had a severe headache for a week; head hot, and very painful, especially in front, with a sensation as if the blood rushed to the part; the blood-vessels distended, eyes prominent, tongue coated, increased thirst, no appetite, frequent vomiting of a green fluid, provoked by every movement of the head, and only quieted when the patient lies perfectly still on her back; pulse full and slow; no

stool for 3 days; *cold was applied to the head* and nux vomica, 3, given every 4 hours. 19th. A sleepless night; head feeling as if it would split; pulse full and hard; frequent vomiting. From 20th to 23rd, the patient lay unconscious in a low delirium; Belladonna j. every 2 hours. 24th. Vomiting had diminished. 25th. Had passed a quiet night; the severe affection of the head relieved; pulse slow and feeble. 26th. Complains mostly of heaviness of the head and great debility. 31st. Quite well.

Now it is to be remarked that there was no paralysis, no convulsion or twitching of extremities—two symptoms most important, as giving evidence of the first or second stage of inflammation of the dura mater—a disease which, further, as an idiopathic disease, is very rare, and usually the result of external injury; and when it does occur idiopathically, extending generally also to the arachnoid membrane. Upon the whole, therefore, it seems more reasonable to conclude the case was one simply of active cerebral congestion, or of continued fever. It is also interesting as proving the value of the allopathic remedy *cold to the head*, yet employed by a Homœopath.

DYSENTERY AND FEVER.

I think it best to consider these two diseases conjointly. Much indeed which I shall have to say of the one applies equally well to the other, more especially as I wish to call attention to these two diseases in connection with reports made by Mr. Kidd on the Irish fever, and which have been widely circulated as so much positive evidence of the value of homœopathic treatment.

1. *Fever.*

The following is a Table of the cases of fever admitted in several homœopathic hospitals.

(*a.*) Fever Cases, excluding Typhus.

	No. of Cases.	Mortality per Cent.	Proportion per cent. admission to admissions from all diseases.
Fleischmann's Hospital, 1835–1847	2,057	3	19·0
Leipsic, 8 years	290	1	3·4
Linz, 4 years	441	1	17·0
Kremzier, 3 years	274	4	26·0

(*b.*) Typhus Cases.

Fleischmann, 12 years	1,179	15	12·0
Leipsic, 8 years	26	30	3·0
Linz, 3 years	171	12	6·5
Kremzier, 2 years	47	12	7·0

In opposition to these results, we may place the following from allopathic hospitals:

(*a*.) Fevers, excluding Typhus.

	No. of Cases.	Mortality per Cent.	Proportion per cent. admission to admissions from all diseases.
Glasgow Infirmary, 1844—48	8119	10·0	58·7
Vienna, 1848, 1849 (Intermittent only)	1,578	1·2	2·0

(*b*). Typhus Cases.

Glasgow Infirmary, 1844—49	6,692	16	48·4
Vienna, 1848, 1849	2,679	19	5·1

The above Tables are interesting, as illustrating a series of most important considerations. I must premise, however, before alluding to this, by the assertion of the fact so incontrovertibly proved by the Registrar-General, and so ably laid down by Dr. Webster; namely, that typhus is the *nosometer* of disease, and that the greater the proportion of cases of this disease the worse the health of a community, and *vice versâ*. The following Table, taken indiscriminately from the Registrar-General's return, will illustrate this truth:

Deaths in London.

	1839.	1840.	1841.	1842.	1843.	1844.	1845.	1846.	1847.	1848.	1849.	1850.
Typhus*	1,819	1,262	1,151	1,174	2,083	1,696	1,301	1,796	3,181	3,569	2,479	1,923
Pleurisy	65	86	93	75	90	96	127	146	245	176	151	131
Pneumonia.....	3,687	3,776	3,668	3,923	4,224	4,064	3,896	3,151	4,290	3,499	3,593	3,108
Peritonitis	39	64	59	64	76	114	157	213	270	263	216	217
Dysentery	79	70	78	151	271	125	99	156	307	334	370	182
Specif. diseaes*	44,353	45,803	44,849	44,820	48,160	50,211	48,155	48,907	60,305	57,372	68,126	48,231
All diseases ...	45,441	46,281	45,284	45,272	48,574	50,423	48,332	49,089	60,442	57,628	68,432	48,579

The only year which forms an exception to this rule is 1844. Now we find at the outset (supposing that the deaths are only an index to the number of cases, as well as malignancy of the disorder,) the returns from the Allopathic and Homœopathic Hospitals are in contradiction to this law. Fleischmann's admissions, with a mortality of only 15 per cent., are in the proportion of 12 per cent., while the admissions in the General Hospital are only 5·1 per cent., or 300 per cent. less, with a mortality of 19 per cent. Here, again, we are induced to question the accuracy of the returns, or to suspect a selection of cases. A slight increase might be understood, more espe-

cially as Fleischmann tells us he admits the poorest classes, but a difference nearly double is difficult to credit.

Be this as it may. The proportion of cases admitted in the Glasgow Infirmary is, for fever cases, excluding typhus, three times as great as Fleischmann's; of typhus cases four times as great. Supposing, for an instant, Fleischmann's returns not to be doubted, does this not prove that the typhus cases, being so predominant in the Glasgow Infirmary, of a necessity the general mortality must be greater? A comparison of the two hospitals comes thus to be unfair, and if made with a due knowledge of this difference, would be dishonest. Yet even in this case the mortality is only 1 per cent. more favourable with Fleischmann.

In this return of mortality for Glasgow, it should be noticed that the epidemic fever of 1847 is included under the generic name of typhus. Thus in that year there were admitted—

Epidemic Fever.....	2,333, with a mortality of 6·4 per cent.
Genuine Typhus	2,399, with a mortality of 21·2 per cent.

Thus, though both may be considered as varieties of typhus, the mortality was very different. Excluding in this manner the cases of epidemic fever, we have a mortality of 20·1 per cent. out of some 4000 cases.

It is to be noted here that this distinction between the two varieties was not made by Mr. Kidd. His cases, consisting of all varieties, generically spoken of as *fever*, were lumped together, and his success was triumphantly recorded as proving the high efficacy of homœopathic treatment. Indeed, a mortality of only 2 out of 112 is a very low cypher. As before, however, an analysis of the cases removes at once the favourable impression. This analysis must necessarily be brief, but the comparisons are made throughout with allopathic results on which full reliance can be placed.

1. There is reason to believe the cases were selected, or at least, if occurring accidentally, the occurrence was of that nature precisely calculated to bring out a low per-centage of mortality.

In 108 cases of fever the period after seizure in which they came under treatment was as follows, the comparison being made with Dr. Paterson's cases.

Day of Seizure.		No. of cases.	Per cent. Admissions. Calculated from 108 cases.	Per centage Admissions Epidemic fever. Calculated from 621 cases.	Actual Mortality occurring on those days per cent. not in reference to seizures. Dr. Paterson. (Glasgow.)
1	First week.	3	2·7	0·3	
2	First week.	24	22·2	4·6	
3	First week.	25	23·1	9·0	
4	First week.	8	7·4	12·0	
5	First week.	13	12·0	16·1	0·6
6	First week.	10	9·2	12·4	0·6
7	First week.	6	5·5	8·8	2·6
		—89	——82·1	——63·2	—0·5
8	Second week.	2	1·8	15·9	1·3
9	Second week.	1	0·9	3·5	1·3
10	Second week.	3	2·7	5·6	1·3
11	Second week.			0·9	3·9
12	Second week.	5	4·5	0·5	5·8
13	Second week.				7·9
14	Second week.	8	7·4	6·2	3·9
		—19	——17·3	—— 32·6	——3·6
15				0·3	5·8
16—21					5·2
22—28					11·2
Beyond					32·2

The relation between the period at which a patient came under treatment, with its effect on mortality, is still more clearly shown in Dr. Mateer's cases of fever, which, although occurring at another period of time, bears considerable analogy to the one under discussion. It is founded upon 9558 cases, and 664 deaths, or 7 per cent.

Days.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	9th.	10th.	11th.	12th.	13th.	14th.	15th.
Mortality per cent.	2	3	4	4	4	6	11	10	10	6	10	4	40	
Mean ...	...	...	23	...	...	...	...	...	91					

The difference in the mortality between the two weeks is, therefore, 68 per cent., and an advantage is gained in this manner. The proportional number of cases admitted during the first week being (18·9 – 14·5 or) 4·3 per cent. too large, and during the second week (29·6 – 15·7 or) 13·9 per cent. too small, Mr. Kidd's mortality on the two weeks would, on this supposition, be too low by 9·5 per cent.

2. As touching age, Mr. Kidd is not at so great an advantage; still with the other sources of fallacy before noticed, the difference is not to be entirely disregarded, as shown by the following table, affording a comparison with the Glasgow Infirmary.

Age.	Mr. Kidd's Fever Cases.	Glasgow Infirmary Fever Cases. 1847.
1—10	14·6	3·4
10—15	20·6	8·4
15—20	10·3	19·8
20—30	19·5	35·8
30—40	22·9	17·6
	87·9	85·0
40—50	7·6	10·1
50—60	2·5	3·4
Above	0·8	1·8
	10·9	15·3

When we come now to carry this application further, we shall still find ample reason to account for this low mortality, and that is in looking to the peculiar character of the epidemic fever of Ireland.* The mortality had already begun generally to diminish in Munster, between April and June, from 10·9 per cent. to 6·8, all diseases (see p. 22); and Munster was then by no means the most unhealthy district of Ireland, Connaught having ranged from 13·1 to 8·6. The position, moreover, of Bantry was such that from its connection with Cork the facilities of dieting the sick were more ready than in many other parts. The Commissariat relief was more accessible. It was also a marked character of this fever, as so ably shown by Dr. Corrigan, that it bore a great relation to the pressure of famine, and that in proportion as food was easier of access, in like proportion did the mortality diminish. It was to be supposed beforehand, and it can be readily understood now, how dietetic regimen, if well conducted (and I have already given my tribute of praise on this score to Homœopaths), should in such circumstances materially benefit the disease. That this was the case, is evident from the following extracts, taken from Dr. Forbes' *Review on the Epidemic Fever*, vol. I., New Series, p. 303).

"At the outbreak of the fever in Ireland, there was positively no treatment at all, owing to the suddenness and extent of its prevalence. Four or five fever patients might often be seen stretched on heaps of straw placed on the damp brick floor, in apartments under ground, so close and ill-ventilated, that neither air nor solar light could approach the wretched inmates in any proportion whatever to the requirements of the human organism. Moreover, the ostensible hosts of such dens had, in

* Forbes' *Review*.

most cases, no sort of sympathy with their stranger guests, and these were simply admitted because parochial relief was sure to come. To complete the difficulty, these patients could frequently speak only Celtic; and owing to all these causes, the malady was often left inevitably to its own course. It was truly remarkable how small a proportion of patients so distressingly situated actually died, nor do we think the mortality under these conditions was very much higher than in the hospitals. In about a fortnight from the commencement the symptoms of fever would generally subside, and after a convalescence (unduly protracted, certainly,) the patient got well.

"In dealing with this class of patients in the hospitals, and also in treating individuals differently conditioned in private practice, we could not fail to deduce a practical lesson from the experiment which an unhappy combination of events had prepared on our hand. Having found upon a moderately large scale that patients, labouring under the epidemic fever, would in a great majority of cases recover, without any treatment, positive or negative, we thought ourselves but little justified in experimental trials of any measures that might be denominated bold or heroic. As a rule, we discountenanced all active or powerful interference. Bleeding and blistering, purging and opium, we never resorted to, without some well-marked indication, being content, in the bulk of instances, simply to withdraw *lædentia*, where we could detect no satisfactory clue to positive *adjuvantia*. Keeping the patients from the beginning in bed, and insisting that they remained there until the establishment of convalescence, exclusion of injurious stimuli, cleanliness, and free ventilation, with farinaceous and diluent drinks, sufficed in most cases to bring them successfully through the disease, without resort to active measures at all. Indeed, we have had occasionally reason to think that a simple saline, prescribed as a *placebo*, constituted a source of irritation to the gastro-intestinal mucous membrane."

The success of Mr. Kidd is, therefore, first, to be attributed to this course having been fully carried out. His cases averaged a duration of treatment of fourteen days. The Glasgow Allopathic, of twenty. Secondly, to the selection of cases; globulism was for nothing in the cure.

After the above account, dysentery may not occupy us long.

The disease is not one which in this country prevails to any extent. 90 to 100 is the annual mortality in London, and it is only occasionally (as during the late cholera season, and during the epidemic fever of 1847) that it was more commonly met with. In Vienna it is also a rare disease. In the two years 1848 and 9, the number of cases admitted in the Allopathic Hospital was 58, a proportion of 0·11 per cent. to all admissions from other diseases with a mortality of 26 per cent. The proportion in the Glasgow Infirmary from 1844 to 1847 was 67, with a mortality of 24 per cent., the proportion being 0·3 per cent.; but this includes the epidemic returns for 1847, when this disease prevailed extensively, 23 cases, or rather more than one-third belonging to that year alone. The 8 Scotch Hospitals before alluded to, gave in 1842, 37 cases, with a mortality of 20 per cent; the proportion to all admissions being 3 per cent. The returns from the Homœopathic Hospitals give a much larger proportion of dysentery cases.

	No. of Cases.	Mortality, per cent.	Proportion per cent. to all admissions.
Fleischmann's.....	64	4	0·74
Leipsic	95	1	1·11
Linz	12	0	0·46
Kremzier.....	4	50	0·88

Thus, as before, we find the returns from Fleischmann seven times as numerous as in the Allopathic Hospital at Vienna; indeed in all it is very great, and leads again to the suspicion that these are not all genuine cases of dysentery, but that not a few may be simple diarrhœa; and hence the cause of the low cypher of mortality.

Looking to Mr. Kidd's cases of dysentery treated homœopathically, we find that he had 81 cases; mortality only 13·5 per cent., or rather more than half that obtained in the Glasgow Infirmary; but even this number is much greater than that of Fleischmann, fully three times as great. The excuse would be that the cases were different, and more malignant in character. But such an excuse, if admitted at all, must be also considered in comparing the Homœopathic Hospital returns with those from Glasgow, and not looked upon as only applicable to explain away the ill success of homœopathic treatment.

Lastly, and in relation to *Cholera*, it may be remarked that with parties who take so little trouble in distinguishing diseases,

it was to be expected that, in cholera especially, extraordinary success should have followed homœopathic treatment. Here, for instance, is an extract from M. Touchon on that disease, as it occurred in Bavaria.

Mortality under Allopathic treatment.				Mortality under Homœopathic treatment.			
Hospital.	Cases.	Deaths.	Mortality, per cent.	Hospital.	Cases.	Deaths.	Mortality, per cent.
Experimental.....	42	40	95·2	Prof. Renbell ...	30		
General	320	149	46·5	Dr. Wideman ...	90	2	2·2
Military	129	52	40·3	Homœopathic ...	8		
City.....	1,808	893	49·3	Vienna	430	23	45·3
Total and Mean...	2,299	1,134	49·3	Total and Mean	558	25	4·4

Such are the results which we are called upon to believe. I have already alluded to the difference in the mortality which in these epidemics a week will make; that is, supposing the cases to be instances of genuine cholera or the same disease. If cholera were indeed a disease so little fatal as is here represented, it would scarcely be deserving the name of a serious disease. The above return carries indeed, upon the face of it, the stamp of misrepresentation.

The following table will show the effect of taking different epochs of even the same epidemic.

RETURN OF CHOLERA CASES AT GLASGOW.

		Deaths, per cent.		Recoveries, per cent.
Four weeks ending December 9.....		53·4	...	46·6
Week ending ,, 16.....		60·5	...	39·5
,, ,, 23.....		60·0	...	40·0
,, ,, 30.....		51·7	...	48·3
,, January 6.....		50·0	...	50·0
,, ,, 13.....		40·7	...	59·3
	9 weeks...	59·0		9 weeks... 44·8
Week ending January 20.....		34·8	...	65·2
,, ,, 27.....		35·0	...	65·0
,, February 3		31·5	...	68·5
,, ,, 10.....		37·8	...	62·2
,, ,, 17.....		22·2	...	77·8
,, ,, 24.....		38·0	...	62·0
Three weeks ending March 17.....		36·5	...	63·5
	9 weeks...	34·3		9 weeks... 57·7

Making a difference of 22 per cent. in the deaths, and 21 per cent. in the recoveries for the two periods. The greatest difference in a single week being in the deaths 18 per cent.,

in the recoveries 38 per cent. Indeed, to an impartial observer, even the above accounts from Bavaria show that different epochs in the same epidemic are spoken of, since the difference in the allopathic mortality is on one occasion as much as 45·9 per cent., and the low mortality in the homœopathic cases leads to the supposition that cholerine cases were included.

The truth of these suspicions is forcibly illustrated by an analysis of Tessier's cholera cases, the only cases fairly reported with which I am acquainted.

No.	Name.	Variety.	Sex.	Age.	Date of				Remarks.
					Admis.	Recov.	Depart.	Death.	
1	Lefort ...	Genuine case. (collapse.)	M.	58	Mar. 29	April 3	April 11	... ...	Brought on by a drunken fit, when labouring under diarrhœa.
3	Durand ...	Ditto	M.	37	April 7	„ 15	... ...	... ...	After diarrhœa.
5	Balagnat..	Ataxic	M.	38	„ 13	„ 30	... ...	... ...	A mild case. Cyanosis only in the legs. Pulse throughout strong.
6	Gillot.....	Genuine.....	M.	48	„ 6	„ 17	May 1	... ...	A mild case.
7	Herard ...	„	F.	29	„ 14	„ 29	„ 10	... ...	The gravity of this case was due to the supervention of gastro-duodenitis from lumbrici. Cyanosis marked.
8	Lefebre ...	„	M.	22	„ 28	May 3	„ 6	... ...	Admitted to be a mild case.
12	Miller ...	„	M.	35	May 3	„ 9	„ 19	... ...	Also a mild case.
13	Sainty ...	„	M.	28	„ 4	„ 11	„ 13	... ...	A bad case.
14	Tirfoin ...	„	M.	52	„ 4	„ 8	... ...	... ...	A phthisical man; the case by no means favourable. Died a month after of phthisis.
19	Kolshe ...	„	M.	44	„ 10	„ 18			
20	Taupin ...	„	M.	29	„ 10	„ 14	May 18		
9	„ ...	Cholerine	F.	68	April 19	„ 8	„ 26		
17	Hiolli.....	„	F.	16	May 7	„ 14	„ 22		
2	Regnet ...	Foudroyant ...	M.	62	April 2	... ...	... ...	April 3	
10	Regunez .	Ditto, Noir d'emblée.	M.	56	„ 29	... ...	... ...	„ 29	
4	Feret.....	Foudroyant ...	M.	40	„ 7	... ...	... ...	„ 7	
11	Regnet ...	Ataxic	M.	39	May 1	... ...	... ...	May 4	
15	Duhamel..	„	F.	35	„ 7	... ...	... ...	„ 10	
16	Mutch ...	„	M.	46	„ 7	... ...	... ...	„ 7	
18	Fugeou ...	Genuine.....	F.	64	„ 9	... ...	... ...	„ 10	

Thus we have 20 cases and 7 deaths. Of the favourable cases 4 were mild, and 2 were not cholera cases, but simply cholerine. The latter should not therefore have been included. This gives us 18 cases, 7 deaths. Mortality 1 in 1·5 or 38·8 per cent., the mortality usually attained in cholera in a series of years. Thus the following statistic taken from an authentic account of the various visitations of cholera in Berlin gives the following result.

Years.	Number of inhabitants.	Patients.	Proportion.	Recovered.	Died.	Mortality. One in
1831.....	229,843	2,274	9·8	851	1,423	1·59
1832.....	234,471	613	2·6	206	412	1·49
1837.....	265,394	3,557	13·4	1,219	2,338	1·05
1848.....	400,557	2,407	6·0	812	1,595	1·05
1849.....	404,600	5,361	13·0	1,809	3,552	1·05
1850.....	417,665	1,185	2·8	474	711	2·03

Total number of patients, 15,397, of whom 5,371 recovered, and 10,031 died, or 34 per cent.

The conclusion at which, therefore, I am compelled to arrive, after what I trust has been an impartial and temperate inquiry, is:—

I. In the homœopathic cures effected, globulism is absolutely for nothing, and the practitioner who would attribute such cures to globulism, must be considered as either full of simplicity, or a friend to quackery; but that they are due

1. To the influence of the mind on the body, through the voluntary or emotional systems.
2. To the *vis medicatrix naturæ*.
3. To excellent dietetic regimen.
4. To allopathic treatment surreptitiously conjoined.

And secondly,

1. That in many cases the Homœopaths are inexact and inaccurate in their diagnosis;
2. That therefore their statistical returns are in many cases falsified;
3. That they allow nothing for the different and varied circumstances under which different patients are placed, as type, comfort, locality, idiosyncracy, &c;
4. That therefore their comparisons with allopathic practice are unfair and not to be depended upon.

II. In the allopathic cases, although occasionally the *vis medicatrix naturæ* and the *vis medicatrix mentis* and diet are perhaps less depended upon, the diagnosis is to be relied upon. There being no interest to deceive, the statistics are drawn out merely with the intention to elucidate truth, and due allowance is made for the contingent circumstances in which patients are placed.

In conclusion, I have only to express my thanks to those gentlemen who have assisted me in this inquiry, hoping that if I have occasionally spoken rather harshly, it has been done with no intentional discourtesy, but only where the elucidation of truth has left me no alternative. I leave the decision to common sense, which, I trust, will at once acquit me, and confirm my conclusions.

APPENDIX.

Comparative Mortality in Homœopathic (alleged)

HOMŒOPATPHY (alleged).

Year.	Place and Disease.	Remaining.	Admitted.	Cured.	Incurable.	Relieved.	Discharged	Died.	Brought Moribund.	Remaining.	Mortality per Cent.
	Pneumonia (all cases).										
1835—47	Fleischmann	10	538	508	...	...	...	28	...	8	5
1840—48	Leipsic	...	38	24	...	1	2	5	...	6	13
1842—46	Linz	2	92	90	...	1	...	...	...	...	...
1846—48	Kremzier	9	54	47	...	...	...	9	...	7	15
1846—48	Poor House (Nechanitz)	...	20	18	...	1	...	...	...	...	...
	Tessier's (St. Marguerite)	...	41	...	...	...	...	3	...	...	...
		21	783	687	...	3	2	45	...	21	5·7
	Pneumonia (Simple).										
1835—47	Fleischmann	10	538	508	...	...	...	28	...	8	5
1840—48	Leipsic	...	27	16	...	1	1	5	...	3	15
1842—46	Linz	2	84	83	...	1	...	...	...	1	...
1846—48	Kremzier	9	54	47	...	...	...	9	...	7	16
1846—48	Poor House (Nechanitz)	...	20	18	...	1	...	...	...	...	...
	Tessier's	...	34	...	...	...	...	...	...	...	...
		21	757	672	...	3	1	42	...	19	5
	Pleuro-pneumonia (Simple).										
1841—44	Leipsic	...	8	6	...	...	...	...	...	2	...
		...	8	6	...	...	...	...	...	2	...
	Complicated Pneumonia.										
1840—41	Leipsic	...	3	2	...	...	1	...	...	...	...
1842—47	Linz	...	8	7	...	...	...	...	...	1	...
	Tessier's	...	7	4	...	...	...	3	...	...	42
		...	18	13	...	...	1	3	...	1	16
	Complicated Pleuro-pneumonia.										
	Pleuritis (all cases).										
1835—47	Fleischmann	2	245	237	...	...	...	5	...	1	2
1840—46	Leipsic	3	65	42	...	1	9	7	...	4	10
1842—47	Linz	...	71	70	...	...	...	...	...	4	...
	Kremzier	2	5	6	...	...	...	...	...	...	...
		7	386	355	...	1	9	12	...	9	3
	Complicated Pleuritis.										
1840, 42, 44, 45, 46	Leipsic	...	14	8	...	1	4	...	...	...	...
1842—47	Linz	...	4	4	...	...	...	...	...	...	...
		...	18	12	...	1	4	...	...	...	...

and Allopathic Hospitals.

ALLOPATHY.

Year.	Place and Disease.	Remaining.	Admitted.	Cured.	Incurable.	Relieved.	Discharged.	Died.	Brought Moribund.	Remaining.	Mortality per Cent.
	Pneumonia (all cases).										
1844—48...	Glasgow Infirmary	...	248	159	...	19	8	69	...	...	27
1848—49...	General Hospital, Vienna	...	1,134	761	5	23	...	260	...	...	23
	Drs. Taylor, Walshe, and Peacock...	...	140	85	...	6	5	44	...	...	31
		...	1,522	1,005	5	48	13	373	...	...	24
	Pneumonia (Simple).										
1844—48...	Glasgow Infirmary*	...	119	66	...	13	8	32	...	...	27
	Drs. Taylor, Walshe, and Peacock...	...	52	48	...	1	1	2	...	...	3
		...	171	114	...	14	9	34	...	...	19
	Pleuro-pneumonia (Simple).										
1844—48...	Glasgow Infirmary	...	21	13	...	6	...	3	...	...	14
	Drs. Taylor, Walshe, and Peacock...	...	9	7	...	1	1	...	...	...	...
		...	30	20	...	7	1	3	...	...	10
	Complicated Pneumonia.										
1844—47...	Glasgow Infirmary	...	92	63	...	...	...	29	...	...	31
	Drs. Taylor, Walshe, and Peacock...	...	79	28	...	7	2	42	...	...	53
		...	171	91	...	7	2	71	...	...	41
	Complicated Pleuro-pneumonia.										
1844—47...	Glasgow Infirmary	...	15	10	...	...	...	5	...	...	33
		...	15	10	...	...	...	5	...	...	33
	Pleuritis (all cases).										
1844—48...	Glasgow Infirmary	...	105	72	...	17	2	14	...	...	13
1848—49...	Vienna Hospital	...	804	598	7	42	...	100	...	...	12
1846, 47 ...	Liverpool Northern Hospital	...	10	...	...	...	...	1	...	...	5
1842.....	Eight Scotch Hospitals	...	59	...	...	...	...	7	...	...	11
	Drs. Taylor, Walshe, and Peacock...	...	39	...	...	...	...	12	...	...	30
		...	1,017	670	7	59	2	134	...	...	13
	Complicated Pleuritis.										
1844—48...	Glasgow Infirmary	...	25	20	...	1	...	4	...	...	16
1844—48...	Pleuro-pneumonia	...	15	10	...	...	...	5	...	...	33
		...	40	30	...	1	...	9	...	...	...

HOMŒOPATHY (alleged)—*continued.*

Year.	Place and Disease.	Remaining.	Admitted.	Cured.	Incurable.	Relieved.	Discharged.	Died.	Brought Moribund.	Remaining.	Mortality per Cent.
	Pleuritis (Simple).										
1845—47	Fleischmann	...	12	9	...	...	...	1	...	1	8
1840—42	Leipsic	...	5	...	...	...	5	...	...	...	...
1845—47	Linz	1	13	12	...	...	...	1	...	...	7
		1	30	21	...	...	5	2	...	1	6
	Peritonitis.										
1835, 45, 47	Fleischmann	2	147	139	...	...	...	8	...	...	5
1840—44	Leipsic	...	7	6	...	...	1	...	...	...	...
1844—47	Linz and Kremzier	1	30	30	...	...	...	...	...	...	1
		3	184	175	...	...	1	8	...	...	4
	Dysentery.										
1835, 43, 45, 47	Fleischmann	...	64	61	...	...	...	3	...	...	4
1840—48	Leipsic	...	95	76	...	...	11	1	...	9	...
1845—47	Linz	2	12	12	...	...	...	...	...	2	...
1847	Kremzier	...	4	2	...	...	...	2	...	...	50
		2	175	151	...	...	11	6	...	11	3
	Fever, excluding Typhus.										
1835—47	Fleischmann	37	2,057	1,975	2	...	...	65	...	61	3
1840—48	Leipsic	8	290	246	...	1	41	3	...	12	1
1845—47	Linz	...	441	427	2	...	...	5	...	17	1
1845—47	Kremzier	21	274	256	2	...	...	11	...	10	4
		66	3,062	2,904	6	1	41	84	...	100	2
	Typhus.										
1835, 43, 45, 47	Fleischmann	20	1,179	985	2	...	...	184	...	18	15
1840—48	Leipsic	...	26	14	...	1	3	8	...	...	30
1845—47	Linz	11	171	146	3	...	...	21	...	13	12
1846, 47	Kremzier	2	47	38	...	...	...	6	...	5	12
		33	1,423	1,183	5	1	3	219	...	36	14
1835, 43, 45, 46	Fleischmann (Meningitis)	...	23	20	1	...	...	1	...	1	4
1840—47	Leipsic (chiefly Encephalitis)	...	8	3	...	...	1	4	...	...	50
1845—47	Linz	...	5	5	...	...	...	...	...	...	...
1845—47	Kremzier (Meningitis)	...	2	2	...	...	...	...	...	...	...
		...	38	30	1	...	1	5	...	1	13

ALOLPATHY—*continued.*

Year.	Place and Disease.	Remaining.	Admitted.	Cured.	Incurable.	Relieved.	Discharged.	Died.	Brought Moribund.	Remaining.	Mortality per Cent.
	Pleuritis (Simple).										
1844—48...	Glasgow Infirmary	...	80	52	...	16	2	10	...	...	12
		...	80	52	...	16	2	10	...	...	12
	Peritonitis.										
1844—47...	Glasgow Infirmary	...	28	...	...	...	...	16	...	...	57
1848, 49 ...	Vienna	...	575	407	5	16	...	63	...	...	10
1842.....	Eight Scotch Hospitals	...	25	...	...	...	...	5	...	...	20
		...	628	407	5	16	...	84	...	...	13
	Dysentery.										
1844—47...	Glasgow Infirmary	...	67	...	...	...	...	16	...	...	24
1848, 49 ...	Vienna	...	58	36	...	...	...	14	...	...	16
1842.....	Eight Scotch Hospitals	...	37	...	...	...	...	7	...	...	18
		...	162	36	...	...	...	37	...	...	22
	Fever, excluding Typhus.										
1844.....	Glasgow Infirmary	...	739	703	...	...	...	35	...	...	4
1845.....	Ditto	...	193	184	...	...	...	8	...	...	4
1846.....	Ditto	...	1,124	1,034	...	...	...	87	...	...	7
1847.....	Ditto	...	4,995	4,257	...	...	...	725	...	...	14
1848.....	Ditto	...	569	511	...	...	...	27	...	...	4
1849.....	Temporary Fever Shed	...	499	...	...	...	...	29	...	...	6
	Total	...	8,119	...	...	...	...	811	...	...	10
1848, 49 ...	Vienna (Intermittent only)	...	1,578	1,415	10	12	...	20	...	...	1
	Grand Total	...	9,697	...	...	...	...	93	...	...	9
	Typhus.										
1844.....	Fever Department	...	717	621	...	...	...	96	...	...	12
1845.....	Ditto	...	268	217	...	...	...	51	...	...	19
1846.....	Ditto	...	502	434	...	...	...	68	...	...	15
1847.....	Ditto	...	2,418	1,894	...	...	...	516	...	...	21
1847.....	Temporary Fever Shed	...	454	339	...	...	...	115	...	...	25
1847.....	Fever	...	2,333	2,184	...	...	...	149	...	...	6
	Total	...	6,692	...	...	...	...	995	...	...	15
1848, 49 ...	Vienna	...	2,679	1,956	14	12	...	514	...	...	19
	Grand Total	...	9,371	...	...	...	...	1,509	...	...	16
1844—47...	Glasgow Infirmary ..... / Glasgow Fever Infirmary	...	3	...	...	...	...	2	...	...	60
1848, 49 ...	Vienna	...	93	38	6	...	1	73	...	...	78
		...	96	38	6	...	...	75	...	...	78

HOMŒOPATHY (alleged).

Year.	Place and Disease.	Remaining.	Admitted.	Cured.	Incurable.	Relieved.	Discharged.	Died.	Brought Moribund.	Remaining.	Mortality
	ALL DISEASES.										
1850	London Homœopathic Hospital In-patients	....	161	103	3	16	13	6	Result unknown.	11	
1850	Ditto Out-patients	....	1433	550	4	353	....	4	151	310	
1833	Leipsic Statklinik	....	118	79	9	20	To the Poliklinick.	4	....	....	
1834	,, ,, ...	....	114	49	21	26		5	....	....	
1835	,, ,, ...	....	84	49	12	22		11	....	....	1
1836	,, ,, ...	....	110	69	9	25		6	....	....	
1837	,, ,, ...	....	96	47	11	22		8	....	....	
1838	,, ,, ...	....	90	63	12	10		10	....	....	1
1839	,, ,, ...	....	80	49	11	11	1	9	....	....	1
1840	,, ,, ...	....	119	80	4	5	7	17	....	....	1
1841	,, ,, ...	....	122	86	5	8	11	12	1	....	
1842	,, ,, ...	....	37	22	5	8	7	7	1	2	1
	Total	....	970	593	99	157	26	89	2	2	
										Left.	
1833	Leipsic Poliklinik	....	1086	159	183	420	....	17	....	108	
1834	,, ,, ...	....	336	61	77	145	....	7	....	102	
1835	,, ,, ...	....	192	40	25	90	....	9	....	36	
1836	,, ,, ...	....	205	70	21	109	....	5	....	29	
1837	,, ,, ...	....	305	144	21	71	....	10	....	56	
1838	,, ,, ...	....	222	99	25	65	....	10	....	42	
1839	,, ,, ...	....	174	84	6	7	....	1	..	47	
1840	,, ,, ...	....	629	375	2	16	....	20	5	129	
1841	,, ,, ...	....	394	490	7	33	....	18	1	161	
1842	,, ,, ...	....	381	208	3	10	....	13	1	104	
	Total	....	3924	1730	370	966	....	110	7	814	
							Left.			Discd	
1833	Leipsic Polik and Statklinik	....	1204	238	192	440	180	21	....	....	
1834	,, ,, ...	....	450	110	98	171	102	12	....	....	
1835	,, ,, ...	....	276	89	64	112	36	20	....	....	
1836	,, ,, ...	....	315	139	30	134	29	10	....	....	
1837	,, ,, ...	....	401	191	32	93	56	18	....	....	
1838	,, ,, ...	....	312	162	37	85	42	20	....	....	
1839	,, ,, ...	....	254	133	17	18	47	10	....	1	
1840	,, ,, ...	....	748	455	7	21	129	37	5	2	
1841	,, ,, ...	....	816	576	12	41	161	30	2	2	
1842	,, ,, ...	....	418	130	5	18	104	20	1	....	
	Total	....	5194	2123	494	1133	886	198	8	5	

ALLOPATHY.

Year.	Place.	Admissions.	Deaths.	Mortality, per cent.
	ALL DISEASES.			
1844	Glasgow Infirmary, General Hospital	2,067	197	8·2
1845	,, ,,	2,459	234	9·5
1846	,, ,,	2,750	277	9·6
1847	,, ,,	2,375	342	14·4
1848	,, ,,	2,356	275	11·6
	Total	12,007	1,325	11·0
1844	Glasgow Infirmary, Fever Department	1,408	143	10·0
1845	,, ,,	535	75	14·0
1846	,, ,,	2,002	207	10·0
1847	,, ,,	5,186	804	15·0
1848	,, ,,	1,707	250	14·0
1847	,, Fever Shed	954	144	15·0
	Total	11,792	1,623	14·0
1842	Glasgow Infirmary, Edinburgh, Aberdeen, Dumfries, Dundee, Inverness, Perth	11,957	994	8·0
1846	Liverpool Northern Hospital	731	77	10 0
	,, ,,	760	76	10·0
1848–49	Vienna	51,709	5,278	10·2
	London :—			
1850	St. George's	3,006	231	7·7
	Westminster	1,658	138	8·3
	Charing Cross	1,101	70	6·4
	Middlesex	2,568	189	7·4
	University College	1,131	128	11·3
	Royal	766	37	4·8
	King's College	1,305	132	10·1
	St. Bartholomew	5,557	372	6·7
	London	3,870	278	7·2
	Guy's	4,037	357	8·8
	St. Thomas	4,162	268	6·4
	Total (or average)	29,161	2,200	7·5
1850	Small Pox	314	56	17·8
	Fever	513	95	18·5
	Lock	397	—	—
	Consumption	289	67	23·2
	Total (or average)	1,513	218	13·7

HOMŒOPATHY (alleged)—*continued.*

Year.	Place and Disease.	Remaining.	Admitted.	Cured.	Incurable.	Relieved.	Discharged.	Died.	Brought Moribund.	Remaining.	Mortality
	ALL DISEASES.										
1848	Leipsic Polik.—(*cont.*)	....	777	393	....	21	276	7	....	80	
1849	„ „	....	973	513	....	23	339	6	....	92	
1847	„ „	155	742	379	....	20	250	6	....	87	
1846	„ „	156	738	389	....	15	269	7	....	58	
1845–6	„ „	....	762	363	....	19	285	8	....	87	
1844–5	„ „	....	713	352	....	23	237	8	....	93	
1843–4	„ „	....	608	319	....	25	200	11	....	53	
1842–3	„ „	....	384	176	....	15	147	11	....	35	
1841–2	„ „	....	706	408	3	26	173	18	....	78	
1841–2	„ „	....	94	57	4	11	9	11	....	....	1
	Total	311	6497	3349	7	198	2185	93	....	663	
1835	Fleischmann's	....	6551	5980	112	....	....	407	....	51	
1843	„	52	1058	991	18	....	....	57	....	52	
1844	„	58	927	840	26	....	....	75	....	44	
1845	„	42	1116	1017	17	....	....	62	....	62	
1846	„	62	1002	903	25	....	....	80	....	56	
	Total	214	10654	9621	198	....	....	681	....	265	
1845	Linz	37	555	484	16	28	....	27	....	37	
1846	„	39	661	574	17	41	....	28	....	40	
1846	„	38	617	524	17	40	....	35	....	39	
1847	„	40	761	654	26	44	....	25	....	52	
	Total	154	2594	2236	76	153	....	115	....	168	
1846	Kremzier	79	381	402	15	....	....	19	....	24	
1846	„	....	216	175	6	14	....	8	....	18	
1847	„	25	446	406	11	....	....	30	....	24	
	Total	104	1043	983	32	14	....	57	....	66	
1843	Guns	7	143	128	....	4	....	4	6	8	
1841	Elizabeth Krankenhe	....	37	12	....	....	6	8	....	11	
	Total	104	180	130	....	4	6	12	6	19	
	GRAND TOTAL		32655	....	....	....	....	1365	....	....	

ALLOPATHY—*continued.*

Year.	Place.	Admissions.	Deaths.	Mortality, per cent.
	ALL DISEASES.			
1828–31–34–35	Limberg :—			
	General Hospital	....	....	2 to 3
1838–39	Göttingen Poliklinik	....	....	2 to 3
1837–38	Stuttgard Catherinen	....	....	3 to 4
	Military :—			
1850	Grenadier Guards	1,320	29	2·02
	Coldstream Guards	878	17	1·09
	Scots Fusileer Guards	602	11	1·08
	Royal Ordnance	4,977	38	0·76
	Dreadnought Ship	2,121	78	3·68
	Total (or average)	9,898	173	1·08
	Lunatic Asylums :—			
1850	St. Luke's	203	15	7·04
	Hoxton House, Miles'	123	45	36·05
	Bethnal House	156	47	30·13
	Grove Hall	152	54	35·05
	Bethlem	394	35	8·09
	Surrey, New County	234	95	40·06
	Peckham House	184	49	26·06
	Camberwell House	119	40	33·06
	Total (or average)	465	380	24·02
	France :			
1837–46 ...	Hôtel Dieu	11,130	....	8·06
	Annexe Hôtel Dieu	5,914	....	7·06
	Pitie	10,427	....	7·01
	Charité	8,010	....	6·08
	St. Antoine	3,469	....	8·00
	Necker	4,769	....	8·03
	Cochin	1,982	....	8 04
	Beaujon	4,310	....	9·01
	Bon-Secours	....	....	5·05
	Total	50,011	....	8·09
1834–46	St. Louis	8,240	....	4·06
	Enfans Malades	3,604	....	12·00
	Accouchemens	7,502	....	3·01
	Midi	3,730	....	3·05
	Lourcine	2,083	....	2·09
	Clinique	2,030	....	3·01
	Total	27,189	....	5·00