

## Dean ME (2009). Comparative evaluation of homeopathy and allopathy within the Parisian hospital system, 1849-51.



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### Background

Jean-Paul Tessier (1811–62) was a former student of the physiologist François Magendie (1783–1855) and the surgeon Guillaume Dupuytren (1777–1835). He was still a rising star in the competitive Parisian hospital system in 1846 or 1847 when, on Magendie's advice, he began his investigation of homeopathy. This was a brave move, as the powerful Académie de Médecine had debated and formally rejected homeopathy a few years earlier (Académie de Médecine 1835a; Académie de Médecine 1835b). Nevertheless, the new therapy had continued to spread throughout France (Garden 1992).

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After three years of research, Tessier recounted the precise steps he had taken to understand and evaluate homeopathy before making it part of his hospital practice (Tessier 1850). He had begun by studying the general principles of the therapy in the works of Hahnemann and his disciples, before moving on to accounts of treatments for specific illnesses. Next came a 6-month test to ascertain the safety and biological activity of the medicines. For this he chose patients with acute or chronic illnesses whom he judged unlikely to be harmed by the treatment. Convinced after a few days that the highly dilute homeopathic drugs were both harmless but medicinally active, he continued with the study for the 6 months originally planned. Only then was he confident enough to begin testing the 'therapeutic value' [original stress] of homeopathy.

Tessier then reported the results of treatment from two prospective case series in pneumonia and cholera. He chose pneumonia for the first series because it was a well-known disease, which was considered to have a clear diagnosis and prognosis. Before his study, Tessier had applied the standard treatments of bleeding, vesicants and antimony tartrate, but abandoned each of these successively as he found patients responded better without them. To counter bias in reporting the effects of his own experimental treatments, Tessier arranged for two allopathic interns to make the observations and write the reports. Of 41 consecutive patients with a firm diagnosis of pneumonia treated with homeopathy, only 3 died. He observed that treatment of pneumonia exclusively with homeopathy appeared to be associated with similar results on the symptoms, progression and duration of the condition, regardless of the patient's age, and he called for the method to be tested further. Tessier's cholera results were more ambiguous, although comparison with the mortality in a parallel allopathic ward in the same hospital favoured homeopathy.

### Comparative evaluation of homeopathy and allopathy

Tessier's studies with pneumonia, cholera and other diseases formed the platform for a large-scale, prospective comparison of homeopathy and allopathy. It was not restricted to any specific diseases, and included all patients with any clinical condition admitted to the Sainte-Marguerite Hospital. A similar comparison of the two rival systems was underway in St Petersburg, and may well have influenced the Paris trial (Johannsen 1848).

The statistics compiled by the hospital administration during the first three years of the study first became public in 1852, when Tessier presented them at a meeting of the Société gallicane de médecine homoeopathique (1852). The tables and a few observations were first published in a pamphlet by [Tessier \(1852\)](#).

Details of the design of the study emerged soon after. John Ozanne, a British medical journalist based in Guernsey, visited Tessier's hospital and reported on the trial's progress several times (Ozanne 1850; Ozanne 1853; Ozanne 1857). He drew particular attention to the steps taken to avoid allocation bias (Ozanne 1853, p 374-5), concluding:

*...being well acquainted with the details of the management of Parisian hospitals, [I] declare it to be impossible that any "selection" of cases or other "trickery" or "cajoling" can take place.*

In earlier hospital-based studies of homeopathy, patients had been assigned to homeopathic treatment by administrators or allopathic doctors opposed to homeopathy. In Tessier's study, the opportunity for manipulation at the

point of assignment to treatment was minimized at the Sainte-Marguerite Hospital. Two homeopathic and two allopathic wards, containing 100 homeopathic and 99 allopathic beds respectively, were set aside. One in 5 patients could be selected by either the allopathic or homeopathic doctors, but only in the presence of each other and, crucially, for treatment in their own ward, not that of their opposite number. More importantly, the great majority of patients were independently assigned to treatment. Each morning the administration in the centre of Paris received a list of available beds at the suburban hospital. New patients were directed to the first vacant bed regardless of the ward, which allowed the administration to claim that 'the test of the two methods takes place as far as possible under the same conditions' (Gallavardin 1861).

As well as these arrangements promoting unbiased assignment to homeopathic or allopathic treatment, several other features of the study are noteworthy. It was conducted over three years (1849–51), included around 8000 patients, and measured the cost of drugs and medical supplies as well as rates of bed occupancy and mortality. The central administration reported a higher throughput and lower mortality rate in Tessier's wards, with medical supplies costing only 1 per cent of those used by the allopaths (Gallavardin 1861). The method of assignment may have forestalled a bottleneck that would probably have resulted using strict alternation: the shorter average stay in the homeopathic wards meant that many more patients were treated by Tessier than by his colleagues in the allopathic wards.

Unfortunately, there are no surviving records of responses to treatment analysed by clinical condition. Tessier (1852) noted that, even if the results appeared to favour homeopathy overall, the efficacy of the detailed treatments offered by both schools could only be established by further unbiased research.

### Reception

Opposition from orthodox medicine was inevitable. It began with an editorial on the front page of the popular *Union Médicale* for 8 December 1849. The editor was outraged that the central bureau was sending 'poor patients' to the Sainte-Marguerite Hospital, where a doctor employed by the administration was 'openly practising homeopathy' (Editorial 1849). In the face of continued similar attempts to prevent the research, the administrators staunchly refused to intervene in what they termed a professional dispute, adding that:

*...far from hindering medical freedom by forbidding M. Tessier to use homeopathy in his ward, we urge him to pursue his studies for the benefit of humanity (Gallavardin 1861: 26).*

Thanks to the support for his unorthodox methods from the hospital administration (which was no doubt influenced by the remarkable cost savings seen in his wards), Tessier continued what became, in effect, a 15-year open trial of homeopathy, first in the Sainte-Marguerite Hospital, then the Beaujon Hospital, and finally the Enfants Malades Hospital (Milcent 1862). Sceptics argued that homeopathy was a placebo, and that its apparent superiority to allopathy in pneumonia statistics was because harmful bloodletting had been avoided. A national competition to establish the rate of recovery in pneumonia patients who received only nursing care followed, and Pierre Jousset, a student of Tessier, showed that Tessier's mortality rate (3 out of 41 consecutive patients) compared favourably with the 30 per cent mortality which would be expected among patients who were either untreated or treated traditionally (Jousset 1862).

Tessier's commitment to unbiased empirical research, unhampered by allopathic and homeopathic dogma, ensured that he had plenty of enemies on both sides of the debate (Tessier 1855; Tessier 1856). In 1856 the Société Anatomique voted unanimously to expel Tessier for publishing on homeopathy (Cruveilhier 1856). In spite of the traditional entitlement by seniority, he was passed over for promotion to the head of the Hôtel Dieu in 1862, and died shortly afterwards (Milcent 1862).

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