

# THE DISSECTOR.

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## ALLOPATHY: OR, OLD PRACTICE OF MEDICINE.

### A SYNOPSIS,

Containing a short abstract of the most practical articles; and showing at a glance the most important indications of treatment by different writers, within the last six months of the year 1846.

### Diseases Affecting the System generally.

**FEVERS—Typhus.**—Besides light, ventilation, and good air, shave the head; apply four or six leeches to the temples, which will not be contra-indicated even with general debility, requiring the exhibition of wine; do not apply intense cold. If insomnia persist, this local depletion acts, as in some forms of ophthalmia, by relieving the distended capillaries, while tonics, at the same time, give them and the general circulation, strength. If you decide on applying cold instead of ice, take a single fold of linen, dipped in cold lotion. Do not continue the use of opium unless it procure sleep, or it will act injuriously upon the nutritive functions, both secretion and excretion. If the tongue be moist, and urine abundant, give opium if required; but if it become dry and brown in the centre, urine high colored and scanty, and the nutritive and secretive functions be deranged, opium will act as a poison, and mask your diagnosis. Hyosciamus, as it does not interfere with these functions, will be more advisable. In the coma, without strong vascular action, use blisters rather than persist in bleeding; the blistering plaster may be cut in strips of an inch wide and applied from ear to ear. Counter-irritation, also, by means of croton oil and ungu. hydrarg. mixed, may be used. Look well to the bladder; do not trust to nurses, and, when necessary, introduce the catheter. Mark well the crisis, as shown by the secretion of urate of ammonia, or urea, or by long sleep and perspiration; where the latter is too profuse, about the sixteenth or seventeenth day, there is much risk. In common inflammatory fever, it is advantageous about the second or third day, but in typhus it depresses the system to extreme exhaustion. (Dr. Corrigan, p. 1.)

Diarrhoea should not be stopped too soon. Let the bowels be well cleansed. Give a little magnesia or lime water, or, after repeated dejections, the cretaceous remedies, with opium. If too violent, stop it by calomel and opium; a

grain, half, or quarter doses may be given at intervals, according to circumstances. If there be attendant tenesmus or dysentery, give an opium enema; and in the worst cases it may be composed of three or four grains of acet. of lead, and a half or one grain of acet. of morphia, with an ounce and a half of aq. distillata. For the typhoid fever after diarrhoea, the best treatment is the expectant. Allow plenty of fresh air, and cool, simple diluents to drink. Change the bed linen frequently, and often sponge or douse the skin all over with cold water, if practicable. Consider it a rule, that what is agreeable to the patient is useful, and allow him in reason what he likes. If head symptoms be present, use the cold douche: wrap the patient up to his neck in a blanket, and pour three or four pitchers full of water from a height of a few feet upon the head three or four times a day. Apply counter-irritants to the neck, or behind the ears, in extreme cases. Arrest any irritation of the bowels which proves debilitating, with the cretaceous mixture, ʒj., every three or four hours. Where there is aphthæ, wash the affected parts with a lotion, composed of two grains of the nitrate of silver, a few drops of nitric acid, and eight ounces of distilled water. For the diarrhoea which supervenes, give small doses of sulphate of quinine, sulphuric acid, and one-sixth gr. doses of sulph. copper, dissolved in any suitable vehicle; or acetate of lead combined with opium, or acetate of morphia in pills, made with bread-crumbs. These also may be administered in enemata. (Dr. Laycock, p. 32.)

Iron in fever may be given in form of mist. ferri. c., made with the sesqui-carbonate of ammonia instead of carbonate of potash, in cases of urgent debility, as soon as gastric disturbance will admit, and where an adynamic condition of constitution and sinking of the vital power is threatened, which is evinced by a dull or dusky color of the eruption, and a cool state of the skin. The iron may also be combined with the valerian. If coma supervene, turpentine internally, or by enema, as recommended by Dr. Copland, is valuable. Symptoms of inflammatory fever contra-indicate the use of iron. (Mr. Tuckwell, p. 40.)

**SCROFULA.**—Iodide of iron in syrup, four grs. in twenty-four hours, continued not longer than a fortnight or three weeks at a time, then give aperients, and resume the iodine. The hydri-

odate of potash may be given more freely. Chloride of barium is very useful in cases of tallow-like complexions, pale tongue, and languid circulation, with irritability of the mucous surfaces. Make a solution of one gr. to ʒj. distilled water, and ten drops of tinct. gent. c., then take half oz. twice a day, and increase the dose if necessary to three grains daily.

Hydrochlorate of lime, ʒi. to ʒxx. aq. dist., and give a teaspoonful in milk two or three times a day. The dose may be increased to two teaspoonfuls. It, as well as the alkalies and burnt sponge, is of doubtful value.

Cod-liver oil is useful by improving digestion and nutrition, rather than by the specific value of the iodine or bromine it may contain. (M. Phillips, p. 121.)

In Scrofulous abscesses, white swelling, chronic eczema, goitre, ulcerated ganglia, herpes, lichen, ulcerated lupus, maculæ, ophthalmia (chronic) complicated with ulcerating keratitis, have received much benefit by treatment with the new triple compound of chlorine, iodine, and mercury. "Iodhydragirite de chlorure mercurieux." (M. Rochard, p. 124.)

GOUT.—Mr. Donovan strongly recommends Sir Everard Home's formula for the procuration of the most active and best effects of the powers of colchicum. He directs two pounds of recent bulbs to be macerated with twenty-four ounces of sherry wine in a gentle heat for six days. He, however (with Professor Quadri), thinks the use of the proximate principle, colchicina, would be the most invariable in strength and therapeutic effect. If Sir E. Home's formula should be adopted, it should be kept in two states, one with the deposit and the other without it. He says, colchicum bulbs contain both extractive and mucilage; when the vinous solution is strained and allowed to stand, a considerable deposit is soon separated. This deposit, he adds, is not only active, but virulent, as six grains given to a dog produced twenty-four hours' vomiting and purging. It operates in every respect like the eau medicinal, in removing the pains of the gout. It may be given in small doses first, and increased to 90 drops. The seeds beaten into a mass with mucilage, and divided into pills, act as a brisk cathartic, and give complete relief in facial neuralgia. The acetum colchici, neutralized with magnesia, and combined with some sulphate of magnesia, is considered by Sir C. Scudamore, the best formula for gout, as it is inoffensive to the stomach, and certain in its effects on the bowels. Dose ʒss. to ʒiss. (Mr. Donovan, p. 135.)

LAND SCURVY.—Dr. McNab employs mineral and vegetable acids; preparations of iron; bitters, as cinchona, chyraetta, wine, beer, &c. He says the only curative is change of air, and that death is nearly certain without it. It is the "ultima et unica remedia." (p. 126.)

#### Affections of the Nervous System.

TETANUS. *Traumatic*.—In the early stage give calomel and opium; which failing to relieve, calomel three grs., tartarised antimony half a gr., opium two gr., every three hours, and

a double dose every night. An enema in the morning. (Mr. Greenhow, p. 54.)

Owing to an attempt to extract a tooth, it was broken when the patient had hardly recovered from the menstrual state; it recurred, however, before the tetanus subsided, but there was not complete freedom from it until the menstruation ceased. On the 3d day blistered from the temple to the chin, and the blister dressed with an ointment of ung. hydrarg. and morph. mur. Bags of ice were applied to the whole track of the spine, and one gr. of morph. mur. was given every hour until stertorous breathing was induced. (Dr. M'Girr, p. 52.)

TRISMUS NASCENTIUM.—As much one of the opprobria medicorum as ever, both as to its pathology and its treatment. Post mortem examination, with the consideration of the peculiar relationships of the excito-motor system of nerves, can alone lead to a just estimate of its true cause, and point to its proper treatment. Curling found "increased vascularity in the substance of, and in the membranes enveloping the upper part of the spinal cord." So also Dr. Thompson of Philadelphia. Billard found "an effusion of a quantity of coagulated blood in the spine, from a rupture of the minute vessels of the medulla—a spinal apoplexy." Dr. Sims points out a remarkable irregularity in the feeling of the bones:—"The child had lain, during the whole of its illness, exactly in one position, the weight of the head resting wholly on the os occipitis; the latter pushed in upon the brain, being overlapped for a quarter of an inch or more along the whole course of the lambdoidal suture, by the edges of the ossa parietalia; the superficial posterior vessel full of black blood, and a coagulum occupying the whole length of the cord, enveloping perfectly the medulla; spinal veins full of black blood. Treatment to consist in the removal of immediate or remote causes of the congestion, by care as to the position of the child's head, by placing it on its side, so as to take off the weight of the body from the occipitis. (Dr. Sims, p. 31.)

HYDROCEPHALUS.—The external application of mercury may be ordered to be rubbed in or smeared on the leg (inside) every twelve hours, and covered with a stocking made to tie lightly above the knee. Small doses of iodide of potassium (one gr. every three or four hours) may also be given. (Braithwaite, p. 133.)

DELIRIUM TREMENS.—Whilst the tongue and mouth are moist, and urine abundant, don't be afraid of giving opium for the purpose of procuring sleep when needed; but be careful if these symptoms are not present. (Dr. Corrigan, p. 27.)

PARALYSIS.—Besides other modes of treatment, make use of electro-magnetism, which may be useful in

1st.—Partial paralysis from congestion. Time, friction, change of air, strychnia, and restoration of the general health, may succeed; or electro-magnetism, applying one of the conductors, covered with wet linen, over the trunk of the largest nerve of the affected part, and the other, similarly prepared, over the region of

the palsied muscle, for some minutes. The remedy may be continued for some time.

2d.—Paralysis of muscles supplied by the *portio dura*.

3d.—Local paralysis, involving the whole or part of a limb from exposure to cold. One conductor to be placed over the lower cervical spinal region, the other passed down the arm.

4th.—Paralysis affecting one side of the body or a single limb, the result of exhaustion. This case was a lady of weak and strumous diathesis, and was exhausted by nursing, the left arm becoming palsied. Under generous diet, weaning and electro-magnetism, the paralysis was cured.

5th.—Paralysis from hæmorrhage or enervation.

6th.—Rheumatic paraplegia. One conductor being pressed against the sacrum, the other placed in a basin of salt and water, in which the feet are immersed.

7th.—Paraplegia from sitting too long in the bent position, as at the desk, or any cause which keeps the body bent forwards. Due nourishment, rest in the recumbent position, iron or zinc, and electro-magnetism, subsequently, will generally succeed.

**Cautions.**—Electro-magnetism acts most effectually in cases of recent attack. In old standing cases, the remedy must be perseveringly applied, or no benefit will accrue. Do not use this remedy because paralysis exists. In truly organic lesion it may often be mischievous, especially where there is subacute inflammation, or a highly irritable state of the spinal marrow. (Dr. G. Bird, p. 55.)

In obstinate paralysis after apoplexy give brucine, a centigramme (1-154 gr. Fr.=1-6th gr. avoird.) in infusion of arnica; increase the dose one centigramme daily, until its effects are evident, and then proceed discretionally. (M. Bricheteau, p. 59.)

**ANÆSTHESIA.**—Treated by electro-magnetism, and cured by the application twenty-two times, from an hour and a half to two hours sitting each time. The current passed down the whole spine half an hour; then from each side of the sacrum to each foot for half an hour; then from the spine to the abdomen for half an hour. (Mr. Christophers, p. 58.)

**EPILEPSY.**—Iodide of potassium three grains three times a day, and the mouth to be affected by blue pill. (Dr. White, p. 65.)

**SCIATICA.**—Treated with moxas. Tincture of guaiacum and aconite was prescribed, and the dose increased. Aconite plaster over the seat of pain. Cupping over the part, and afterwards two grs. calomel and one gr. opium; then a mixture of vin. colchici and tinct. aconite: lastly, six moxas; since which the case has done well. (Dr. A. T. Thomson, p. 59.)

**NEURALGIA.**—Apply a blister as soon as possible to the trunk of the nerve, and sprinkle upon the surface from half a grain to a grain of morphia every morning. Attend to the general health at the same time, giving internally every night pil. hyd., pil. aloes, ext. acet. colchici, aa. gr. iij., and five grains of iodide of potassium thrice a day in any convenient vehicle. This endermic method has succeeded

when leeches, blisters, moxas, belladonna, arsenic, iron, iodine, turpentine, and gusiacum have entirely failed. (Dr. White, p. 61.)

When other treatment (as valerianate of zinc and quinine, &c.) fails, try a very strong decoction of coffee at the commencement of each paroxysm of pain. (M. Piorry, p. 62.)

**CHOREA.**—As the causes are various, so the treatment must be according to the circumstances of each; for the weak and delicate, ill-fed, and ill-clothed, half a dr. rhubarb macerated twelve hours in port wine; and in quantity, given according to the age of the patient, three times a day. If a loaded condition of the bowels, or worms, or improper alimnt, purgatives and a strict attention to dietary. If connected with absence or deficiency of catamenia, cupping on the loins, hip-bath, aloetic purgatives, and a combination of steel, ammonia, and aloes. If an inflammatory affection of the pericardium, antiphlogistics, cupping, leeches, blisters, calomel, antimony, opium. If from inflammatory thickening of the spinal theca, or disease of the brain, local and general treatment on common principles. The mineral tonics appear to possess nearly equal advantages, but the cases for their application must be peculiarly chosen, and then the benefit will be enhanced by combination with the vegetable tonics and purgatives. Electricity is of very doubtful efficacy. (Dr. Hughes, p. 290.)

Cleanse the bowels, and give the following:—R. Ferri subcarb. sacch., sodæ bicarb., aa. gr. ij. pulv. aromat. gr. j. ft. pulv. ter in die sumendus. Use the tepid shower bath, and if the above powder does not what is expected, try oxid. zinci, sacchari albi, aa. gr. iij.; M. ter in die sumendus, and increase the dose if necessary. (Dr. Bellingham, p. 62.)

**HYSTERIA.**—Often accompanied with retention of urine from spasm about the neck of the bladder. Evacuate the large intestines, by an injection of turpentine and assafoetida. Use the cold hip-bath, and cold douche. Regulate the catamenial function, and then give stimulating tonics, good diet, warm clothing, and exercise. (Dr. Todd, p. 63.)

Give the pil. galb. co. when the large intestines are disordered, as shown by pain in the left side. (Dr. Munk, p. 63.)

Give valerianate of zinc. (Dr. Lever, p. 64.)

**SPINA BIFIDA, Operation for.**—The base of the tumor may be compressed between two rods of wood directed in the line of the vertebral column, and at first brought into single apposition; then punctured with the trocar, and as the cyst empties, the pieces of wood may be more approximated, so as to bring the two surfaces of the serous membrane into contact. The rods may be removed on the tenth day, and on the fifteenth the second ligature may probably fall off. (M. Latil de Timexour, p. 159.)

As some constitutional symptoms frequently supervene upon operations for spina bifida, too much precaution cannot be taken to secure the evacuation of the sac as gradually and in as constant a manner as possible; and the opera-

tion which appears the most suitable for attaining the end should be adopted, and, above all, timely put in practice. (Mr. Dumville, p. 160.)

**TOOTHACHE; New Remedy for.**—Cold saturated solution of camphor in æther, to which a few drops of liquor ammonia are added. (M. Cottereau, p. 324.)

**Caries of the Teeth.**—Scrape out the entire of the softened carious part, and rub its anterior with a saturated solution of nitrate of silver, or with pulverized nitrate made wet. (p. 197.)

#### Affections of the Circulatory System.

**ARTERIES, Wounds of.**—On treatment of wounds of arteries, observe as follows:

1st.—No operation to be done upon a wounded artery unless it bleeds.

2d.—That no operation is to be done for a wounded artery in the first instance, but at the spot injured, unless such operation be impracticable.

**Brachial.**—If compression do not suffice, bare the vessel, and place a ligature above and below the wound. If above the edge bicipital aponeurosis, cut down, place one ligature just above the seat of injury; do not open the aneurismal sac, nor look for the vessel below it; use moderate pressure along the sac; observe the horizontal position, and, if necessary, deplete.

**Ulnar, trunk of, upper third.**—Cut boldly down upon it through the muscular structure, and apply a ligature above and below. In wounds of the ulnar in the hand, secure always by ligature.

**Radial.**—Tie where practicable; where not, try compression; but if swelling of the hand prevent this, tie the radial above, and compress the ulnar or the brachial itself from time to time, or, as a last resource, the ulnar may also be tied. If bleeding still recur, do not amputate, but cut carefully down to the metacarpal bone and finger to give more room, and let amputation be your last resource.

Treat wounds of the foot on the same principles.

**Hand or Foot.**—Dilatation of the external wound, and ligature above and below. If not practicable, then use compression on the principal trunk, and a graduated compress and bandage on the wound.

**Aneurismal Varix, or Varicose Aneurism.**—When obliged to perform the operation, either from great increase of swelling or anxiety of the patient, cut freely down to the artery, and place upon it a ligature above and one below.

**Tying of Arteries.**—1. When the *axillary* artery is injured below the giving off the subscapular and p. circumflex, branches, place a ligature below, but not immediately below, the latter branch. Where it occurs from a sloughing state of stump, tie the artery in the first instance, and if that prove unsuccessful, amputate. 2. If from *femoral*, judge well the part from which the bleeding comes; mark the

shortest distance from the face of the stump at which compression arrests the hæmorrhage, and there apply the ligature, but if it be just above the a. profunda, amputate, if the strength of the patient will admit. 3. If after amputation at the shoulder joint, cut down through the great pectoral muscle, and place the ligature anywhere below the clavicle. The same principles are alike applicable where danger arises by oozing from the surface of the stump, not capable of being suppressed by pressure. 4. Where a small vessel (the branch of a much larger) bleeds, take up the branch, and not the trunk, if possible. 5. Where the bleeding artery can be seen at the bottom of the wound, cut down upon it, and place a ligature around it, both above and below the artery. 6. Hesitate before tying the *external iliac* for wounds of the femoral; and keep in view the general principle of tying arteries as near as possible to the bleeding points. If bleeding recur, the operation must then be boldly executed, even if the iliac artery had been previously tied. 7. The operation of applying a ligature upon the *axillary* artery itself, at the part injured (in all cases of wounds, and in all cases of recent circumscribed or diffused aneurismal swellings, the consequence of wounds), is the substitute which ought in all cases to supersede that of ligature upon the *subclavian*. 8. If the *femoral* artery be divided by a fracture of the femur, operation will generally be required, and always so if the fracture be a comminuted one. If puncture made by such fracture give rise to aneurism, treat first the fracture and then the aneurism.

If consequent mortification proceeds unchecked, and there be much constitutional disturbance, arrest it first, and let the line of separation be well observed. Where there is much weakness, or irritability of constitution, defer the operation, particularly if there be hope of the patient becoming stronger and more tranquil. If mortification has once stopped, and again begins to spread, amputation will give a chance of life. 9. Never apply the tourniquet for aneurism, or wounded artery, but compress it with the hand. 10. To promote collateral circulation after a large artery has been tied, rub the part below gently with the hands for several hours, or for three or four days, relaxing during sleep. 11. If the external wound, which has reached the artery, has healed for weeks or months, give rise to a diffused or circumscribed aneurism, treat it as an aneurism occurring from an internal cause, but with this difference, that as the artery is sound, the operation may be performed close to the tumor. (Mr. Guthrie, p. 159—162.)

**ANEURISM.**—On this subject we notice the accidental discovery, by a patient of Dr. Harrison, of the application of a number of clamps (such as used by joiners and cabinet-makers, to secure their glued wood-work), along the course of the artery, proving it not to be necessary completely to arrest the pulsation in the tumor: but by causing a lessened current of blood through it, produce coagulation and a contraction of the sac. (Mr. Wilde, p. 178.)

Dr. Bellingham applies two compressing instruments upon separate parts of the limb, one tightened, the other not; and by thus alternating the pressure, producing the same effect as if constant compression were maintained at one-point, the patient being enabled to bear it for a much longer period than other instruments. (p. 172.)

*Ligature of Arteries, without dividing the Middle and Internal Coats.*—Chelius considers it unnecessary to draw the ligature so tight as is commonly recommended, but only so much so, that the whole of the internal coat be brought in close contact, and that the ligature should indent the external coat of the vessel. (Chelius, p. 167.)

*Torsion of Arteries, Effects of.*—Torsion, by producing obliteration of the vessel, either by coagulation, and simultaneous assimilation of all the three coats at the spot, or by the slow and insensible contraction, as by ligature, converts the arterial tube into an impervious cord. It is adapted to small arteries of the fourth or fifth order, radial, ulnar, tibial, intercostal, cervical, thoracic, external pudic, spermatic, digitals. Seize them with forceps, close the instrument and twist in the fingers, three, four, or six times in the same direction, and then abandon them, or return to the operation if not sufficiently twisted. Care must be taken to seize the whole calibre of the vessel; to take sufficient hold; not to include the surrounding textures; and so to twist them that the proper coats are ruptured, but not so much that the cellular coat is also broken. Its advantages are simplicity and celerity, no assistance being necessary, and its not leaving foreign bodies in the wound. (Dr. Porta, p. 177.)

*Galvano-puncture in Aneurism.*—The galvanic current should be directly transmitted through the blood itself by two opposing points. Employ fine steel needles, three inches long, and as they burn or cauterize the skin, or lose their electricity, coat them, before application, with gum lac, or cutler's varnish. The extremities of the needles should cross each other in the tumor, and when the latter is of large size, multiply the points, so that the nuclei of coagulation may pass into one common clot. They should pass into the tumor obliquely or perpendicularly, opposed to the current of blood. The application of the galvanic current may be made each time ten or twelve minutes; by this time the tumor will feel hard, and the pulsation cease: after this, supply compression, or a bladder of ice, to complete the cure. It is suggested for the cure also of varix, erectile and consanguineous tumors, &c. (M. Petrequin, p. 182.)

Mr. Hamilton has tried it in a case of carotid aneurism. He passed fine gold needles coated with shell lac, an inch long, through the inner and outer sides of the tumor, and made them to touch in the centre; then used Smee's battery, with twelve pairs of plates, gradually applied. After fifteen minutes, pulsation became less, the tumor firmer, and, at the end of twenty minutes, complete coagulation was evident, as the tumor was solid and the pulsation was imperceptible. (Hamilton, p. 184.)

*Simple Puncture without Electricity.*—By simply passing needles through the tumor (transfixing) and leaving them in twenty-four hours. With one needle a fibrinous coagulum was formed, attached to the side of the artery, which Dr. Naimais thinks would have changed into a solid cord, and filled the interior of the vessel, if the animal (a horse) had lived long enough. He thinks the needle caused a slower motion of the blood at the part where the needle passed through the tumor, and collected around it the deposit of fibrine. Its facility and simplicity are its recommendations over galvanopuncture, &c. (Dr. Giacinto Naimais, p. 186.)

*Ligature of Left Subclavian within the Scalenus Muscle.*—Lay the patient on a low bed, with the head and shoulders raised, and the face turned to the right side. Make an incision three and a half inches long, on the inner edge of the mastoid muscle, terminating at the sternum, and dividing the integuments and platysma myoides.

Make a second incision from the last, horizontally, towards the sternal extremity of the clavicle, two and a half inches long. Dissect the flap of integuments and platysma upwards and inwards, so as to lay bare the sterno-mastoid. Pass a director under this muscle, and divide the sternal and half the clavicular attachments with a bistoury. Turn these portions up, so as to show the sterno-hyoid and sterno-thyroid muscles, and the jugular vein beneath the fascia: also a portion (in this case) of the aneurismal sac, strongly pulsating. Divide the fascia with the handle of the scalpel and fingers, and pass down the inner side of scalenus anticus, carefully avoiding the internal jugular vein, thoracic duct, and phrenic nerve, until the finger reaches the artery and recognises well its pulsation. Detach the artery very deliberately, so as to avoid wounding the thoracic duct and pleura, and pass the aneurismal needle, in this case Sir Philip Crampton's, under it, with the point and ligature upwards. Catch and secure the ligature, tying it securely with the point of the forefinger, in the bottom of the wound, and, to be satisfied that the artery is secured, take care to examine the distal part of it for the cessation of all pulsation. (Dr. Rogers, p. 188.)

*Aneurism by Anastomosis on the Forehead—Treatment by numerous Operations.*—1. Ligatures placed upon the temporo-frontal and two temporo-parietal arteries of the right side, and upon the temporal artery in the frontal region and the temporo-parietal of the left; these made by needles passed under the arteries and compressed by a thread wound like 8. 2. Destruction of morbid structure by caustics. 3. Excision; and 4. Compression. (Dr. Warren, p. 167.)

*NEVUS MATERNUS.*—Extending over one side of the face, as far as the eye, to the lower lip and chin, and downwards upon the neck to a little below the clavicle. Application of a ligature, 1st. To the left external carotid: 2d. A ligature on the right carotid, a month after the first: 3d. Breaking up the structure of the lip affected, with a cataract needle: 4th. The

removal of a V shaped solid portion of the lip, two inches long. (Dr. Warren, p. 167.)

**Treatment by Caustic.**—Introduce a narrow knife, one-eighth of an inch wide, into the middle of the nævus, and move it in different directions, so as to disintegrate its vascular structure. Then apply a small caustic, or a probe armed with it (by being dipped into the nitrate, melted in a platina or silver spoon), into the puncture made with the narrow knife, and move it about so that wherever the knife has divided the blood-vessels, the caustic may freely penetrate. Extend the operation, if not effectually done by the first application. (Sir B. Brodie, p. 189.)

**Internal Jugular, Wounds of.**—May be tied by passing a tenaculum through the cut edges, and drawing them together without destroying the continuity of the vessel.

**Partial Division of the Coats of an Artery.**—Place a ligature both above and below the division, and do not trust to the vis medicatrix.

**Wounds of the Throat with Hæmorrhage.**—First, if necessary, tie the external, and if it should not cease, and the wound be not in the internal carotid, then tie the common carotid.

**MOLES.**—Wash with soap and water, and rub until the blood fills the delicate branches of the erectile tissue. Make the skin tight, and then cover with a paint made of stiff white lead and carmine, and, having transpierced a cork with three needles, so that their points project sufficiently, puncture the surface and texture of the mole. (Chelius, p. 190.)

**VARICOSE VEINS.**—Having marked the veins to be cured with ink, apply a small caustic, of five parts quick lime, and four parts potassa mixed up with spts. wine (Vienna paste), over each projecting vein. When in the horizontal position, insulate each place of application of the caustic with a circle of plaster three or four thicknesses, the internal space being not more than one-quarter or one-third of an inch in diameter. Remove the caustic in half an hour, and dress in the usual way, applying a bandage. From six to twelve applied at one time will be sufficient. (Mr. Skey, p. 190.)

**HÆMORRHAGE from the Nose.**—Introduce the little finger into the nostril, and press upon its floor until the bleeding stops; then take a dossil of lint, and roll it upon powdered alum, and press it upon the floor of the nostril with the little finger. Introduce pieces of lint, in this way, until the roof of the nostril supplies the pressure of the finger. (Dr. Oke, p. 192.)

**Hæmorrhage from Leech Bites.**—Wipe the orifice with a bit of lint or fine linen, and when nearly dry, seize a small portion of integument around the bite with the thumb and finger, and make moderate pressure, until the hæmorrhage is completely suppressed, which will be from five to fifteen minutes. (Dr. Marshall, p. 193.)

Or take a small pinch of down from a beaver hat and pile it upon the orifice; and then put over the down a piece of thin muslin, and draw it tightly. If blood oozes through both, dry it, until the hæmorrhage ceases, and in a short time the down and muslin will have become matted with coagulatum. All superfluous down may be cut off, and in two days the orifice will

have healed, and the matted matter will fall off. (Dr. Houston, p. 194.)

Or, apply a piece of lint dipped in a strong solution of alum, or apply to the place tobacco, such as is used for smoking. (Mr. Gervis, p. 194.)

**VENESECTION FROM THE FOOT.**—Immerse the foot in hot water to swell the veins. Put on a bandage an inch above the ankle. In puncturing either of the veins before the malleoli, be careful not to touch the bone before with the point of the lancet. If the vein bleed in a stream, catch the blood in a vessel; but if it only dribble, the foot should be put into the hot water, and judge of quantity by the color. (M. Malgaigne, p. 193.)

#### Affections of the Respiratory System

**CROUP.**—In croup, scarlatina maligna, &c., where great prostration exists, the stomach seems insensible to ordinary emetics, which only purge, and increase the prostration. In such cases, try the turpeth mineral (subsulphate of mercury). To a child, twelve years old, give five grains every fifteen minutes, accompanied with mustard whey, till vomiting is produced. The second dose will generally be sufficient. It vomits for an hour or two without causing purging, or subsequent prostration. It may be repeated twice or thrice in twenty-four hours. (Dr. Hubbard, p. 134.)

Antiphlogistic treatment is sometimes useless, if not hurtful. Emetics useful by acting mechanically? Mercury may be given early. Local applications may comprise dilute muriatic acid, alum, and nitrate of silver, the two latter used in a solid or liquid state. In using caustics be careful to hold the child's head steady, and have the caustic firmly fixed, and not far from the port-caustique. Or, it may be used by means of a piece of sponge fastened to the end of a piece of whalebone, like the sponge probang, bent to an obtuse angle, or curved; care being taken to cleanse the surface well. This may be done three or four times a day. Tracheotomy is the last resource. This treatment, however, is more applicable to *diphtheria* than to croup. In diphtherite the false membrane often forms first on the fauces and back of the mouth, and may be arrested by the above applications. (M. Guersent, p. 75.)

**BRONCHITIS, &c.**—Use the turpeth mineral (sub-sulphate of mercury), in five-grain doses, every quarter or half hour, till it causes vomiting, instead of tartar emetic, in those cases where we fear the prostrating effects of the antimony (See Croup). (Dr. Hubbard, p. 134.)

**PNEUMONIA.**—The treatment consists of, 1st. Subduing inflammatory action by moderate bleeding (sixteen to twenty ounces), at the beginning of the attack, followed by three or four grs. of calomel and one gr. opium, and if crepitant r le persist, repeat the bleeding, and give tartar emetic in full doses, viz., one or one and a half grains every three or four hours, making the interval afterwards, six or eight hours. Give the bitter almond emulsion as a sedative,

or hydrocyanic acid. 21. Preventing deposition by exciting the capillaries, by giving hyd. c. creta, gr. iv. vel v. or calomel, gr. j. in each interval of the antimonial, so as to produce a fair constitutional impression short of pytalism. Blister with caution. 3d. Guard against relapse on well-known principles. (Dr. A. T. Thomson, p. 71.)

**HOOPING-COUGH.**—Purgation with calomel; if febrile symptoms, calomel and antimony; an occasional emetic, and small and repeated doses of carbonate of potassa, or the following formula: Potassæ carb. ʒj.; coccus cacti, gr. x.; aq. fervent q. s. The dose according to age; for an infant, a teaspoonful thrice daily. (Dr. Allnatt, p. 74.)

Dr. Wachtl, of Vienna, recommends the ammoniated tincture of cochineal. (p. 74.)

In the first stage mild antiphlogistics, daily emetics, and strict confinement to the house, except in summer months. In the latter stages give the following:—Tincture of cantharides, tinct. of opium comp. aa ʒss.; tinct. cinch. co. ʒvss. A teaspoonful to be taken three times a day in a little boiling water; the dose to be increased if no stranguity is produced. Be careful, however, at all times, not to give opium if it can be avoided. (Drs. Graves and Mc'Gregor, p. 74.)

**PHTHISIS.**—Subjects of phthisis expire a much less quantity of air than when healthy, and it may be possible by the spirometer to distinguish phthisis at a much earlier period than by any other means. (Mr. Hutchinson, p. 69.)

**ASTHMA, Spasmodic.**—Take a piece of blotting paper; dip it in a saturated solution of the nitrate of potash, and dry; place the dried paper on a common plate, and ignite, allowing the fumes to be diffused in the room of the patient. (p. 73.)

**APRONIA, Chronic.**—Emetics, aperients, mercurials, iodine and potassium, cinchona, and acidulated astringent gargles were given for five months unsuccessfully, and it was afterwards cured in three weeks by the inhalation of iodine from a Woulff's bottle for fifteen minutes twice a day, and a sulphate of quinine mixture. (Mr. Monks, p. 132.)

**ASPHYXIA, by Strangulation.**—Immediate Treatment.—The ligature having been removed, watch, and, if natural respiration continue, do not interfere. If respiration has ceased, use artificial assistance immediately. When normal respiration is established, desist.

If coma remain, or respiration again cease, commence again; secure a pair of bellows (if scientific means are not at hand), or a tube of any kind (a roll of paper or elastic catheter), which insert into the nostrils, and with your own lungs a fair substitute will be made;—but, 1st, Avoid undue force in inflation; 2d. Inflate at regular intervals, imitating natural respiration; 3d. Warming or oxygenating the air are unnecessary; 4th. Expose the chest to the full play of the lungs; 5th. Do not open the trachea, unless the larynx be obstructed; 6th. Close the useless nostril and mouth; 7th. Press the larynx against the vertebræ to prevent inflating the stomach; Electricity and galvanism are unnecessary.

**After Treatment.**—If congestion supervene from reaction, abstract blood cautiously, and keep the patient in a moderately warm temperature. (Sir B. Brodie, p. 77.)

**THROAT, Wounds of.**—In those where the skin, superficial muscles, and vessels, are divided, use sutures cautiously, and observe a relaxed position of the parts.

When an opening is made either into the fauces, pharynx, larynx, trachea, or œsophagus, inquire as to the extent of hæmorrhage; secure every dangerously bleeding artery; remove all loose fragments; keep the wound free, the head raised; avoid all irritation, eating, speaking, and especially sutures, or mental excitement; use an elastic tube introduced into the nostril, or through the glottis (when there is œdematous state of the mucous membrane) when necessary; keep the apartment well ventilated; use the simplest dressings, as water or poultice, and if there be much discharge a piece of soft sponge to absorb it.

If inflammation or constitutional fever supervene, use local or general bleeding, antimony, mercurial purgatives, &c.

Violent dyspnœa in consequence of excrescences or granulations in the glottis or air-passages, may be overcome by tracheotomy. (Mr. McWhinnie, p. 194.)

#### Affections of the Alimentary Canal.

**GLOSSITIS.**—Use purgatives of calomel and jalap; leeches, and a blister to the throat, and nitrate of silver, gr. 20, aq. dist. ʒj., to be applied with a camel-hair brush three or four times a-day. (Dr. England, p. 196.)

**APHTHÆ.**—Take honey, fifteen parts, diluted sulphuric acid, one part, by weight; brush the ulcerated surface with a camel-hair pencil dipped in this liniment; repeat it occasionally. (Prof. Lippich, p. 90.)

**PERITONITIS.**—Do not force the peristaltic action of the intestines by violent purgatives, and chiefly subdue the inflammatory action which is the cause of constipation, by leeches, blisters, and mercury. Where you have reason to think accumulations of fecal matter are present, introduce Dr. O'Beirne's intestinal tube once or twice, but it is worse than useless to force the discharge of the contents of the intestines. (Dr. Corrigan, p. 90.)

**STOMACH, Affections of.**—In irritability of the stomach, and the deposit of earthy phosphates, arising from derangement of the functions of the spinal cord, and evinced by emaciated countenance, burning, gnawing, pain in scrob. cordis, and heavy pain across the loins, tongue clean and red, pulse quick and sharp, skin dry and imperspirable, with vomiting after meals; try strychnia, as in the following formula:—Strychnia gr. j, acidi nitrici dil. ʒi., aquæ ʒxij. solve, ut sumat æger, fiat ʒj. ter in die, and rub the scrob. with a liniment of Croton oil; milk dietary, consisting of eighteen ounces of bread, one ounce of butter, and two pints of milk daily. The medicine to be taken fifteen minutes after each meal. The strychnia acts particularly on the spinal marrow; and it is

supposed that when alkaline urine is secreted, independently of the character of the ingesta, there is always some lesion of this part. (Dr. Bird, p. 98.)

Unfermented bread is said to be useful where there is habitual headache, acidity of stomach, flatulence, eructations, sinking at the pit of the stomach, and pain after meals; in fact, in confirmed indigestion, and to all who are subject to gout and gravel. (p. 138.)

**CHOLERA (Asiatic).**—Three objects are to be observed in its treatment, viz., 1. To moderate the morbid action established for expelling the poison, by replenishing the fluids. Give the patient a fluid for drink, consisting, as nearly as possible, of similar elements to the serum, as albumen, muriate of soda, and carbonate of soda in a very dilute state; give also effervescing salines. 2. To prevent local engorgements, particularly of the liver and vena portæ, remove a quantity of blood proportionable to the exigency of the case, and the organ congested. 3. To promote healthy secretion, and allay pain, irritation, and spasm. Give calomel and Dover's powder freely, until the vomiting and purging are restrained. (Mr. Clark, p. 83.)

Take thirty grains of sesqui-carbonate of soda or bicarbonate of potash, put it into a tumbler glass, and add a wine glass of water and a little syrup. Then dissolve twenty grains of tartaric or citric acid in half a wine glass of water, and let the patient drink it off immediately. Lemon juice may be substituted for the citric acid. The carbonic acid is said to act as an antidote to the poison in the system. (Dr. Parkin, p. 84.)

Loss of power in the heart is said to be one important lesion in cholera, and nature therefore endeavors to remedy the disease in four ways, which we ought to study, viz., 1. Vigorous muscular pressure—by cramps—which propel the tarry blood towards the heart. 2. The absorption of the water restores the blood to its natural or liquid condition. 3. Nausea, by causing general relaxation of the system, diminishes the obstruction to the passage of blood in the vessels. 4. Retching, or vomiting, assists mechanically in driving forward the blood in the distant congested vessels. (Mr. French, p. 85.)

First give calomel, rhubarb, aloes, aa. gr. x. ft. bolus; then liq. ammon. m̄ xv., and repeat in half hour doses if rejected. Effervescing draughts, soda water, liq. ammoniæ externally over the chest, abdomen, and upper and lower extremities as a rubefacient, vinegar and water to the head. *Covalescent Treatment.*—A laxative after the second or third day, and tonics for a week afterwards. Use opium cautiously. For the spasms or cramps, stretch the lower extremities, taking hold of heel and toes, and bend the toes and foot towards the patient as he lies, gently and repeatedly. Use also shampooing. (Ollapod, of Madras, p. 86.)

**DIARRHŒA.**—Try acetate of lead for obstinate and peculiar diarrhœa, accompanying uterine phlebitis and peritonitis. This medicine seems to act by checking the peristaltic action of the intestines, and allaying pain by

blunting the sensibility of the mucous membrane. (Dr. Smyth, p. 86.)

**DYSENTERY.**—Battley's solution of sesquioxide of iron, one drachm; tinct. of muriate of iron, one drachm; water, six ounces. Mix, and give a quarter part every four hours. (Mr. Gervais, p. 87.)

**HERNIA.**—New mode of applying the taxis, viz., drawing back the protrusion into the cavity, instead of pushing it back. Flex the thighs on the pelvis, also the loins, &c., so that the body may be coiled up. Seize with one hand the hernial tumor at its base, and compress slightly, and with the other hand bring the abdominal parietes as much towards the inguinal aperture as practicable, and by a simultaneous movement of both hands, produce traction on the hernial contents.

This plan is to imitate the practice in olden time, which was to place the patient's head downwards, and by the position of the intestines, shaking him up and down, to induce the viscera to gravitate back into the abdomen; and it often succeeded after the failure of all other means. (M. Grynfeldt, p. 197.)

**STRANGULATED (Early operation is).**—Try the following plan of treatment:—1. Pressure for a short time is indispensable. 2. Bleeding under cautious restrictions is advisable. 3. The warm bath may be used in mild cases, but in bad strangulations they are worse than useless. 4. Cold may be tolerated in the early stage, but if too long used, or used too cold, may produce gangrene. 5. Tobacco is uncertain and dangerous; useless if weak, and dangerous if strong. 6. Opium in full doses is useful, causing muscular relaxation. 7. Purgatives are pernicious. 8. Belladonna, trifling with the life of the patient.

**SUMMARY.**—In bad strangulation, where pain, tenderness, and firmness of the tumor are great, and where there is much constitutional disturbance, after cautious use of the taxis—1st, Bleed to faintness, and when the necessary relaxation is produced, 2d, further attempts, very cautiously used, may be employed to effect reduction, but by no means exhaust too long the time and strength of the patient by the other accessory means mentioned above, but at once, 3d, proceed to the operation. Of the utility and practicability of dividing the stricture without opening the hernial sac, there can be no doubt when the cases are cautiously chosen; and, it may be generally attempted, except where gangrene is fairly suspected, when the sac must be opened to allow the gangrenous parts to separate; or when the stricture is in the neck of the sac itself, whether at the upper or lower rings, which is not very frequent. (Dr. Warren, 301.)

**HÆMORRHOIDS (Operation by caustery).**—The tumors may be brought down as usual, opened throughout their whole length, and the filibus caustic, i. e., potassa c. calce, well rubbed in, so as to destroy the structure. Afterwards give injections to remove loose particles of caustic, and use a hip-bath afterwards. (M. Amussat, p. 204.)

**ANUS, Fissures of, with Condyloma.**—This was a most satisfactory and efficient cure of a most troublesome affection by nitrate of silver.



A daily application was made of the solid nitrate, from the 29th of May to the 19th of June, when the case was cured of both the fissures and the condyloma. (Dr. Hargrave, p. 206.)

**FISSURE OF THE ANUS IN CHILDREN.**—Give an enema daily for six or eight days, composed of extract of rhatany, one scruple; and water three ounces. (Trousseau, p. 206.)

#### Affections of the Urinary Organs.

**KIDNEYS, Treatment of Diabets.**—*Glucosuria.*—*Diet.*—Strictly forbid all farinaceous substances, as those into which starch in any way enters. Gluten bread is of great value; it satisfies the cravings of the appetite. Animal food, with eggs, milk, butter, and cheese, are proper. Also the following vegetables: Spinage, endive, lettuce, sorrel, asparagus, haricots verts, cabbage of all kinds, along with fat pork or salt bacon; cresses with oil, and hard-boiled eggs. Fresh gluten, with butter, and cheese grated upon it, is an excellent dish. For dessert, allow olives, almonds, filberts, and walnuts; occasionally, and in small quantities, allow apples, pears, cherries, currants, gooseberries, raisins, and pine-apples. *Drinks:* The French wines, Bourgoigne and Bourdeaux, about a pint in the twenty-four hours; they are astringent; sometimes the quantity is to be increased, but the least approach to inebriety is injurious. N. B. Some patients are made worse with wine. Beer is injurious. Coffee is good, and should be taken without sugar, or the quantity of sugar should be very small. Lemonade and drinks of this class are very injurious. *Clothing:* Protect the body from sudden chills, by clothing it in flannel. *Exercise* should be carefully regulated; the patient should engage in those exercises in which he takes pleasure; but fatigue is to be avoided. Baths are not of much use; occasionally a tepid bath may do good; swimming in the sea has been found very useful.

*Medical Treatment.*—Carbonate of ammonia, ʒʒ grains; rum, ʒʒ; water, 1550 grains. One third to be taken half an hour before each meal; or give it as a bolus (eight grains), with treacle, from two to ten to be given every night.

Give Vichy water. The alkaline bicarbonates, particularly soda, are very useful.

*Dover's Powder and Opiales.*—The former is very useful; ten grains at bed-time. Crude opium and morphia often disorder the stomach.

*Triaca divina*, ʒss. to ʒi, every night: a drachm contains one grain of opium.

*Chalybeates and Tonics.*—When there is decided pallor of skin, resembling chlorosis, give tonic bitters with iron. The pulverized iron, or iron reduced by hydrogen, is the best form of chalybeate.

*Evacuants.*—Commence the treatment by giving an emetic and afterwards a purgative,

to clear away anything injurious in the prime viæ. Evacuants are of no use afterwards, except to combat certain symptoms.

Lime water, calcined magnesia, alkalies, nitric, phosphoric, and sulphuric acids, alum, tannin, and other astringents, are of little if any use.

*Bleeding.*—General bleeding is always injurious. Leeches or cupping to different parts, as the stomach or anus (as symptoms indicate), will be found useful, viz., where there is epigastric tenderness or suppressed hæmorrhoids.

The chief reliance must be placed on dietetic and hygienic means. (M. Bouchardat, p. 103.)

**HÆMATURIA.**—If the patient be young, vigorous and plethoric (not otherwise), general blood-letting. If the kidneys are affected, cup over the loins; if the bladder is painful, apply leeches to the groins or perineum. In renal cases, dependent on subacute inflammation, use counter irritation, by means of antimonial ointment. Do not apply blisters. If the pain seems to arise from the presence of calculi in the kidney, apply morphia ointment, or apply a belladonna plaster to the loins. When the circulation is increased, and there is no sickness, give tartar emetic. If there is sickness give digitalis. In order to restrain the hæmorrhage, give acetate of lead and opium, or sulphate of alum with hyocyanus. If the pain is decidedly connected with the bladder, use anodyne suppositories. Ergot of rye is very efficacious in stopping the hæmorrhage, and it produces no unpleasant effects; give it in doses of from ten to fifteen grains, with a little carbonate of soda or potash, and at intervals of from four to six hours. Should it disorder the stomach, add a few grains of ginger or comp. cinnamon powder. Any of the mineral acids may be given according to the individual case. In chronic cases, give copaiba and turpentine; also pareira brava, and uva ursi; and improve the general health with iron and iodide of potassium. Cold should be applied, and cold water injections used as auxiliaries to restrain the hæmorrhage. (Dr. Fife, p. 88.)

*Alkaline Urine.*—Use strychnia when the affection follows injury or lesion of the spine, as recommended by Dr Golding Bird. (p. 99.)

*Nephritis.*—Give copaiba in ten drop doses, three times a day, in case of nephritis with suppression of urine, after bleeding and the ordinary treatment have failed. (Mr. Roberts, p. 73.)

**BLADDER.**—*Lithotriety.*—This operation is applicable, 1st, to patients above puberty, if the stone is not large, say  $\frac{1}{4}$  to  $\frac{1}{2}$  inch in diameter, or as large as a chestnut; 2d, when the bladder and urethra are tolerably healthy, as shown by retaining the urine for hours, and being able to pass it in a good stream, and when the bladder will admit of injection and careful exploration. (Liston, p. 207.)

Dr. Arthault's new instrument is capable of crushing and pulverizing in three minutes, a calculus of the size of a pigeon's egg. (Gaz. Med. Chir., p. 209.)

*Lithotomy.*—1. Use the simplest instruments. 2. Interfere as little as possible with

the ileo-vesical fascia. 3. Know well the exact position of the stone, for the use of the forceps is the most annoying part of the operation. 4. Dilate internally, if necessary, for a large stone; or make a bilateral incision, but it is very seldom necessary. 5. In introducing a gum-elastic tube through the track of the wound into the bladder, to secure the flow of urine from it, and keep it there, in children 20 hours, in adults 40 or 50.—(Mr. Liston, p. 207.)

In performing the operation of lithotomy in the female introduce a deeply grooved straight director into the bladder; and then pass a probe-pointed bistoury along it, and make an incision, about half an inch in extent, towards the tuberosity of the ischium, the wound being limited to the anterior half of the urethra. Next make a slight pick in the (?) side of the orifice of the urethra, and withdraw the director; then gradually introduce the point of the left forefinger into the wound, and carefully dilate the posterior half of the urethra; finally, seize the stone with a small lithotomy forceps. Mr. Fergusson thinks that the incision in the anterior part of the urethra produces less injury than dilation. (Mr. Fergusson, p. 209.)

Dr. Baker of New York, on the other hand, divides the urethra half an inch posterior to the meatus urinarius, leaving this orifice and the anterior portion of the urethra undivided. (Dr. Baker, p. 210.)

**URETHRA.—Stricture.**—M. Civiale uses the flexible sound, carrying a port-caustique within, but projecting an inch beyond the latter. The length of the opposite end is about eight inches. The smallest port-caustiques are three-quarters of a line in diameter, and are flexible. The conductors are elastic gum, straight or curved, according to the situation of the stricture: they are seven inches long, and from two to three lines diameter, having a graduated scale attached. The anterior opening is proportioned to the size of the port-caustique, which fits without being tight. Care is necessary that the extremity of the port-caustique is completely introduced into the constricted part at the moment when it protrudes from the conductor: this will be obtained by gentle traction on the penis.

When the stricture is much contracted, so as to admit only a very delicate bougie, renounce or apply it from before backwards. Its application should be confined to linear contractions, capable of admitting the port-caustique, and an exact impression of the contraction. When the melioration is not progressive, discontinue the use of the caustic, and resort to other means. (Dr. Civiale, p. 217.)

**Urethral Fistula.**—When from healthy abscess, to be treated by encouraging granulations, assisted by permanent catheters.

When from specific abscess and stricture, to be treated by simple incision into the urethra through the perineum, to divert the urine for a few days before performing the operation, and when this is healed, by using permanent catheters. (Segalas and Ricord, p. 220.)

**Perineal Fistula.**—If the application of caustic or the actual cautery fail to keep the orifice

raw, so that the granulations cannot close it, a tallicoian operation should be tried, as modified by Dieffenbach, which consists in not turning the flap round or bringing the edges together, but of separating two little lateral flaps from the penis; at the sides of the fistulous opening.

If calculi are passing through the urethra, and lodge in front of the scrotum, endeavor to draw them forwards to the orifice, which, by a little enlargement, will allow them to come out. If not able to be brought forwards, try to pass them back, so as to cut on them in the perineum behind the scrotum. (Mr. Hawkins, p. 219.)

**Urine, Extravasation of.**—Cut down upon the part, lay open the urethra, and allow the pus and urine to escape; then apply warm poultices to favor the separation of the sloughs. Support the scrotum, should it be implicated, and afterwards use astringent lotions. During the attendant fever, relieve the bowels with an enema, and give Dover's powder; and, when low symptoms come on, give stimulants (brandy) and opium. (Mr. Quain, p. 221.)

**Hæmorrhage from Urethra.**—Hæmorrhage from the urethra, as well as other cases of hæmorrhage, may be treated by solution of i-calc. Battley's solution of sesquicarbonate of iron, ʒj.; tinct. of sesquichlor. of iron, ʒj.; water, ʒj. Mii. and give a quarter part every four hours. (Mr. Gervis, p. 87.)

#### Affections of the Organs of Generation.

**SYPHILIS, Chancre.**—If seen within three days, apply nitrate of silver freely, and secondary symptoms need not be feared, and even after this time, in nine cases out of ten, the same results will take place. There are some indications, however, against the use of caustic, and these are inflammation, or great irritation of the part; but, perhaps, the most important indication against its use is induration of the sore; the constitution is sure to be affected when this occurs, and mercury must be given. (Mr. Acton, p. 222.)

**Secondary Syphilis.—Pains in the Long Bones, &c.**—Give hydriodate of potash, five to eight, or to fifteen grains three times a day, and, if not successful in a few days, then mercury may be had recourse to. Where the secondary symptoms are scaly eruption, excavated ulcer of the tonsil, swelling of the testicle, excavated ulcer of the tongue, acute ulcers of the edges of the eyelids, iritis, purulent discharge of the meatus auditorius externus, papular eruption without fever, desquamating tubercular and pustular eruption, secondary ulcers, fissured tongue, ulceration round the nail, phagedenic ulcers of the skin, and foul sloughy ulcerations of the pharynx, they will be benefited by mercurial fumigations. (Mr. Ormerod, p. 227.)

M. Ricord often substitutes the bromide for the iodide of potassium. The dose is the same, and it has produced the same therapeutic effects, but more slowly. It is much cheaper. (p. 229.)

**Syphilitic Testicle.**—Combine the mercurial

treatment with iodide of potassium. Give three quarters of a grain of iodide of mercury in a pill every night, and one or two grains of iodide of potassium twice or thrice during the day. Continue this treatment for some time after a cure is effected. When effusion into the tunica vaginalis occurs, the fluid is generally absorbed; occasionally, however, it remains, and it is necessary to tap and inject the sac; before doing this we should endeavor to procure its absorption, by mercurial frictions on the scrotum, or the application of bago plaster with mercury. We should also try compression. (M. Hélot, p. 229.)

**GONORRHEA.**—Gonorrhœa has six regions as its seat in the urethra. 1. Balanic, or the portion within and just behind the glans penis. 2. Spongie, or the portion extending from the glans penis to the bulb. 3. Bulbic, or the portion situated about the bulb, and to the membranous portion. 4. Membranic, the whole membranous or muscular portion. 5. Prostatic, or the part involved by the prostate gland. 6. Cystic, when the specific poison affects the bladder.

Destroy its existence as quickly as possible, as there is no fear of stricture, if no phlegmoneous inflammation. Take six to twelve copaiba capsules daily, or one to two oz. of cubebs. Use an injection of ten to fifteen grs. arg. nit. aq. distillat. ʒj. Do not mix copaiba and cubebs in one preparation, or give them together.

1. Where there is active inflammation, use active antiphlogistic measures, baths, and laxatives, and when subdued, as above.

2. Where dysuria, apply leeches in perineo, cool lavements, general baths. If it continue very distressing, use an elastic catheter of moderate size.

3. Open abscesses as early as the matter is well formed.

4. Vesical tenesmus; inject per rectum aq. ʒiv., tinct. opii ʒo v. 30 drops.

5. In commencing gleet, inject ter die ʒq. dist. ʒvij. zinc. sulph. plumb. s. acet. aa. ʒj.

6. In chronic gleet, if no particular thickening or stricture, use wine, tannin, alum, or iodide of iron (aq. dist. ʒviii., iod. ferri. gr. ij ad iv.) injections.

Injections with copaiba or cubebs are generally useless.

7. Epididymitis, or inflammation of epididymis, use a suspensory bandage. N. B. Be careful not to confound orchitis with epididymitis. (M. Ricord, p. 213.)

Enjoin rest and temperate habits. Use astringent injections, as nitrate of silver, quarter of a grain to the ounce, used only once in twenty-four hours; or sulphate of zinc or alum, from ten to fifteen grains to the ounce. At the same time give the capsules of copaiba in large doses an hour after each meal; give a large dose (five or six) at bed-time. Direct the patient to void his urine every half hour or so, previous to which he should inject a small quantity of injection. (Mr. Brett, p. 215.)

Mr. M'Donald condemns solutions of nitrate of silver because of producing cystitis, and recommends it in ointment, a drachm to an

ounce of lard, smeared on a bougie, and introduced three inches in the male, and retained three minutes. The penis afterwards to be bathed in warm water. (Mr. M'Donald, p. 215.)

Whenever gonorrhœa is followed by secondary symptoms, it is more than probable that there originally existed some syphilitic sore just within the orifice of the urethra, unobserved by the surgeon. (p. 228.)

**Ectrotic or Abortive Treatment.**—In the very early stage, before the suppurative crisis, inject a solution of nitrate of silver (grs. xij. to ʒi.) about two inches and a half down the urethra, by means of a glass syringe. Only use it once or twice, and if it fail in arresting the disease, then have recourse to ordinary treatment. (Dr. Arnott, p. 213.)

**SCROTUM. Hydrocele.**—Treated successfully by alcohol, after the puncture had been made twice unsuccessfully. The scrotum was enveloped with a large compress, four times doubled, and steeped in alcohol of thirty degrees, and kept on by a suspensory bandage. This lotion was continued forty days. (M. Pleindoux, p. 234.)

Discharge the fluid with a trocar or pocket lancet. Apply a warm vinegar poultice. When sufficient inflammation is superinduced by the poultice, apply poultices of bread and milk, and give a few smart doses of purgative medicine. (Dr. Harvey, p. 234.)

#### Parturition and Diseases of Women.

**VULVA, Follicular Disease of.**—Arg. nit. and nitric acid are of no use. Hydrocyanic acid lotion is serviceable, or an ointment made of two drachms of prussic acid and a scruple of diacetate of lead, with two ounces of cocoanut oil. The parts are to be first washed with infusion of roses, and the ointment applied two or three times a day on lint.

Or try a lotion of lime water with opium; or make a poultice of bread, saturated with a decoction of conium leaves, to a pint of which add two drachms of the liq. plumbi diacet.

When irritation is excessive, prescribe vapour-baths, either simple, or medicated with sulphur. Attend to general health, order a nutritious but unstimulating diet; avoid wine and porter; give milk with lime water; keep the patient at rest; forbid sexual intercourse. There should be change of air. Give the vegetable tonics, as cascarrilla, columba, cinchona, sarsaparilla, &c.; keep the bowels open with small doses of magnes. sulph. in infusion of cascarrilla or camomile. When the symptoms are decidedly abating, give a mild mercurial course with sarsaparilla. (Mr. Oldham, p. 307.)

**VAGINA AND URETHRA, Disease of.**—The value of the speculum is incalculable in all cases where there is reason to suspect disease of the neck of the uterus.

**Local Treatment.**—In vulvular inflammation, the hip-bath and poppy fomentations. For the itching, nitrate of silver ʒj., aq. dist. ʒj., applied three or four times a-day; or tincture of matico,

Both may be applied either with a camel's hair pencil or with a stick, to which a piece of sponge is tied. Lotions of the soluble salts of lead, zinc, mercury, narcotic preparations, borax, hydrocyanic acid, bread crumb soaked with liquor plumbi diacid., gelatine and bran baths.

**General Treatment.**—Mild saline purgatives, rest, sea-bathing, alterative doses of mercury, as Plummer's pill, gr. v., nocte manequa. Brandishe's alkaline solution, twenty drops in an ounce of any bitter infusion; balsam copai-ba. For pain in the back apply cauterly to the sacrum. (Dr. Mitchell, p. 306.)

**Uterine Polypus and Ulceration.**—If small, remove them by twisting, with a forceps, consisting of a straight stem, eight inches long, having two short spring blades, with serrated tips, upon which slide a brace movable from the handle, by which they are easily pressed firmly together, and made to grasp very securely any object caught between them. Apply nitrate of silver to restrain bleeding. Where it is necessary, in a larger pedunculated polypus, apply a ligature; Niessen's double canula is recommended, and with it, silk salmon fishing line soaked in linseed oil, which combines strength, perfect pliability, and softness, and is unaffected by moisture. N. B. In persons of a high habit, and who are subject to indulgences in dietary, be careful not suddenly to suppress menorrhagic discharges, because of the dangers of determination to cerebral congestion. (Dr. Montgomery, p. 307.)

**Uterus, Ulcerative Inflammation of.**—Make very careful specular examination. Local treatment:—astringent vaginal injections, sulph. zinc, alum, tannin, acetate of lead, &c., repeated cauterization of the ulcerated surface with nitrate of silver, or acid nitrate of mercury. The use of the caustic is followed frequently by an increase in the local pains and leucorrhœa, which may become sanguinolent. The exacerbation may last a few days, but afterwards the patient becomes easier and better than before its application. General treatment:—contenance, horizontal posture, and such other means as constitutional symptoms indicate. When there is debility, give tonics, &c. Leeches, scarifications, or cold hip-bath are unnecessary. External applications for pains in the loins are useless, but may be employed as a placebo. (Dr. Bennett, p. 287.)

**Irritability of Stomach in Pregnancy.**—Give strychnia in doses of from one-sixth to one-twelfth of a grain in a little diluted nitric acid three times a day. (Dr. G. Bird, p. 98.)

**Vomiting of Pregnancy.**—M. Stackler gives three quarters of a grain daily, of the black oxide of mercury. No unpleasant effects follow. It is beneficial in hysterical convulsions and uterine irritation. [We suspect some mistake in the statement of the quantity given.—Ed.] (p. 279.)

**HÆMORRHAGE before Delivery.**—1. Accidental.—If the os uteri be dilated and the presentation natural, rupture the membranes, and leave the case to nature; but if the hæmorrhage do not cease, use ergot. If the os be not dilated, plug and wait.

2. In unavoidable, as placenta prævia.—If

the os be dilated or dilatable, introduce the hand and turn the child, but if the placental covering of the os be only partial, treat as the first variety. (Dr. Mitchell, p. 280.)

**Uterine Hæmorrhage after Delivery.**—Mr. Higginbottom recommends giving an emetic dose of ipecacuanha, or ergot, in the exhaustion attending uterine hæmorrhage, after the delivery of the child or separation of the placenta. Of the ergot, Mr. H. gives 3ss. before the birth of the child, and a like dose after birth, and before the separation of the placenta. (p. 286.)

**Uterine Phlebitis and Peritonitis.**—Give acetate of lead in the obstinate diarrhœa of uterine phlebitis and peritonitis. (Dr. Smith, p. 86.)

**PUERPERAL FEVER.**—Endeavor to throw off the morbid specific matter, and sustain the powers of life; give diaphoretics and stimulants according to the stage of the disease. Adopt every precaution against propagation; cease to attend midwifery at the same time with cases of malignant or severe erysipelas; observe rigid ablution of the hands, either with simple water, or chlorinated; change garments, or expose them to a free atmosphere or high temperature, or absent yourself so as to obtain an entire purification, at the same time using warm baths and other alternative and purifying means. (Dr. Peddie, p. 43.)

**OVARIAN DROPSY.**—Puncture with a trocar through the vaginal parietes (the tumor being situated between the rectum and vagina), the canula being left thirty hours in the puncture to permit the fluid to drain off. In ten days it was dilated with a bistoury, and water injected into the sac; and to keep the opening pervious, a thick tube of tin was introduced and secured in front. In four weeks the puncture and cyst were contracted, and the patient cured. Conditions necessary to success:—1. No complication, and the tumor unilocular. 2. That the cyst contain no more than fifteen lbs. of fluid. 3. That the opening be large enough to permit the easy introduction of the finger. 4. That the temperature of injected water be agreeable to the patient, and thrown deep into the sac. 5. That the tube be occasionally withdrawn, and not entirely disused, until the opening has contracted and the discharge become solely purulent. (Prof. Kiwisch, p. 319.)

**MENTRUATION, Irregular.**—Make use of cold water, as follows; Commence first with the tepid and then with the cold bath, twice daily, for half an hour at a time. This process exerts a double influence on the female genital organs; the one a strengthening, and the other an attracting force. (Dr. Chmelik, p. 316.)

**CHLOROSIS.**—There are cases of chlorosis marked by an increase rather than a diminution of the total amount of blood; it is not a necessary condition, but it is more certainly and frequently a change in its quality. It is identical with anæmia.

When there is increase of blood, blood-letting, leeches, or cupping, are recommended.

When pain on pressure in some region of the spinal cord, cup or apply leeches, or repeat-

ed blisters on either side of the spine. Moderate pustulation; use anodynes sparingly and cautiously, and this may apply also to the use of aconite or cannabis Indica. The local application of these anodynes may be tried with much advantage, by means of soaked lint, either with or without the removal of the cuticle. Sulphate of veratrine ℞. to ʒj. of axunge is very efficacious. Where the pains are very obstinate and severe, *firing* lightly applied may be tried.

Where there is great disturbance of the digestive functions, give warm cordial cathartics; one or two drops of creosote in pill thrice daily, alone, or with compound galbanum pill; finely powdered charcoal (of which that from box-wood is the best); or the following:—Fine charcoal, calcined magnesia, aa. gr. x., powdered nutmeg, five grs. Mix. This, mixed cautiously with, and taken in, milk and water, two or three times a day.

The essential treatment, as it has special regard to the normal character of the red particles of the blood, must consist in the administration of iron (if no contrary indicating conditions). If idiosyncrasy prove a constitution intolerant of iron, then make trial of bismuth, either alone, or in combination with carbonate of ammonia, and the salts of Peruvian bark. If iron can be tolerated, then the muriated tincture; the acetated tincture of Dr. Percival, of Dublin; vinum ferri; or Bewley's solution of the super-carbonate; mist. ferri comp.; bark, iron, and ammonia; citrate of iron and quinine; compound ferri pil. with sulph. of quinine; and the saccharine proto-carbonate.

When a mild aperient is necessary during the use of iron, the following is recommended:—Sodæ bicarb. gr. xv.; acid tartaric. gr. x.; sulph. ferri (sicc.) gr. j. ad gr. v.; sacchari albi ʒss. M. to be kept dry, dissolved in a wine-glassful of water, and swallowed while effervescing.

Dr. Freke recommends the hydro-sulphuret of ammonia to diminish the number of red corpuscles in the blood, on the supposition that it appropriates a portion of that iron which would otherwise contribute to the formation of the red globules. (Sir H. Marsh, p. 310.)

Administer from eight to thirty grains daily, of tannate of iron, especially to persons of sanguine temperament. (M. Benedetti, p. 315.)

**AMENORRŒA, Electricity and Galvanism in.**—To insure success, improve the general health by exercise and tonics, and remove accumulations from the bowels. Pass the shocks of the Leyden jar from the pubes to the sacrum, beginning about a week before the expected period of return, and repeat as often as will be thought necessary. (Dr. G. Bird, p. 315.)

Dr. T. L. Ogier gives a teaspoonful of a strong tincture of water pepper, made from the leaves, stems, and flowers, three times a day. (p. 316.)

#### Affections of Joints and Bones.

**DISLOCATIONS, Hip Joint, Reduction of.**—1. Obtain two planks of oak, beech, or elm, eight

feet long, three feet wide, and three inches thick, and joint these by joists. 2. Let these rest on chairs or tressels. 3. Drill holes in opposite directions, so that when the patient is placed upon the board, the ilia and unaffected thigh may be secured by two strong leather straps, thus rendering the pelvis fixed, and enabling the effective means, viz., extension and uplifting the head of the affected bone, to be used with the greatest advantage. In dislocation of the dorsum ilii, instead of the single pad above the knee, substitute two iron plates just above the condyles, one side being fast by a hinge-joint, and the other by two thumb-screws. 4. At the distal end of the board, fix an upright post, twenty inches high and three or four inches thick, and drill in it a hole for the pulley rope to pass; make another hole laterally in the post for a stick or windlass, which may be worked with cogs or a ratchet wheel. 5. Attach one of the pulleys to a hook in the front plate (of which no description is given), and the other to a strong screw staple in the upright post. 6. All being now adjusted, extension may be made in the most gradual manner. Wherever it shall be required, the apparatus should be well wadded with any suitable soft material, to prevent abrasion of the skin and bruising of soft parts. [A simple diagram, with the apparatus applied upon a figure, would very much have forwarded the objects for which this paper is published.—Ed.] (Mr. Davis, p. 144.)

**Iodine Injections in the Joints.**—Consider well the situation of the opening, especially let it be at or near where fluctuation is most evident. Pinch up a fold of the skin and pass in the hydrocele trocar at the base of the fold, so that when the operation is complete, the internal and external opening may not correspond, which prevents the ingress of air. An ordinary trocar may be used. [M. Velpeau uses a hydrocele trocar.] Draw off six or eight drachms of the fluid [M. Velpeau draws the whole off], or a quantity equal to the injection thrown in. Use undiluted tincture of iodine; the fluid left in the cavity dilutes it. [M. Velpeau dilutes the injection.] Allow the greater part of the fluid to remain in the joint. [M. Velpeau allows it all to escape.] N. B. M. Velpeau's practice appears to have been the most successful; it does not excite so much inflammation. (M. Bonnet, p. 147.)

**BURSÆ, Diseased.**—Make a free longitudinal incision from above downwards, throughout the whole extent of the bursa; inspect the cyst and detach any small adherent bodies; where the cyst is thick and capacious, and bulges from the incision, remove an elliptical portion. Introduce an oiled dossil of lint as a dressing, and apply light compresses and a bandage. When suppuration is fairly established, apply poultices if necessary. The advantages of this method over puncture, subcutaneous incision, injection, seton, extirpation, &c., are—1. It is easily and quickly done. 2. It is less painful. 3. It produces little or no constitutional disturbance. 4. It is more satisfactory in its results, producing a radical cure, and removes all foreign bodies at once. (Dr. Adams, p. 152.)

In acutely inflamed bursæ, enjoin rest, apply leeches, and cold lotions, and when the inflammation is sufficiently subdued, pass a bit of sewing silk through the centre of the cyst. [Mr. Richard, p. 154.]

**KNEE-JOINT, Bursal Disease of.**—When not communicating with a joint, they may be opened without danger in all situations and in every stage. The effect of seton is like that through a hydrocele or ranula, viz., the secretion is absorbed without being discharged by a wound, and the sac is obliterated. In a hard and consolidated form of the disease, it breaks down into a common abscess, which, when punctured, discharges its contents and heals. Pass the thread (common silk) through the centre of the tumor, and keep it in until the end is accomplished. If inflammation supervene, remove the thread; foment, or poultice; when sufficient inflammation has been set up, which is indicated by the oozing of pus from the punctures, and may be continued four or five weeks. If the morbid bursa be too deep for the application of the above treatment, injection and pressure may be used.

For ganglions or adventitious cutaneous cysts, puncture with the lancet is a less painful and more certain remedy than a blow. Let the puncture be no larger than to evacuate the contents of the cyst. Bind down the part afterwards with a pad of lint and adhesive plaster, to promote the obliteration of the cyst. [Mr. Skey, p. 151.]

**Diseased Joints, —Position and Support.**—In joints of the lower extremities, first calculate well the position the most applicable [the straight being the most slightly and useful]. Use strong pasteboard or undressed leather as a splint, adapt it whilst wet, and pad with lint or jeweller's wool, and fit in such a way to the limb as to be perfectly easy to the patient, at the same time giving steadiness to the limb, and let it extend sufficiently above and below the joint.

**Convalescent Treatment.**—Envelope the joint in splints of leather undressed with oil, first soften in water, and allow them to remain on so as to form an exact case for the joint, which, when hard, may be lined with soft wash leather. Jeweller's wool may now be laid in various places to prevent pressure of the edges of the splint, and a firm roller applied to secure all parts equally. The joint is now ready for passive or active motion, as may be judged most advisable. [Mr. Brownless, p. 149.]

**Fractures of the Thigh.**—Mr. Bulley, of the Berkshire Hospital, uses an apparatus for the more efficient treatment of fracture of the thigh, which makes the extensile power by means of a foot-piece moving on an endless screw, and divides the traction equally between the foot and the lower end of the fractured bone. Its advantages are—1st, Easily-regulated extension. 2d, Constant exposure to the eye of the surgeon. There is a lateral splint also connected with the upper part of the apparatus, so acted upon, as to prevent the bowed or ex-curved appearance so frequently produced. (p. 142.)

**Fracture of Clavicle.**—The maintenance of the fragments immovable, and the obtaining a regular callus, are procurable by Dessault's bandage rendered stiff with dextrine. Care is to be taken to guard the armpits and other parts against this stiffness by means of compresses or wadding. A tight flannel waistcoat next to the skin is a good precaution. (M. Blandin, p. 158.)

**Fracture, Treatment of.**—To prevent pain and suffering, to place the parts in the most favorable condition for repair, and to prompt the normal shape and length of the limb, are the principles which must guide the surgeon in the treatment of fracture; and these indications are fulfilled by instant co-aptation, and observing the utmost possible apposition. These observed, there is no necessity for local loss of blood or cold lotions. Firm support, guided by the above principles, will do all that is necessary to secure a sound limb. (Mr. Liston, p. 141.)

#### Affections of the Senses,

**SKIN DISEASES, *Porrigo Scutulata* (Ring-worm).**—Shave the head, and apply one of the stronger acids to the part. The strong acetic answers the best. It may be applied by means of a piece of sponge tied to a stick, and should only be used for a few minutes. Nothing more should be done for a week or ten days, when the crust produced by the acid should be separated with a pair of scissors, and if there be any appearance of the disease remaining, the acetic acid should be applied again; but if it presents a healthy appearance, let it be well washed with soap and water, and a little olive oil applied every night. When all the vegetable organisms constituting the disease have been destroyed, then use a stimulating ointment, as the ung. creosote ʒss. to ʒj. to the ounce of lard; or apply tincture of iodine by means of a camel's-hair brush; or the ung. hyd. biniodid., diluted with six parts of the ung. picis liquid.; or a mixture of equal parts of sulphur and pitch ointment; or the carb. of potass ointment, ʒss. to ʒi. to the ounce of lard. It is often useful to alternate some of these remedies; the head should also be washed three or four times a day with a lotion of the sulphuret of potass. dissolved in lime water, or with carbonate of potass. dissolved in water. Attend to the general health; if the child be of a delicate habit or scrofulous, give iron and tonics, quinine with infus. quassie, and a nutritious diet. All heating articles of diet are improper, also salted food; the diet should be plain, but nutritious. (Erichsen and Wigan, p. 245.)

**Porrigo.**—Avoid all unnecessary irritation, as soap, cold lotions, poultices, or narcotics. Do not shave the head, but cut the hair down as close as possible with scissors, first softening the crusts with hot water, and afterwards washing with half the yolk of a fresh egg and water, and drying with a very soft cloth. Use a sulphurous ointment combined with camphor

or creosote ℥j. to ʒj. of lard. Wear a light linen or silk cap of a washing kind, and change the linings of hats, bonnets, &c., frequently. Internal treatment must be guided by common principles. (Mr. Startin, p. 236.)

*Porrigo Pudendi*.—Take a small bleeding from the arm (8 oz.). Give calomel, gr. iv; ext. coloc. comp. gr. vi, statim; and every four hours two table spoonfuls of the following mixture:—Potassæ nitrat., ʒj.; magn. sulph., ʒj.; mist. camph., ʒvj. M. Lotion plumbi to be kept constantly applied to the vulva. After some time the lead lotion may be replaced by one of two grs. to five of bichloride of mercury, and two to five minims of hydrochloric acid to aqua ʒj. Observe well the regulation of the bowels and dietary. (Mr. Evans, p. 247.)

*Acne*.—When the follicles are only loaded, use the flesh brush, but, if very large and unsightly, use mechanical means, as a needle, to empty them. If the suppurating points are numerous, order the vapor douche; mercury, and camphor ointment, white precipitate with camphor, or lime, ʒj., zinc ointment, ʒj., camphor, ʒj., or iodure of sulphur, gr. xv. ad gr. xxx., lard, ʒj., or hyd. bichlor. in almond emulsion, or quince seed mucilage; or, sodæ hyposulphatis, ʒj. ad ʒij., alum sulphat. ʒj. ad ʒij., aq. ros. ʒviss., aq. colognæ ʒss. for a lotion.

For the redness that remains on the nose after the eruption, apply nitric acid, pharmacopœia strength, but take it off immediately with blotting paper; or, you may use acetum cantharidis; both these at fortnightly intervals; or, puncture every vascular trunk with a fine lancet.

Chalybeates, mineral acids, vegetable bitters, or iodine, arsenic, or mercury, if special organs require them. Alcoholic stimulants, if the stomach require, good air and exercise. (Mr. Startin, p. 240.)

*Sycosis*.—Extract the hairs with a pair of forceps; wash with yolk of egg and warm water, or fomentations of decoction of poppies, linseed, &c., with a little sulphur or bran; or a sulphur vapor douche, applied by means of a steam pipe to the face, excluding the nose; or, apply the following mild stimulating ointments, viz., hyd. precip. alb. gr. xv. ung. hydrarg. fort. ʒj.; liq. plumbi acet. ʒss.; ol. palmi, recent. ʒvj.; M. Give brisk acidulated saline purgatives, and subsequently chalybeates. (Mr. Startin, p. 240.)

*Lepra, Psoriasis, Lupus, Acne, Eczema Chronica, Impetigo, Prurigo, Lichen*.—In the treatment of these and all chronic affections of the skin which are not venereal, nor dependent on local causes, first, reduce inflammatory action by depletion and antiphlogistic regimen; then administer arsenic, beginning with five minims of the liquor potassæ arsenitis thrice a day, with the meals, until the conjunctiva is inflamed; afterwards reduce the dose to four minims, keeping the eyelids slightly sore and weeping. The whole success of this treatment (which seldom or never fails in any of the above diseases) depends upon the continued and persevering use of the medicine, which is perfectly harmless, when administered with

vigilance under these restrictions. (Mr. Hunt, p. 247.)\*

*Pityriasis, Herpes, Eczema*.—Use a lotion composed of one part of alum, and sixty-two parts of water.

In the slighter forms of acne, lichen, pityriasis, herpes, and even in eczema, use a simple acidulated lotion. In impetigo, after the crusts have fallen off, use the following application of alumina:—Alum, eight grammes; infusion of Provence roses, five hundred grammes. Gowland's solution, or Bateman's mercurial emulsion, however, answer very well. M. Cazenave uses the following:—Bichloride of mercury, ten centigrammes; hydrochlorate of ammonia, ten centigrammes; almond emulsion 250 grammes; make a solution. In really chronic eczema he uses the following lotion:—Acid nitric, twenty-five drops; acid muriatic, twenty-five drops; distilled water, three hundred grammes. Mix by shaking. (Cazenave, p. 253.)

*Ichthyosis Fortuila*.—1st. Augment the action of the capillaries of the skin, by giving small doses of the blue pill and emetic tartar; liquor arsenicalis; cantharides in decoction of rumex obtusifolius, made by boiling an ounce of the sliced root of the common dock in a pint of soft water; dose ʒij. 2dly. Improve the secretions generally, by generous diet, as milk, vigorous exercise in the open air, &c. 3dly. Aid the action of the two former by topical means which stimulate the skin, and assist the separation of the diseased papillæ by warm baths, friction, &c. (Dr. A. T. Thompson, p. 254.)

*Urticaria*.—Where arising from irritating ingesta, give emetics and purgatives. If from visceral disorders of other forms, pay especial attention to them. Where idiopathic, and without assignable cause, pay close attention to the skin, &c.: bleed when the pulse will admit, and give magnesian aperients, or iodide of potassium. Where the case is chronic, use liquor potassæ in large, or liquor potassæ arsenitis, in small doses. (Mr. Startin, p. 248.)

*Erysipelas*.—In some cases the following ointment may be used instead of the solid arg. nit. or the solution: nitrate of silver ointment in three strengths, viz.:—Nitrate, 12 parts, lard 32 parts; nitrate, 8 parts, lard 32 parts; nitrate, 4 parts, lard 32 parts. (M. Jobert, p. 254.)

*Stains from Nitrate of Silver, to remove*.—Moisten the spots several times with a solution of hydriodate of potash, and expose the part to the direct rays of the sun. The hydriodate converts the black stain of the nitrate into the white ioduret of silver. A trial of its use internally is also recommended in those cases where the skin has been tinted by the internal use of the nitrate. (Journal de Médecine, p. 254.)

*EYE DISEASES, Syphilitic Iritis*.—Give turpentine ʒj. three times a day in almond emulsion, using double the quantity of the confection. Thus (Mr. Carmichael's formula): R. Olei terebinth. rectificat. ʒj., vitelli unius ovi

\* See Mr. Hunt's papers on chronic diseases of the skin, *Lancet*, 1846, p. 26, 77, 125, 271, 265, 543, 567.

simul, et adde gradatim, emulsionis amygd. ʒiv.; syr. cort. aurant., ʒij.; spt. lav. c. ʒiij. ol. cinnam. gtt. three vel four. Misce, sumat cochlearia larga duo ter in die. If the inflammation run high, cup or leech the temple. This remedy alone is frequently successful, but in obstinate cases, mercury is the sheet anchor. (Dr. Jacob, p. 261.)

**Conjunctivitis, Iritis, &c.**—Dr. Laugier recommends a collyrium—made in a warm marble mortar—of two parts Venice turpentine, and one part oil of turpentine, added by degrees in conjunctivitis, accompanied with slight tarsal affections, scrofulous corneitis, and conjunctivitis with corneitis. He instils three or four drops between the eyelids night and morning. The oil of turpentine may also be made into an ointment, but he prefers using the mixture. (p. 268.)

**Ophthalmia, Gonorrhœal.**—Apply the nitrate of silver in substance to the conjunctiva by exposing the conjunctival surface of the inferior eyelid, and drawing the caustic, pointed like a pencil, lightly across it. (Mr. Walker, p. 264.)

**Ptosis.**—Reserve in the use of direct depletion is commonly most in accordance with the principles of sound practice. But cupping, mercury, purgatives, dietary, blistering, and subsequently tonics, are productive of most decided advantage. (Mr. France, p. 265.)

### Toxicology.

**Poisons, Arsenic.**—Magnesia, not strongly calcined, is an excellent antidote to arsenious acid; it removes it entirely from a state of solution in water, and forms an insoluble compound. Magnesia in a gelatinous state answers best. Magnesia decomposes emetic tartar, the salts of copper, and corrosive sublimate, also the organic alkalies, morphia, strychnia, &c. (M. Bussy, p. 117.)

Dr. Christison recommends the light pure magnesia, which may be obtained in a gelatinous pulpy state, by adding a solution of caustic potash to a cold saturated solution of sulphate of magnesia, and washed afterwards with cold water. The dense magnesia has very little action on arsenic in solution. When the gelatinous cannot be obtained, then use the light calcined, in proportion of between thirty and fifty parts to one of arsenic taken.

[As in the hurry of these cases it is frequently difficult to know what quantity of arsenic has been taken, it must be left to the discretion of each practitioner to judge what quantity of the magnesia he shall administer as the antidote.—Ed.] (Dr. Christison, p. 117.)

**Mineral Poisons.**—Universal antidote:—First give a purgative, then a soap bath, and a mixture of persulphuret of iron and syrup, night and morning, in such quantities as to be always in excess in the intestines to prevent re-absorption. (MM. Sandras and Bouchardt, p. 324.)

**King's Yellow.**—The hydrated peroxide of

iron acts as the best chemical antidote, combining with the arsenic in the stomach to form an arsenite of iron which has little solubility, and therefore of little energy as a poison. As the arsenic may be again set free by the secretions of the stomach, take care to give the peroxide in excess, and repeatedly, until all effects subside. (Dr. Patterson, p. 119.)

**Laudanum.**—Make use of electro-magnetism. The wires to be applied in turn to every part of the body, and the patient to be roused and kept awake. It may be continued for four hours, and may gradually become more susceptible and energetic in the limit until the end of the period stated, when there may be satisfactory revival. (Dr. Barry, p. 113.)

### Materia Medica and General Therapeutics.

**ATROPHIA AND BELLADONNA.**—Make a solution of one, two, or three grains of atropia to ʒj. of distilled water; add a drop of nitric acid to render it soluble, and a drop of spt. vini to make it keep. Introduce a drop of one of these solutions between the eyelids, which will keep the pupil dilated from four to ten days, according to the strength of the solution used.

It may be useful in iritis; aquo capsulitis; also when it is wished to break up recent adhesions between the iris and lens; to withdraw a protruding iris from its position; in central cataract; or in central opacity of the cornea, where the pupillary margin is attached to the back of the cornea, &c. Its use is less marked when conjunctivitis is present, than in a healthy eye, and its effects are more evanescent.

In ulcers of the cornea, belladonna is of special service; by it synechia arteria, &c. may be prevented. In cases of rupture from ulceration, with hernia of the iris, apply the solution of atropia close to the eyelids, and keep them closed with plaster; smear the eye and brow with the extract of belladonna, and, if necessary, use leeches to the temples, just over the malar bone; apply blistering, and use such constitutional treatment, as is calculated to subdue inflammation, and the further spread of the sloughy or ulcerating process.

In neuralgic affections of the eye, intermitting and unattended with inflammation, or obvious alteration in the structure or motion of the organ—try belladonna internally, from one-sixteenth to one-sixth of a gr. in solution three times a day. In old and inveterate photophobia or ophthalmia, attended with vascular cornea, in discharged soldiers, the internal use of belladonna is marked. (Mr. Wilde, p. 256.)

**AMPUTATION of the Thigh.**—Mr. Syme says he is now satisfied that there are circumstances in which the circular incision ought to be preferred. The perfect condition of the stump, where there is nothing but integuments to protect the bone, as at the ankle, led him to conclude, that if the circular operation could be performed with the certainty of providing such a covering, it might be employed with advantage in the lower third of the thigh. There is



plenty of skin and plenty of room to employ the tourniquet, without impeding the incisions or retraction of the muscles, and the size of the wound is much smaller than at the middle of the thigh. Apply the tourniquet close to the groin; use a middle-sized knife, such as is employed for the flap operation. Make the incision of the skin as near the knee as possible; not in a circular direction, but so as to form two semilunar edges, which may meet together in a line, from side to side, without projecting at the corners, and divide the fascia with the integuments. Draw these up by firmly clasping the limb, and not by dissecting and turning back. Divide the muscles by a circular sweep of the knife down to the bone, and retract with the utmost care. This should be at least two inches; and, before using the saw, protect the muscles, and freely expose the bone by means of a split cloth.

Mr. Syme adds, as the soft parts required to form the stump in amputation at the knee, are apt to be so deranged in their texture, as to delay, though not prevent recovery, and thus in some measure counterbalance the advantage of exposing the cancellated instead of dense bone, together with the contents of the medullary cavity, "I do not persist in advocating amputation at the knee now, when satisfied that the operation by circular incision, if performed with due care on proper principles, may be employed at the lower third of the thigh safely and advantageously." (Professor Syme, p. 155.)

In amputation, Mr. Quain makes the flaps short in the first instance, and adds to their length, subsequently, by circular incisions through the deeper muscles. Modifications are, however, required, according as the parts to be amputated are not clothed with muscle, e. g., the leg and fore-arm. (Mr. Quain, p. 158.)

**FLAP AMPUTATION.**—The disadvantages of flap amputation are—1. It is more painful from the extent of integument divided, and oblique division of nerves. 2. More protracted in its performance, in consequence of the difficulty of obliquely cut arteries collapsing. (Mr. Bulley, p. 158.)

**REFLECTING PRISM, and Tube for Exploring the Open Passages.**—Used for, 1st. The vagina, &c., for polypi; for, ulcerative, and other diseases, both of the vagina and uterus, and preternatural labor. 2d. The rectum; for stricture, hæmorrhoids, &c. 3d. Urethra and bladder; in lithotripsy, lithotomy, and stricture. 4th. The pharynx, larynx, and eustachian tube; for diseases of these passages. 5th. The nose; for ulcer, ozena, polypus. 6th. The stomach itself! 7th. Gunshot wounds, &c.; where bodies lodge and require extraction. (Warden and Avery, p. 324.)

**ULCERS.**—Give turpentine those in ulcers

which are prevented healing by deficient action, where the ulcer is sluggish, surface smooth, without granulation, or of a greenish foul appearance; discharge serous, edges rounded, smooth, and callous, and the surrounding skin is pink or blue. It should not be exhibited where the patient is plethoric, the ulcer inflammatory, and the pulse full and frequent, or where it produces nausea, or other unpleasant symptoms; in the last case substitute cajeput oil, three drops three times a day, or give the capsules of Messrs. Evans and Lecher, each containing twenty to twenty-five drops of the turpentine. Continue the use of the turpentine until good healthy granulations appear, with the secretion of good pus. (Mr. Hancock, p. 321.)

**MOIST HEAT, Application of.**—Mr. Markwick, of the Western German Dispensary, has invented a fabric of sponge and wool, which he calls "Spongio-piline," which, by being impregnated with the required epithem, proves a substitute for poultices and fermentation cloths.

The "Impermeable piline" is another fabric of wool, &c., backed with India-rubber, and recommended where protection to the skin and joints, or increased diaphoresis, is necessary.

**PLASTERS.**—New mode of preparing adhesive and strengthening plasters.—India-rubber in fine shreds, 5 lbs.; spt. turpentine, sufficient to cover, and add as the substance absorbs it. When dissolved, press through a fine sieve. Heat four ounces of Cayenne pepper in a quart of spt. turpentine, and with a portion of it, grind 1 lb. of litharge, mix in the remainder afterwards, and add 6 oz. bals. Peru. Then melt 1 lb. of India-rubber, and add spt. turpentine until it is thin enough to strain. Finally, mix all the preceding together. (Chemist, p. 324.)

**BED SORES.**—Thicken the cuticle, by using a stimulating wash, as follows:—Hyd. bichlorid. gr. ij.; sp. vini tenui. ʒj. ft. lotio. This may also be applied to the skin, against which a very powerful truss is to press. (Sir B. Brodie, p. 325.)

**VAPOR BATH.**—Cheap substitute for one more complicated.—Take a piece of quick lime, the size of the fist; wrap it round with a well wetted cloth or flannel; then, to prevent its wetting the bed, with a dry one doubled in folds. One may be placed on each side, and one at the feet, and when sweating is fully established, they may be withdrawn. Hot fluids or increased covering is unnecessary. (Dr. Serre, p. 140.)

**MERCURY, Mode of Administering to Children.**—Smear a drachm or more of strong mercurial ointment on a flannel roller, and apply it not very tight, round the knee. Repeat it daily. The motions of the child produce the necessary friction. (Sir B. Brodie, p. 133.)

PRACTICAL OBSERVATIONS ON THE  
HOMŒOPATHIC PRACTICE.

BY DR. GUINNESS, DUBLIN.

## Pleurœpneumonia.

ON Friday, the 2d of October, 1846, Miss A. D. of Beaumont, aged thirteen, was attacked with shivering, headache, and other febrile symptoms, for which I gave her

℞ Tinct. Aconiti, 3. gttss. iii.

Aquæ, ℥ iv. M.

A tablespoonful every second hour.

And at bedtime one dose of Belladonna, 3.

She was so much better the next day, that I found her up and dressed, and she begged to be allowed to go down to the drawing-room being exposed to a draught of cold air that evening, all her former symptoms returned, and her mother continued the medicine as above; and on Monday, the 5th, eight o'clock at night, her cough and fever became so much worse that I again was sent for. I found her lying on her right side, her face and eyes very red, her skin in general burning, but particularly over chest and abdomen; raving at times; headache; incessant, dry, hacking cough; the least stir increased it; shooting pains through the chest occasionally, when coughing, and pains in right side; pulse 130 full; her breathing oppressed and short, particularly when sleeping, which is much disturbed by the cough; bowels confined; urine very turbid. Physical signs: dulness on percussion well marked over the posterior and inferior part of right lung, as far as spine of scapula; bronchial respiration, and absence of vesicular murmur. Ordered

℞ Tinct. Bryoniæ, 3. gttss. iii.

Aquæ, ℥ iii. M.

A teaspoonful at once, followed in an hour after with

Tinct. Aconiti, 3 gttss. iii.

Aquæ, ℥ iii. M.

These medicines to be repeated alternately during the night.

*Tuesday morning, 6th October.*—Her medicine had been given regularly every hour, as she was so much disturbed by the cough; skin much cooler; pulse reduced 30 beats; countenance more natural; eyes and face not nearly so red; cough looser, but she gets up very little expectoration, and swallows it immediately: urine and bowels as last night. Physical signs not altered. The Tinct. Bryoniæ, 3., and Tinctura Aconiti, 3, to be continued, but at intervals of two hours.

*Wednesday morning, 7th*—Passed a much better night; slept for two or three hours at a time; pulse 90; cough looser, and not so

troublesome; pain in side nearly gone; feels stronger. She has taken of late only cold water, whey, or barley water; urine still turbid; bowels not moved, but she has no uneasiness; directed an enema of warm water if she felt uneasy. Omit Tinct. Aconiti. Continue Bryonia, 3, every third hour.

*Thursday, 8th.*—Passed a much better night; slept for three or four hours at a time; no febrile symptom: physical symptoms much as before, but there are occasional mucous râles, and at times I thought I observed some moist crepitus. To continue Bryonia 3, as before.

*Friday morning, 9th.*—The fourth morning of treatment for pneumonia, but a week since the rigor. Finding that though she was improved, still the physical signs remained pretty much the same, I gave her

Tinct. Phosph., 3. gttss. iii.

Aquæ, ℥ iii. M.

A tablespoonful every third hour. The Bryonia to be discontinued, and to get a little weak chicken broth.

*Saturday morning, 10th.*—Fifth day of treatment for pneumonia; slept nearly seven hours without awaking; feels quite well; on examining the posterior part of the right lung, I was much gratified to find that the sound was much clearer on percussion, and there was a distinct moist crepitating râle, with some mucus râles; no pain in the chest; bowels had been well moved without enema; urine nearly natural; pulse 86. To continue Phosphorus every four hours, and to sit up for a little time, and to have bed tea.

*Sunday, 11th.*—Is up and able to walk about the room; feels strong; pulse 70; to move into the drawing-room. Chicken for dinner. Continue Phosphorus three or four times in the day.

*Tuesday, 13th.*—My little patient was well; there was a slight itchy eruption in one of her hands and feet. Sulphur, third trituration in water. A spoonful three times daily.

This case is interesting, as, although the febrile symptoms and cough were quite subdued by the Bryon. and Aconite, still the physical signs never gave way, until I gave her Phosph.; and it is an additional proof of the truth of Dr. Fleischmann's remark, viz.: "I have been quite convinced, by the experience of many years, that pneumonia is cured by no medicine so rapidly and certainly without any other aid, as with Phosphorus; and I am inclined to believe that a pneumonia which Phosphorus does not cure is, as yet, incurable by the Homœopathic method."

SCROFULOUS OPHTHALMIA.

June 30th, 1846.—John Quays, county

Meath, three years old, had been ill with this disease twelve months; various remedies had been tried by different physicians without success. He was led into my study with his head much bent forward, as he could not bear the least ray of light. I found it quite impossible to raise the eyelids, which were puffed, and a quantity of hot tears were running from his eyes, also much purulent matter, his face was swollen, pale and unhealthy-looking, his abdomen very large, he was weak in his limbs, and his appetite bad; he was also very low in spirits, and wished to sit in the dark by himself; he had an eruption on his legs. Ordered.

R̄ Tinct. Sulph., 30. gl. xx.  
Aqua, ℥ xii. M.

A tablespoonful three times daily.

The following week the child was brought again, his eyes were open, he was much more lively, the eruption was going off, and altogether he was much improved.

R̄ Tinct. Sulph., 30. gl. xx.  
Aqua, ℥ xii. M.

A tablespoonful three times daily.

July 9th.—Still continues improving.

R̄ Tinct. Calcar., 30. gl. xx.  
Aqua, ℥ xii.

A tablespoonful three times daily.

21st.—Getting quite well.

R̄ Tinct. Sulph., 30 gl. xx.  
Aqua, ℥ xii. M.

A tablespoonful three times daily.

August 4th.

R̄ Tinct. Calcar., 30. gl. xx.  
Aqua, ℥ xii.

A tablespoonful three times daily.

12th.—His father came up from the county of Meath for him, and was surprised at the great improvement, as he stated that he had been at much expense paying for medicine and advice, without deriving any benefit. I ordered him to take him home to the country.

HERNIA HUMORALIS.

On the 8th of September, John Belt, from the county of Monaghan, applied to me for relief. Two months before he contracted gonorrhœa in England; this was quite checked by medicine he had been taking (I believe Copaiba). He now complains of much pain in the left testicle, and a distressing dragging sensation in his side; the testicle is a good deal swollen and tense, and painful to the touch. He cannot sleep at night.

Tinct. Pulsatillæ, 6.

A few globules dissolved in eight ounces of water.—A tablespoonful three times daily.

September 10th.—Pain much less, testicle not so much swollen, pain in side relieved, slept better, and there is now some discharge from urethra.

Tinct. Clematis, 3. gl. xii.

Aqua, ℥ vi.

A spoonful three times daily,  
12th.—Continues to improve.

Tinct. Clematis, 3. gl. xii.

Aqua, ℥ vi.

A spoonful three times daily.

15th.—Improving still. More discharge from urethra.

Tinct. Merc. Sol., 5. gl. xii.

Aqua, ℥ vi.

A spoonful three times daily.

18th.—Swelling of testicle nearly gone.

Tinct. Merc. Sol., 5. gl. xii.

Aqua, ℥ vi.

A spoonful three times daily.

18th.—Swelling of testicle nearly gone.

Continue Mercury:

21st.—He is almost well.

Sulph., 30.

Three times daily.

29th.—Slight running from urethra; swelling all gone long since.

Nitric Ac., 30.

He went home quite well.

HEMORRHOIDS.

September 30th.—John Byrne, of Raheny, aged forty-two, has suffered from piles constantly for fourteen years, frequently passing blood; has severe burning sensation, with tenesmus; habitual constipation; has taken much medicine, and consulted a great many physicians, without deriving much benefit; for the last two years has been in constant suffering.

Tinct. Arsen., 3. gl. xii.

Aqua, ℥ vi.

A tablespoonful night and morning.

October 5th.—Bowels had been much more free; he has passed no blood for three days, and feels much better.

Tinct. Arsen., 3. gl. xii.

Aqua, ℥ vi.

A tablespoonful night and morning.

9th.—Bowels quite regular; no appearance of blood since; tenesmus gone; "has not been so well for nearly two years;" his appetite and strength improved.

Tinct. Arsen., 3.

Only to be taken at bedtime.

14th.—Continues quite well.

Tinct. Sulph., 30.

A tablespoonful night and morning.

19th.—Is quite well; expresses himself most thankful.

Tinct. Sulph., 30.

A tablespoonful night and morning.

This case attracted the notice of the physicians under whose care it had been previously.

September 23d.—Mary Welch, of Doney-

carney, aged 18. This young woman had been ill about three months; had been ordered aperients by the physician of her parish without relief, further than acting on the bowels; her bowels were not moved often for a fortnight, unless by purgatives; she has a constant sensation of "beating" in her head and vertigo, and these symptoms are sometimes so bad that she is forced to go to bed; menstruation irregular; great pain in her back. Is suffering much from piles.

Tinct. Nucis vomicæ, 3. gl. xii.

Aquæ, ℥ vi.

A dessert spoonful three times daily.

30th.—Bowels have been regular since; piles much better; her tongue is foul, and she complains of sickness of the stomach.

Tinct. Pulsatillæ, 6.

To be taken three times daily.

October 7th.—Piles quite gone; stomach and bowels well; still has much pain in head, and dimness of sight occasionally.

Tinct. Belladonnæ, 3.

When she feels the pain coming on.

14th.—After taking the last medicine two or three times, she felt no further uneasiness of head and sight; expects a change soon; in other respects she is quite well.

Tinct. Pulsatillæ, 6.

To be taken three times daily.

Shortly after this I was told she was in perfect health.

August 10th.—Mrs. Masterman, Raheny, has been suffering from piles, with much bleeding and pain occasionally, for twenty-seven years. Complains of much weakness and constipation.

℞ Tinct. Arsen., 3.

To be taken three times daily.

12th.—Some improvement, but still has tenesmus and blood.

℞ Tinct. Merc. Sol., 5.

To be taken three times daily.

16th.—Tenesmus and blood gone; bowels moved once daily; feels much better; piles nearly gone.

℞ Sulph. 30.

To be taken night and morning. Cured.

November, 27th.—She has remained in perfect health.

August 3d.—Ann Cooney, aged thirty-five, has had piles for thirteen years. Constant sensation of sickness and load in stomach, much worse after eating; epigastric region tender on pressure; bowels generally confined; pulse, sixty.

℞ Tinct. Nucis vom. 3. gl. xx.

Aquæ ℥ viii. M.

A tablespoonful to be taken three times daily.

18th.—The report is, that the piles are quite relieved, and her stomach much better.

℞ Tinct. Sulph. 18. gl. xx.

Aquæ ℥ viii. M.

A spoonful to be taken night and morning. Cured her.

August 13th.—F. Martin, a laborer, was unable to leave his bed, the piles protruded so much; they were very dark and tense; they bled a great deal, and the pain was very severe; bowels costive.

The same treatment as in Cooney's case was adopted; on the 18th he was much better, and I gave Sulph. 18; on the 20th he was at his work, quite well.

#### GLOSSITIS.

P. Fitzsimmons, a carman, aged forty, on 10th June, 1846, had a severe rigor, followed by painful swelling of the tongue and throat. I did not see him until the 11th, about twenty-four hours after the rigor: the whole tongue was then enormously swollen; it nearly filled the cavity of the mouth, so that it was quite impossible to see the throat; but the tonsils externally felt enlarged, and were painful to the touch; his face very red and swollen, headache, pulse 100, full. On asking him could he swallow, he shook his head, and endeavored to mutter that he could not. His wife stated that when he attempted it, it seemed to give him great pain. Pressure on the tongue with a spoon gave much pain, and the surface of it, as far as I could see, was coated white; but the point and edges, and inferior surface, were deep red, glossy, tense, and shining. His skin was burning hot, and he had passed a very restless night. I explained to him that he must endeavor to swallow a teaspoonful of the bottle I was going to give, regularly every hour; and it was not without much difficulty and pain that he succeeded in doing so.

℞ Tinct. Bellad. 3. gttss. iv.

Aquæ ℥ ii. M.

A teaspoonful to be taken at once, to be followed in an hour after with a teaspoonful of the following, and so on alternately:—

℞ Tinct. Merc. Sol. 5. gttss. v.

Aquæ ℥ ii. M.

Ten o'clock, P. M.—Twelve hours since I saw him: pulse 84, face less red, swallows better, and speaks rather better. To continue the medicines alternately every second hour during the night, should he be awake. Next morning I found the swelling greatly reduced, the tongue was less red and painful, and he could swallow and speak much better, the medicines to be continued alternately every third hour. On the next morning, forty-eight hours since I first saw him, the swelling was almost completely gone, and he could speak and swallow nearly as well as before his illness: pulse 76, natural; appetite good; slept well. He was able to go to his work in a day or two, and expressed himself truly grate-

ful for the very rapid cure of his most distressing complaint.

I had a similar case some months before, treated exactly in the same way, which recovered as rapidly. I also had two cases of the same disease before I knew Homœopathy: in one case, after adopting the usual antiphlogistic treatment, I was obliged to make a deep incision into the tongue, and the patient recovered. This practice is strongly recommended by some French surgeons, particularly De La Malle, in the fifth volume, quarto, of the *Mem. de l'Acad. de Chirurgie*. It also appears that many patients have been saved from suffocation by making deep incisions, notwithstanding the antiphlogistic treatment adopted; and yet, in the two last cases I treated, I was enabled, in a very few hours, by the use of Belladonna and Mercury, to reduce the severe inflammation of the tongue, thus saving my patients the painful operation of cutting into the tongue. The other case, treated Allopathically by me (that is, before I studied Homœopathy,) I sent into a Hospital; finding that the disease spread so rapidly, and the man was becoming insensible, I wished for further advice.

#### PLACENTA PRÆVIA.

TO THE EDITOR OF THE LANCET :

Sir,—I beg to submit to your disposal the following case, which I consider both interesting and important, as it tends in some degree to elucidate the correct treatment of placenta prævia, which has lately been the subject of much controversy among obstetricians. On Monday, Dec. 7th, I was requested to see Mrs. T—, aged twenty-nine, the mother of three children, and who stated that she was at full period of utero-gestation. I found that she complained of slight pains in the back, accom-

panied by rather profuse discharges of blood, which she attributed to some unusual bodily exertion, to which she had been subjected on the previous day. I therefore enjoined rest in the recumbent position, and prescribed small doses of the tincture of opium with diluted sulphuric acid. On the following day, I ascertained that there had been but slight returns of the hæmorrhage and very little pain. She continued in this state for four days subsequently to my first visit, when I was hastily summoned on the accession of the more active pains of parturition. I found her in rather an exhausted state; there was profuse hæmorrhage, the blood trickling from the bedstead, and the bleeding increased considerably during each succeeding pain. A vaginal examination demonstrated a complete presentation of the placenta, with the os uteri dilated to about the size of a crown piece, and thin and yielding. As the powers of life were evidently on the decline from the hæmorrhage which had occurred, it was evident that no further time was to be lost. I accordingly administered half a drachm of finely powdered ergot in some brandy and water, and proceeded to the extraction of the placenta before the child. After removing the placenta from the vagina, the hæmorrhage almost entirely ceased, and parturient pains became energetic, the child was expelled, under head presentation, entirely by the natural efforts. The infant was apparently still-born, but was, after a time, resuscitated by the usual expedients. The patient (six days after delivery) is recovering without any unfavorable symptom, with the exception of debility, the natural consequence of the unusual loss of blood. I have sent you the above case as another example in favor of the "new mode" of treating placenta prævia, for which I hope no apology is necessary from—Sir, your obedient servant.

WILLIAM G. CORY.

Cannon-street-road, Dec., 1846.

## HOMŒOPATHIC HOSPITAL REPORTS.

REPORT OF THE HOSPITALS OF THE SISTERS OF CHARITY AT LINZ AND KREMSIER.

## LINZ HOSPITAL.

From the 1st January till the end of December, 1846.

NAMES OF DISEASES.	Rm'g fr'm 1844.					NAMES OF DISEASES.	Rm'g fr'm 1844.								
	Admitted.	Cured.	Improved.	Uncured.	Died.		Remaining.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.		
Abscess.....	1	4	5	..	..	Brought forward.....	17	310	296	7	2	8	14		
Anasarca.....	2	1	..	..	1	Furunculi.....	1	1	1	..	..	..	..		
Amenorrhœa.....	1	5	5	..	1	Gangrene of throat.....	1	1	1	..	..	..	..		
Apoplexy.....	1	1	1	..	..	Gout.....	2	4	1	1	2	1	2		
Ascites.....	1	2	..	..	2	Headache, nervous.....	1	1	1	..	..	..	..		
Arthritis rheumatic.....	2	8	10	..	..	rheumatic.....	12	11	..	..	..	1	..		
Aortitis.....	1	1	1	..	..	Hysteria.....	1	3	4	..	..	..	..		
chronic.....	1	1	1	..	..	Hernia, incarcerated.....	1	1	..	..	1	..	..		
Bronchitis.....	1	1	1	..	..	Hepatitis.....	1	1	1	..	..	..	..		
chronic.....	1	1	1	..	..	chronic.....	1	1	1	..	..	..	..		
Burns.....	3	3	3	..	..	Hemiplegia.....	1	1	1	..	..	..	..		
Caries of bones.....	1	1	1	..	..	Hæmoptysis.....	4	4	..	..	..	..	..		
Catarrh of the bowels.....	2	2	2	..	..	Heart disease, organic.....	16	..	11	2	1	2	..		
of the lungs, acute.....	11	11	..	..	..	Hemeralopia.....	1	1	1	..	..	..	..		
chronic.....	4	4	..	..	..	Inflammation of the nasal mem- brane.....	2	1	1	..	..	..	..		
emphyse- matic.....	1	3	4	..	..	of gums.....	1	1	1	..	..	..	..		
of the stomach.....	1	3	3	..	..	of knee joint.....	1	1	1	..	..	..	..		
Cancer of the uterus.....	2	..	1	1	1	of vertebra.....	1	1	1	..	..	..	..		
of the stomach.....	1	1	1	..	..	Jaundice.....	7	5	1	1	1	1	..		
Cerebral irritation.....	1	1	1	..	..	Influenza.....	1	1	1	..	..	..	..		
Chlorosis.....	8	7	..	..	1	Lentils.....	1	1	1	..	..	..	..		
Colic.....	1	1	1	..	..	Leucorrhœa.....	1	1	1	..	..	..	1		
gastric.....	5	4	..	..	..	Mammitis.....	1	1	1	..	..	..	..		
menstrual.....	3	3	..	..	..	Melanchohia.....	1	1	1	..	..	..	..		
nervous.....	1	1	..	..	..	Medullary sarcoma of the liver.....	1	1	1	..	..	..	1		
rheumatic.....	9	9	..	..	..	Menorrhagia.....	1	1	1	..	..	..	..		
painters'.....	1	1	..	..	1	Myelitis.....	1	1	1	..	..	..	..		
Concussion of the brain.....	2	2	..	..	..	Old age.....	1	2	..	..	3	..	..		
spinal cord.....	1	1	..	..	..	Ophthalmia rheumatic.....	4	4	..	..	..	..	..		
Contusions.....	12	11	..	..	1	scrofulous.....	1	2	3	..	..	..	..		
Convulsions.....	2	2	..	..	..	Otitis.....	2	1	..	..	..	1	..		
Coxalgia.....	1	1	1	..	..	Œdema, general.....	1	1	1	..	..	1	..		
Congestion of lungs.....	1	1	1	..	..	Pemphigus.....	1	1	1	..	..	..	..		
Cramp of stomach.....	8	8	..	..	..	Peritonitis.....	5	5	..	..	..	..	..		
Cyanose tonsillarlis.....	15	15	..	..	..	traumatic.....	1	1	1	..	..	..	..		
Desquamation of skin.....	1	1	..	..	..	Parotitis.....	3	3	..	..	..	..	..		
Dissolution of the fluids (Auflö- sung der Säfte).....	1	..	..	..	1	Phlebitis.....	1	1	1	..	..	..	..		
Dislocation of the shoulder joint.....	1	1	1	..	..	Pleuritis.....	1	7	7	..	..	..	1		
Diarrhœa.....	14	13	..	..	1	chronic.....	1	1	1	..	..	..	..		
catarrhal.....	1	1	..	..	..	and pneumonia.....	1	1	1	..	..	..	..		
chronic.....	2	2	..	..	..	Pneumonia.....	14	14	..	..	..	..	..		
Dropsy, general.....	1	2	1	..	2	and cystitis.....	1	1	1	..	..	..	..		
Dysentery.....	2	3	5	..	..	Purpura.....	2	2	..	..	..	..	..		
Diabetes.....	1	1	1	..	..	Panaritium.....	1	1	1	..	..	..	..		
Encephalitis.....	1	1	1	..	..	Photophobia, scrofulous.....	2	2	..	..	..	..	..		
Endocarditis.....	2	15	16	..	..	Paralysis of spine.....	4	..	1	2	1	1	..		
Entropium.....	1	1	1	..	..	Pleuritic effusion.....	2	1	..	..	1	1	..		
Empyema, and purulent effu- sion into pericardium.....	1	1	..	..	1	Prolapsus iridis.....	1	1	1	..	..	..	..		
uteri.....	1	1	1	..	..	Rheumatism, acute.....	1	42	42	..	..	..	1		
Erysipelas of foot.....	8	6	..	..	2	chronic.....	5	4	1	..	..	..	..		
of face.....	6	6	..	..	..	of the nerves.....	1	1	1	..	..	..	..		
Fever, catarrhal.....	5	5	..	..	..	Rheumatic palsy.....	1	1	1	..	..	..	..		
inflammatory.....	2	2	..	..	..	Scorbutus.....	1	1	1	..	..	..	1		
gastric.....	2	29	31	..	..	Scrofula.....	1	..	1	..	..	..	..		
intermittent.....	41	40	..	..	1	Splenitis.....	2	2	..	..	..	..	..		
rheumatic.....	1	45	44	..	2	Spasms, hysteric.....	1	1	1	..	..	..	..		
Frozen limbs.....	6	5	..	..	1	Spasmodic cough.....	1	1	1	..	..	..	..		
Carried forward.....	17	310	296	7	2	8	14	Carried forward.....	27	439	436	27	10	19	24

LINZ HOSPITAL—(Continued).

NAMES OF DISEASES.	1844.					NAMES OF DISEASES.	1844.								
	Rm'g from	Admitted.	Cured.	Improved.	Uncured.		Rm'g from	Admitted.	Cured.	Improved.	Uncured.	Remaining.			
Brought forward.....	27	489	436	27	10	19	24	Brought forward.....	27	515	455	29	12	19	27
Strangury.....	2	2	2	2	2	2	2	Tuberculosis of lungs.....	1	1	1	1	1	1	1
Swelling of the cheek.....	6	6	6	6	6	6	6	Tuberculous disease of intes-	1	1	1	1	1	1	1
of the axillary gland	1	1	1	1	1	1	1	tines.....	3	20	11	1	7	4	
inflammatory.....	1	1	1	1	1	1	1	disease of lungs	4	57	48	1	7	5	
of the gums.....	2	1	1	1	1	1	1	(Phthisis.....)	2	15	14	1	1	2	
of the knee joint, gouty	3	2	2	2	2	2	2	Typhus.....	4	57	48	1	7	5	
of the inguinal	1	1	1	1	1	1	1	Ulcers, indolent.....	2	15	14	1	1	2	
glands, syphilitic	1	1	1	1	1	1	1	of stomach, perforating.....	1	1	1	1	1	1	
of the lower jaw, in-	2	2	2	2	2	2	2	scrofulous.....	1	1	1	1	1	1	
flamatory.....	2	2	2	2	2	2	2	Ulcers, syphilitic.....	1	1	1	1	1	1	
Scabies.....	1	1	1	1	1	1	1	Vomiting, chronic.....	1	1	1	1	1	1	
Scarlatina.....	3	3	3	3	3	3	3	with purging.....	2	2	2	2	2	2	
Sprain.....	1	1	1	1	1	1	1	Wounds.....	1	1	1	1	1	1	
Tinea capitis.....	4	2	2	2	2	2	2	Zona.....	1	1	1	1	1	1	
Carried forward.....	27	515	455	29	12	19	27	Total.....	38	616	524	40	17	35	39

The number of patients who attended the Dispensary in 1845 was 3868.  
 DR. REISS, Ordinary Physician.  
 K. PLENINGER, District Surgeon, &c., &c.

THE KREMSIER HOSPITAL.

From the 12th of October, 1845, till the end of April, 1846.

NAMES OF DISEASES.						NAMES OF DISEASES.						
	Admitted.	Cured.	Improved.	Uncured.	Remaining.		Admitted.	Cured.	Improved.	Uncured.	Remaining.	
Abscess, lymphatic, of breast.....	1	1	1	1	1	Brought forward.....	132	108	7	3	5	11
Ascites.....	1	1	1	1	1	Gastric irritation.....	10	10	10	10	10	10
Aneurism of aorta.....	1	1	1	1	1	Herpetic eruption.....	2	1	1	1	1	1
Arthritis.....	2	2	2	2	2	Hæmaturia.....	2	1	1	1	1	1
Anasarca.....	1	1	1	1	1	Hæmoptysis.....	4	2	1	1	1	1
Anomalous menstruation.....	1	1	1	1	1	Hæmorrhage.....	1	1	1	1	1	1
Bronchitis.....	1	1	1	1	1	Hepatitis.....	1	1	1	1	1	1
Cataract, incipient.....	2	2	2	2	2	Hemiplegia.....	1	1	1	1	1	1
Cough, acute.....	3	3	3	3	3	Incontinence of urine.....	1	1	1	1	1	1
chronic.....	10	7	3	3	3	Leucorrhœa.....	1	1	1	1	1	1
hooping.....	1	1	1	1	1	Laryngitis.....	1	1	1	1	1	1
Colic, gastric.....	1	1	1	1	1	Ophthalmia.....	2	2	2	2	2	2
Cramp of stomach.....	6	6	6	6	6	scrofulous.....	5	4	1	1	1	1
Concussion of chest.....	1	1	1	1	1	Ovaritis.....	1	1	1	1	1	1
of brain.....	1	1	1	1	1	Parotitis.....	2	2	2	2	2	2
Cynanche tonsillar.....	12	12	12	12	12	Pneumonia.....	7	6	6	6	6	6
Disease of heart, organic.....	1	1	1	1	1	Pleuritis.....	2	2	2	2	2	2
Dropsy, general.....	3	1	1	1	1	Phthisis.....	1	1	1	1	1	1
Diarrhœa.....	5	5	5	5	5	Ptyalism.....	2	1	1	1	1	1
Dropsy of the ovarium.....	1	1	1	1	1	Rheumatism.....	3	3	3	3	3	3
Erysipelas of face.....	3	3	3	3	3	Swelling of the knee.....	5	1	1	1	1	2
of foot.....	3	3	3	3	3	Spëck upon Cornea.....	1	1	1	1	1	1
Epilepsy.....	1	1	1	1	1	Scrofula, general.....	1	1	1	1	1	1
Fever, typhus.....	10	9	9	9	9	Tetanus, traumatic.....	1	1	1	1	1	1
mild.....	13	12	12	12	12	Ulcer of foot.....	13	11	1	1	1	1
cerebral.....	1	1	1	1	1	hand.....	2	2	2	2	2	2
rheumatic.....	3	2	2	2	2	lips.....	1	1	1	1	1	1
intermittent.....	21	18	18	18	18	back.....	1	1	1	1	1	1
gastric.....	17	15	15	15	15	scrofulous.....	2	2	2	2	2	2
catarrhal.....	4	4	4	4	4	Vomiting, gastric.....	3	3	3	3	3	3
Gout, chronic.....	1	1	1	1	1	Wounds.....	2	2	2	2	2	2
Carried forward.....	132	108	7	3	5	Total.....	219	175	14	6	8	18

DR. SCHWEITZER, Ordinary Physician.

## THREE CURES OF EPILEPSY.

BY DR STORER, OF BATH.

"People are as free to believe in repeal as in mesmerism. It is treated as a dream, which concerns none but the dreamer."—MR. ALBANY FONBLANQUE, *Examiner*, Nov. 29, 1846. p. 764.\*

To the Editor of the *Zoist*:

SIR,—In forwarding the enclosed cases, I must remark that next in importance to surgical operations without pain, of which your journal affords abundant examples, stands perhaps the cure of epilepsy, so truly distressing to patients and their friends. The long continuance of the attacks, the thorough incapability of pursuing regular employment, and the extreme uncertainty of any known medical means in the shape of medicines, are too well known to need comment. I will not pretend that mesmerism is a specific in epileptic cases, but I do say that what it has already accomplished should at least open the eyes of the medical public and procure it a still greater trial. Yours obediently,

HENRY STORER, M. D.

27 Brock street, Bath, }  
December, 1846. }

Case I.—Charlotte Pearson, 23 years of age, residing at 33 Milk street, Bath, was sent to me in March, 1845, by General White, a gentleman who takes great interest in mesmerism. The account I received from her mother was, that she had suffered from fits for the last three or four years,—that they occurred as frequently as five or six times a week, sometimes as often as to this amount in one day, and so violently that she required two or three persons to hold her; and that she had frequently injured herself during the attacks by falling suddenly against the wall, down the stairs, or into the fireplace.

Up to the very time of my seeing her, she had continued to have these fits. The last was a most severe one, and her fall greatly bruised her face and temple. She had been under the care of a great many medical men; amongst others, the late Dr. Barlow, who pronounced her case incurable: and so extreme did I regard it, that I told her friends I could only hope to relieve.

From this period I mesmerized her daily for three weeks, and afterwards three times a week for the same time, together about six

\* Mr. Albany W. Fonblanque surely knows that believers in mesmerism are so "free" that they are vilified in all the English medical journals, and by a host of physicians and surgeons, and newspaper and magazine writers, who, like himself, are totally ignorant of the subject. Surely, too, when cases previously rebellious to art are cured, and torturing operations are rendered painless, some others are concerned as well as the dreaming mesmerists, who effect these blessings.—*Zoist*.

weeks. The results have been as follow. During the first fortnight the fits were as frequent as previously, but *not so severe*. After the first fortnight they gradually *diminished in number, and became much less violent*. This state of improvement continued until the end of the month. Since that period she has had NO RETURN, NOW ABOVE A YEAR AND A HALF. Her general health is much improved, bodily and *intellectually*; for she was becoming fatuitous. The contrast in her daily pursuits is striking and gratifying. Her mother is a charwoman, and was frequently obliged to give up two or three days a week to attend on her. The mother has since become infirm, and the daughter is now able to go out and earn her own living, and to assist towards the support of her mother.

In the treatment of this case, simple sleep only was produced or sought for. She would remain for a long time quite passive, but could easily be aroused. The only marked sensible effect in her case, was the state of sleep or quiescence which followed during the day. She has been seen here by several parties, who have kindly interested themselves in her behalf, and the results in all respects have afforded the most satisfactory evidence of the good accomplished.

II.—Master Chapman, aged 13, was brought to me by his mother, residing at Primrose Hill, Bath, February 5, 1846. She stated that he had suffered from fits (apparently epileptic), more or less, for the last three years; that the attacks had sometimes continued for many months together, and sometimes returned with little intermission during a whole day, though not so frequently at present, but still he generally had three or four attacks daily; and that he had been under the care of several medical men of Bath, amongst others the late Dr. Barlow, *by whom, as well as by the rest, his case had been pronounced hopeless*.

Previously to his being brought to me, he had been seen by Dr. Carter of Bath, who adopted mesmerism in his case for about three weeks; but as that gentleman soon afterwards left the place, the treatment was given up.

Just before my being consulted, I was informed that he had several fits, though not quite so severe. I mesmerized him daily for the first fortnight, then three times a week for about two months, and then only twice a week for a month. He continued to improve rapidly; and has had NO RETURN *whatever of his fits*. During the excessive heat of this summer, he complained of faintness, but this feeling was soon removed by mesmerizing him; and I occasionally mesmerized him during the warm weather.

There were some peculiarities in this



youth's case. At first, when mesmerized, he was quite taciturn; after a short period he became so loquacious that it was with difficulty he could be restrained. He was at times perfectly insensible to pain, so much so, that he had a tooth extracted without sensation, as reported in your last number but one, p. 214; at other times he was so highly sensitive as to be impressible by every external circumstance. He was also at times perfectly clairvoyant. His case was witnessed by a great number of individuals here, and, after the most rigid testing, they have been perfectly satisfied with the reality of the phenomena.

The states of catalepsy and rigidity also varied in this case, sometimes the one, sometimes the other, being extremely well developed.

The most important point in the case, however, is the COMPLETE CESSATION of the fits, and the general improvement, *bodily and intellectually*, which has taken place. So great is this improvement, that he has resumed his school studies, which for three years had been completely interrupted.

III.—As a sequel to these cases, I will now add the outlines of one, which, for the good accomplished, ought to rivet the attention of every conscientious practitioner.

A respectable mechanic, a printer, was seized with epileptic fits about three years since. They continued so long and violently as to compel him to leave his occupation; and himself, his wife, and three children, were obliged to live on three shillings a week received from the Bristol Union. About this period, Mr. Lundie, a lecturer on mesmerism, sought out some extreme cases, and amongst others found that of this poor man, and mesmerized him for about a month. The patient was afterwards occasionally mesmerized by a volunteer, and by myself; and the effects were most striking.

*For the last eighteen months he has had no RETURN whatever of his fits; and, instead of being the recipient of three shillings a week from the Union, he has been enabled to earn for the last eighteen months eighteen shillings a week in an iron factory.*

I should not report this case, as the patient was not my own, but that I can vouch for every particular.

\*.\* How can Mr. Wakley and his coadjutor Dr. Marshall Hall, Sir Benjamin Brodie, Dr. George Burrows, Dr. Chambers, &c., find it in their hearts to read such facts as these and continue to do all in their power to make the world despise mesmerism!—*Zoist*.

## SPEEDY CURES OF VARIOUS LOCAL AFFECTIONS.

BY MISS ELLIOTSON, OF LAUREL LODGE, CHELTENHAM.

[Communicated by Dr. Elliotson.]

"How much more amiable and becoming it would have been, if this lady had unceasingly 'minded her knitting,' instead of bothering her brain about such a subtlety as mesmerism. Enough of her. She (Miss Martineau) has gone to mesmerize Mehemet Ali; but I can easily fancy the old file saying, 'Won't do, Miss Martineau! Egyptian darkness has become enlightenment.' Truly, this is a quacking and miracle-loving age!" Mr. F. S. GARLICK, Medical Practitioner, 5, Cheapside, Halifax; Nov. 10. 1846.—*Halifax Guardian*.

I have received the following cases from Miss Wallace, whose undaunted practice and defence of mesmerism before all the medical and satanical scoffers of her neighborhood, are beyond all praise.

Such cases appear to me of the highest importance. In the first place, they prove that not merely diseases of the nervous system, as is a common case, but inflammatory and other kinds of affections, yield to mesmerism. In the next place, they prove that mankind have a ready help in their own families in numerous accidents and ailments; more ready than lotions and liniments and plasters and leeches usually are, however excellent these may be. Let not medical men say that their well-established methods would have surpassed the easy mesmeric means employed by Miss Wallace.

### CASES.

I will now detail the cases, in Miss Wallace's own words.

#### I. *Inflammation of the Eye.*

July 5th, 1846.

Victoria Harmer, aged 8, suffering from an inflamed eye, blood-shot, and having a sty on the eyelid, was cured by mesmerism in a quarter of an hour. The sty, the redness, and the pain, which the child compared to running a needle into her eye, had all *entirely disappeared, and the eye in every respect looked and felt as well as the other.* The child was stated by her mother seldom to be free from this malady for a fortnight together, and sometimes it continued several weeks without intermission. So many weeks have elapsed without any return of the complaint, her mother hopes the cure is radical.

We, the undersigned, were present and witnessed the above cure.

Elizabeth Harmer,  
Sarah Tomlins.

2, Pitville Parade, Aug. 27th.

II. *Inflammation of the Eye.*

August 1, 1846.

Harriet Gregory was attacked last January with inflammation of the left eye, attended with great pain both in the eye and over the brow. When I first saw her, the eyelids were swollen, the eyeball blood-shot, and the usual routine of leeching, lotions, fomentations, &c., prescribed by Dr. Alerdice and Mr. Hartley, had failed entirely in giving her any relief. Dr. Alerdice recommended salivation, to which the patient refused to submit. Harriet Gregory has been unable to remain in service from this severe affliction. When she came to me on the 1st of August, she was suffering under all the symptoms already described. *Half an hour's mesmerizing relieved the pain*, but effected no change in the appearance of the eye. On going into the air, she suddenly felt as if a great weight was removed from the forehead, and found she could bear the light, and look steadily at any object without pain. She returned to tell me of this decided improvement. The next day, the eye was still red, but the pain had only returned over the eyebrow, and this I removed in a few minutes. I did not see her again for three days, when her eye was quite well, and she told me the redness and inflammation had entirely disappeared in the evening of the day I last mesmerized her.

We, the undersigned, witnessed this cure.  
(Signed) Harriet Gregory,  
Sarah Tomlins,  
Esther Harrington.

August 5th.

The second time I mesmerized Harriet Gregory, I observed a speck on the eye, which I privately pointed out to a gentleman present, but did not name to her, as she had not mentioned it. Mrs. Harmer informs me she had shown this speck to her, and they both saw that it was entirely gone after the third mesmerising.\*

Elizabeth Harmer.

III. *Tooth-ache.*

August 11th, 1846.

Harriet Haynes, cook to Mrs. Brooke, of the Aviary, came to me suffering from excruciating tooth-ache, which had deprived her of all rest. I entirely removed the pain in a few minutes by mesmerism.

A day or two after, the pain returned, from

\* Compare the cures of inflammation of the eye in Vol. II., p. 239; Vol. III., pp. 26, 32, 324. For the power of mesmerism over inflammation in general, see Vol. III., p. 512, and the remarks in it.

exposure to cold, accompanied by swelling in the cheek, which drew the mouth and eyelids on one side. In a few minutes, the pain and swelling were entirely gone, and the mouth and eyelids restored to their usual position.\*

(Signed)

Harriet Haynes,  
A. E. Andrews,  
A. M. Brooke.

August 28th.

IV. *Severe Head-aches.*

August 17th, 1846.

Elizabeth Wakeley, † aged 28, suffered from most violent head-aches, for ten years, and was in great pain in her head when she came to me, and had a festered breast. I mesmerized her, and she went away in twenty minutes perfectly relieved from all suffering, and remains quite well up to the present time.

Catherine Wakeley, her mark, x  
As witness, Mary Ann Williams.

August 28th.

V. *Severe Rheumatic Pains.*

John House, butler to Mrs. Brooke, suffered violent pain in his shoulder, from rheumatism; was unable to use his arm or walk for two days. I mesmerized him: all pain was removed, and the free use of his arm restored, in about twenty minutes. The next evening much rain fell, and the pain returned in his knee; but I again succeeded in removing it, and he is now able to do his work.

John House,  
A. M. Brooke.

The Aviary, Cheltenham, August 27th.

VI. *Tooth-ache.*

August 18th, 1846.

Mary Ann Phillips, suffering from distracting tooth-ache, was quite cured by half an hour's mesmeric sleep.

Mary Ann Phillips.

August 27th.

VII. *Severe Pain from a Fall.*

August 26th, 1846.

Richard Phillips, living at No. 8, St. James's street, aged 60, fell from a ladder and hurt the whole left side, particularly the shoulder,

\* Compare Vol. III., p. 514, for a similar rapid cure, by a personage as high in the church as in literature and philosophy.—J. E.

† Mr. Wakley formerly spelt his name thus, like the rest of his Gloucestershire and Somersetshire relations; but we always adopt his present spelling. We have old lists in which his name is so spelt. Why he dashed out the first s several years ago, we know not.—Zois.

so severely, that he could not be moved without suffering agony.

I found him lying on his back, groaning with pain, attended by Mr. Heally, of the hospital, without any good results.

The slightest touch on shoulder, head, or foot, caused such acute suffering, that I was obliged to give up the idea of having him moved off his back as I wished, in order to apply local mesmerism over the injured parts. I therefore proceeded to make long passes from head to foot, and in about twenty minutes he was able to raise, and freely use, his arms, and shortly after he turned on his side, merely taking hold of his wife's hand. I left him free from pain, and the catching that affected his breathing was also removed.

On returning the next day, he met me at the door, expressed his warmest gratitude for *his cure*, and told me that shortly after I left him, he was able to rise from his bed, and sit up two hours; and came down stairs next morning, feeling no pain beyond tenderness in the shoulder. Two days after, he resumed his work as a gardener.

I remarked in this case, as in almost all others, that though the patient could not suffer the slightest touch from any other person, the pressure from my hand gave relief in place of pain. I first noticed this fact three years ago, in a very bad case of sciatica, which I cured; and almost invariably I find it repeated in cases of tic, tooth-ache, rheumatism, &c., &c.

We, the undersigned, testify to the truth of the above cure.

Richard Phillips,  
Mary Phillips,  
M. Phillips,  
C. Haynes.

### VIII. Inflammation of the Eye.

August 27th, 1846.

James Smith had experienced considerable pain for several days from an inflamed eye, accompanied by a sty on the upper lid. All pain and inflammation was subdued by my twice mesmerizing him. A hard substance still remains, arising, I conclude, from want of perseverance in the use of mesmerism and *mesmerized water*.

James Smith,  
Avandale House.

### IX. Inflammation of the Eye.

August.

Sara Phillipps had bad eyes, greatly inflamed, for three months: was quite cured by seven times mesmerizing.

Sara Phillipps, her mark, +  
Anne Phillipps, her mark, +

### X. Liver Complaint.

Anne Phillipps had, as the doctors said, liver complaint from the age of 7, and is now 12. Suffered great and almost constant pain in her side, which had been much swelled. Had been a dispensary patient for years, and derived no benefit from the remedies prescribed. Never had any pain from the first time she was mesmerized, three weeks ago, and thinks she is now quite cured.

(Signed) Sara and Anne Phillipps.

Both these cases continued well when I left Cheltenham, at the end of October.

### XI. Scalded Arm.

We, the undersigned, certify that Harriet Haynes scalded herself so severely, that she compared the pain she endured to having her arm "from the shoulder to the end of the fingers thrust into the fire." In the presence of Mrs. Thomas, Miss Wallace entirely removed the pain, leaving little remains of the redness and inflammation that followed the accident; and a *complete cure was effected in about three minutes*. In the course of a few days, the skin came entirely off the hand and arm, leaving a new skin in its place.

Under ordinary *medical* treatment, the patient herself, and all who witnessed the accident, feel convinced her sufferings would have been severe and protracted.

Jane Thomas, Pittville Villas,  
Sarah English, 9, Northfield Terrace,  
Mary Ann Williams, } Laurel Lodge,  
Ellen Wallace, }  
John House, }  
Harriet Haynes, } The Aviary.  
Ann Taylor, }  
Laurel Lodge, Oct. 8th, 1846.

### XII. Inflammation of the Eye.

SEPTEMBER 14th, 1846.

Caroline Reeves suffered from violent inflammation of the eye for four years, which terminated in the *total loss* of the sight of one eye about four months ago. She had consulted Dr. Selwyn, Mr. Cook, Mr. Wright, and Mr. Evans, without deriving any benefit; and when she came to me, she feared she was losing the sight of the other eye. Some of the medical gentlemen said the sight could never be restored, as the nerve of the eye was destroyed: the pupil was nearly covered with a speck, that appeared deeply indented.

After the first mesmerizing, the pain was much subdued; and after the third, all redness and inflammation had disappeared, and

both eyes felt stronger. The fourth mesmerizing enabled her to see a little with the blind eye, and in three days more she read a newspaper by candle-light; and her eyes have now remained well for nearly a month, and every day they appear to be gaining strength. Three weeks before Caroline came to me, she applied to Miss Kirkland for an in-door ticket for the hospital, as she was told that the only chance of saving her remaining eye was getting absolute rest for some time; and, she being a friendless orphan, this could only be obtained by admission into an hospital. Miss Kirkland kindly tried, but without success, to obtain the desired admission for her.

Caroline is servant to Mrs. Olive, fishmonger, High Street, who has been very kind in getting medical advice for her, and sending her regularly to me at much inconvenience to herself.

We, the undersigned, certify the above cure to have been effected as reported.

(Signed)

Caroline Reeves, her mark +  
Mary Ann Williams, Laurel Lodge,  
Annie Andrews, 9, Norwood Terrace,  
E. Turty, Manchester Walk,  
Sarah English, 9, Northfield Terrace,  
S Baker, Haynes Cottage, Wynchomb st.  
Ellen Wallace, Laurel Lodge.

Mrs. Olive and her daughter expressed their willingness to attest Caroline's restoration to sight, and I left the case for their signatures, but through some neglect it has been sent to me without, and there is not time now to apply for them.

### XIII. Deafness.

Peter Baker, 4 years old, became deaf from cold. At the request of his father I mesmerized him, and he went into so deep a sleep that he was carried home and put to bed without waking; and the next day his hearing was much better.

At the second mesmerizing he walked about the room without awaking, and was quite insensible to the prick of a pin, pinching, &c., and his hearing was entirely restored.

Signed by the father and mother of the child,

Samuel Baker,  
Ann Baker.

Laurel Lodge, Oct., 1846.

### XIV. Pain from a fall, and Scalded Hand.

Mary Bowyer fell down a flight of stairs in the dark, striking her side and back with great force against a projecting window-frame on the landing. When telling me of

the accident next day, she said the shock she received was tremendous, and the bruises were very black, but she hoped they would not signify.

Two days after she told me she greatly feared she had sustained some internal injury, and that the spine was hurt, for every time she came up stairs or drew a deep breath, she felt pain in her back: adding that her fellow-servant assured her he was certain I could cure her, which I did *completely*, by a few minutes' local mesmerism.

About a fortnight afterwards, Mary scalded her hand very severely, and came to me in great agony, having applied flour and *ink* to her hand, which formed a paste: over this I put some cotton wadding, and after the application of local mesmerism for about ten minutes, to my great surprise she sank into a profound sleep which lasted about two hours, when she awoke perfectly free from pain. Two hours after the pain returned, in consequence of her washing off the ink and flour. I again put her to sleep in a few minutes, and on rousing her in about half an hour, she declared the pain entirely cured; and a very slight redness was all that remained of this serious accident. The next day I sent her in to Dr. Elliotson, who expressed much satisfaction with both the cures. The skin came off her hand very gradually in the course of the following week.

The undersigned witnessed the scald and its cure.

Ellen Wallace,  
Samuel Baker,  
Mary Bowyer, her mark +  
Kensington, Dec. 7, 1846.

At the termination of these narratives by Miss Wallace, I must tell the medical world, that, however they may sneer, no means which they would have employed could have effected speedier, or so speedy, cures. No disagreeable drugs had to be swallowed: no painful or irksome local measures had to be borne.

When in Switzerland lately, I met that excellent man, the Rev. Mr. Pyne. He told me that his driver, a few days before, fell off the box, and hurt his shoulder and arm so severely that he could not hold his whip or move the limb. Mr. Pyne mesmerized the part, and presently the man was astonished to find he could move the arm freely and hold his whip. Subsequently to this, he met a gentleman with an agonizing tooth-ache. Mr. Pyne said he thought he could benefit him, and in a very short time the gentleman found his pain gone by local mesmerism. Was not this as much as the established medical means would have effected? If the

devil lent his hand invisibly to Mr. Pyne and Miss Wallace, I can only say it was very good of him: and I shall begin to like him.

JOHN ELLIOTSON.

### CURE OF FATUITY, INSANITY, &c. &c.

BY DR. ELLIOTSON.

"John Elliotson, M.D., has labored with all his might to ruin his own prospects, and bring his profession into disrepute. *Sorely has he suffered for the part he has played. His position is irretrievably lost. No man now cares what Dr. Elliotson says or does.*" Mr. F. S. GARLICK, Medical Practitioner, 5 Cheapside. Halifax. Nov. 10, 1846.—*Halifax Guardian*.\*

In November, 1842, Mr. Morgan, Surgeon, of Bedford Row, called upon me to request I would see a poor child whom he had been treating for four months without the least benefit, and in whose case no measures of the ordinary routine of medicine now suggested themselves to him as calculated to be of any use. The mother had heard of the wonderful case and cure of Miss Emma Melhuish, of Bedford Street, opposite the Three Cups Yard, in which she lived, the remarkable and most instructive details of whom are given in the fourth number of *The Zoist*: † and had told him that, as her daughter still lay in the most wretched state, not at all improved, and he held out no hopes to her of being able to do any good, she should be thankful if he would go to me and ask me to try to cure the poor child with mesmerism. Mr. Morgan did not fall in a passion at her "ignorance" and "impudence;" he neither "swore" nor "bounced;" neither did he "laugh at her as a fool;" he did not tell her that mesmerism was a "complete humbug," and "wonder she could believe in such nonsense:" he did not tell her that I was a "quack," "a very clever man once, but now a lost man," "mad," and that "nobody now cared what I said;" that "Mr. Wakley had exposed all mesmerists and mesmeric patients, and destroyed mesmerism years ago, for ever;" that I "had been turned out of University College and its Hospital on account of prescribing mesmerism;" that Dr. Forbes had killed mesmerism after Mr. Wakley had killed it, and both would kill it several times yet; that my "*prospects*!‡ were ruined;" that I "was ruined and going to leave England for ever;" that "mesmerism was a most dangerous thing, and persons sometimes could not be awaked again, and that it might cause apoplexy, or,

perhaps, insanity for life;" that "the Okeys are both in lunatic asylums through it;" that "the coma might so overpower the system and produce such a shock, that the system might never rally;" that "if the child was mesmerized, he," though he confessed he could do nothing for it, and was no longer attempting to do anything for it, "would never attend it again;" nor, "should the mother have any more family, that he would not attend her in her confinement, if mesmerism was allowed to enter the house;" all which deliberate falsehoods and threats have come to my knowledge as uttered by modern practitioners of what is absurdly called high standing and of middle standing, royal practitioners, titled practitioners, graduates of English universities, fellows of colleges, hospital physicians, and surgeons, and professors, and teachers, the middle orders taking courage at seeing their superiors act thus; and also by the most miserable distributors of physic. He did not say, as the most fashionable physician of the hour did to a baronet, a patient of mine, who consulted him in my absence, on finding that I attended him, "Oh, that gentleman who has always got some crochet or other: and has now got hold of mesmerism:" and on being then asked if he had ever witnessed a mesmeric case, replied, "No; and nothing shall ever induce me." No; Mr. Morgan immediately called upon me, and made the request, honestly saying, "certain it is that neither myself nor others" (I use the words of a letter subsequently written to me by him) "have produced the least benefit upon a set of symptoms as strange as I ever witnessed, and as difficult, to me at least, to understand or describe."

"In the summer of 1842 (continues his letter) I first saw her, laboring under the following symptoms; constant pain in her head; with difficulty roused to the slightest exertion; bowels obstinately costive; lying for weeks in a semi-comatose state, sometimes crying, again laughing; painfully susceptible to the least noise, at one time almost refusing food, at another ravenous, refusing, however, to eat before any one, but screaming if a basket kept in her bed was not constantly supplied, not with proper food, but cakes of all sorts, jellies, and new bread. Her appearance, pallid in the extreme, and daily wasting away. I tried *in vain*, in their turns, stimulants, cordials, tonics, local bleeding, purging, blistering, constant cold applications to the head. Some other medical men saw her; I don't know their treatment, but when I was again called in, I was at a loss what to do, and sent for you."

On the 4th of November, 1842, at four o'clock in the afternoon, I accordingly went to see the child. Her name was Sarah Wiltshire: and her age eleven years. The ac-

\* I am not aware of having done anything to offend Mr. Garlick, or even heard of his existence before.

† Vol. I., p. 429.

‡ "God bless the mark!" after being in practice thirty years.

count given by her mother was the following. She herself had been attacked in the mews by a drunken man, who abused her in the grossest manner. The child was terrified, seized with a violent tremor, screamed excessively, and continued to do so. At length her hands became clenched, her jaws locked, and she fell into insensibility which lasted three days; her head working about all the time; and not a particle of food or drink being swallowed. Her sensibility then returned, and she ate voraciously, *lying constantly on her back, moaning, rolling her head, and working her hands: and a fit of screaming and rage took place every hour or two, in which she attempted to bite everybody*; the bowels were never relieved without medicine: and she had also a violent cough, like the barking of a dog.

In this state I now beheld the child. *She could not speak, and had not spoken from the first, and the bowels had not acted for nine days, nor had she SLEPT AN HOUR AT A TIME. She was pale and looked thin, sickly, and fatuitous.* She could not even sit up in bed: thus there was extreme general debility, and the greater part of the nervous system was in disorder. She was fatuitous and maniacal; had great excitement of some of the portions of the brain concerned with emotion, and of parts concerned with muscular action.

Finding that aperients, like all other medical means, had failed, and, what was worse, had always aggravated the symptoms, I entertained that no aperients, nor indeed any other drugs, should be given, whatever the length of time the bowels might remain torpid. I have repeatedly seen the cure of St. Vitus's dance thrown back by the use of active purgatives, or by diarrhoea excited by eating improper things while the disease was yielding to iron, with which I have never failed to cure the disease when I superintended its use myself. Feeble, nervous, and dyspeptic persons suffer exceedingly from similar injudicious treatment, as well as by the prevalent use of mercury; many such patients are the better for habitual action but once every second or third day.

I made long and slow passes at a very short distance from her, from opposite the forehead to opposite her stomach, as she lay. At first she continued moving her head about and away from me, moaning, and very cross, and she never fixed her eyes upon me or anything. But in *twenty minutes she was fast asleep*; her head ceased to roll, and the moaning was no longer heard. On my speaking to her she was roused up, but a repetition of the passes for five minutes, sent her back into sleep as sound as ever, and I left her asleep, silent and motionless. It was now twenty minutes to five, and I desired she might be undisturbed

and allowed to wake spontaneously, and she *slept from that time till two o'clock in the morning*—ABOVE NINE HOURS: she who had not slept one hour together for the previous ten weeks!

Was all this sheer imposture? was her disease imposture? and was the deep trance, the stillness of head and hands, and the silence above nine hours, the result of imagination in this poor violent and fatuitous object? was it Manchester fatigue of her eyes? which were never fixed upon me.

As she lived too far off for my convenience, and out of my usual course of visits, Mr. Wood visited her daily, and continued what I had begun.

Nov. 5th. Sent again to sleep, and left sleepy.

She has not screamed from the time she was mesmerized yesterday; and, though she was left sleepy only, slept well all night. She is altogether better.

6th. The head was rolling about as usual, but became quiet almost as soon as mesmerization was begun, and she was soon asleep.

7th. Slept from the time she was mesmerized yesterday, at 6 o'clock P. M., till 4 in the morning—ten hours: when she awoke for a few minutes, and slept again till 6, making twelve hours. She also slept on her side for the first time since her seizure, four months before—the cough, which had been very troublesome, was also greatly reduced. She had recovered her speech, but it was only to use bad and violent language to all about her, in the fits of frenzy which often seized her. She was mesmerized in the afternoon and left asleep.

8th. She slept from the afternoon of yesterday, till 8 o'clock to-day. During the mesmerization to-day, the cough ceased, she turned on her left side, went to sleep, and was left sleeping. Her bowels acted to-day spontaneously.

9th. She slept from 6 o'clock last evening, till 7 this morning—thirteen hours. She has no cough to-day; is stronger, and decidedly better.

Soon mesmerized to sleep, and left sleeping. The daily report was much the same, till

15th. She had slept all night as usual, except that she woke about 4 o'clock in the morning for a few minutes. She was much improved: but, having had no action of the bowels for seven days, a purgative was given, contrary to my express orders, because I felt convinced its action would be injurious, and that the bowels, if left to nature, would at length act spontaneously. The purgative acted violently, exhausted her, brought back the cough, and intensely aggravated every symptom.

The mesmerization influenced her less; so that she slept from 4 o'clock in the afternoon till 9 in the evening only; and not so soundly as before. The fits of screaming returned frequently.

16th. She was sent to sleep, but slept only for an hour after she was left, and has not slept at all since. Her symptoms are much aggravated, and she is much weaker.

I often observe that the effects of causes injurious to health are felt, as in this instance, more afterwards than immediately, or even not at all at first.

17th. Slept for a short time only after she was left asleep: and had no sleep at night.

She is *nearly as bad as before she was mesmerized.*

Mesmerism thus had far less power over her now she was reduced. I have often been unable to produce any appreciable effect upon extremely weak persons, even when their complaints were seated in the nervous system, and they were exceedingly nervous. So far is the fancy of uninformed persons incorrect, that mesmerism is the influence of merely a strong person over one less strong. The irritable condition which often attends extreme weakness probably tends to prevent the mesmeric influence. At any rate, weakness does not favor mesmeric susceptibility.

18th. She slept longer last night, and is much stronger.

19 to Dec. 3d. Slept well at night: still improving.

Dec. 10th. Much better: but still rolls her head.

16th. Stronger: spasmodic cough gone.

Jan. 3d. Pretty well. Is able to walk across the room. Will now be mesmerized every other day only.

20th. No symptom but a degree of debility. Will be mesmerized but twice a week.

Feb. 1. Perfectly well: and walks about as usual. To be mesmerized but once a week. *Her bowels always act regularly.*

20th. Mesmerism to be discontinued.

In the autumn, seven months after her cure, she was terrified again by the same man and suffered a relapse; which, however, was soon removed by mesmerism.

Mr. Morgan wrote to me about Christmas, last year. "You will be pleased to hear she continues quite well; has all her faculties; has assisted in teaching in a Sunday school,\* much to the satisfaction of the lady patronesses. Her mother thinks her quite well, and attributes her return to health to your advice and attention."

Her mother was right: and nothing but the most perverse prejudice or dulness could suggest a doubt upon the point.

Unhappily, after being well nearly three years, she was terrified a third time on the 14th of last June, and suffered another relapse: and the mother herself came to me for assistance. There was some mistake in taking the address of their new abode, and I did not see her for a week. She remained without any improvement all this time, and nothing had been done for her. She was feeble, almost sleepless, fiercely outrageous, after having been sullen for the first three days. The bowels did not act for the first fifteen days, and during that time she lived upon jelly; they had acted spontaneously, however, before my arrival. She could not sit up in bed; had fits of insensibility several times a day; and suffered pain in her head.

I easily sent her, who had been so long nearly sleepless, into a sleep which lasted from four that afternoon till ten the next morning.

I desired the mother to make the passes twice a day just as she saw me do. She followed my directions and regularly produced sleep, which lasted very many hours: and she thus soon cured the child. *Nothing else was done.* The bowels soon became regular; and I saw the girl on Friday last, December 11, stout and in perfect health, in Three Cups Yard.

It will be observed that when she was asleep, we left her. In a former number I stated that if I had my own way—had no special reason for deviating from a general rule—I *would never wake a patient.*\* The longer the sleep, the greater generally the benefit. Still patients in their sleep-waking sometimes tell us that they should sleep only a certain time; and then we ought always, where there is no delirium, to follow their directions. Without such instructions, we may discover that sleep beyond a certain time does not leave them so well. This is, however, very seldom the case. Sometimes they grow uneasy in their sleep, and it is well to wake them, and generally to send them to sleep again. But if none of these things take place, I should never wish to wake a patient; nor do I, except for mere convenience, as when they come to my house and I am obliged to go out at a certain hour, or when their avocations will not allow them to sleep beyond a certain time.

*They are sure to wake spontaneously sooner or later,*—as sure as we are from common sleep when we go to bed. An unfounded fear prevails that persons may never wake again from the mesmeric sleep, because it has appeared in the papers that particular patients could not be awakened. We sometimes cannot wake them just when we wish. But if

\* Satan little thought when he was curing her, that this ungrateful return would be made to him.—J. E.

we wait, we are able after a time; and, if we wait still longer, they are sure to wake of their own accord. There was an account of a lad at Deptford who could not be awakened. In his sleep he said he could not be awakened till the next or following day at a certain hour. Nor could he. But at the hour mentioned, he awoke spontaneously; and is well and thriving at this moment.\*

The longer the sleep, the greater usually is the benefit. *Yet patients are every day cured without sleep or any other sensible effect; so that mesmerism should have an ample trial of many months in every case, although no sleep take place.* I have never yet failed of curing St. Vitus's dance: but never yet sent a patient in that disease to sleep. On the other hand, sleep-waking may be readily induced, and endless exquisite phenomena present themselves, and yet no improvement take place. I mesmerized three cases of epilepsy for three years daily, and produced nearly all phenomena short of clairvoyance and sympathy of sensation, and did not cure one of the three.

Generally the more experiments are made with traction, rigidity, &c.; though not always with mesmerized water or metals, and the more cheerful a conversation is carried on, the better.

Generally the deeper the sleep can be made, by breathing, continued passes, laying the fingers over the eyeballs, or the hand upon the head, &c., &c., the greater the good. Not, however, always. I have seen a few patients, who, after they have been mesmerized some weeks or months, suffered if the sleep was made so deep that they could not converse. Some suffer at last if they are mesmerized often: so that those who were at first improved by mesmerism twice a day are the better for having it only once a day; then for having it every other day, and so on. † When no sleep was even induced, but passes made for half an hour with no great sensible effect, I have known them at length produce discomfort if continued as long as at first, and I have been obliged to reduce the time, till at length I made them for only a minute or two, and less and less frequently in the week. A very deep sleep produced by metals or water, or in any other manner, may at length completely overpower the system and greatly exhaust its strength.

It will be observed that this little girl was left asleep. When this can be done, it is a happy circumstance, and we ought always to attempt it the first time. But when it is found that the patient cannot be left by the mesmerizer without distress, we must remain. In some instances this will wear off, especially if others in the mesmeric state are present;

for persons generally become agreeable to each other in the mesmeric state. We ought carefully to ascertain, not only that the patient may be left by us, but that he can allow the presence or proximity of another. If he cannot, and we leave him in charge of some one, great mischief may be occasioned.

JOHN ELLIOTSON.

## FEVER A DISEASE OF THE SPLEEN. (?)

TO THE EDITOR OF THE LANCET.

MORE busied in the "sport of musing" than in the "labor of thought," a sentence in a past number of a contemporary suggests to me the following reflections.

Dr. Williams, of University College Hospital, lecturing on the subject of intermittent fever, in noticing the "poor, impoverished state of the blood," which attends the disease, adds: "It has been a matter of doubt (question?) among physiologists, as well as pathologists, how it is that disease of the spleen so peculiarly produces this anæmia" (*Gaz.*, Oct. 24, 1845). In elucidation of this point, I may observe, that it has been long a matter of conviction with me that the spleen is the laboratory of the hæmatoesine of the blood. Harvey, indeed, disclosed how the blood is distributed; but philosophers appear very generally to have forgotten to ask themselves whence it is got?—where it is made? The heart pumps, the vessels convey, the lungs aerate, the liver and kidneys depurate, and chyle-milk renovates, the blood; but, *de novo*, where is it generated?—whence is it originally derived?—where is it that the chylous supplies are converted into red globules? Most certainly, to my apprehension, in the passage through the spleen.

There are those with whom it has been a favorite theory that fevers are disease of the blood. I believe that fevers are diseases of the spleen. Of this I think there exists adequate evidence. Of course I do not allude to symptomatic or nervous "fevers." A lesion of the function of the spleen vitiates its products—i. e., vitiates the manufacture of hæmatoesine. I have even an idea that the rigors of ague have some relation to a crisis of puruloid secretion in the splenic apparatus—a vitiation of the splenic process of the formation of the red principle. It would not appear difficult to account in this way for the translation of puruloid deposits. I have an idea that the production of animal heat takes place whenever and wherever arterial blood becomes venous—viz. in the capillary transit; and that the splenic product, the hæmatoesine of the blood, plays as

\* *Zoist*, Vol. 1., p. 472.

† *Zoist*, Vol. 1., p. 426.



important part in the process. If the functions of the spleen, then, be those not only of the generation of new globules, but also of the renovation or regeneration of the old, exhausted, or deteriorated red particles—alike the renovation of the old, and the production of the new material of the elementary constituent of the blood, the hæmotosine, hæmatin, or cruorin,—it is easy to perceive in what way “disease of the spleen so peculiarly produces anæmia.” By the objectionable term “anæmia,” an absence of the red particles, the radical constituent of blood, is properly indicated. In the history of fevers, after a review of the facts which connect fevers with the spleen and the blood, it will not be difficult to come to the conclusion that fevers are diseases of the spleen, in reference to the functions of that organ as the laboratory of the elementary constituent of the blood, the hæmotosine.

I have the honor to be, Sir,  
Your obedient servant,  
B. HAYGARTH.

Hamilton, Nov., 1846.

## ELECTRICITY

Considered as to its distribution throughout our globe, with a theory respecting temperament, and the peculiar influence of climate upon our mental faculties.

BY J. W. LAKE, ESQ., HOLBEACH.

In a recent communication, I offered some fair ground for the assumption that electricity was identical with the vital or nervous agent. Assuming this identity, then, it will be expected that the human body should exhibit the customary electrical phenomena. I have, however, observed, that man is not an isolated being, but that he is intimately, though mysteriously, connected with surrounding objects, and therefore, before we consider electricity in its relation to him, it should first be considered in its relation to the globe on which he treads. And here the question arises—What is electricity? Who can define the subtle agent? We are acquainted with its effects, but we are ignorant of the manner in which those effects are produced. We can reduce it to certain laws, but we cannot penetrate into the manner in which those laws are controlled. We view it as the great cause productive of every movement and operation of Nature, but we are wholly unable to trace the mysterious tie which connects it with the fiat of the Great Ruler of all. As a power, its existence has been known from the earliest ages; it is the fifth element of the Hindoos, by whose sacred Vedas it is thus described:—“There is a strong propensity which dances through every atom, and attracts the minutest par-

ticle to some particular object. Search this universe, from its base to its summit, from fire to air, from water to earth, from all below the moon, to all above the celestial spheres, and thou wilt not find a corpuscle destitute of that natural attractability.”\* As the vital or generative principle of Nature, this power was worshipped as a God in the earliest ages of mankind, the Greeks deriving their *Θεός* from the word *θεαομαι*—I contemplate an unknown cause.† In the mythology of the Romans it was deified under the title of Jupiter Tonans. The two hands of Nature, whereby she chiefly worketh, heat and cold, of Lord Verulam; the plastic Nature of Cudworth; the spirit of Nature of Dr. Henry Moore; and the ether of Sir Isaac Newton, are all conceptions of that principle which modern science recognises by the term Electricity.

One of the most prevalent errors regarding this principle is that which would argue from a difference of effect a distinctness of agent, and call upon us to acknowledge the existence of two electricities, positive and negative. But if the different effects of positive and negative electricity be adduced as an argument of their being distinct agents, I answer, that this carries with it no proof of the fact; for be it recollected, that a certain degree of heat (32° Fahr.) turns fluid water into solid ice, while another degree of heat (212° Fahr.) converts this same water into ethereal steam, and yet, who would venture to assert that ice-heat and steam-heat were distinct agents, or that heat and cold were not comparative states of the same principle?

Now, I conceive that electricity, like heat, has an infinite range of intensity, and as heat and cold are but comparative terms, so positive and negative electricity are but comparative states: for instance, a body positively electrified as regards the earth, is negatively electrified as regards another substance, on which a greater quantity of this agent has been induced; so water at 80° will be warm compared with ice, and cold in comparison with boiling water. Again, I conceive that the range of electrical intensity within the limits of our experiments is very trifling in this respect, being again analogous to heat, and that, therefore, a negatively electrified body is merely a body containing a less amount of electricity than the surrounding medium, or the substance with which it is compared; and I consider that it would be as impossible to deprive a body of the whole amount of its electricity, as it would be to deprive a substance of the whole amount of its caloric. Frozen mercury still contains a large amount of the

\* Quoted and translated from the Hindoo poem of Shirin and Ferhad, by Sir William Jones.—See Asiatic Researches.

† Mirabaud.

agent called heat; so a body in the greatest negatively electrical state which it was in our power to induce, would still contain a large amount of electricity.

One of the principal characteristics of this agent is the tendency which it has to assume a polarized position; it is in this condition we find it in the magnetic needle, the atmosphere, the terrestrial globe; and when we come to consider it as a pathological agent, we shall find that this is the condition it assumes in man.

If we place a bar of iron in the northern hemisphere, it is found that positive electricity takes the upper surface, and negative electricity the lower, and *vice versa* in the southern hemisphere, where negative electricity takes the upper portion, and positive electricity the lower.\* Kite-experiments, too, in the northern hemisphere, have all tended to prove that every elevation in the atmosphere is positive to all strata beneath it, and negative to all strata above it: and I have no doubt but that these experiments would, in the southern hemisphere, give the reverse results, and it is to be regretted that they are as yet wanting. However, this deficiency is in some measure remedied by the results obtained from observations on the dipping-needle. This instrument is merely the magnetic needle suspended so as to have free motion in a vertical instead of a horizontal plane; in the northern hemisphere, the attraction of the earth draws the positive electric, or north pole of the needle, in a downward direction, with an intensity varying with the latitude: for instance, at a certain point in the tropical regions, the needle assumes a horizontal position; and could it be carried around the globe in a line where this horizontal position would be maintained, the line thus drawn would be the magnetic equator.† As we approach the pole in the northern hemisphere, the positive extremity of the needle is attracted downwards, and at the pole itself assumes a perpendicular position (‡); † in intermediate places, this dip or declination varies with the latitude. In the southern hemisphere, the same phenomenon is observed, with this exception, that here it is the opposite extremity, or negative pole of the needle, that is attracted.

These observations afford us an insight into the manner in which electricity is distributed throughout our globe—namely, that it is found

collected within the tropics, from which it is polarized in a horizontal direction; there is also a vertical polarization of the terrestrial electricity, the vertical direction being from the surface of the earth upwards, while the horizontal direction extends from the equator to the poles. With these preliminaries, then, we will proceed to consider this agent, more especially in reference to the physiology and diseases of man. Regarding electricity as the vital agent, I propose to call that state of body characterized by energy of the vital power, as fever; the electric, in contradistinction to that state in which this power is torpid, as collapse, to which I apply the term magnetic. The temperament, then, may be divided into four classes—viz., the electric, the electro-magnetic, the magneto-electric, and the magnetic. The electric temperament is that in which electric action is in excess, and is characterized by a dark complexion; hair dark, and in large growth; warmth and energy of the various passions; and muscular and constitutional strength. The electro-magnetic temperament is that in which electricity slightly preponderates, and is known by the same characteristics less evidently marked. The magneto-electric temperament is an approximation to the magnetic, which latter is characterized by a fair and delicate complexion, timidity, and reserve, want of energy, and a degree of distance or coldness. The magnetic state is strikingly marked in the latter stages of phthisis, a disease to which this temperament is especially subject.

The temperament of climate, too, is especially deserving of attention. Contrast the warmth and energy of the inhabitants of the southerly portion of our hemisphere, where electricity is more abundantly diffused, with the coldness and reserve which characterize the inhabitants of more northerly latitudes. Certainly it is evident that a deficiency of electricity seems, in cold climates, attended with a deficiency of the fire and vigor which characterize the human passions. All the sciences of the passions, such as music, painting, &c., claim a southerly zone as their birth-place, whilst the calm and calculating coolness of philosophy finds a more genial home in the less exciting latitudes of our own country. The civilization of the southern portions of Europe brought sculpture, painting, and poetry, to perfection, yet produced few mechanicians. In more modern times, these latitudes have been the cradle and nursery of music, while the genius of the mechanic and the logic of the metaphysician shine more conspicuously in the temperate regions of the north. These facts, I conceive, admit of the following explanation:—Electricity, or magnetism, in excess, acts alike as a sedative (as frozen mercury produces

\* Cunningham's Essays on Electricity and Magnetism.

† For the form of the magnetic equator, as determined by Morle and Haustein, see Noad's Lectures on Electricity.

‡ We must here suggest that positive experiment is wholly wanting. The nearest approach of man to the north pole was made in 1837, by Parry, who did not attain further than lat. 82° 45'; and to the south pole, we believe by Weddell, in 1823, who reached only to lat. 74° 15' S.—Ed. L.

the same effects on the living tissues as red-hot iron);—witness apoplexy, or the stupor of drunkenness, as an example of the one, and the soporific influence of extreme cold, as an instance of the other; but in moderate quantities, both these agents (or, rather, both these states of the same agent) act as a stimulus. Witness the exhilarating influence of alcoholic liquors, and the bracing effects of a frost. Now I conceive that the functions of our bodies, both mental and corporeal, are dependent on the electricity contained in the brain and spinal marrow, and this electricity is affected by climate in two ways—viz. as to its quantity and as to its polarity—the first occasioned by the horizontal polarization of the terrestrial electricity; the second by its vertical polarization. The horizontal polarization is by far the most important, and it is owing to this that electricity is in excess in the torrid, and so deficient in the frigid zones; and, as a consequence of this excess and deficiency, the inhabitants of these zones stand very low in the scale of civilization; a literary negro or Esquimaux would, indeed, be looked upon as a phenomenon. Approaching from the torrid zone towards the pole, we arrive at a latitude\* in which a vertical polarity becomes evident, and here we find a degree of activity in the intellectual and physical faculties. The vertical polarity, however, being slight, the intellectual is almost on a par with the physical, and this tends to develop the passions rather than the judgment. Approaching further north, we find this activity increased, and the greater vertical polarity of these latitudes occasions a determination of electricity to the upper or intellectual portions of the brain; hence the rapid progress of civilization in these zones when once the intellect was cultivated, and mankind taught to rely rather on their mental than their physical powers. It is in these regions (and our own country is happily situated in this zone) that the intellectual man makes his nearest approach towards perfection; for the quantity of electricity, as regulated by the “horizontal polarization” is that best adapted for the exercise of the animal functions, whilst the “vertical polarization,” by causing the cerebrum to be more active than the cerebellum and spinal marrow, renders the passions less energetic, and the intellect more acute. A striking proof in corroboration of these remarks may be found in the fact, that all our finest works of art are executed by southern artists, whilst the inhabitants of southern climes are compelled to have recourse to the superior skill and talent of the northern engineer. In the frigid zone, the

\* Italy, Greece, the South of France, and Turkey, may be included in this zone.

great deficiency of electricity renders the corporeal frame short and stunted, and the passions dull and obtuse, and merges the intellect into a show of reason little better than instinct.

These peculiarities of climate are evinced in the variableness of our own country. We well know that when suffering from intense cold or oppressive heat, our intellect seems to have deserted us: in the one case we express our ideas as having frozen, in the other as being melted. I question whether an advocate could do justice to a cause if compelled to plead it in an atmosphere of either 20° below zero, or 100° above it. These effects would be temporary, but they serve to illustrate the effects of climate upon the mental faculties.

A question now arises as to whether climate will produce its characteristic effect upon strangers—that is, whether on removal to another latitude the electricity present in the brain and spinal marrow will assume the same polarity as exists at that latitude. This I think may be answered in the affirmative, though an extent of time may be required for the purpose. The removal of a Newton to the warmer regions of the south would in all probability have deprived the world of his incomparable “Principia,” while the depth of passion exhibited in the poetry of Byron may be traced to the very cause which would have ruined a Newton. Mr. Dalton, in his recent remarks on elephantiasis (a disease decidedly peculiar to climate) corroborates this opinion: he says—“Individuals coming to live in a country where this disease is prevalent, do not become attacked with it at an early period of their residence; it seems to require a certain amount of *seasoning* to render the constitution liable to its influence.” Causes which affect the body affect the mind also, the one being intimately connected with the other. The fact, then, of climate exerting its influence upon our physical condition is a convincing proof of its affecting the mental faculties also. The peculiar influence of climate upon the physical condition of man must form the subject of a future communication.

In the present instance I have labored, and I hope not in vain, to prove my previous assertion of the connexion existing between man and the globe on which he treads, my object being to induce medical men, by investigating disease in its relation to the vital or nervous agent,

“Not merely to discern  
Things in their causes, but to trace the ways  
Of highest agents.”

The path before us may be unfrequented, but it is not altogether untrodden. The suggestions here offered are but an extension of ideas that fitted in the speculative imagina-

tions of our forefathers; and though each succeeding adventurer may progress a few steps in advance of his predecessors, still this is too trifling to be considered in comparison with the vast field which yet lies unexplored before us. As yet we are but groping at the foundation; let those, then, who seek honor and distinction in natural science, gain it by erecting the superstructure; let them unfold to us the mysteries of that

“Electric chain wherewith we are darkly bound,” and by practical demonstration realize Pope’s sublime idea, that

“All are but parts of one stupendous whole,  
Whose body Nature is, and God the soul.”

Holbeach, Nov., 1846.

### ON THE ELECTRICITY EVOLVED IN RESPIRATION.

BY — BOW, M. D., PORTOBELLO, NEAR EDINBURGH.

In attempts to explain the changes effected during respiration, physiologists take no account of the electricity of the air, notwithstanding it is as much a principle of the atmosphere as either nitrogen or oxygen; indeed, it has been surmised, and that on no slight grounds, that to electricity does oxygen owe its gaseous state. This notion was promulgated in an inaugural dissertation, entitled “De Effectibus Electricitatis Quibusdam, 1820. By Dr. Moran, formerly of the Staff Corps.” I remember perusing this thesis at the time with great interest; but had lost sight of it, until it recurred to me whilst reading the article on electricity, in *THE LANCET*, by Mr. Lake.

Dr. Moran quotes the experiments of others to prove that the oxygen of the air is combined with electricity, and that it affords electricity when its capacity for it is diminished, as in condensation or combination; and therefore, when the combination which is effected in the lungs takes place, electricity must be liberated. The result of experiments instituted by himself proves that recent venous blood, subjected to negative electricity, becomes red, whilst arterial blood, so treated by positive electricity, becomes black; that venous blood, subjected to galvanism, becomes, at the positive pole, blacker and thicker, but at the negative pole, redder, thinner, and spumous.

Seeing, then, that electricity must be liberated in the lungs, and that it does redden venous blood, and that as nearly all the oxygen which disappears is expired in combination with carbon, Dr. Moran concludes that the change of color is owing to the entrance of

electricity into the blood, and the removal from it of carbon. The electricity is carried along with the blood to all parts of the body, and is attracted by the nervous matter within the cranium, and by the ganglionic system, and there becomes nervous power. By entering the muscular fibre, it endows it with irritability; and from the union of the nervous power of the nerves of the capillaries with the electricity of the blood passing through these vessels, animal heat is produced.

The above is a short exposition of Dr. Moran’s views; and I think it very difficult to disprove that oxygen owes its gaseous form to its junction with electricity, and that, until it can be disproved, electricity should be considered a principle of the atmosphere, and the part it plays during respiration inquired into.

Volta and Read observed, that in expired air the quantity of electricity was constantly diminished compared with that inspired. But listen to Sir Humphrey Davy:—Oxygen, in its elastic state, has properties which are very characteristic; it gives out light by compression, which is not certainly known to be the case with any other elastic fluid, except those with which oxygen has entered without undergoing combustion; and from the fire it produces in certain processes, and from the manner in which it is separated by positive electricity, in the gaseous state, from its combinations, it is not easy to avoid the supposition that it contains, besides its ponderable elements, some very subtle matter, which is capable of assuming the form of heat and light. My idea is, that the common air inspired enters into the venous blood entire, in a state of dissolution, carrying with it its subtle or ethereal part, which, in ordinary cases of chemical change, is given off; that it expels from the blood carbonic acid gas and azote; and that, in the course of the circulation, its ethereal part and its ponderable part undergo changes which belong to laws that cannot be considered as chemical,—the ethereal part, probably, producing animal heat and other effects, and the ponderable part contributing to form carbonic acid and other products. The arterial blood is necessary to all the functions of life, and it is no less connected with the irritability of the muscles, and the sensibility of the nerves, than with the performance of all the secretions. I have not marked the above passages as a quotation from “*Consolations in Travel*”; or, the *Last Days of a Philosopher*,” because I find it on a slip of paper written some years ago, and not so marked. I have not now the volume at command; but I believe it is a quotation, and underneath I have written—Sir Humphrey is particularly cautious; he would not have us to believe that he thought this subtle matter to be electricity, and nothing, he says, can

be more remote from his opinion than to conjecture the cause of vitality.

The modern doctrine imputes the change of color to the absorption of oxygen gas by, and the removal of carbonic acid from, the blood. "The blood, whilst circulating through the capillaries of the lungs, is divided into an innumerable multitude of minute streamlets, each so small as to admit but a single layer of its corpuscles; and in these, therefore, the surface which is placed in contact with the air is so enormously extended as to be almost beyond calculation. Hence, then, we can at once understand how a change may be instantaneously effected in it, which would occupy several hours, when the blood is less advantageously exposed to the influence of oxygen." (Carpenter.) This view would appear much clearer, could we believe that the fresh air at each inspiration reached the cells. The quantity of vitiated air remaining in the lungs after expiration is not less than a hundred cubic inches, and this must occupy the cells; the change of color after each inspiration is instantaneous, which must baffle all attempts at explanation by the laws of diffusion of gases. No such objection can be raised to the electric doctrine; for the separation of the electricity from the oxygen may take place in the bronchial tubes, the electricity passing readily through the moist air of the cells into the blood, which, from the iron it contains, is admirably fitted to attract it. The particles of blood, having become similarly electrified, repel each other, giving rise to a stream which necessarily flows towards the left auricle. Nor does this doctrine interfere with that of the absorption of oxygen. It is now known that the oxygen consumed exceeds that necessary for the production of carbonic acid, so that a part may be absorbed by the lungs.

I agree with Dr. Moran that the electricity which enters the blood in the lungs becomes nervous power, but I would confine the operation of that power to effecting the functions of animal life. I agree, also, with Mr. Lake, that electricity is elicited in the body by chemical decompositions and combinations; but not that that so elicited is carried to the brain, and thence dispensed. I take it, that the electricity from decomposition is of the nature of galvanism or magnetism, and passes to the ganglionic system of nerves, there to effect the functions of organized life.

Some years ago, in a communication to THE LANCET, I supposed that the sympathetic system of nerves was composed of two divisions, the one furnishing contractility to all the muscles of the body, the other effecting the chemical changes in growth and repair. Thus the muscle derives its contractility from organic nerves, but the nerve conveying the

stimulus to contraction comes from a different source. Now, let us see how this nerve enters and traverses the muscle:—"The trunk of a nerve and its first branches penetrate between the muscular fasciculi in a tortuous course, the exact direction of which appears indifferent. But the minute filaments on which each branch ends are found invariably to traverse the muscular fibres at a right angle, and at short distances from each other, and then either to return to the same nerve, or to join a neighboring branch. Thus, a nerve terminates in muscles by innumerable delicate loops; or the nervous filaments distributed transversely through muscular substance communicate equally at either end with the brain or spinal cord. The branches of the portio dura are found to unite by slender twigs with those of the three divisions of the fifth nerve upon the face; and in the tongue the union is equally distinct of twigs of the ninth nerve with twigs of the gustatory. It is remarkable that in many of these familiar instances the junction that takes place is between sentient nerves and nerves of motion."

In this nerve, which enters and traverses the muscle in a direction perpendicular to that of the fibre, and which communicates equally at either end with the brain or spinal cord, I see nothing more nor less than a conducting wire inducing contraction of the muscle, which, in its turn, may be compared to the magnet of an electro-magnetic machine. By the innumerable filaments by which the nerve traverses the muscle, the inducing force is multiplied in the same manner as we multiply the electrical intensity by making our conductors into the form of helices.

In the above quotation from Mayo, it is said to be remarkable, that in many of these familiar instances, the junction that takes place is between sentient nerves and nerves of motion; but I think it would be remarkable were such not the case, for by such junction we become conscious of the state of the muscle.

Portobello, N. B., Dec., 1846.

#### PAINLESS REMOVAL OF A TUMOR WEIGHING 112 POUNDS.

By the kindness of Dr. Ashburner I am enabled to give the following extract from the *Bombay Bi-Monthly Times*, of Oct. 15—Nov. 1.

"The Committee appointed by Government to report on the value of mesmerism in surgical operations, have handed up their opinion to the authorities. The committee had met fourteen times, each sitting being of two hours

duration. Appended to their report were minutes of all proceedings, and details of the different cases which had been kept. It is to be hoped their inquiries have tended to prove the value of the science, and that they will induce Government to introduce its practice into general use. Of the value of mesmerism in surgical operations, Dr. Esdaile has supplied abundant evidence. The *Calcutta Star*, of the 15th of Oct., published an account of the removal of a tumor the day previous from a man's body which weighed *seven stone*, which occupied six and a half minutes in the performance; the patient *moved neither muscle nor limb during the time it was being removed, and did not awake till roused with a view of being given some wine and water!* There could be no mistake in the matter: the operation was performed in the presence of Mr. Halliday, Mr. Beadon, Mr. Young, Mr. Hume, Dr. McPherson, Dr. Jackson, Dr. Stewart, Dr. Burt, Dr. R. Stuart, Dr. Taylor, and Dr. Huffnagle.

"We subjoin the report of the operation entire from the *Eastern Star* of the 17th ult. It puts the question of the advantages of mesmerism beyond a doubt:

"*Report of Dr. Esdaile's last Mesmeric Operation at the Native Hospital.*—*Calcutta, 16th of October, 1846.* Hurromundoo Laha, aged 27, hearing that I was in Calcutta, came to the Native Hospital to-day with an enormous scrotal tumor. It measures *seven feet* in circumference, and two feet round its neck. The disease began seven years ago with hydrocele, and its progress has been very rapid during the last three years. He has monthly attacks of fever, when the tumor swells, and discharges water. Although the tumor is actually *as large as his whole body* (he appears to be about eight stone weight), his person is in tolerable condition, and his constitution does not seem much broken. 10th. He was mesmerized to-day for the first time for two hours. He slept profoundly, and was partially cataleptic. 11th. No mesmeric effects to-day, on account of his system being deranged by fever. 12th. The mesmeric phenomena are less striking than on the first day. He is still feverish. 13th. This day being excessively rainy, I did not go to hospital, thinking the gentlemen interested in the progress of the case would not venture to the hospital in such bad weather. At 2 o'clock, p. m., I received a note from an amateur who had gone to watch the progress, informing me that the patient

had that day exhibited the most perfect *cataplexy*, and might have been made into "*minced meat*" without knowing it. 14th. The same appearances being present as yesterday, proceeded to operate on him. The tumor had daily been tied up in a sheet, to which was attached a rope through a pulley in a rafter. The first part of the operation was performed without disturbing him, as he lay; the mattress was then hauled down till his pelvis rested on the end of the bed; his legs were held asunder, and the pulley put in motion to develop the neck of the mass. It was transfixed with a long two-edged knife, and removed by circular incisions, right and left. The flow of venous blood was appalling, but soon moderated under general pressure of the operator's hand. The arterial bleeding was not formidable, and was not a source of danger. The mass, half an hour after its removal, weighed 103 lbs., and with the blood and fluid contained in it, must have been *upwards of eight stone weight*. During the whole operation, *I was not sensible of a quiver of the flesh or the slightest movement of his limbs or body*. Dr. Duncan Stewart held his pulse all the time, and had the best opportunities of observation; he has kindly furnished me with the following notes.—  
JAS. ESDAILE, M.D.

"The time occupied in the operation was *six minutes*, including the application of ligatures to the spermatic arteries, and three or four other vessels that spouted. The arterial hemorrhage was very small indeed, but the welling of blood at the movement of each transverse incision was appalling. The loss could not have been less than 10 or 12 lbs. The patient remained *throughout most perfectly still and motionless*. I held his pulse the whole time, and counted it carefully. Immediately on the removal of the tumor it sank to zero; his face became pale and cold, sweat bedewed his forehead, and it was not till his head was lowered by the withdrawal of one or two pillows that he recovered from the collapse caused by so sudden and great a withdrawal of vital stimulus from the heart and brain. The pulse gradually returned, and was found, when first counted, to be 120, very small, compressible, and intermitting, but there was *not the slightest evidence of consciousness or pain*. It was now deemed necessary by Dr. Taylor and myself to pour some wine and hartshorn down his throat; but as he could not swallow in this

state, it was allowed us to dash cold water in his face, blow in his eyes, and fan him, by which means he awoke from his trance, recovered sufficient sensibility to drink some brandy and water, and *presently subsided into perfect repose*; the pulse however remaining very weak, and settling at 100. No active hemorrhage ensued with this reaction, but two or three more small arteries were tied, cold cloths were applied to the raw surface, and the patient was then carefully removed to a clean bed. In the course of the afternoon, as I was informed, some symptoms of collapse occurred, such as vomiting and restlessness, and some seven or eight more vessels were successively secured by the assistants, who remained in watchful charge of him. He passed a good night; the wound was stitched and strapped the following day, and on visiting him this morning I found him looking composed and sleeping soundly: the parts looking well, and with every promise of a most successful cure.—D. STEWART, M.D., *Presidency Surgeon, Calcutta, Oct. 16th, 1846.*”

On reading this, I wrote to Dr. Esdaile's excellent brother, the Rev. David Esdaile, in Scotland, requesting the latest professional news he had received from the doctor. The following is the reply:—

“Manse of Rescobie, Forfar,  
18th Dec., 1846.

“Dear Sir,—In compliance with your request, I have much pleasure in communicating the latest intelligence regarding my brother and his mesmeric doings. I have a letter from him, dated Calcutta, 18th October, in which he tells me that he *has come successfully through the ordeal of the Mesmeric Committee*, appointed by the Government of Bengal. *Two members of the seven composing this Committee were selected on account of their notorious opposition to mesmerism*; ‘yet,’ observes my brother, ‘they have signed a report to Government, *confessing to have witnessed seven painless operations in a fortnight*. I have not seen the report, but it is favorable, with some attempts at damaging with faint praise, and doubts of its general applicability; mere grimaces and helpless kickings against the pricks of the doctor-craft, which will be duly disposed of when the report is printed. I am now waiting for orders from Government. The Governor of Bengal tells me that he wishes me to prosecute the matter into all its practical details, and I have asked for an experi-

mental hospital for this purpose, but have no idea how it will end.

“‘Having finished with the Committee, I gave a public entertainment, three days ago, to some of the leading officials here, when I abstracted a scrotal tumor, EIGHT STONE WEIGHT (THE WEIGHT OF THE MAN'S WHOLE BODY), *without its owner knowing anything about it*, and he is doing very well. Pray tell Dr. Elliotson that the tumor has been voted to him by acclamation, and is in rum, waiting his acceptance. It was proposed to send it to Dr. Forbes, but, on the principle of “*detur digniori*,” Dr. Elliotson was preferred. I am glad that *he has lived to defile the graves of his enemies*.’

“In the conclusion of the letter my brother complains bitterly of a sentence of ‘cruel nonsense,’ published in his book. As the only remedy, I beg you will be so kind as publish what he says in *The Zoist*. ‘What I wrote was—“And may it not be the nervous energy passing off by the organs of sense, the lungs, and periphery of the body, retaining its vital properties, and remaining under the direction of the will for a time, even beyond the surface of the body?” There is meaning, if not truth, in this: as it stands, it is mere verbiage. Could it not be corrected? I become every day better satisfied with my theory, and am vexed to see it so mauled.’

“Trusting to hear of your gracious acceptance of the rare gift presented as a homage to your talents and noble exertions in the cause of science and humanity,

“I am, dear Sir,

“Yours sincerely,

“DAVID ESDAILE.

“John Elliotson, Esq., M.D.”

As soon as the mass arrives, I shall have great pleasure in showing it to any gentleman who may call at my house in Conduit Street.

#### REMOVAL OF A TUMOR FROM THE NECK.

M. DURAND, Professor of Philosophy in the College of France, has sent me the following account of another painless operation in France:—

“We, the undersigned, inhabitants of Cherbourg, having witnessed on this 19th of September, 1846, at half-past three o'clock in the afternoon, an operation just terminated with the greatest success, by Dr. Loysell, assisted by Dr.

Gibon, upon Miss Anne Le Marchand, of Portball, thirty years of age, placed in a state of mesmeric sleep and *perfect insensibility*, in our presence, we attest and certify to the following facts :

" At forty minutes past two o'clock the patient was mesmerized to sleep by Professor Durand, at the distance of two metres (about 80 inches) and in less than three seconds. The surgeon, then, in order to satisfy himself of the insensibility of his subject, plunged a long stilette, such as used by dissectors, several times abruptly into her neck ; a bottle of concentrated ammonia was also placed under her nose. She continued in a state of immobility ; no sensation was perceived ; *no alteration was visible in her features : not a single external impression was manifested.*

" At the end of five or six minutes of sleep, the patient was awaked by her mesmerizer in a second. After a few moments she was re-mesmerized, as at first, but at a still greater distance. The physicians were immediately informed by Professor Durand that the operation might be commenced with perfect safety, and that they might freely converse aloud as to the state of the patient without fear of being heard, so deep and perfect was her insensibility.

" At ten minutes before three o'clock, the operator made straight downwards, behind and above the mastoid process, an incision eight centimetres in length (above 3 inches). A layer of muscles presented itself first. Then a large gland came into view, which was carefully dissected away in *four minutes and a half.*

" The wound was washed. It was now discovered, what it was difficult to foresee, that there were two other glands ; the superior extending its roots deep into the tissues, and in immediate contact with the carotid, the principal artery of the neck : the other, less difficult to isolate, in consequence of its connexion, and lying among the muscles situated in the side of the neck. These two latter glands were extracted in *three minutes.*

" In dissecting the glands, a vein of large capacity was wounded. The surgeon tried to stop the flow by causing the patient to respire, so as to strongly dilate the chest. She instantly did this at the request of her mesmerizer ; but the effort being insufficient, it became necessary to apply a ligature.

" The greater part of the spectators now approached the patient ; several

medical men introduced their fingers into the gaping wound, which was more than eight centimetres in depth, and distinctly felt the pulsation of the carotid artery.

" During the whole of the operation, Miss Le Marchand remained calm and *impassible ; no emotion agitated her ; no muscular contraction* took place, not even while the knife was penetrating deeply into the flesh ; she in fact appeared like a *statue* ; for insensibility had become perfect. No change appeared in her frame ; there was no sign of uneasiness, no syncope, no lethargy ; indeed the young lady spoke several times. As often as she was interrogated, she replied that she felt exceedingly well, and had no pain whatever. At the invitation of M. Durand, once we even saw her raise herself, and resume her former position.

" The wound was cleansed again. Some minutes afterwards, the edges were united with several pins, between which were placed strips of adhesive plaster, and above these were perforated linen lint compresses, an external supporting bandage, and the other dressings necessary in such cases.

" At this period several other persons approached the patient. For a moment, isolation was destroyed by her mesmerizer, and she was enabled to hear the various questions addressed to her. Her replies were given with perfect ease and remarkable calmness.

" When everything was complete, the patient was restored to consciousness in two or three seconds. She smiled, by degrees recognised her position, and perceived that the operation had been performed. To the questions put to her, she replied with lively interest, *that she had not suffered at all ; that she had not experienced the least pain*, and had no recollection of what had taken place. Afterwards she retired, and every one present could clearly see in her physiognomy tranquillity and unaffected cheerfulness.

" An extremely remarkable phenomenon occurred in this case. She had only been mesmerized nine times ; yet the rapidity with which her mesmerizer was able to pass her, several times in our presence and immediately before the operation, from ordinary life into the most absolute and insensible mesmeric sleep, was almost incredible. At several metres distance from her, even a glance of the eye, a single look accompanied by a firm will, was sufficient to plunge her into this extraordinary state,



which is at present so interesting to science, extinguishing as it does all possibility of sensibility to pain. Her isolation from the external world became so complete that she heard no one, not even her mesmerizer, when he did not touch her. This isolation was promoted to the utmost, so that the operator and the medical men and other numerous spectators were at liberty to talk at their ease as much and as loudly as they chose about what was going on, without any fear of being heard by her, even at the height of the operation.

"In conclusion, the undersigned declare that they are *fully convinced*, after witnessing such a result, that the mesmeric sleep is sufficient, even in a few sittings, to produce the most perfect insensibility in the organs; and that it is of high value in surgical operations of every kind, by *sparing to the unfortunate patient cruel suffering*;" and what is, perhaps, still more formidable, the distressing sight of preparations, and anticipated terrors of operation.

"Dr. Obet remained constantly *close to the patient*, in order repeatedly and attentively to examine this interesting phenomenon, and observe the state of the *pulse and respiration*, which underwent *scarcely any alteration*.

"The present report has been compared with notes, taken with scrupulous exactness, by M. Chevreil, Member of the Council of the Arrondissement and of the Municipal Council of Cherbourg, who noted down with the greatest minuteness all the circumstances of the operation as they occurred.

"[Here follow the names of *upwards of fifty* of the most respectable citizens of Cherbourg, out of which we select the following:—]

"Messrs. Lemaistre, Receiver of the Public Taxes, and formerly Under-Prefect of Cherbourg; Obet, M.D. of Paris, Corresponding Member of the Royal Academy of Medicine; Gibon, M.D. of Paris; Fossey, King's Attorney-General, at Cherbourg; Le Seigneural, Judge of Instruction to the Civil Tribunal, Member of the Arrondissement Council; Des Rives, Military Superintendent at Cherbourg; Henry, Merchant, Commander of the National Guard, and Member of the Municipal Council; L'Abbé Fafin, Chaplain to the Civil Hospital; Professor Darrington.—&c., &c., &c."

"On the 23d of Sept. the wound resulting from the operation was completely cicatrized. Yesterday morning, the pins and the bandages which surrounded it were removed, and the young lady was able to walk about part of the afternoon."

The following accounts were furnished me by Mr. Chandler.

#### Removal of a Tonsil by Mr. Aston Key.

##### "A CONTRAST."

"My next case may, I think, with great propriety, be headed as above. In *The Zoist* for October is inserted a letter written by me to Dr. Elliotson describing the removal of a tonsil from the throat of a little girl three years and a half old, by Mr. Key, he having promised to permit me to mesmerize her prior to the operation, but proceeding with it without fulfilling that promise, although I was present for the purpose and could have got her asleep in four or five minutes.

"I need not again describe the sufferings and fright of the little patient. Suffice it to say that she has not ceased to talk of them to the present time, and, the other tonsil increasing in size, till its removal was quite necessary, all her friends considered that she would not permit Mr. Key even to approach her. He however appointed Wednesday, Oct. 21st, to make the attempt.

"Now mark the contrast!—I had but three days to renew the influence of mesmerism over her as she had been at Margate since the last operation. Nevertheless I resolved to try, and accordingly commenced on Monday. She slept in ten minutes and remained asleep an hour and a half; Tuesday she was asleep in eight minutes and remained above an hour, when she was awaked. On the Wednesday, as Mr. Key's appointment was for twenty minutes past three, I mesmerized her at three o'clock: she slept in four minutes, and on his arrival she was very profound, and everything appeared quite favorable.

"With a bone spatula I made several attempts to open the mouth and depress the tongue, the little patient partially awaking each time, but quickly falling into profound sleep again. At length by using a little more force and asking her at the same time in a whisper to open her mouth (to which request she partially acceded), the tonsil was exposed fairly to view, and Mr. Key seized it with the double hooks, and with a bistoury very expertly removed the greater portion of it. The little girl of course partially awoke, but did not struggle; nor was she aware that any-

\* What will Sir B. Brodie, Dr. Copland, and their Exeter and Halifax friends think of these French block-heads?—*Zoist*.

thing beyond a mere examination of the throat had taken place. She displayed no fear or surprise. She was allowed to swallow all the blood, as she has a great horror at its appearance, and she permitted me to examine the mouth immediately after the operation, evidently showing that she was quite unconscious of what had taken place. After Mr. Key was gone, she observed that 'she did not dislike him this time, as he had not hurt her.' Finding her throat rather sore some hours after, and having seen the piece of tonsil on the table, she became suspicious, and said, 'she was sure Mr. Key had been cutting her again,'—but was quite satisfied when told that he had only applied something to it.

"Mr. Key very candidly acknowledged that mesmerism had been the means of soothing the little patient and quieting her fears; and I think he will admit that he could not have removed the tonsil without its aid, for he told me on our way to the house, that he did not expect to succeed in removing it.

"The contrast between the two operations was most striking; the first was all noise, fright, and blood, with a deep cut on the tongue, which was very sore for a week; whilst the second was all sleep, sleep, sleep, and not a spot of blood outside the mouth.

"What a triumph for mesmerism!

"I have yet another case to relate of great interest on account of its novelty. It is a case of mesmeric tooth extraction in which the patient appeared to feel at the time, but, when awaked a few seconds after the operation, was evidently not aware of having done so.

"Mrs. Moss, æt. 25, applied to me on the 19th of November, to have three teeth extracted, asking at the same time if it could not be done in the mesmeric sleep. I immediately commenced making passes, and, finding her very susceptible (the eyes following the hand at the very first pass), I continued, and in 25 minutes she slept, though not soundly, as she did not lose her recollection.

"The next day she slept in 12 minutes, and after a few minutes more became quite profound.

"21st. Asleep in 8 minutes. Loss of sensation in the hands and feet, gradually extending to the shoulders, which it did not pass; the line of demarcation being accurately defined (not visibly of course). After awaking her, the loss of sensation remained to the same point, and was removed by blowing or transverse passes, and was instantly renewed by longitudinal ones. I tested the genuineness of the case very beautifully to-day. After blowing to restore the sensation in the hands without making any remark, I restored it to the foot by a transverse pass. This was the first time I used the pass for that purpose, and

I may observe that my patient had never seen mesmerism.

"28th. She now goes to sleep in two or three minutes, and the sensation (though still lost gradually from the hands and feet upwards) disappears entirely in about a quarter of an hour, the last portion being the top of the head. She has for the last two or three days shown perfect catalepsy, which also remains after she is awake.

"She is also re-mesmerized by one pass, a nod, or even a wink; and when awakened again, is quite puzzled to know why she again fell asleep."

#### CONVERSION OF THE MEDICAL PROFESSION TO THE SOLEMN DUTY OF PREVENTING THE AGONY OF SURGICAL OPERATIONS.

DR. ASHBURNER has favored us with the following extract from a letter written in America to Miss Edgeworth, who communicated it to him:

"With us here in Boston a new adaptation of gas from ether removes all sensibility to pain from the most fearful surgical operations. It is a blessing to the human race unequalled since the first application of vaccination. I speak decidedly, for it has within the last month been so repeatedly tested without failure in our admirable hospital by skillful surgeons, that it is an accredited fact. It is gas from ether, inhaled through the mouth, which produces a tranquil dreamy state, an entire inaction of the muscular system, a total insensibility to pain, but a slight perception of sound, which enters into this sort of dream that is passing through the mind. It being necessary to take out two of Lizzie's large double teeth three weeks since, I asked to have this gas applied first, having heard of its power only a few days before. They were taken out with an interval of only five minutes, and she was conscious of nothing but the placing of the instrument and the sound of her father's steps as he walked up and down the room. She suffered *no pain* at the time or afterwards. It leaves no effect except a sort of drowsiness, which passes off in a few moments. At the hospital large tumors have been removed, limbs have been amputated, the patient perfectly unconscious, the flesh and muscles perfectly still, no twitching, no contracting. In one case of amputation, the woman began to rouse at the tying of the last artery, and said she felt something pinch her. Another waking when all was done, asked impatiently why they did not begin—what they were waiting for.

"It was first applied in this manner by a

practical and very skillful chemist in this town of the name of Jackson, and explained by him to a young dentist, who applied for some means to manage a refractory patient. He tried it on himself first, and was so delighted with its effects, that he sent out to hire some one to have a tooth drawn after taking it, for five dollars; since then his room has been crowded."

I understand that sulphuric ether is employed: a piece of sponge soaked in it is placed in an opening of a bottle with two openings, and the patient inhales through the other opening, so that the air drawn into the bottle and thence into the lungs is necessarily charged with ether. Insensibility is said to occur generally in about three minutes. If this plan produces insensibility to pain in more instances than mesmerism, and quite as innocently and easily as when mesmerism succeeds, it will indeed be a blessing, and none will hail it more joyously than we mesmerists, who have no other object than the good of mankind. It is this consciousness indeed, and the noble self-respect which this produces, that enables us with all humility and thankfulness to disregard the fiendish malice of our opponents.

In my Pamphlet *On Painless Surgical Operations in the Mesmeric State*, I, in 1843, recorded 1 amputation, 1 removal of a cancerous breast, 1 division of the ham-strings, one introduction of a seton, 1 removal of an excrescence, 1 opening of an abscess, 2 severe operations on the jaw, &c., and 32 tooth extractions—*forty painless operations*.

In *The Zoist* are recorded 16 amputations; the removal of 28 tumors—some enormous; 19 various operations by incisions of greater or less length, 3 applications of fire or caustic substances, 3 cuttings away of cancer of the breast, 67 tooth extractions, 3 cuttings out of nails, 1 operation for cataract, 3 for hydrocele, 1 for polypus, one for squinting, 3 venesections, 4 introductions of setons and issues—*a hundred and fifty-two painless operations*.

This overwhelming amount of facts in all quarters of the globe has made no impression upon the medical world. Not one of these operations has been copied into the medical journals from *The Zoist*, nor even the name of *The Zoist* allowed to sully their pages.\* This circumstance will never cease to be the most astounding in the history of our profession when studied by posterity, not only by the

medical, but by the whole reading public. It will be referred to as an illustration of the character of human nature in this century.

Yet, though this mighty mass of prevention of agony has been as disregarded by the profession as the treasures of the British Museum are by the horses of the cab-stands in all the surrounding streets, I felt certain that, as soon as it was announced that the same thing could be effected by inhaling ether, all the medical world would be alive to the importance of preventing the agony of operation: that the various poor patients who showed no pain in the ethereal stupor, and declared afterwards that they had felt none, would not be cruelly reviled as impostors, but that their undisturbed state would be considered *full proof* of the absence of suffering, not of concealment of suffering: that their word would be implicitly respected as truth, not scorned as falsehood: that, if they did not shake their left leg while their right was cutting off, this would not be urged against them as unphysiological by Mr. Wakley, Dr. Marshall Hall, Sir B. Brodie, and a host of uninformed disciples:† that the operators who published their painless operations would not be styled dupes, mountebanks, quacks, impostors, deserving to be scouted by medical colleges, and met in consultation by no respectable medical man: nay, that the most stupid and dogged opposers of mesmerism would be the first to desire to alleviate pain by the new method, each hospital straining hard to be the earliest in the race. Such is beginning to be the case. The *London Medical Gazette*, which not only has not noticed one painless mesmeric operation from *The Zoist*, but declares that no one reads—not *The Zoist*, hated word!—the *mesmeric magazine*, except the impostors who send their cases to it,‡ announced on Dec. 18th, p. 1085, the new fact, merrily heading the article, "*Animal magnetism superseded*." Its authority was not, like us, unworthy of respect, but "respectable;" the stupor was not a sham, but was the "most profound sleep;" and the patient *really* went through all "without being sensible to pain, or having any knowledge of the proceedings of the operator." It considers that the process "must be regarded as producing a state of temporary poisoning," by which "sensibility may be so destroyed that that which in the healthy state would occasion severe pain, may be performed without any consciousness on the part of the patient. The *respectability* of the source from which we derive our information, prevents us from doubting that the writer has accurately stated what he saw." Truly, the house of Longman & Co., and their reputed editor,

\* The French case of painless operation in *The Zoist* for July, p. 199, was copied by the *Medical Gazette* from the *Times*, and in the very same number, June 19, the editor consistently expresses his surprise and regret that I was appointed to deliver the Harveian Oration. "Considering the notoriety which the orator elect has acquired as a patron of mesmerism, we should have supposed that a more appropriate selection might have been made." P. 1088.

† See my Pamphlet *On Operations Without Pain*, pp. 19, 50.  
‡ *Medical Gazette*, April 12, 1845. See *Zoist*, Vol. III., p. 201.

Dr. Alfred Taylor, are very complimentary to us mesmerists.

Then the *Lancet* has no hesitation (in the number for Dec. 26, p. 704) to announce the matter: is now struck with the propriety of preventing agony, and protests that such a discovery, if it stand the test of experience, will be an *invaluable boon*; in the same number inveighing against and abusing the mesmeric method with all the distinguishing characteristics of the Wakleyan tongue. Mr. Wakley will not hear of a patent being taken out to limit the benefits of the plan, as the Americans propose on account of the possible abuse of it. He sees no danger, makes no indecent objections.\*

The *Medical Times*, which has not presented to its readers one of the operations recorded in *The Zoist*, though the editor reads it, is fully convinced of the truth of mesmerism, and extracts so largely from other journals that a fruitless attempt was lately made by Messrs. Longman to arrest its extractions, announces that Mr. Liston! yes, Mr. Liston! has taken off a thigh and torn away a diseased toe-nail in the ethereal insensibility, and the editor "hopes to have further particulars on this very interesting subject." We hear from a gentleman present that after the amputation Mr. Liston said to the students, "You see just what it's worth. At any rate it's better than mesmerism." Certainly it is, and greatly better in some respects,—that is if more generally successful, as innocent, and as capable of repetition, after the operation, to procure ease. When mesmerism takes, it has this advantage, that it may be easily repeated whenever the pain comes on or the wound has to be meddled with; that the insensibility may be continued for a length of time; and that nights of good repose may be procured. The poor creature whose leg Mr. Liston removed painlessly, shrieked fearfully with agony afterwards when something was done to him. Besides, mesmerism greatly restores the health and is productive of the highest benefit before the operation and after it, and will sometimes prevent the necessity of an operation.†

Mr. Liston did not scoff at the poor man; he did not wonder, as he did in the Medical Society in regard to the Nottinghamshire man, whether "the interesting patient was advanced enough in his education to read with his belly:‡"—no, he felt, in common with other medical men, that the world is now beginning to see it no longer doubtful that operations may often be, and ought to be if possible, performed painlessly in the mesmeric state: and he and they jump at any other

method of effecting the same thing. To mesmerism and mesmerizers all this is really owing. The idea of procuring insensibility for operations had, through mesmerism, laid such hold on men that the trial of inhaling ether was made; and the success of mesmerism will drive the profession headlong to try the new method, and too generally, as evidently in the case of Mr. Liston, out of a desire to "supersede" mesmerism. We will contribute all in our power to the success of the new method; for we prove all things and cleave to that which is good. But, in cases of operation, mesmerism, when it succeeds, will have the advantages which we have just mentioned; and might properly be added before and after the operation for their sake. The mighty, the inestimable blessings of mesmerism in the cure and alleviation of disease are of greater extent than its application in operations, and we see no reason to imagine that the stupefaction by ether will be found to possess its remedial powers.

After all this was written, their appears in *The Times*, to-day, Dec. 28, an extract from Dr. Forbes's forthcoming number, containing accounts just received from America of the new discovery.

One patient, it is declared,

"Knew what the operator was doing; perceived him, for example, take hold of the tooth and draw it out, felt the grating of the instruments, but still felt no pain."

In another,

"The features assumed an expression of pain, and the hand was raised."

Another,

"Flinched and frowned, and raised his hand to his mouth."

But all, on coming out of the stupor, declared they had felt no pain. Dr. Forbes was present at the amputation of the thigh by Mr. Liston, and says that the man seemed partially conscious, and declared that in his sleep he had heard some words, and felt something was being done to his limb: but that he had felt no pain. Some have known all that was going on, some have talked, and some have recollected much or all afterwards.

What was the conduct of the Medical and Chirurgical Society and of writers in medical journals and newspapers, because the poor man, whose leg was amputated without pain by Mr. Ward in Nottinghamshire, moaned, as in a disturbed dream, after the leg was off, and on waking said he thought he had once heard a kind of crunching, but had felt no pain and knew nothing that had passed? Why he was violently and coarsely pronounced by acclamation a trained impostor, and his case not allowed to remain on the minutes. I beg the world to read pages 10, 11, 33, 34, 55, of my Pamphlet.

\* See Dr. Engledue further on, p. 600. —*Zoist*.

† See Pamphlet, p. 6, 13.

‡ Pamphlet, p. 56.

The truth, unsuspected by Messrs. Liston, Wakley, Boott, and the rest of the eager anti-mesmerists, is, that the state induced by ether is somnambulism—the very same state as the mesmeric—which varies from deep coma to more or less partial activity of brain.\* In both instances it is induced artificially; but in mesmerism it is induced by a living frame, in inhalation it is induced by an inanimate compound.†

My triumph has now arrived. The first operation in the sleep-waking state thus artificially induced, has been performed in the hospital from which mesmerism was banished, and by the surgeon who was the most violent against it and leagued with Mr. Wakley.

In the *Morning Chronicle* of to-day, Dec. 28, is a letter from Dr. Boott, announcing the American fact to the public, and saying that a young lady had gone through the extraction of a tooth in his house in Gower street without being conscious of it: that six persons had gone through the same at St. Bartholomew's Hospital in the presence of Mr. Lawrence,—who behaved so unjustifiably at the time of the Okeys, and has sneered at mesmerism from that period on all occasions. Dr. Boott says,

"I hope the fact will induce surgeons to make trial of inhalation," and that the insertion of his letter in the *Morning Chronicle* may "encourage dentists and surgeons to attempt the alleviation of human suffering."

He assures us that he immediately sent the whole American report to Mr. Wakley and to several distinguished surgeons, and is quite grieved to find it will not appear in the *Lancet* for a week, on account of this delay "leading to the infliction of unnecessary pain." This is very proper feeling: most commendable. But reflect a moment, Dr. Boott, on the vast amount of surgical pain and of unrelieved human suffering to which you have been accessory. You are a physician: and you were on the Council of University College‡ at the time of the genuine cases of the innocent Okeys: when diseases were cured beautifully by mesmerism, and when a painless operation was performed on one of my patients in the mesmeric insensibility, in your hospital, by my clerk under my directions. You were one of the council who forbade the use of mesmerism in the hospital, and have been on the Council, I believe, ever since. You obstinately refused to witness even one of the wonderful facts, though it was your duty to investigate them. The clear and indisputable operations recorded in *The Zoist*, have taken place since then, and yet the pre-

vention of mesmerism in the hospital, in which prevention you took an active part with Mr. Quain and Dr. Sharpey, has continued under your auspices: you have allowed agony to be inflicted on the patients who came under the surgeon's knife, and have felt not for them during eight long years: and now, suddenly, you think a week is too long (and I also say it is too long) for surgeons to continue to inflict pain!!! When your old anxiety to oppose and injure mesmerism, and the part you played against it and me as a member of the Council, are remembered, your present lively humanity and your alacrity respecting ether, with your instant communication of the new facts to Mr. Wakley above all other journalists, would be laughable, were it not melancholy.\*

What will Dr. Copeland say to this terrible innovation of preventing so useful a thing, "so wise a provision," as pain in operations? "patients being all the better for it."† What will Sir B. Brodie say, who told the Society and recently told the students of St. George's Hospital, in his anxiety to crush all attempts at preventing surgical agony by mesmerism, that patients who appear not to feel in what is called the mesmeric state, do feel; that a large portion in ordinary circumstances scarcely complain of pain! that it is not very uncommon for them to appear like indifferent spectators! and that it is in the power of almost every one to sustain pain without any outward manifestation!‡

I see clearly that the profession will now admit the truth of mesmerism. The performance of operations without pain, through mesmerism, caused men's thoughts to be occupied with the point, and this new mode was devised. The possibility of artificial insensibility by the new method being believed practicable, men will be led to think more calmly of the mesmeric method, and of its many advantages in soothing and strengthening, as well as in causing insensibility in surgical cases. Mesmerism at large will then be calmly consider-

\* Pamphlet, p. 65. The feeling which animates all these worthies to such sudden and active benevolence, was absolutely confessed by some of the officers of St. Thomas's hospital. They called on a friend of mine, and actually said they liked the new invention, because it would knock up mesmerism.

† At Bartholomew's, one of the surgeons said last week to a man who wished to have a tooth out, "Well, do you wish to have it with pain or without?" "Without," was the answer. "Well then, breathe this." After all was over, the man was not mocked and insulted, but directed to go and tell everybody that they perform operations there without pain. This is all right: but why not have attempted it by mesmerism long ago?

‡ My Pamphlet, p. 59. *Zoist*. Vol. IV., p. 8.

§ I must refer to pp. 36 and 37 of my Pamphlet, for Sir B. B.'s inability to distinguish between endurance of pain and insensibility, and his strange argument that the Nottinghamshire man, who when awake was most sensible of pain, was perhaps by nature unsusceptible of pain, &c.

\* I refer to my Pamphlet, p. 41, sq.

† Palpable matter and a drug. †

‡ *Zoist*, Vol. IV., p. 2.

ed, and all the good which it can give in states of disease, will be sought after. The rapid progress of mesmerism is now secured.

The great want of knowledge of the character of sleep-waking in all its modifications, and even of common sleep and dreaming, will pass away; \* for the patients' stupified by ether, are evidently in a state of sleep-waking or somnambulism, and this state will become familiar: and such nonsense as was spoken in the Medical Society and has been written in medical journals and newspapers, will cease.

Sir Benjamin Brodie will not commit himself much longer, by mistaking for a piece of deception the exquisite and genuine case of sleep-waking near Bath, that is recorded in the *Philosophical Transactions*. †

## THE DISSECTOR.

NEW YORK, APRIL 1, 1847.

Swedenborg a Clairvoyant.

SINCE by the *spirit* of man is meant his mind, therefore by being in the SPIRIT, which is sometimes said in the word, is meant a state of the mind separate from the body; and because, in that state, the prophets saw such things as exist in the spiritual world, therefore that is called the *vision of God*. Their state, then, was such as that of spirits themselves is, and angels in that world. In that state, the *spirit* of man, like his mind as to sight, may be transported from place to place, *the body remaining in its own*. This is the state in which I have now been for twenty-six years, with this difference, that I have been in the spirit and at the same time in the body, and only several times out of the body.—T. C. R., p. 157.

The state here described by Swedenborg, in which he had been for twenty-six years, is plainly and clearly the mesmeric or magnetic state. It is however said that Swedenborg denied this in the following words: "I foresee that many, who read the revelations of the chapters, will believe that they are the inventions of the imagination; but I assert in truth that they are not inventions, but were truly seen and heard, not seen and heard in any state of the mind buried in sleep or in a dreamy state, but in a state of full wakefulness."—T. C. R., p. 851.

\* *Zoist*, Vol. IV., p. 17. † Pamphlet, p. 38.

The first lines we have quoted are from the first part of Swedenborg's work, entitled "True Christian Religion," and the last will be seen from the point where it was closed, and expresses a commendable parental solicitude for the work in a latitudinarian manner common to priests and prophets, and nothing more. We should, however, observe that persons in the magnetic state often say of their own accord that they are not asleep, but are in a state of full wakefulness, and such is the fact; for the magnetic state is not one of sleep, but of *wakefulness* greater than that of the natural state, because they know more in the former than they do in the latter state.

Swedenborg was a natural clairvoyant more than a hundred years ago, and had the faculty of magnetizing and demagnetizing himself at will, as many persons have at this day. He had also the faculty of opening his eyes and walking the streets in the magnetic state, like many clairvoyants of the present period.

He also wrote a great portion of some, and perhaps of all of his religious works in the magnetic state, and these portions are easily distinguished from those that were written in the natural state.

In his work entitled "Heaven and Hell," p. 192, Swedenborg says, "All progressions in the spiritual world are made by changes of the state of the interiors, so that progressions are nothing else than changes of state: thus also I have been conducted by the Lord into the heavens, and likewise to the earth in the universe, and this as to the spirit, *while the body remained in the same place*."

Now when the spirits of clairvoyants or impressionists are progressing to the planets or to patients at great distances, their bodies remain in the same place as did Swedenborg's, and these acknowledgments in regard to his state show in the most direct manner that it was the magnetic state, and are conclusive and final.

We may now copy the following from Swedenborg, as it is mostly matter of science, as seen and known to clairvoyants, and will be very interesting to many of our readers.

"Man at this day, to whom the interiors are closed, knows nothing of those things which exist in the spiritual world or heaven: he says indeed from the Word and from doc-

trine, that there is a heaven, and that the angels, who are there, are in joy and in glory, and he knows nothing besides.

“Nevertheless most persons do not apprehend that spirits and angels have sensations much more exquisite than men in the world; namely, sight, hearing, smelling, something analogous to taste and touch, and especially the delights of the affections. If they had only believed that their interior essence was a spirit, and that the body, together with its sensations and members, is only adequate to uses in the world, and that the spirit and its sensations and organs are adequate to uses in the other life, then they would come of themselves and almost spontaneously into ideas concerning the state of their spirits after death. For then they would think with themselves, that his spirit is the very man himself who thinks and who lusts, who desires and is affected, and further that all the sensitive, which appears in the body, is properly of its spirit, and of the body only by influx: and these things they would afterwards confirm with themselves by many things, and thus at length would be delighted with those things which are of their spirit more than with those which are of their body. In reality also this is the case, that it is not the body which sees, hears, smells, feels, but its spirit; wherefore when the spirit is freed from the body, it is then in its own sensations, in which it had been when in the body, and indeed in those much more exquisite; for corporeal things, because respectively gross, rendered the sensations obtuse, and still more obtuse, because it immersed them in earthly and worldly things.

“This I can assert, that a spirit has much more exquisite sight than a man in the body, and also hearing, and what will seem surprising, more exquisite sense of smell, and especially sense of touch, for they see each other, hear each other, and touch each other. This also he who believes a life after death, might conclude from this, that no life can be given without sense, and that the quality of the life is according to the quality of the sense; yea, that the intellectual is nothing but an exquisite sense of interior things, and the superior intellectual of spiritual things; hence also the things which are of the intellectual and of its perceptions are called the internal senses. With the sensitive of man immediately after death, the case is this. As soon as man dies, and the corporeal things with him grow cold, he is raised up into life, and then into the state of all sensations, inasmuch that at first he scarcely knows otherwise than that he is still in the body; for the sensations in which he is, lead him so to believe. But when he perceives that he has more exquisite sensations, and this especially

when he begins to speak with other spirits, he then takes notice that he is in another life, and that the death of his body was the continuation of the life of his spirit. I have spoken with two with whom I had been acquainted, on the same day that they were buried and with one who saw through my eyes his own coffin and bier, and inasmuch as he was in every sensation in which he had been in the world, he talked with me about the obsequies, when I was following his funeral, and also about his body, saying, that they reject it because he himself lives.

“But it is to be known, that they who are in the other life, cannot see anything which is in the world through the eyes of any man; the reason why they could see through my eyes was, because *I am in the spirit with them, and at the same time in the body with those who are in the world.* And it is further to be known, that I did not see those with whom I discoursed in the other life, with the eyes of my body, but with *the eyes of my spirit*, and still as clearly, and sometimes more clearly than with the eyes of my body, for, by the divine mercy of the Lord, the things which are of my spirit have been opened.

“But I am aware that the things which have been heretofore said, will not be believed by those who are immersed in corporeal, terrestrial, and worldly things, that is, by such of them as hold those things for an end, for these have no apprehension of other things than those which are dissipated by death. I am aware also, that neither will they believe, who have thought and inquired much about the soul, and have not at the same time comprehended that the soul is man's spirit, and that his spirit is his very man which lives in the body. For these cannot conceive any other notion about the soul, than that it is something cogitative, or flamy, or ethereal, which only acts into the organic forms of the body, and not into the purer forms which are of its spirit in the body, and thus such that it is dissipated with the body; and this is especially the case with those, who have confirmed themselves in such notions by views puffed up by the persuasion of their own superior wisdom.”—*Arcana Celestia*, 4622.

We should now copy in this connexion the following, as it is matter of science, as seen and known to clairvoyants.

“That nothing exists in nature but from a spiritual principle is, because there cannot anything be given, unless it has a soul; all that is called soul which is essence, for what is not in itself an essence, this does not exist, for it is a nonentity, because there is no *esse* from which it is; thus it is with nature; its essence from which it exists is the spiritual principle, because this has in itself the divine

esse, and also the divine power of acting, creating, and forming, as will be seen from what follows: this essence may also be called soul: because all that is spiritual lives, and what is alive, when it acts into what is not alive, as into what is natural, causes it either to have as it were life, or to derive somewhat of the appearance thereof from the living principle: the latter [is the case] in vegetables, the former in animals. That nothing in nature exists but from what is spiritual, is because no effect is given without a cause; whatever exists in effect is from a cause; what is not from a cause, is separated; thus it is with nature; the singular and most singular things thereof are an effect from a cause which is prior to it, and which is interior to it, and which is superior to it, and also is immediately from God; for a spiritual world is given, that world is prior, interior, and superior to the natural world, wherefore everything of the spiritual world is a cause and everything of the natural world is an effect. Indeed one thing exists from another progressively even in the natural world, but this by causes from the spiritual world, for where the cause of the effect is, there also is the cause of the effect sufficient; for every effect becomes an efficient cause in order even to the ultimate, where the effective power subsists; but this is effected continually from a spiritual principle, in which alone that force is; and so it is, that nothing in nature exists except from something spiritual and by it."—*Athanasian Creed*, 94.

#### Facts and Fictions.

WE are told by Professor Bush in his relation of the developments of Mesmerism to the doctrines and disclosures of Swedenborg, that "the mesmeric state is as much distinguished by mental as by physical phenomena. Yet this state is induced by *physical means*, that is to say, by manual movements, or passes made in a downward direction, and it is removed by passes made in a reverse direction."—P. 85. Now it is a *fact* that physical means, as passes, are generally made in inducing the mesmeric state; but it is a *fiction* to suppose that this state is thus induced or removed by the passes alone, without the exercise of the forces of the brain at the same time.

Again the Professor says, "And what will he (the objector) make of the fact, that in *transmitting* this agent, which is palpably removed by upward passes purely mechanical,

he has transferred his own thoughts and volitions to the physical element of the other party? All this is matter of indubitable *fact*, coming within the range of every day experience, and we submit whether the simple charge of *materialism* is a sufficient reply to the evidence of *facts* which appeal as directly to the objector's reason as to ours."—P. 86.

There is not, we are sorry to say, a solitary *fact* to be found in the above paragraph. The thoughts of the magnetizer are *never* transferred to the other party in the process of mesmerizing, nor until the other party is mesmerized. It is then only that the thoughts of the magnetizer or other persons can be read and *thus* transferred.

The work is full of such errors, the consequence of the Professor's limited knowledge of magnetism.

#### Magnetic Machines and Consumption.

WE should again direct the attention of physicians to the great importance of the use of the *magnetic machine* in the treatment of consumption, as the use of this instrument with the compound chloride of gold cures every case in the first stage of the disease, and more than nine-tenths of those in the last stage.

We should also again direct their attention to the fact that we first commenced the new, scientific, and successful manner of magnetizing, and were soon after compelled to engage in the manufacture of magnetic machines to obtain good instruments for magnetizing, by which the great benefits of the practice might be extended and perpetuated; and that we have sold and continue to sell at a very small profit a great number every year. The great demand for these instruments has, however, excited the cupidity of speculators, who have engaged in the manufacture of inferior imitations of our machines, and without any knowledge of magnetism or magnetizing, are foisting them upon the profession and the public with all the arts that are peculiar to such geniuses; and if the practice of magnetizing is not entirely ruined and abandoned in a very few years, it will not be from



any fault of theirs, for a little practice soon shows that no dependence whatever can be placed upon the action of such machines, in the cure of consumption or any disease.

The actions of the two magnetic forces are opposite, or as different as black is from white, and in magnetizing it is a matter of great importance to know which is the positive and which the negative force, and where to apply the positive and where the negative force; yet neither the speculator who sells, nor the person who purchases, knows anything on these subjects. Besides the forces from our machines are really magnetic, and appear, and are really, different from those of other machines as seen by the natural eye and by clairvoyants.

#### Mesmerism—Lectures on.

DURING the last winter this city has been surfeited with the crude expositions of some eight or ten lecturers on Mesmerism. Professor Rodgers opened the discussion on the philosophy of Mesmerism. Professor Sunderland followed on its phantasies; and Professor Dodd closed on its constant tendency to produce an equilibrium.

The accompaniments of these lectures were first, Professor Sunderland's Red Pepper case; second, Davis's Hall case, and third, Mrs. Johnson and Dr. Oatman's case.

Professor Rodgers claimed priority of discovery in mesmerizing an audience; Professor Sunderland claimed to have discovered that Mesmerism is nothing but sympathy; while Professor Dodd claimed to have made the grand discovery that the sun, earth, and planets, were maintained in their positions by the forces of Mesmerism.

THE following communication is from the Rev. Samuel Griswold, of Lyme, Ct., a very accurate observer, and a very powerful mesmerizer.

[For the New York Dissector.]

#### POLARITY OF THE HUMAN HAND.

Mr. Editor:

Some facts were presented in an early number of the Dissector, in proof of the po-

larity of the human hand. During the last two years I have frequently tried experiments illustrating the same truth.

1. The following is a pretty experiment, and may be tried by those who do not understand the process of inducing the somniscient state by Animal Magnetism.

Place together the ends of the thumb and of all the fingers of your right hand, so that they will all touch at once any flat surface, as a table. The magnetic current from the poles in the ends of the thumb and of the fingers, will thus be made to concentrate their influence on a comparatively small surface. Let a second person hold the palm of his left hand upward and horizontally, bringing the elbow opposite the side, at a little distance from it; being careful not to rest this hand or arm on any part of himself or other object. Then bring your concentrated thumb and fingers over the centre of the palm of his hand (the location of the large pole), holding it for some time an inch or half an inch distant from it. A sensation of warmth will be felt if both the experimenters are right-handed, or both left-handed, and both in their normal magnetic state. This warmth is occasioned by the union of the negative force in your right hand, with the positive force in his left hand, on the principle that magnetic forces of opposite denominations, on being united, attract and contract, consequently expel heat.

Next bring the thumb and fingers of your right hand over the right hand of the other person in the same manner, as in the first experiment; and a sensation of cold, like a very slight breeze, will be produced by the two forces,—on the principle that magnetic forces of the same denomination, on being united, repel and expand—consequently absorb heat, and cause the sensation of colic.

If you next hold your left hand over the right hand of the other person and then over his left, both being placed as in the former experiments, you will obtain the former result.

I have frequently discovered, by this experiment, that persons were left-handed, [as the warm sensation was produced by bringing nearly together both of our right hands, or both of our left hands; and the cold sensation

by the near approximation of the right hand of one to the left hand of the other.

The negative force being stronger than the positive, will be found on the right side of persons who are right-handed; and on the left side of those who are left-handed.

In both these cases the normal state may be reversed by local injuries, or partial paralysis of the stronger side.

Many persons have not sufficient susceptibility to magnetic impressions, to perceive these sensations. In some cases also it will require considerable time for the magnetic communications to be established between the two experimenters.

Many, who have stoutly professed their disbelief in Animal Magnetism, or even ridiculed it as a humbug, have honestly declared to me that they very distinctly perceived both the warm and cold sensations in the foregoing experiment. But their disavowal cut them off from any possible source of explanation of the phenomena produced.

2. Another proof of the opposite polarity of the two hands, I have often deduced from the somniscient subject.

Care was taken not to disturb the polarity of either side by cross manipulations. When the subject was declared by himself to be in the magnetic sleep, I have crossed my arms, so that my right hand came in contact with his right hand, and my left with his left, and have often been surprised by the marked effect. I have often tried this experiment with C. M. R., a young lady of delicate constitution and magnetic sensibility, whom I have magnetized for her health. When in the somniscient state I have often touched her right hand with my right hand, which gave her a powerful shock, attended with an unpleasant sensation. Even one finger produced this shock. If I took hold of her right hand with my right, and her left hand with my left, she would manifest great uneasiness, and immediately change her hands, taking my right hand with her left, and my left with her right. Other somniscients, less sensitive, have perceived a different influence from my two hands when applied to either of their hands; and have often directed how the two

hands should be placed in reference to their polarity.

#### INFLUENCE IN REMEDIAL APPLICATIONS.

A knowledge of the distinct polarity of each hand, yea of the whole side, is of great practical importance in the application of the remedial influences of Animal Magnetism.

1. In producing clairvoyance, great care should be used not to disturb the polarity of the two sides of the subject, otherwise much confusion may be produced.

2. Local inflammations may be removed by applying the repulsive and cooling influence to the diseased or injured part.

While in your office more than a year ago, with Dr. ———, of strong, healthy constitution, he had a painful sensation and some inflammation in his *right* eye, produced, if I rightly remember, by a small particle of sulphate of copper. I applied the fingers of my *right* hand, held at a little distance from his eye; and he immediately felt the cooling sensation, mentioned in the foregoing experiments, and very speedily both the pain and inflammation were removed.

3. Your directions for magnetizing with your magnetic machine, are equally applicable to the appliance of Animal Magnetism. The right hand corresponds to the negative button, and the left hand to the positive button. In magnetizing for diseases of the organs the right hand should generally be placed on the spine opposite the organ diseased, and the left hand over the place where the pain is felt.

4. Your diagrams and explanations of the poles in the brain and in the internal organs are of very great importance to those who magnetize for disease.

Your much obliged friend,  
SAMUEL GRISWOLD.

Lyme, Ct., Feb. 10, 1847.

*Case of Epileptic and other fits, Delirium, Neuralgia, Vomiting, and the discharge of Arsenic taken long previously, successfully treated with Mesmerism, which produced intuitive knowledge of the internal state, the future course of the Disease, and the proper treatment.* By J. C. LUXMOORE, Esq., of Alphington, Devon.

I SHALL premise an account of the case before I saw it, by Mr. Parker, surgeon, at Exeter.

"In 1833 I was requested by Dr. ——— to attend Mrs. Bird with him. She was then suffering daily from *epileptic fits*, varying from six to eight hours in duration, and they have continued as long as 48 hours: *frequent delirium: paralysis* of the left arm and left leg: the left hand inverted so that the fingers could not be separated without great exertion: *vomiting* of nearly all her food, and very frequently blood, even as much as half a pint at a time. She had a large painful tumor in the left iliac fossa, connected with the uterus, from which tumor the aura epileptica always proceeded. She had also a cough resembling hooping cough of the most violent character.

"The above sufferings had been treated by *one bleeding, one cupping, leeches, and repeated salivations*. She was once under *salivation* for 12 consecutive months. The *materia medica* had been ransacked. *Electricity and galvanism* had been also resorted to. But *no beneficial effects attended any of the treatment*.

"I removed the tumor by the application of leeches to the os uteri. It frequently returned, and was as often removed by the same means. The *paralysis of nearly three years' duration* was quite cured by the application of moxa, and has remained well to this day, now nearly 14 years. The cough was much relieved by the same means. *Tic douloureux* was also added to her other ailments.

"All other means having failed to relieve her sufferings, I suggested bleeding her from the arm, which was attended with such relief, that I have now *bled her nearly six hundred times*, never taking less than *half a pint*, and more frequently *more than a pint*, each time. The treatment after a while lessened the violence of the fits, shortened the duration of the delirium, stopped the vomiting of blood, but had no effect on the *tic douloureux* or the *vomiting of food*.

"I ceased to attend Mrs. Bird for some time. In 1834 I was selected as her sole medical attendant, when I found her with her *face, eyelids, lips and tongue much swollen*; scarcely able to speak or swallow; *the inside of her mouth was covered with black pustules*. She had been taking for *some months moderate doses* of the solution of arsenic, which Dr. ——— had prescribed for her *tic doulou-*

reux, and which is a very ordinary treatment for that complaint. She was at the same time taking *frequent doses of lime water*.

"I have never given her a single dose of arsenic or mercury. She has frequently called my attention to a watery eruption on her legs and feet, arms and hands; and on eating salt or salt meat has complained of *garlic eruptions*. Mrs. Bird kept her bed for *seven years*, and then gradually gained strength, until she was able to walk short distances; but the tic, fits, and vomiting of food were never subdued.

"The attendance on and subsequent death of her husband, in 1845, again increased all her ailments. The fits became more violent, and the weakness gradually increased; the *tic douloureux* attacked every part of the system, particularly in the form of *angina pectoris*, which I have frequently witnessed; and expected her death every moment.

"In 1845 I recommended *mesmerism*, but she would not consent to it until October of that year. She was now in a deplorable state; violent fits occurring daily, or rather nightly; *tic douloureux* without intermission. She could take very little solid nourishment, and even that little was nearly all rejected within a few minutes of its having been taken. From all these symptoms I did not consider she would live a month. *Mesmerism* was now had recourse to, a detailed account of which is furnished by Mr. Luxmoore in the following pages.

"I. B. PARKER."

On the 24th of October, 1845, I, in company with Mr. Parker, visited Mrs. Bird, whom I had never before seen. In seven minutes I succeeded in getting her into mesmeric sleep, although she had, on my arrival, assured me she did not think mesmerism would ever affect her. I aroused her at the end of half an hour. During sleep the left hand contracted in the manner described by Mr. Parker: blowing upon it caused relaxation.

Oct. 27th. Asleep in three minutes, and was aroused at the expiration of one hour.

Oct. 29th. Mesmerized late in the evening, with the intention of leaving her asleep (she gets no natural sleep). She soon fell into sleep-waking, mistaking me for a particular friend of her late husband's. Mesmeric attachment now manifested itself, so as to oblige me to give up the idea of leaving her asleep. Community of taste and feeling were also very marked. Slept two hours.

Nov. 1st. Has suffered much from spasms, rigidity, and palpitation of the heart; all which were much better during sleep-waking, and this continued two hours.

Nov. 3d. Found Mrs. Bird in high delirium,

declaring neither Mr. Parker nor I should come near her; and on my approach she attempted to bite and strike me. In ten minutes she was in quiet sleep-waking.

At the expiration of two hours I aroused her, but, not finding her collected, I again put her to sleep; shortly after which she awoke quite comfortable.

Previously to being mesmerized, these fits of delirium never lasted less than six or eight hours, and have continued six weeks.

Nov. 5th. Feels much better. In mesmeric sleep-waking two hours and a quarter.

Nov. 6th. All day threatened with a fit, conscious of its coming on just as I arrived. Mesmerized, and immediately had the fit, with slight delirium and considerable rigidity: aroused her in a little more than two hours, unconscious of what had taken place. She hears no voice but her mesmerizer's, nor can she distinguish the loudest mechanical sounds.

Nov. 8th. General health improved, has suffered scarcely any pain from tic since first mesmerized, although up to that very day she had never been free from it for eleven years, and has been in the habit of rubbing half an ounce of creosote into her face and head every fortnight. Slept two hours and a half.

Nov. 10th. Mesmerized two hours and a quarter. Rather poorly.

Nov. 11th. Mesmerized two hours, during which she suffered from a slight fit of rigidity. While Mrs. Bird was in sleep-waking, I silently placed the kernel of a nut in my mouth; she then complained of a "nasty" taste, and in one moment began retching violently. I ascertained she had lately taken a dislike to nuts, from having eaten a very bad one.

Nov. 14th. Mesmerized two hours and a quarter: has had no tic nor fit.

Unavoidable circumstances prevented Mrs. Bird's being again mesmerized until the 22d; in the interval she had three fits, and was obliged once to use creosote to ease a slight attack of tic.

Nov. 22d. Slept two hours, during which she had a slight fit. I to-day observed that in sleep-waking she was much influenced by my will. She pointed a finger, opened or closed her hand, placed it on my knee or took it off, by my silently willing her to do so.

Nov. 24th. The old distressing cough, resembling hooping-cough, has returned, but no fit. Slept three hours.

Nov. 25th. Much more cheerful, and seems better, but had a violent fit during mesmerism, extreme rigidity; the head and heels only touching the sofa, the spine being arched backwards. It took me nearly a quarter of an hour to relax the body.

Nov. 29th. Has suffered slightly from tic,

cough very bad, voice weak, slept three hours and forty minutes.

Dec. 1st. No tic. During sleep-waking, Mr. Parker burnt moxa on the spine in hope of relieving the cough; she felt the pain for a moment, but it did not produce a fit, as was the case before mesmerism was resorted to. On arousing she was unconscious of having been burnt. While asleep she said bleeding would do her good.

Dec. 2d. Bled before she was mesmerized; then had a very tranquil sleep. No rigidity even of the left hand. Circumstances prevented Mrs. Bird's being again mesmerized until the 16th; and, although a very exciting circumstance took place, she had but two fits and no tic.

Dec. 16th. Spirits low; slept three hours; no fit nor tic. Mrs. Bird's cerebral organs are easily excited by local mesmerism: I however scrupulously avoid touching them, unless actually necessary, as I well know the excitability of her brain.

Dec. 19th. Slept two hours; but did not get into perfect sleep-waking until after a fit and considerable rigidity. When this was over, she said, "I shall be ill on Christmas day, and have a very severe fit on the last day of the year; it will be the worst I ever had; but, if I survive it, I shall be better afterwards."

Dec. 20th. Slept two hours and a half; during which she had a severe fit.

Dec. 22d. Found Mrs. Bird in high delirium, beating herself on the floor. Soon mesmerized her into sleep-waking, and, at the end of one hour and three quarters, I aroused her, quite tranquil; she had been much irritated during the day, which may account for her uncomfortable feelings.

Dec. 24th. Slept two hours and a half, during which Mrs. B., had two fits, but very little delirium; she again alluded to the attack on Christmas day, and said, the second would be on New Year's day (not on the 31st of December, as she had before stated); and added, "I shall be very ill all day. The worst will commence at 6 P.M., and, if I am alive, at twelve o'clock at night I shall recover."

Dec. 25th. Very delirious, and has been so all the morning. I mesmerized her, but it took two hours to overcome the delirium; at the end of three hours, I aroused her, perfectly tranquil.

Dec. 26th. Much better; slept three hours.

Dec. 27th. In a very confused state of mind: mesmerism soon reduced the delirium, and on arousing her, she was tranquil and collected.

Dec. 28th. Feels better, slept three hours, and had a severe fit. During sleep-waking she said, "I must, on the 1st of January, be

bled copiously after 6 P. M., and my feet kept warm; give me a little coffee, if possible, after I am bled: it will be no use trying to mesmerize me until after 5 P. M."

Dec. 29th. Very tranquil: mesmerized three hours: no fit, nor tic.

Dec. 30th. Has suffered from spasms; mesmerized; no fit, nor tic.

Dec. 31st. Mesmerized four hours; suffered from tic, owing to having been exposed to a current of cold air.

Jan. 1st, 1846. Mr. Parker and I visited Mrs. Bird in the forenoon, and found her very restless and ill. At a little after 5 P.M. we found her quite delirious. I commenced mesmerizing her, but she did not get into sleep-waking. Soon after 6 o'clock a very severe, epileptic fit came on; her struggles and convulsions were frightful; she would, in a moment, jump from the reclining position, and stand on her toes in that posture, become rigid, then fall away relaxed, and remain almost inanimate. Shortly after the commencement of the fit, Mr. Parker opened a vein in her left arm, and, although the orifice was large, scarcely any blood flowed, and what did come was more like treacle than ordinary blood: another vein in the same arm was opened, and the hand placed in hot water, &c., but not more than half a pint of blood could be obtained; the other arm was then tried, with, for some time, no greater success; at last, the blood changed color, and flowed more freely. Still the fits returned, at very short intervals, for nearly six hours. At three different times, Mr. Parker, the nurse, and myself, all thought her dying; and at one time we feared she had ceased to exist. The disturbance about the head and lungs was frightful. Passes over both afforded relief. I had during the whole time continued to mesmerize, and kept one hand well wetted with cold water on her forehead when her struggles would admit. At 12 o'clock I saw her lips move; she said, "I am better now; I am only a little faint; I shall be better directly." She then took a cup of coffee, remained partially faint for some time, but quite collected. At a little after 1 o'clock I aroused her, and she seemed better than could possibly be expected.

Jan. 2d. Very sore from the effects of the fit; mesmerized into sleep-waking in two minutes, when she said, "I told you I should be very ill yesterday; you see I was right; I shall not have another fit until the 9th of June in the evening. I must, if they wish me to get better, be bled every Thursday for five weeks; it will weaken me, but I shall regain my appetite, and be able to take solids:" this she had not done for a long time.

Jan. 3d. Suffering from slight head-ache; mesmerized two hours and a half, during

which she took coffee and plain cake; on arousing the head-ache had vanished.

Jan. A little confused, but not delirious; mesmerized three hours. During her sleep-waking she took coffee, and a small quantity of animal food for the first time for many weeks. She said, "I should have been better if they had taken more blood on the first of the month; it would have drawn off more of the black blood from the vessels about the brain. I shall, after my next bleeding, if Mr. (Luxmoore) (it must be remembered that she does not know me in her sleep-waking) puts me to sleep, be able to eat a mutton chop for supper."

Jan. 5th. Better; had two hours natural sleep during the night, and retained her breakfast. During sleep-waking, which continued two hours and a half, she said, "The first thing that injured me was being salivated. I ought not to have had any mercury. My then medical attendant also gave me a solution of arsenic, which I took until my mouth was all over black spots; it created inflammation in the stomach, which has never subsided."\*

Jan. 6th. Mesmerized one hour and three quarters; says, "A cup of coffee should be given me after bleeding; I will tell you more on Friday (Jan. 9)."

Jan. 7th. Still better; mesmerized two hours.

Jan. 8th. Not quite so well; was bled as directed; then mesmerized more than two hours, and on arousing felt better.

Jan. 9th. Soon after she got into sleep-waking, she said, "How beautiful! I see all my inside." She described the structure of her foot, and then went through many other portions of her body with (in the opinion of Mr. Parker, who was present) great accuracy.

Jan. 10th. Mesmerized one hour and a

\* The effects on the mouth and skin, were such as slow poisoning by arsenic sometimes produces. It also causes inflammation of the eyes and stomach. In a Clinical Lecture by Dr. Elliotson, reported in the *Lancet* for May 5, 1832, he detailed the very slow poisoning of a family near Chelsea by arsenic, one having died before he was called in, and nobody could guess why. He immediately suspected arsenic was the cause of the watery eyes, vomiting, and quickness of pulse. On a diligent search, colors containing arsenic and copper were found in large quantities buried in the damp kitchen and garden surrounding the house, left by the previous occupier. As water had free access to the arsenite of copper, an eminent chemist had no doubt that arseniuretted hydrogen had been formed and had vitiated the air of the house. They all recovered by bleeding. After arsenic swallowed has been apparently all removed from the stomach, inflammation may remain in the organ. A case of the kind is recorded by Dr. Roget in the *Transactions of the Med. and Chir. Society* (vol. ii.), where bleeding and other anti-inflammatory means were requisite to cure, though stimulants also were required. Conformable to all that we observe of the symptoms and to all we know of appropriate ultimate treatment in poisoning by arsenic is the present wonderful narrative. Dr. Elliotson mentions a lady who had spasm, &c., of her stomach and pain of her limbs for years after swallowing arsenic.—*Zoist*.

half, and aroused spontaneously; says, "Mesmerism may be omitted on Sunday without injury."

Jan 12th. Side (uterus) very painful; has a headache of the description which in her case is usually followed by a fit; soothing mesmeric passes relieved her much. Aroused at the end of three hours by my silently willing her to be so. In her sleep to-day she described a sort of coating over the inside of her stomach.

Jan. 13th. Side easy for some hours after I left yesterday, but the pain has since returned. Mesmeric passes again gave relief. After she had been in sleep-waking some time, she, quite contrary to her usual custom, became violent, attempting to strike me: I placed my finger on Benevolence and subdued her, but, on my ceasing to act on that organ, her angry feelings returned; I at last discovered that a kerchief she wears over her ears had slipped, and was pressing on destructiveness; on removing it, all anger ceased. Her left hand was, as usual during the first part of her sleep, contracted, and I proceeded to release it by blowing, passes, &c., when she said, "If you place your fingers just by the side of Veneration, and draw them down the arm and beyond the fingers two or three times, you will get rid of the contraction much better." This proved to be true, but in most cases the contrary would have been the effect.

Jan. 14th. Mesmerized three hours; side again relieved by passes.

Jan. 15th. Bled as directed; mesmerized about two hours; aroused, refreshed.

Jan. 16th. Better. In sleep-waking, which lasted two hours and a half, she said, "The black blood on the top of the head is much reduced by last night's bleeding." Appetite tolerable, and she retains most of her food. No tic.

Jan. 17th. Mesmerized three hours and forty minutes; breathing difficult; passes with the flat hand gave ease to the lungs. Breathing over the chest made her start, and gave the sensation of electric sparks. Had two hours' natural sleep during the previous night.

Jan. 19th. Has had two hours' natural sleep, and seems better than I have ever seen her; breathing much easier. I breathed over her lungs, then on my own fingers, and passed them (touching the dress) from the top of the shoulder, over the lung, and off by the waist. This produced in her the sensation of electricity, following my fingers, and passing off like sparks as they left her body. Her hand also on the same side became as it were electrified, so that the tips of her fingers touching any part of her body or mine caused the feeling of sparks having been drawn through them.

Jan. 22d. Has thrown no food from her stomach for ten days. Is suffering from a slight cold, with difficulty of breathing. Bled as directed. Mesmerized, and was better on arousing. Electric phenomena as on Monday (19th).

Jan. 23d. General health better, but side painful. Soon after sleep-waking was produced, she made signs that her jaw was locked; upon which I inquired how I could relieve it; she took my hand and made passes from the ear to the mouth, which soon had the desired effect.

Jan. 24th. Side still painful, otherwise better; appetite good, and retains most of her food; mesmerized, and said the next two bleedings would much lessen the black blood on the brain.

Jan. 26th. Annoying circumstances caused a headache. Mesmerized, and was better on arousing.

Jan. 27th. Mesmerized two hours, side and head still painful; says the tumor in the former will be relieved by a discharge within twenty-four hours.

Jan. 29th. Side has discharged. Bled as directed. Mesmerized two hours, and awoke very comfortable.

Jan. 31st. Better. Mesmerized two hours and a half.

Feb. 2d. Slight headache. Mesmerized, and said she would give further directions as to her treatment after bleeding on Thursday (Feb. 5).

Feb. 5th. Has suffered from rheumatism since Monday. Bled, and then put to sleep. I rendered her limbs rigid, and on relaxing them the rheumatic pains had left. She, as promised, now gave further directions as to her treatment, saying, "I must not be bled again for a month or three weeks at the earliest, unless I have a fit. The coating in my stomach, which I mentioned in January, is rather loosened; my food should be nourishing. If this treatment is followed, I shall be sometimes better and sometimes worse until the 9th of June, when I shall have a bad fit; but, if proper precautions be taken, I shall from time to time give directions as to my treatment. I do not mean to say I shall live until the 9th of June, but, if I do, what I have named will take place: life and death are in the hands of the Almighty."

Feb. 7th. Rheumatism has not returned, but she again rejects most of her food. Mesmerized three hours.

Feb. 9th. Mesmerized two hours and a quarter. Appetite indifferent.

Feb. 12th. Better, but appetite bad, and she retains but little food, though apparently gaining strength.

Feb. 14th. Was much frightened last night by two drunken men entering her garden and

knocking at her door; this produced violent palpitation, and shortly her legs and feet began to swell, assuming a dropsical appearance. Mesmerized.

Feb. 27th. Absence from home has prevented my mesmerizing her since the 14th instant. She has suffered slightly from tic, but nothing like she did before being mesmerized; legs still swollen. During her sleep-waking to-day she suffered from rigidity and locked-jaw, which required some perseverance to overcome. She said, "I have lost some ground from being so long without mesmerism." She still vomits her food, and says she shall continue to do so until the coating is removed from the stomach.

Feb. 28th. Mesmerized three hours; at first she suffered from lock-jaw and rigidity, which were soon overcome. She directed that small quantities of laudanum should be applied to the stomach externally, and added, "I shall be much weaker yet, and on the 7th of March delirious, and should be mesmerized from 6 to 8 o'clock." I to-day rendered the ankles and legs rigid several times, and this reduced the swelling.

March 2d. Excessive debility. Mesmerized into sleep-waking; soon after which she had a most violent spasm about the heart, which seemed to threaten life. After it had ceased, she said, "I shall have another attack in about ten minutes, and another between 7 and 8 in the evening. The former took place, and at the end of four hours I aroused her, when she was perfectly unconscious of all that she had suffered. At half past 6 P. M., I found her rather delirious, but soon got her into sleep-waking, when she told me the attack would last on and off for an hour. This proved correct. The spasms were terrific; her screams might have been heard a long way off. The violence of the attack on the 7th will, she says, commence about 6 o'clock, P. M.; it will be useless for me to persevere in mesmerizing her for more than three hours that night. The swelling of the legs has subsided, but the water is gone into her chest. This, I fear, was caused by my driving it from the feet and legs. The dropsical manifestations were, she thinks, produced by the fright on the 14th of February, causing interruption of the circulation of the blood.

March 3d. Rather more comfortable, having had some natural sleep during the night. Mesmerized four hours, and suffered from slight spasms.

March 4th. Much better, but has felt a little tic. Mesmerized three hours, and said, "I shall throw a quart or three pints of water from my stomach within forty-eight hours, which will relieve the chest. I am in a very weak state, but on the 7th they must

not be afraid to follow my directions, which will prove beneficial. I shall be in a high state of delirium from inflammation on the brain, resulting partly from over anxiety and partly from want of free circulation. They should take a small quantity of blood from the temporal artery, but, if this cannot be done, more must be taken from the arm: then rub the chest with laudanum, and apply mustard plasters to it and the feet. If they follow these directions, whatever I take on Saturday night and Sunday will remain on the stomach. On Saturday after bleeding, I may have a wine-glass of Sherry, given in small quantities at a time; arrow-root will be good for me. I should be mesmerized at 6 P. M., and bled as soon as I am asleep;" (she often talks of being put to sleep, but never admits that she is so when mesmerized.) "Let me be kept as much under mesmerism as possible for three hours; I should also have a dose of morphine equal to twelve drops of laudanum. I shall then have a better night than for some time. I may have a wine-glass of Sherry on Sunday. Pay no attention to any directions I give respecting myself on Saturday (March 7). After Sunday I shall again reject my food."

March 6th. Yesterday she vomited nearly two quarts of water, which much relieved the chest. Mesmerized; says, "The tumor in my side (uterus) will discharge on Thursday or Friday. I shall be very weak, but better on the 14th. The day before, on the same morning I vomit the coating from my stomach, I shall eject a little blood."

March 7th. Mr. Parker and I visited her rather before 6 o'clock, P. M.; she was in a high state of delirium, declaring she would destroy herself. I placed her on the sofa and commenced mesmerizing her, but was obliged to put my finger on Benevolence before she would allow me to proceed. Until I resorted to this expedient, she attempted to strike and bite me. I could not get her into sleep: still mesmerism had a very soothing effect, and she was sufficiently under its influence to object to the touch of any one but her mesmerizer. Mr. Parker attempted to open the temporal artery, but, owing to its being in her case very deeply seated, he did not succeed; she was therefore bled from the arm. All her other directions, with one exception, that of washing the chest with laudanum, which was quite unintentionally omitted, were strictly attended to.

March 8th. Found Mrs. Bird in a sort of quiet delirium, and was informed that, during the night and since she arose, she had been constantly falling asleep and starting up again. She was soon mesmerized into sleep-waking, and the delirium passed off. She said, "It is a pity they forgot the laudanum, but it is no

wonder, they had so many difficulties\* to contend with. I should have had a better night, but as it is I shall be weaker for it all the week. The morphine would have quieted the internal nerves, and the laudanum the external ones; but, the latter being omitted, I felt sleepy, but was continually disturbed. On the 12th, in the morning, I shall be very faint; I shall throw from my stomach more than a quart of water. There will be no delirium after to-morrow, 3 o'clock, until the 20th, and then it will not be much. On Saturday I will give you further directions.

March 9th. Just as yesterday. Mesmerized into sleep-waking, and the delirium ceased. At five minutes after 3 P. M., I aroused her, quite free from delirium; but she thought it was still Saturday, having lost the time during which, in her waking state, she had been delirious.

March 10th. Quite collected; side painful, breathing oppressed. Mesmerized.

March 11th. Mesmerized two hours and a half; chest more uneasy.

March 12th. Mesmerized four hours; feels faint, and has thrown from her stomach two quarts and half a pint of water. During sleep-waking, she said, "I shall have three very severe spasms about the heart in a quarter of an hour." They took place. Mrs. Bird also added, "I shall, on the 3d of April, have a very severe fit of tic, but I will tell you more about it on Saturday. If, when I throw the coating from my stomach, Mr. Parker will analyse it, he will find it contains arsenic."

March 13th. Tumor has discharged, and Mrs. Bird has thrown nearly a pint and a half more water from her stomach. Mesmerized, and said, "I shall, in ten or fifteen minutes, have three severe spasms about the heart." They took place; her screams and convulsions were frightful. Mr. Parker, who was present, said he never saw any more severe. After they were over, she said, "There's an end of the ill effects of my friend's forgetting to put laudanum on my chest."

March 14th. Mesmerized, and seems better. During the sitting, she gave the following directions: "Let me have as much mesmerism as possible next week, any time any day, except on the 20th, when it should be in the evening. I shall wander slightly on that day; Saturday be exhausted; Sunday poorly, but better; Monday still better; Tuesday a severe head-ache. The tic, on the 3d of April, will commence at 10 o'clock, A. M., and end at 3 P. M.; from 2 to 3, it will be at the worst. After the tic, six violent spasms; when they are over, let two teaspoonfuls of laudanum be rubbed on the chest and stomach."

March 16th and 17th. More comfortable; mesmerized both days.

March 20th. Breathing bad. Mesmerized, and said, "The water is again collected on my chest. I must as much as possible avoid the recumbent position, even at night, and have some medicine to promote the swelling of my feet. I was to have been better to-morrow, Sunday and Monday, and so I shall, except the breathing, which will be worse on these days."

March 21st. Breathing still bad. Mesmerized, and said, "The water in my chest is increased; the medicine and liniment have been of use; without them, the increase would have been greater. Passes down the back and chest will be beneficial." I followed her directions.

March 23d. Breathing very bad. Soon after she was under the influence of mesmerism, very distressing attacks of difficult breathing commenced, threatening suffocation. In the first and second she suffered very much, starting on her feet; in that state became quite rigid; and in a minute or two relaxed, and was left perfectly powerless. She then said, "You must keep me leaning forward, or I shall die; you must use any force to do it. I shall have six more attacks; do not fear, and I shall be safe." The six paroxysms took place, and I had to use great pressure to prevent her rising. After this, she said, "I shall throw water from my stomach about 5 o'clock to-morrow morning, and more before noon. Mesmerism will not take full effect on me on the 3d of April, until 3 o'clock."

March 23d. Threw about two quarts of water from her stomach about 5 o'clock in the morning, and rather more than a pint at 10. Mesmerized into sleep-waking, and said, "I shall throw more water from my stomach before 5 o'clock this evening."

March 24th. A pint more of water was ejected after I left yesterday. Feels weak, but two hours and a half mesmerizing refreshed her.

March 25th. Rather better, but suffers from not being able to lie down; feet swollen. Mesmerized four hours.

March 26th and 27th. Looks better, but is still weak. Mesmerized both days.

March 28th. Mesmerized two hours and a half; has a watery rash, which in her sleep-waking she says is on the inside of her stomach, as well as on the external parts of the body.

March 29th. Mesmerized one hour and three quarters. No water in the chest; feet less swollen.

March 30th. Rash still bad. Mesmerized, and said, "My stomach is very much irritated."

[To be concluded in the next number.]