

duced rests upon evidence by no means satisfactory or conclusive.

The following extract will exhibit the method adopted by the author to elicit Mesmeric coma :—

Coma.—I usually procure in the following manner, and am inclined to think that its comparative rarity in Europe is owing to the mesmeric influence not being at once sufficiently concentrated on the patient, by transmitting it to his brain from all the organs of the operator, and through every channel by which it can be communicated. With the necessary degree of patience, and sustained attention, the following process is so effectual in producing coma, that in a large enough field, and with properly instructed assistants, it may here be obtained daily, for the purpose of procuring insensibility to surgical operations. No trial under an hour should be reckoned a fair one; two hours are better; and the most perfect success will often follow frequent failures, but insensibility is sometimes induced in a few minutes.

Desire the patient to lie down, and compose himself to sleep, taking care, if you wish to operate, that he does not know your intention: this object may be gained by saying it is only a trial; for fear and expectation are destructive to the physical impression required. Bring the crown of the patient's head to the end of the bed, and seat yourself so as to be able to bring your face into contact with his, and extend your hands to the pit of the stomach, when it is wished; make the room dark, enjoin quiet, and then shutting your patient's eyes, begin to pass both your hands in the shape of claws, slowly, within an inch of the surface, from the back of the head to the pit of the stomach, dwelling for several minutes over the eyes, nose, and mouth, and then passing down each side of the neck, go downwards to the pit of the stomach, keeping your hands suspended there for some time. Repeat this process steadily for a quarter of an hour, breathing gently on the head and eyes all the time. The longitudinal passes may then be advantageously terminated, by placing both hands gently, but firmly, on the pit of the stomach and sides;—the perpiration and saliva seem also to aid the effect on the system.

In the quotation which we have now given, it will be perceived, and the same thing is developed in various pages of the volume, that the author accounts for the Mesmeric phenomena, on the supposition of an influence emanating from the organs of the operator, and concentrated in the patient. The theory which is thus propounded, savours strongly of the wild and vague speculations of Mesmer, on the equally erroneous, although more plausible, because more logically demonstrated, hypothesis of Townsend. In reasoning on the manner in which Mesmeric states are induced, we must observe, that no proof whatever has been yet afforded of such emanating influences; and we think, that Mr. Braid has approximated the most closely, to the probable reality, in assigning the phenomena to mental impressions in the first place, which, by strong concentration, secondarily alter or affect the balance of the circulation of the blood between the brain and spinal cord, and the extremities, determining it to the two former in abnormal proportion.

In conclusion, for we have now devoted more space to this article than was our original intention—the subject of Mesmerism is either true, or it is false. Undoubtedly many extravagancies have been perpetrated under its name: but is *every thing* which has been recorded of it extravagant, or is *every thing* equally so? The volume which we have thus critically examined, may make us pause before answering such a question affirmatively. It behoves the Profession now to examine the subject for themselves. If false let it be *proved* to be so; if true, no matter to how trifling an extent, let its therapeutic value,

to that extent, be determined. Dr. Esdaile, in summing up the results of his experience, thus remarks :—

"I beg to state, for the satisfaction of those who have not yet a practical knowledge of the subject, that I have seen no bad consequences whatever arise from persons having been operated on when in the Mesmeric trance;" and "less constitutional disturbance has followed than under ordinary circumstances;"—

a strong inducement to the prosecution of further experiments.

PRACTICE OF MEDICINE AND PATHOLOGY.

Treatment of 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 hydriodate 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 5j. 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, 5j. to 3xx. 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 alkalis 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. (Mr. Phillips)

In scrofulous abscesses, white swelling, chronic eczema, goitre, ulcerated ganglia, herpes, lichen, ulcerated lupus, macule, ophthalmia (chronic) complicated with ulcerating keratitis, have received much benefit by treatment with the new triple compound of chlorine, iodine, and mercury. "Iodhydrargirite de chlorure mercurieux." (M. Rochard.)—*Braithwaite's Retrospect*.

Physical Signs of Incipient Phthisis.—M. Dubini has communicated the results of his researches into this difficult subject in semeiology. His ideas are for the most part in accordance with those of Fournet, Jackson, Louis, and others, to which he gives valuable confirmation.

In order to study the true signification of modifications of the expiratory murmur, as a diagnostic sign in incipient tubercularization, M. Dubini first endeavours to form an exact appreciation of this murmur in a state of health. As regards its duration and intensity, he adopts the scale of Fournet, which makes it as two, the respiration being as ten, in preference to the evaluation of Barth and Roger. He also lays great stress on the observations of Louis, who found the expiratory murmur prolonged under the right clavicle, but never under the left, in seventeen females exempt from pulmonary disease.

Prolonged expiration is not exclusive! confined to the first stage of phthisis; it is met with in chlorosis, in pulmonary oedema, in severe heart diseases, in pleuritic effusions, in bronchitis, and in emphysema; but in emphysema, the expiration is whistling; in bronchitis, which is seldom partial, the whistling expiratory murmur is generally diffused over the chest; and so in other diseases in which the prolonged expiration is present, it exhibits certain peculiarities which distinguish it from the prolonged expiration due to tubercular deposit.

M. Dubini does not regard the above sign as constant in all varieties of tubercular deposit; it is absent when the matter is agglomerated in voluminous masses, (crude tubercle,) between which the pulmonary tissue remains crepitant. The variety in which it is commonly noticed is that which consists in a general infiltration of the pulmonary tissues with miliary granulations. It appears then that prolonged expiration may exist without tubercles, and tubercles without prolonged expiration; but there can be little fear of error when the expiratory bruit is persistent and rough, and more especially if it is unequal, interrupted, and limited to one or other subclavicular region. The diagnosis is rendered next to infallible, if, with this sign, there are accompanying general symptoms proper to the disease.—*Gazette Médicale*, No. 51, 1846.