bed-scene. The gentleman says—"As for hydropathy as a general specific, it is utter nonsense. Gout and rheumatism are relieved, and some cases of fever it succeeds in, and people of long-standing habitual constipation seem to have benefited; but in asthma, tic, acute diseases, dropsy, apoplexy, or surgical cases, it is of course an utter failure. Good is no doubt done by early hours, exercise, and abstinence, but a cure never or rarely effected. Dr. — is a conceited, impudent, off-hand sort of a person, and he goes about telling everybody of his success and wondrous cures. He states he has cured Lord —, but this I do not believe to be the fact. The general class of patients here are old Indians from Cheltenham, hypochondriacal ladies, and dyspeptics. What is useful in hydropathy will be added to general practice, and then it will follow St. John Long, mustard-seed, and brandy and salt. The system is new, and may perhaps last a year or two.

"On my arrival here I was subjected to the sweating process—four blankets and a feather-bed over me—and in ten minutes I felt giddy, the room ran round, lights came before my eyes, and just before consciousness departed I flew out of bed. Once more I tried it with a similar effect, adding vomiting to all the other disagreeables. Had I had a fit the danger would have been imminent. I therefore gave up all idea of submitting to further mountebank folly. The whole affair is a humbug, as far as its being a universal cure."

I am not acquainted with this gentleman, and have had no opportunity of knowing what the complaint was that called for the administration of this heroic remedy; but be this as it may, the patient, it appears, had complete nausea, and it is very desirable that this gentleman's opinion, derived from personal experience, should be widely disseminated, in order that these mysterious doings should not be kept secret; for, indeed, I fear that in some instances, could the whole truth be made manifest, it is not to be doubted that death would speedily follow the employment of this rude and extraordinary remedy. Whether homicide in such cases is considered in the eye of the law as justifiable, I am not lawyer enough to determine; but it is a point, in all probability, which will not long remain undetermined, should this mode of treatment prevail to any extent, for coroners generally are not negligent people, and should such a case be presented and a legal opinion sought, they will not fail to charge the jury to the effect that it is contrary to the spirit and intention of the law of England that death should thus be brought upon her Majesty's liege subjects by these experimental bed sweatings.

Eliz. Sherwood, aged forty-five, who had been occasionally a patient of the Worcester Infirmary, and had been for a long time complaining of pain in her limbs, between the shoulders, and in the chest, and had also had occasional attacks of difficulty of breathing, would, had she followed out the plan, have fallen a victim to this barbarous treatment. She went to the water-doctor in the month of August, who assured her he could cure her in a fortnight. He commenced the treatment by having the stomach and bowels fomented with hot flannels, and cold wet rollers were put as a bandage around the knees and ankles. Shortly afterwards she was every day put under a

bed prepared in the following manner:—She was first of all enveloped in a blanket, and upon which two others were placed and a coverlet; to the weight of which was superadded a feather bed. Under all of these she lay for two hours and a half, or until a profuse perspiration broke out. She then left the bed, and was put into a bath eighteen inches in depth, and was well rubbed. After this she dressed herself, and walked out, and whilst in exercise drank some cold water. She was ordered to drink nothing but water, or milk and water, and to observe strictly a low regimen.

This plan she followed five weeks, when she became much emaciated and reduced in strength, and, to use her own expression, was ready to die, and all her usual symptoms were aggravated rather than relieved. She, therefore, made up her mind to abandon the course, and to apply for relief to the Worcester Infirmary, where she was admitted on the 1st of October, suffering greatly from weakness and emaciation, and being much affected by difficulty of breathing, and pain in the chest and limbs. She was put upon good diet, and was ordered a blister to her chest. Soothing medicines were given, under which she soon began to improve, and in a month was nearly convalescent.

REMARKS.

This is a notable instance of the application of the smothering and sweating bed-process to a poor, half starved hypochondriacal woman, already brought into a great state of weakness and misery by poverty and wretchedness. No wonder that, after submitting to this exhausting system for five weeks, she should find herself *ready to die*, and dreading what might occur, give up further trial of it. It may further be observed, that the adoption of a very spare diet and active exercise, in a poor, worn down patient, who had for years been scarcely able to get food enough to keep body and soul together, was anything but judicious. No doubt a diet of rice and simple food, together with active exercise in the salubrious air of Malvern, is well calculated to restore the lost tone of stomach of the corpulent alderman or of the country squire, who may have pampered his appetite and stimulated his stomach to enervation, by all the piquant dishes which the art of cookery so well knows how to supply; but to apply this same regimen to the cure of a poor, half-starved patient, seems contrary to all rational treatment. In fact, the event of the case proves the accuracy of these remarks, for no sooner did she get into the infirmary, where she had a more nourishing diet, and was freed from the annoyance resulting from the water applications, than she became much better, and in a month was enabled to return home nearly convalescent.

CAULIFLOWER EXCRESCENCE OF THE ANUS—SCIRRHUS OF THE PANCREAS—CONTRACTION OF THE DUODENUM—HYDATID OF THE BRAIN.

By J. TANNER, Esq., Surgeon, Ledbury.

On Sunday, October 3, 1841, I was sent for, for the first time, to see a well known sportsman, of frugal habits, aged fifty-one, living about eight miles from hence. The following is a brief history of his case:—

Has for twenty-five years suffered severely from indigestion, for the relief of which he has consulted at different times upwards of thirty medical men, with little, if any, permanent relief. The leading symptoms were—vomiting after taking food, occasionally accompanied by the most intense pain in the epigastric and hypochondriac regions, which would sometimes last, without a moment's abatement, for forty-eight hours, and sometimes produce insensibility; for three months together the disorder has prevented his having one good night's rest. Attacks would occasionally come on whilst pursuing the chase, and oblige him to dismount, and roll upon the ground in the most intense agony. Pressure at these times seemed to relieve him; the pain would now and then give way as suddenly as it arose, in which case he would remount and pursue the exciting sport. For the last five years, from the recommendation of an acquaintance, he has taken carbonate of soda in large quantities, to the amount occasionally of a pound in a week; this was the only thing that appeared at all to relieve him. His appetite, during the above period, has generally been good—in fact, he could, at any time, have eaten with avidity immediately after vomiting, but refrained, as he was well aware his only comfort was an empty stomach; the excretions were scanty. For some months past, in addition to his "old complaint," he has had occasionally confusion about his head, giddiness, and loss of vision; when turning round suddenly, or looking up, he would stagger and nearly lose his equilibrium, and objects have appeared to wear a red or yellow color; these symptoms, however, were never so violent as to prevent his following his usual avocations; sensation and volition were always intact. For this affection of the head he has been bled twice or thrice, but nothing more has been done. Furthermore, for the last eighteen months he has suffered much inconvenience from a copious discharge of watery fluid from the anus, to the amount of some ounces per diem; the discharge is occasionally mixed with blood; he suffers no pain in the part excepting from injury.

Present State.—Complains of twitching all over him, especially when touched; if tapped gently on any part of the head, the limbs spring as if from an electric shock; has great confusion about the head, with wandering, but mind perfectly normal when aroused; describes accurately the history of his case, and wonders much what can be the cause of his present symptoms; has lost strength and flesh rapidly since Thursday last, on which day he was out hunting, and felt much as usual, but weaker; in now attempting to walk he feels giddy, and totters; has no pain or heat about his head, nor any aversion to light; pupils rather contracted; he throws up what he takes, but does not feel sick; no appetite; is thirsty as usual; bowels natural, and makes plenty of clear, pale-colored urine, which does not coagulate when heated; pulse feeble, soft, and quick; skin cool and dry. Upon examining the anus, an excrescence, the size of a walnut, presented itself; its surface uneven, dense, and unyielding in texture, covered by mucous membrane, and discharging copiously a watery fluid; the tumor was evidently of that kind described by Clarke as cauliflower excrescence.

The treatment consisted in the use of a spirit lotion

to the head, sinapisms to the feet, aperients, calomel, and morphine; depletion, under all the circumstances, was not deemed advisable. Although he continued to get worse, yet he retained his consciousness for the first forty-eight hours; he had, however, occasionally epileptic fits (and of this character, I consider, were the attacks spoken of in the history of his case); after this period he became comatose, having fits occasionally; and expired at four o'clock, a.m., on Thursday, ninety hours after my first visit.

Autopsy Forty-eight Hours after Death.

Head.—Vessels of dura mater and brain much distended with dark blood; no inflammation of cerebral membranes; serum beneath the arachnoid, and an ounce and a half in lateral ventricles; immediately anterior to the corpora quadrigemina, and above the foramen of Monro, was an hydatid sac, about the size of a small nutmeg; the sac had given way, and the contents had escaped into the ventricles; around this the brain was softened to the extent of an inch and a half; all the other parts of the brain were healthy.

Abdomen.—He has oblique inguinal hernia of right side, easily reducible. Upon opening the abdominal cavity the general appearance was healthy, but upon further examination the stomach was found double its usual size, and its coats thickened, but in other respects it was healthy; pyloric orifice natural; the duodenum at its first turn was firmly adherent for an inch to the head of the pancreas, which was much enlarged, and measured upwards of three and a half inches in a transverse diameter; when cut into it presented a light color, and was of a firm gristly texture; the appearance of the connection was that of puckering in, as when the nipple is drawn when the neighbouring mammary gland is scirrhous; the intestine was not diseased, though contracted by the above connection, so as to admit with difficulty the passage of a goose quill; small cicatrices were visible in the mucous coat of the intestine, above and below the strictured part; the rectum was healthy, as were all the other viscera.

May not the pathology of this case be, that first the pancreas became diseased, the intestine was next implicated, and the stomach thirdly deranged; the brain affection was probably brought on by reflected irritation and the directly exciting effects of pain?

Ledbury, Nov. 4, 1812.

ANOTHER MAN WITH THREE TESTICLES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Allow me to inquire, through the medium of your valuable Periodical, in reference to the notice of a man with three testicles, detailed in your last Number, whether or not any injury occurred during infancy to the right testicle, by which it might have been divided and the appearance of two testicles produced. I have a patient in every respect like the man mentioned by Dr. Macann; but the supernumerary testicle is situate on the opposite side. On the right side of the raphe there is a testicle of normal size; on the left are two bodies, or testicles, as they may be termed, nearly equal in size, but neither quite as large as the regular testicle. They are not in im-