and experiments brought forward by the disciples of Mesmer, or the more recent curiosities of the hypnotologists, because we deem them absurd, or unworthy of record in the pages of a scientific journal, but for the following reasons, which we shall endeavour to comprise in as brief space as possible.

It is clear that if the phenomena of magnetism are to be examined in a scientific manner, they must be examined as part and parcel of human physiology. Animal magnetism, divested of its mysteries, is merely a certain influence, the nature of which is unknown, but which is said to produce certain effects on the living body. These effects are chiefly, if not exclusively, confined to the nervous system. The influence is said to be conveyed from one living body to another by means of certain manipulations, or nervous phenomena are said to be excited in an individual by certain acts of his own. Now, we repeat that all the questions involved in this matter are questions of human physiology, and should be resolved in the same manner as other questions connected with physiology. Whenever this shall be done—whenever any competent, honest, and impartial observers, shall investigate the phenomena alluded to in a scientific spirit, guided by the rules common to all scientific inquiries, and evidently seeking truth for truth's sake—then shall we readily publish the results of their researches, and direct public attention to the subject of their inquiries—but not till then. Can any one for a moment pretend that the melancholy exhibitions which afflicted the friends of medical science in London a few years back, or the half-crown prelections of itinerant orators in the provinces, should be confounded with scientific demonstrations? Has a similar course been pursued with respect to any other physiological investigation?—or can any faith be placed in facts, any weight attached to experiments, which are thus forced upon the public to gratify personal vanity or a despicable love of worldly gain? Assuredly not. A crowded theatre is not the place in which a complex and highly difficult problem of physiology can be solved, nor are the *petit-maitres*, either of town or country, proper judges of a subject which, if it be not a vain dream, involves the most extraordinary and mysterious train of phenomena that have ever been submitted to the intellect of man.

Let us have any facts from a respectable source—the history of any experiments performed in a scientific manner, and by men who are above reproach—and we shall pay to them the attention which they merit; but we shall not indirectly assist a parcel of charlatans, fools, or designing philosophers, to disgrace their profession, and extract money from the pockets of the public, under pretence of the pursuit of truth.”

In the preceding observations we cannot find a single expression which, on mature consideration, we feel called upon to retract. The dignity and respectability of the medical profession have received a heavy blow from the mountebank exhibitions of medical Mesmerisers; and, in our humble opinion, it behoves every true member of that profession to discountenance such proceedings in the most decided manner. The existence of some feeling of this kind readily explains the reason why medical men have hitherto

avoided contact with professional magnetisers; but their disinclination to investigate the subject might, perhaps, be justified on different and more rational grounds. Mesmerism has frequently been weighed in the balance of scientific investigation, and found wanting. On every occasion that the alleged phenomena of animal magnetism have been carefully examined, and tested by scientific men, they have been proved to be delusions. It is unnecessary to cite examples from foreign countries; the test has been applied at home. Mr. Wakley proved, in the most decisive manner, that Dr. Elliotson had been grossly deceived by the Okeys. But it may be said, though the Okeys were imposters, and Dr. Elliotson rather soft, it does not follow that all other examples of Mesmeric power are delusions. To this we would reply, that there are limits to human patience, although there be none to human credulity. Where imposture has been proved in numerous series of phenomena, it were unreasonable to require any investigation of analogous occurrences. Without some limitation the thing would never have an end; for, after the exposure of any given deception, a fresh claimant would arise, declaring himself to be the true prophet.

But if we give way to our reflections we shall never have done ourselves; we, therefore, conclude, as we commenced, by assuring our respected correspondent that we are not opposed to the investigation of truth, and that we would willingly see the *rational* questions which he proposes, submitted to careful, and properly directed, inquiry. They are, however, in no way connected with Mesmerism.

CLINICAL

LECTURE ON LITHOTOMY,

By WILLIAM FERGUSSON, Esq.,

Professor of Surgery in King's College, and Surgeon to King's College Hospital.

October 27, 1842.

GENTLEMEN,—Although I stated at a previous lecture that I was unwilling, at this period of the course, to occupy your attention with such a subject as lithotomy until I should have noticed many others of more common occurrence in ordinary practice, I still feel reluctant to permit our present opportunities to pass without some reference to the operations which you have lately seen performed, as I may possibly not have cases at another time, when, as your studies have advanced, you will be more prepared to understand all that may be said on a subject which usually is looked upon as one of considerable difficulty, and only to be studied by those who have become familiar with the more common cases in surgery.

Some days ago you saw me operate for stone on a child six years of age, when I gave you the history of the case, and my reasons for performing lithotomy. Two days after I performed a similar operation on an adult, and this case I mean to make the subject of this day's lecture.

CASE.—Edward Minister, aged seventy-five, was admitted October 8, 1842. Born in Norfolk, of a Norfolk family on both sides. An uncle on the mother's side died above a hundred years old with stone in the bladder. All his family have been long-lived.

About thirty-six years ago he suffered violent pain in the left loin, which lasted for a fortnight, and then subsided suddenly, having seemingly followed the course of the ureter. He passed no blood or gravel that he was aware of, and continued well for about sixteen years. Twenty years ago he had a similar attack, which terminated on his passing a calculus about half the size of a coffee bean, and he has been subject to similar attacks occasionally ever since, but never passed any stone or gravel. For the last fifteen years he has passed urine mixed with ropy mucus and blood, but has never noticed that it was caused by unusual exercise. More than eight years ago the patient first observed his water stop suddenly while he was passing it, but it would flow again when he changed his position. He has continued with these symptoms, varying in intensity, to the present time, and has latterly suffered great agony, being obliged to keep almost constantly in bed, and to void his urine every half hour. He had been sounded repeatedly by different practitioners, but a stone had not been detected until about eight months ago, when Mr. Fergusson first saw him.

October 15. Since the admission of this patient his symptoms speedily became less distressing, and he is now able to retain his urine for six or eight hours at a time. At half-past one to-day Mr. Fergusson performed the operation of lithotomy upon him, and extracted a stone of considerable size, weighing nearly two ounces, and measuring five inches and a half in circumference, of the mulberry character, but coated externally with a phosphatic deposit.

16. After the operation until two o'clock this morning he has remained in a state of collapse, with small and frequent pulse, cold extremities; would take nothing but a tablespoonful of brandy and water at a time, which he vomited almost immediately. Various cordials were administered; laudanum and creasote were used, but with no good effect. From two o'clock till eight he gradually rallied, but again fell into a state of great depression; he now sunk into a quiet sleep, and awoke after six hours much refreshed. Pulse stronger; surface more natural, and no disposition to vomit; bowels have been opened thrice since the operation; urine passing freely by the wound. Has partaken of tea and coffee at different times, and in the afternoon has had a pint of arrow-root with wine. In the evening, pulse has become hard and frequent; tongue dry, and slightly furred; no tenderness over the region of the bladder; less water has passed than during the previous evening. To have a drachm of liquor ammoniæ acetatis every hour.

17. Slept well, and feels refreshed and cheerful. Pulse fuller and slower; tongue moist; skin warm; no lymph effused on the wound, which looks as if made only a few hours before. In the evening, symptoms much the same, but inflammatory action in the wound, the surface being now coated with lymph. Omit liquor ammoniæ acetatis. To have half an ounce of castor oil.

November 9. Five days after the operation a film

of slough separated from the surface of the wound, which then assumed a healthy appearance, and has gradually continued to close. The water still passes by the opening, although occasionally a few drops have come by the natural tube. A catheter was passed by the penis on the 3rd instant, and again yesterday, without either difficulty or pain. Sleeps well; appetite good; bowels regular; requires no medicine, and has no complaint excepting weakness, and from the urine not coming the regular way.

When this patient first presented himself to my notice, I felt assured that nothing could relieve him from his sufferings but an operation; and, from various features in the case, concluded that lithotomy was the only eligible mode of procedure. Considering the size of the stone, the age of the patient, and particularly the pain he suffered under the process of sounding, I could not hope for a favorable result from any lithotritic proceedings, which, under the circumstances, I could only anticipate would be of a very protracted and uncertain kind. At the same time, I could not feel sanguine as to the success of lithotomy, as the advanced age of the patient, as well as the supposed magnitude of the stone, were formidable objections to such a step. In giving my opinion of the case, I stated these circumstances to the patient, and at the same time, as he seemed to be in excellent health otherwise, that there was nothing to induce me to suppose that the operation would be more than usually hazardous, that I should undertake it if he thought proper, but that I should leave it to himself and his friends to determine whether he should incur the risk necessary to relieve him from his distressing complaint. Shortly after I learnt that he himself had a wish to submit to an operation, but his friends dissuaded him from it, until, after the lapse of more than half a year, his sufferings becoming extreme, and feeling his life a burden, he was induced to ask me to do what I thought best for him. Having had no reason to alter my original opinion, I therefore determined to perform lithotomy; and you saw me do so in the manner in which I am usually in the habit of performing that operation.

As a looker-on and pupil cannot fully appreciate all the steps, I shall now detail them as they were conducted in this case, and make such remarks as may serve to elucidate the nature of the whole proceeding.

First, as this patient seemed to have suffered more than usual irritation previous to his admission, I deemed it advisable to delay the operation until the bladder should assume a more healthy condition, and with this view he was kept quiet in the house, and ordered small doses of carbonate of soda with pulv. rhei, in the hope that the urine might be rendered less irritating, and that the bowels should be freely evacuated. I wished him also to become, in some measure, accustomed to his new bed and strange attendants; for, though not in the habit of resorting to much preliminary treatment in such cases, unless evident circumstances should render this necessary, I deemed this one requiring more than usual attention. You saw that the patient improved during his residence in the house, and supposing that he could not possibly be under a more favorable state than at that time, I fixed on the 15th of October for the operation.

When the patient was placed on the table, the first step in the proceedings was to introduce the staff, a manœuvre which, in my opinion, should in general be effected before the patient is tied up, and one which should be done slowly and carefully, so that the operator may feel quite assured that the point of the instrument is actually within the bladder. Sometimes, when the stone is difficult to detect, it may be advisable to use a sound immediately before the staff is inserted; but here the object was so palpable that the latter instrument was at once laid against it, and thus I was assured that the staff was most favorably placed to act as a guide to the bladder for both knife and finger. The handle of the staff was then given in charge of an assistant, and the patient was next tied up in the usual manner, when you saw me, after laying within my reach all the instruments I was likely to require, sit down opposite the perineum, and proceed with the operation. Whether you have examined the prostate through the rectum at any previous period or not, it is as well at the present time to introduce the finger into the gut, as you can thus appreciate, in the most correct manner, the depth of the gland from the surface of the perineum.

Having done so, I then made the first incision through the skin and cellular tissue immediately below. The wound extended from an inch and three quarters in front of the anus, more than an inch behind that aperture, and beginning a little to the left of the raphe, was continued on that side of the perineum, passing about midway between the anus and tuberosity of the ischium. Again the knife was applied to divide the cellular tissue in the upper or fore part of the wound, when the forefinger of the left hand was thrust into the gap, so as to enable me to feel the groove in the staff. I then introduced the point of the knife, keeping it slightly above the line of my finger, and having assured myself, by moving it against the metal, that it really was within the groove, I then carried it onwards until it reached the bladder. In this movement I imagine that I laid open the membranous portion of the urethra, divided the fibres forming Wilson's muscle, a few of those of the levator ani, and cut a notch in the anterior part of the prostate gland. The knife was then withdrawn, and the point of the left forefinger having been placed against the groove, was pushed along into the bladder with a degree of force, which, besides causing dilatation, in all probability produced slight laceration likewise. Having felt the stone, and placed the finger upon it, the staff was removed, and the forceps were then introduced along the back of the finger, the latter being gradually withdrawn as the former passed deeper. It would be perceived that, as soon as the instrument had entered the bladder, a gush of urine occurred, at which time the blades were opened, and the stone was immediately grasped. Previous examinations had led me to expect that the stone was of considerable bulk, and accordingly I was not astonished to ascertain the reality of this conjecture. I knew that extraction could not be accomplished at once through such a wound as that which I had made, but I supposed that with a little patience and a proper use of the forceps and fingers, I should at last succeed without again having recourse to the use of the knife. With these views, then, I commenced extraction, and

the first movement was one which I invariably make at this period of the proceedings—viz., turning the forceps and stone in such a manner as to make sure that no part of the wound or bladder had been grasped along with the calculus; being satisfied on this point, I then began to draw the instrument towards me, and in doing so moved the handles in various directions, taking care that the greater part of the force should be in a line towards the floor, so that the stone should be brought through the middle of the wound, and the widest part of the perineum at the same time. Occasionally, as you would perceive, the fingers of the left hand were put upon the wound, to keep the parts steady, and force back any object that seemed to impede the outward progress of the stone. During these movements I felt the textures gradually yielding, and that the stone was coming towards me. Had this not been so, I should have introduced a probe-pointed blade, and enlarged the wound, by cutting an additional portion of the left lobe of the prostate, or probably dividing any texture that seemed to offer resistance. By a steady and, as I imagined, well-directed force, the proceeding was accomplished, and thus the operation was completed; but you will remember that immediately after extraction I removed with the knife a pellet of texture from the surface of the wound, which I stated at the time might either be a portion of the fat and cellular tissue of the perineum, or possibly a part of the prostate gland. Perhaps it was of no moment whether I left this or removed it, but I preferred the latter, under the impression that the surface of the wound would thus be rendered more smooth, that the urine would get more freely away, and that there would also be left a smaller extent of surface, with which that irritating fluid would come in contact. I did not anticipate any evil results from this proceeding, and therefore had no hesitation in taking the substance away. The perineum seemed deeper than I could have imagined in a patient somewhat emaciated in all other parts of the body, and I was of opinion that the loss of substance here would cause no serious harm, even under the supposition that it was a part of the prostate. At the time I fancied that it might be the middle lobe of this gland in an enlarged condition which had been partially dragged away by the rough surface of the stone, but on reflecting afterwards that I had not felt any remarkable enlargement of this part when I first carried my finger into the bladder, and also that the substance removed by the knife was separated close to the skin, and therefore far from the prostate gland, I could not suppose this to be the case. Dr. Todd has since examined the texture under the microscope, and states that it certainly is not a portion of the prostate, although it does not show the ordinary characters of fat and cellular tissue. Whatever it may have been, you have had an opportunity of observing that its removal has produced no injurious result. The urine has been tardy in resuming its natural course; the wound in the perineum has been somewhat longer of closing than usual, probably on account of this loss of substance, although, after all, the greater part of it has healed more rapidly than might have been anticipated at the patient's advanced age, and in a case where the aperture was of necessity larger than the average extent.

The history of this case, since it came under your notice, gives a fair illustration of an ordinary example of the kind, wherein an operation has been successful. No peculiar treatment was resorted to before the proceeding, excepting what has been already referred to; no unusual difficulty was experienced in cutting into the bladder or extracting the stone further than had been anticipated, and after the shock of the operation had gone off there was not in the whole progress of the case a single bad symptom. According to my usual custom, I made a free opening in the skin, but a very limited one internally. This, doubtless, caused more difficulty in extracting the stone; and the advocates for free incisions in the neck of the bladder contend that both contusion and laceration are thus produced. Even admitting this (and I am not prepared to deny it), I believe that there is less danger in such a mode of operating than by a free division of the prostate with the knife. So long as a portion of this gland remains entire, I am of opinion that there is less chance of inflammation extending from the surface of the wound to the bladder and peritoneum, and less probability of infiltration of urine than when the parts have been extensively divided with the knife. With a very large stone I should not hesitate about taking the latter course, if I found that division of a portion of the right lobe of the prostate, as well as the left, would not suffice, but with such a stone as you saw removed in this instance (one far above the average size), an additional incision was not deemed necessary; and as the result of this practice is probably the best means of judging of its value, I need only refer to it in this instance. I do not ground these opinions, however, on one example alone, but on many, which I have witnessed, both in my own practice and that of others. In various instances in which you have seen me perform lithotomy in this theatre, I did not find it necessary to use the knife after my finger was once in the bladder, and in all these a very limited incision was made in the deep part of the wound, yet there has been neither serious difficulty in extraction nor bad results afterwards. The boy on whom I operated two days before this old man was cut, was treated in this way, and the result has here also been most satisfactory.

The progress of the case since the few first days after the operation, affords me no opportunity for especial remarks. It was stated in one of the reports in the case-book, that a slough had separated from the surface of the wound, but this, as you may remember, was a very small one, and such as is often seen in similar instances. The urine leaves a concretion on the surface, and, mingled with the layer of lymph first deposited on the wound, forms a cake, which assumes the appearance of a slough of thicker dimensions than it is in reality. Perhaps in these cases there is no loss of the original textures, the newly formed lymph being all that is thrown off with the concrete surface.

Nov. 24. Since the last report the patient has gone on favorably. He now walks about the ward in excellent health and spirits for one at his age. Part of the urine still comes by the wound, which is now closed to a small point. A pad has been ordered to be retained with a T bandage, and the orifice has been touched with the sulphate of copper.

CLINICAL LECTURES

DELIVERED AT THE

METROPOLITAN FREE HOSPITAL,

BY MR. BENNETT LUCAS,

Senior Surgeon to the Institution, and one of the Lecturers on Anatomy and Physiology at the Westminster Hospital School of Medicine.

Lecture I.—Nov. 18, 1842.

GENTLEMEN,—It has been the usual custom, since the foundation of this medical charity, for the physicians and surgeons connected with it to offer practical observations to the students in attendance upon its practice, on the nature of the several cases, as each presented itself; and to follow up, as far as the peculiar constitution of the charity permitted, the history of each case and the effects of the remedies prescribed, from the time the patient was first admitted, to the period of his name being erased from the books, or to his having delivered up his letter.

In addition to this beneficial method of practical instruction, the physicians and surgeons have deemed it advisable to deliver distinct and regular courses of lectures, which will embody the most instructive cases; by which arrangement many circumstances connected with their history, nature, and treatment, which might have escaped observation, or which might not have impressed themselves forcibly on the mind of the student, will be again brought before him and fixed more permanently upon his remembrance. In pursuance of these intentions, I have been requested to give the introductory discourse, and I shall avail myself of the present opportunity to make a few observations upon the constitution and objects of the Metropolitan Free Hospital, and upon the materials it affords for accomplishing our purpose.

The Metropolitan Free Hospital was established in the year 1836, and since that time to the present it has unostentatiously and steadily progressed in extending the benevolent intentions of its supporters, and in acquiring the countenance and good wishes of the public generally. When it was first established, it rested its claims to public support and confidence on the grand principle of not requiring at the hands of any patient a letter of recommendation from a governor. Destitution and sickness have always been recognised as the only passports essential to the admission of their unfortunate representatives; and it is not advancing too much, when I state that in this particular the Metropolitan Free Hospital differs from many of the medical charities which abound in this metropolis.

As you may readily anticipate, the moment the existence of such an institution became known, crowds of poor patients thronged its doors—a fact which at once testified to its value and indispensability; and the yearly increase of patients from its foundation to the present time is a further proof of the great amount of good it has been daily effecting, and of the confidence the poor patients themselves have in the means placed at the disposal of the medical officers for their relief, and in the manner such means are employed. The founders of the institution, in their zealous anxiety to emulate the philanthropy of other but wealthier medical charities, and accommodate a number of in-door patients—and cal-