tinued about a week, and ended in an attack of hæmatemesis, when he vomited up more than a pint of dark colored blood. From that period his appetite decreased, and came again at intervals. He could eat a fair quantity of food, but invariably the stomach rejected the ingesta an hour after meals. He never had any color, but his face latterly assumed a very sallow aspect. He wasted away much, until œdema of the lower extremities supervened, and also of the face and eyelids. The bowels were regular, but he could scarcely get any sleep at night; he was continually subject to night sweats. He had frequent attacks of epistaxis, occurring always at night, and difficult to suppress. The eyes were bloodshot, and had been so since the hæmatemesis. For these symptoms he had been attended at home during five months, but gradually getting worse, he applied to enter into the infirmary on the 18th of October, 1842.

On admission he presented the following appearances:—Countenance sallow, and of a malignant aspect; extensive chemosis; œdema of the eyelids; respiration hurried; tongue coated; pulse 120, full, and and not compressible; frequent cough; expectoration bronchitic, occasionally tinged with blood.

The stethoscopic signs were dulness on percussion over the whole chest, but rather less at the apexes; nearly total absence of vesicular murmur; bronchial respiration heard over the greater extent of the thoracic cavity; increased resonance of voice, amounting to bronchophony. The action of the heart was heard over a great extent of surface, but not increased in impetus; no bruit could be detected. The dyspnœa was constant, and also œdema of the eyelids; the appetite not much impaired, but very capricious. The patient was bled to twenty ounces, and he took tincture of digitalis with antimonial wine and saline medicines regularly, but these means failed to reduce the pulse, which remained from 120 to 130 until his death. Counter-irritation was applied to the chest, which relieved the urgent symptoms.

He went on for nearly a month, his state not varying much, and at intervals he expressed himself nearly well enough to leave the house; but on the 15th of November he had a violent attack of epistaxis, which, for twenty-four hours, resisted all the usual remedies; during that time he lost from three to four pints of blood, including twelve ounces taken from him. The respiration became more hurried; pulse 130, feeble, and thready; cold clammy sweats came on, and he never rallied, but expired at eight, p.m., 17th of November.

Post-mortem Appearances, Sixty Hours after Death.

On taking off the sternum, &c., it was found to adhere closely to the pericardium, through the medium of a hard, whitish, cartilaginous substance, filling entirely the anterior mediastinum, and forming a complete bond of union between the anterior walls of the chest and the pericardium. Its greatest thickness was two inches in the middle, diminishing gradually towards the sides, and in extent about the size of the open hand. The pericardium was more than twice the natural size, extending far over to the right side of the chest, and contained about a quart of light yellow serum. Heart of a natural size, presenting externally no abnormal appearances. The lungs were healthy; no traces of tubercles, which, from the physical

signs, had been suspected during life; there were slight traces of recent inflammation of the left pleura, which contained a pint of serum. The liver was enlarged, and presented the nutmeg appearance; the gall-bladder was much distended. On cutting through the œsophagus, pus escaped, which led to an examination of the stomach; this viscus contained about two ounces of a greenish yellow pus, and upon being washed, a large ulcer of apparently long standing was found to exist, covering about two square inches of the cardiac extremity. The pylorus was not diseased; the intestines appeared healthy. The spleen was double the ordinary size, and much congested. No other organ was examined.

P.S. The preparation was sent to Guy's Hospital, and is to be put up in the museum.

PHYSIOLOGY OF THE NERVOUS SYSTEM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In addressing to you the following brief remarks, I make an effort to stem the torrent of narrow and illiberal feeling which appears to pervade the medical profession. In your notice respecting the proceedings of the Royal Medical and Chirurgical Society, you “regret extremely that the society should have lent itself to a proceeding so unworthy of its dignity and reputation.” And what is that proceeding? The reading of a paper presented to the attention of a society by two gentlemen, containing an account of a case of “amputation of the thigh, *alleged* to have been performed during Mesmeric sleep.” Are medical men to forget that they belong to a *royal* association? Are the courtesies of life between gentleman and gentleman to be lost sight of, when folks step within the limits of a medical circle? Are surgeons who are esquires, and barristers who hold an equal rank, to be flouted with the insinuation of falsehood, because they dare to relate facts which militate against the narrow prejudices of would-be philosophers? Do you know, Gentlemen, what impression the expressions you have used make upon impartial men that belong not to our profession?

I happen to be no “advocate of the delusion,” as you please to term it, of Mesmerism. I ought with shame to say that I have derided, perhaps with much want of courtesy, the accounts I have heard of the wonders of animal magnetism. I have seen enough to know that I was wrong—that there are connected with the subject facts which demand inquiry; and inquiry they must have, whether you like it or not. I tell you, Gentlemen, and all who oppose the investigation of truth, that time marches past you, and that the world will not wait until it suits the high mightiness of doctor bodies to lay aside their paltry feelings. Men of small minds will be pitied, and men of moral courage will not shrink from inquiry because the objects of their pity may presume to bow-wow at them.

I may tell you that I know very little of Mesmerism. I have seen people put into a state of catalepsy; I have seen people in a state of somnambulism, in which phenomena were exhibited that most assuredly deserve further investigation. I am convinced that sensibility

is suspended in some of the states I have witnessed; to what extent is a question—but questions are not to be asked, because, forsooth, it may displease some don in the profession of doctor bodies. I am told that all the phenomena I have witnessed are but modifications of *hysteria*. Be it so. What is *hysteria*? How is it allied to *epilepsy*? How is *epilepsy* so nearly allied to sleep? What relations are there between these and *cataplexy*? Can sleep—can *cataplexy* be produced artificially? If so, in what number of individuals out of every hundred? Is the *cataleptic* state injurious to the individual submitted to it? Assertions differ on this point. In many cases, the patients and their friends have declared to me that not only no injury has taken place, but that great benefits have accrued to health in consequence of repeated conditions of *cataplexy*. If this be so, depend on it, Gentlemen, that your veto directed in sneers against inquiry will have very little effect in checking the progress of our knowledge. I have myself been ridiculed for announcing *truths*. Time—time has rolled over my head, and has convinced unwilling men that the old adage of “*Magna est veritas et prævalebit*” is not so idle a maxim to depend upon. The curious fact relating to Mesmerism seems to be the obstinate feeling against all investigation which characterises the medical profession upon the subject.

I am, Gentlemen,

Yours, &c.,

JOHN ASHBURNER.

55, Wimpole-street,
Dec. 5, 1842.

CONTRIBUTIONS TO A KNOWLEDGE OF GREEK AND TURKISH REMEDIES.

By X. LANDERER, of Athens.

Peculiar Exanthema, and its Cure.—In some parts of Greece, but especially in the neighbourhood of Thermopylæ, about Libadia, a peculiar exanthematic disease prevails, which attacks both the young and old, more particularly females than men, and the symptoms of which are hoarseness, peculiar condylomata forming on the glands of the neck, and afterwards on the genitals, moist exanthemata, tormenting the invalid, especially during the night, by their violent itching. This disease seems to rank between lepra and syphilis, and is probably generated by both of them. The most talented physicians of Greece have tried various curative means against this complaint, but with indifferent success; probably arising from the circumstance that their patients did not pursue the proper medical treatment laid down, either from want of patience, or on account of their limited means. Some time since a surgeon presented a petition to the royal ministry, asking permission to be allowed to occupy himself exclusively with the cure of this disease; and in proof of his competency to treat the same, produced, before a medical commission, several patients whom he had perfectly cured.

This mode of treatment consisted chiefly in the internal and external application of mercury with chalk, and some beverages tending to produce perspiration, which were prepared from the *smilax aspera*.

Hyoscyamus Albus, for Toothache.—In some parts of the Greek continent, the stalks of *hyoscyamus albus* are used for toothache. They are dried, and employed in lieu of tobacco for smoking. [In England the seeds are occasionally employed for the same purpose with useful effect.—Ed.]

Plumbago Europæa, for Issues.—The *plumbago Europæa* is frequently found in Rumilia, and in marshy places. Its roots are so acrid that they are used for causing issues, and even as a vesicant. If the more tender surfaces of the body are rubbed with the fresh root, the skin will be reddened in a few moments; and if the root is allowed to remain for a short time, it will be soon covered with small blisters.

Styptic.—As a styptic, roasted coffee, with vinegar, is held in high esteem. By the application of this remedy I have seen violent hæmorrhage quickly arrested.—*Annals of Chymistry*, No. 8.

OBITUARY.

We regret to announce the death of Daniel Cooper, Esq., F.L.S., editor of the “*Microscopic Journal*.”

PROMOTIONS AND APPOINTMENTS.

War-office, December 2.

27th Foot—William Nelson Irwin, gent., to be assistant-surgeon, vice Grant, appointed to the 28th foot.

28th—Assistant-surgeon James Grant, M.D., from the 27th, to be assistant-surgeon, vice Macdonell, promoted in the 80th.

80th—Assistant-surgeon Alexander S. Macdonell, from the 28th, to be surgeon, vice Turnbull, deceased

91st—William Stewart, M.D., to be assistant-surgeon, vice M'Laren, deceased.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, December 2, 1842.

J. O'Hea, T. Morgan, D. M. Aitken, J. Dwyre, J. G. Rusher, H. B. L. Brock, T. Bishop, G. Tweddell, C. J. Farr, G. E. McLaughlin, J. R. King, J. H. Gramshaw.

Gentlemen desirous of having the “Provincial Medical Journal,” forwarded to them by post, may send a post-office order to the Publisher, 356, Strand, London.

		TERMS.			
		Stamped.		Unstamped.	
One Year	..	£1 10 0	..	£1 6 0	0
Six Months	..	0 15 0	..	0 13 0	0

TO CORRESPONDENTS.

The reports of the *Birmingham* and *Sheffield Societies* in our next.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
CAVENDISH SQUARE, LONDON.

Printed by SAMUEL TAYLOR, of 6, Chandos-street, in the Parish of St. Paul's, Covent-garden, at his Office, No. 6, Chandos street, aforesaid; and published by HENRY KENSHAW, at his residence, No. 356, Strand.—Saturday, December 10 1842.