the evil and the good of the system, will recognize in these sketches truths with which they are familiar, however feeble the delineation here given.

The first case may be taken as the type of a numerous family of patients, on whom slight disturbances produce very serious results, and with whom, therefore, cautious men are not prone to meddle unnecessarily. It may, however, be urged, that the somatic manipulation was not carried far enough in this case, and that as the treatment proceeded, the primary symptoms would have subsided. On this head I would only refer to the opinion of an able psychologist,* who says, in speaking of the employment of animal magnetism, as a means to produce re-action in the nervous system, "This procedure demands great caution and individual discrimination, since, after all, it is only proceeding by guess. The physician may here be compared to one attacking the case with a stick. If he strike the disorder, so much the better; if he strike the patient, so much the worse. The question always is, how far may a psycho-physical exaltation go, in this or that individual patient, in order to produce only a *salutary* excitement, and where is the point at which this excitement may become *dangerous*? It never can be a matter of indifference: he, therefore, who will venture to give a decided answer to this question, as applied to the case which he is treating, may likewise venture on this procedure."

The second case presents a terrible picture of innocent martyrdom, on which it would be painful, and of no advantage, in this place, further to dilate.

The third case, perhaps, offers more interesting features to the consideration of the physician. Here, it is evident, it would have been better to have borne the actual ills, than to have sought unto the possible but questionable cure. The epileptic diathesis existed in the constitution, like the wolf-note on the piano, well known to musicians, and it would have been well, had both discords been equally capable of bearing the same treatment. In the latter, the judicious tuner distributes the note over the whole instrument, and the flaw is lost in the general harmony. Not so the mesmeric tuner, in the instance before us, for, although the diffusion of the epileptic discord was accomplished, the effect was the reverse of harmonious. It appeared as if some subtle spirit was habitually condensed in the body, and that the issue of this process was a periodical epilepsy, exhibiting, in some measure, a *vis medicatrix* analogous to that which is seen in the struggles of ague to throw off the poison of disease. Howbeit, the condition of the patient, after the "cure," was far worse than that in which the treatment had first found her. In the place of the epilepsy, the body was governed by what may be termed a *psycho-neurosis*, and the fear was upon all who saw the case, that such a state of things might lead, as Eschenmayer (himself an enthusiastic mesmerist,) has suggested, to some peculiar form of lunacy.

Such are a few among the *caveats* which may be entered against this popular therapeia. Hitherto

science has taken little cognizance of its merits: yet, "Thus much appears from the evidence examined, that what is called idio-magnetism is not a more exalted, but a more fettered state of the mind, in which it is subject to the will of other men,—to the sway of its own instinct and of fancy—nay, even to the influence of mineral and telluric forces. That this condition must be considered as *pathological*, cannot, therefore, be doubted."* It must, however, be confessed, that to regard the series of mesmeric phenomena as a state of morbid "transition," does not assist the physician in assigning to it a place in the healing art. To oppose one disease to another has been the legitimate province of *Allopathic* science from the days of "eldest time;" and some of the warmest advocates of mesmerism have, it is conjectured with this view, sought to engraft their doctrines on catholic medicine. Yet, whether, on investigating more strictly all the powers and results of animal magnetism, "*simile simili gaudet*," will not be found to be the more appropriate motto of the school, is at present an open question. Should the decision of future inquirers give this place to mesmerism, it is obvious that it would eventually become the handmaid of homœopathy.

I leave to others the purely psychical field to which a further consideration of this subject might lead. It has ever been the wisdom of the true metaphysician to look but in one direction for the light. Let us, then, who are both physiologists and metaphysicians, keep this truth steadily before our eyes in our profound reasonings on the material world. "*Physica sunt opaca, non lucem sed lucidas res videmus*."

Millbrook, Southampton.

CLINICAL NOTES FROM PRIVATE PRACTICE.

By W. H. RANKING, M.D., (Cantab.) Norwich.

REMARKABLE SPASMODIC AFFECTION OF THE MUSCLES SUPPLIED BY THE PORTIO DURA.

A lady, aged 65, residing in the marshy district, near Lynn, came recently to this city to take my opinion on an affection which had caused her very great distress, although not accompanied by any severe amount of pain. Her health had been generally good until twelve months back, when she became the subject of pain in the limbs, apparently of rheumatic origin. About the same time she first noticed the commencement of the affection for which she sought my advice, and which consists of a peculiar spasmodic twitching of all the superficial muscles in the left side of the face. This originated in the left genio-hyoid muscle, but had now engaged the orbicularis, the levator angulæ oris, the zygomatics, and in fact every muscle supplied by the portio dura, on the left side, and shewed a disposition to extend to the other side. The twitchings occurred at intervals of about one minute, and lasted during twenty or thirty seconds, so that there was scarcely any abatement during the day, and these

* Baron Von Feuchtersleben's *Psychology*. Sydenham Society's edition, p. 338.

* Op. cit., p. 209.

twitchings were so violent that articulation was impeded, and the patient was constrained to apply her hand to the cheek to restrain its motions. There was at the same time considerable lachrymation, but no pain, beyond a feeling of dragging from the abnormal muscular action.

I examined the patient carefully to discover some explanation of this unusual symptom, but could find none. There was occasional pain in the head and giddiness, but not more than is seen in ordinary gastro-hepatic derangement. There were no symptoms of paralysis, nor any affection of the special senses. I made out particularly that she had no noises or imperfection of hearing, and had never suffered from otorrhœa. The appetite was good, bowels regular, and in fact but for her distressing nervous affection, she would have considered herself well.

I ordered her quinine and steel, with belladonna frictions in front of the meatus auditorius, but have not heard the result.

I am induced to place this case on record from the belief that it is an affection of very unusual occurrence. I have consulted such works of reference as are at my disposal, but can find only one similar case, which Dr. Graves has narrated, ("Clinical Medicine," 2nd Ed., Vol. i., p. 571,) as an instance of a disease hitherto undescribed. His case was also that of a female, past the meridian of life, but it appears to have been of longer duration, and had invaded both sides of the face, as it seemed disposed to do in the present case. No account of the treatment or progress of the affection is recorded, nor is any explanation of the phenomena attempted.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, late Resident
Medical Officer.

CASE XV.

CANCER OF THE SCROTUM.

John Clark, aged 47, a sweep, was admitted into the Queen's Hospital, October 24th, 1846, under the care of Professor Cox. He states that about twelve months ago he first perceived a hard wart growing out from the left side of the scrotum, to the extent of two inches in length; he cut it off near to the scrotum with a razor; the raw surface ulcerated, and from the ulceration, according to his account, small lumps appeared, one after the other, "like a bunch of grapes." The ulceration gradually increased, until it attained the size of the bottom of a wine-glass, and then, (about three months ago,) it began to discharge a thick, green, and very offensive matter; it has not spread much

lately, but the pain has been most intense within this last month; it itches much, and when he scratches it, it bursts out bleeding slightly; he describes the blood as being pale. His health has always been very good. His parents appear to have died consumptive. He ascribes the disease to the irritation caused by the lodgement of soot in the scrotum. He is not subject to cough. Has tried caustics, but without any relief.

Present state:—There is a large ulcer, in size rather larger than the bottom of a wine-glass, with elevated, indurated, and irregular edges, situated on the left side of the scrotum, and occupying nearly the whole of the left side of this part, and extending to the junction of the left thigh with the scrotum; it appears to be spreading towards the right side, where are some indurated lumps, resembling those which appeared first on the left side. There is no appearance of granulations in the wound; the inguinal glands are indurated, and are also enlarged, and pain him much at times; he, however, states that the glands were enlarged previous to the appearance of the disease. He complains of much pain in the wound, described as lancinating, extending from the wound to the glands in the groin, and along the penis, and also down the thigh nearly as far as the knee; the pain is not constant, but is always worse at night; the pain sometimes shoots up as high as the ribs on the left side. The left testicle is not any harder than the right, which appears healthy, but it seems to be adherent to the scrotum, opposite to the ulceration; the spermatic cord does not appear to be affected. Pulse 86, full and regular; bowels open; tongue clean; appetite good; he sleeps indifferently at night, the pain preventing him from doing so; the discharge from the wound is thin, and of a yellow colour, very offensive, and tinges the cloths (he states,) of a blackish colour.

November 5th. The disease has slightly spread since last report, it occupies half of the scrotum, and is extending towards the lower part; the pain is much complained of at night; has been poulticing it lately, but it does not discharge much.

20th. Has been into the country for a short time, he returned this morning; the disease has made progress, having extended more towards the left thigh, and towards the lower part of the scrotum of the opposite side; the pain is rather worse, but his health is good; wishes much to have the disease removed. Pulv. Opil, gr. iss.; Conf. q.s. ut fiat pil. omni nocte.

21st. The operation for the excision of the diseased mass was performed by Mr. Cox in the following manner:—An incision was made on each side of the diseased mass, which was then dissected off from the parts beneath, so that both testicles were fully exposed; the left testicle was found adherent by its outer tunics to the diseased mass; these adhesions were next cut through, and the diseased scrotum removed. The left testicle was attentively examined; the outer tunics were found indurated, and apparently diseased, so that its removal was decided upon; pressure was made on the external abdominal ring, and the cord being exposed and isolated, a ligature was slightly tied around it and its vessels, and it was divided by placing the knife