inducing tenesmus, prolapsus ani, abscesses about the rectum, &c. There may be only one or two; or there may be a considerable crop of them around the anus, in which case they are generally found to be connected with enlarged hæmorrhoidal veins, and you may feel the veins running from them up to the internal sphincter. If the source of irritation which provoked their growth be removed they will generally cease to enlarge, and will shrink up. The application of Argenti. Nitras. will often expedite this result. When they continue to be troublesome, more especially if they be ulcerated, it is the best plan to cut them off with the knife or scissors. You will sometimes find that the removal of these excrescences by operation will at once put a stop to diarrhoea, prolapsus ani, and other affections of the bowel which have long resisted treatment.

The disease commonly called "hæmorrhoidal tumour" depends upon a condition of mucous membrane, somewhat similar to that of the integument just described, and is not unfrequently associated with it. The exciting cause of the change in the mucous membrane, as well as of that in the skin, is commonly a varicose condition of the hæmorrhoidal veins. In this specimen, where the bowel has been laid open, you see that the mucous membrane is thrown into pyramidal folds between the skin and the upper edge of the internal sphincter. Each of the folds is caused by the enlargement of a hæmorrhoidal vein; their bases are directed towards the anus, and protruding the integuments, form swellings around the verge. Their apices extend within the margin of the internal sphincter. The mucous membrane and sub-mucous tissue in such cases becomes thickened, so as to form permanent projections, which may be distinguished by the finger introduced into the bowel. The evacuation of the fæces is attended with a good deal of difficulty, pain, and straining, and during the passage of the motion the hæmorrhoidal tumours are pressed through the anus, in which position they are grasped and constricted by the external sphincter, so that they do not return to their place unless some assistance be rendered by the hand. In consequence of the continued irritation to which the mucous membrane is thus subject it becomes still more vascular, thickened, and granular upon the surface, furnishes a glutinous discharge, and often pours forth considerable quantities of blood. The disease is attended with a good deal of smarting burning pain in the rectum, aching about the sacrum, and sometimes uneasiness all over the body. To these symptoms are often super-added indigestion, with a disordered state of the bowels, and, perhaps, an irritable condition of the bladder, causing frequent desire to pass water, or an irritability of the urethra, inducing spasmodic stricture and retention. In consequence of the repeated losses of blood the patient becomes anæmic, weak, and desponding. When the disease is allowed to go on unheeded it sometimes leads to the formation of abscesses in the neighbourhood of the rectum; these bursting externally, or into the bowel, leave fistulæ.

Under careful regimen, attention to proper action of the bowels, enemata of cold water, a solution of sul-

phate of iron or other astringent fluids, even severe cases may be successfully treated. A more certain and rapid cure may, however, be effected by the removal of the protruding swellings. If they be small this may be done most easily and with least pain by scissors; seize each tumour with a pair of dressing forceps, pull it down and snip it off. When the tumours are large and vascular, this proceeding is apt to be followed by a good deal of hæmorrhage, for the arteries of this region are active, especially when there has been much irritation going on, and they sometimes bleed very freely after operations. On that account it is the common practice to treat hæmorrhoidal tumours by ligatures tied tightly around their bases, so as to cause them to slough off. Even this is not unattended with danger, especially in full plethoric, or in weak emaciated subjects, for inflammation with diffused suppuration sometimes takes place in the cellular tissue surrounding the rectum, or, what is worse, phlebitis and its evil consequences, inflammation and suppuration in various parts of the body, may ensue. The application of nitrate of silver, or strong nitric acid, by altering the condition of the mucous membrane covering these tumours, will often much alleviate the pain attending them, and may even lead to their cure.

CASE OF

CATALEPTIFORM Hysteria,

APPARENTLY INDUCED BY MESMERISM, WITH
REMARKS.

By WILLIAM DAVIES, M.D.,

PHYSICIAN TO THE BATH UNITED HOSPITAL.

Read before the Bath and Bristol Branch of the Association, March, 1850.

MR. PRESIDENT AND GENTLEMEN,—I shall take the liberty to occupy your attention this evening with a subject somewhat beside the usual routine of practical medicine, still, however, one not altogether without interest for such a meeting as the present. I think I shall be enabled to show some reasonable grounds for believing that a condition more allied to catalepsy than to any other morbid state that I am acquainted with, has been set up in a young girl now under my care in the United Hospital, in consequence of her having been frequently subjected to the influence of mesmerism, and been kept under that influence for some hours at a time.

In the first place I will give a history of the case; secondly, I will offer such remarks as seem to arise out of its consideration; and, thirdly, I will define the extent of my own belief in the alleged facts of mesmerism.

CASE.—Mary Jane Targitt, aged 17 years last Christmas, resides at No. 18, Bridewell Lane, in this city. Her aspect may be denominated *nervo-lymphatic*; of middle stature, well formed, and fully developed; hair dark auburn; eyes hazel; speaks with diffidence

and some hesitation. Her mother reports to me that she always enjoyed good health until within the last two years, about which time she went into service. Three months from that time she was first subjected to the mesmeric influence, to which she seems to have yielded with much facility. During the succeeding four or five months she was frequently (occasionally two or three times a week) put into the mesmeric sleep, and kept in that state during periods of time varying from two to three and four hours each. While in this condition she was made the subject of exhibition to several of the admirers of mesmeric phenomena in this city. On one occasion she was taken over to Bristol for exhibition.

About twelve months ago she left the service of the person at whose house these proceedings took place, since which she has not been mesmerised. From this time she enjoyed good health, and nothing remarkable occurred until about three months ago, when the catamenia first made their appearance. This was about nine months after she was last mesmerised. When unwell she had two fits on two succeeding days. While in those fits she was quite unconscious; lay motionless, as one dead; continued so from four to five hours, when the condition gradually passed off, and she returned to her usual health. Her mother described the fits as having been just like those produced by mesmerism; this was without the question having been put to her in that form. She had six of these attacks previous to her admission into the hospital.

On Friday the 8th of this month (March) I admitted her an in-patient of the hospital, her appearance corresponded with what I have already described. At five o'clock in the afternoon of the same day she was seized with one of her attacks; I did not see her on that occasion, but her condition was described to me by our highly intelligent resident medical officer Mr. George Clarke. She lay perfectly motionless and unconscious, the pupils widely dilated, but the application of a strong light produced slight contraction. She gave no indication of pain on the infliction of severe pinches, or on a lancet being thrust into her arm so as to draw blood. She resisted all attempts at rousing until nine o'clock, when she gradually awoke to the full use of all her faculties; before doing so she gave indications of returning consciousness by several deep-drawn breaths, and by motions of the body. On the following Monday evening she had another attack, and again on Tuesday morning, which latter I in part witnessed. I saw her at half-past twelve o'clock, and was informed by the nurse that she had lain in the condition in which I found her since nine o'clock in the morning. The pulse was of normal frequency; the breathing quiet and natural, without any remarkable heaving of the chest; the eyes were closed, on raising the lids the pupils were observed widely dilated, but the strong light from a window caused them to contract slightly; on lifting one of her limbs and releasing it, it fell as a dead weight. After I had stood by the bed for some time, she drew two or three deep breaths, and shed some tears, unaccompanied by any action of the

facial muscles, such as usually goes along with crying; she then relapsed into her former state, and I was unable to await her return to consciousness. The nurse told me that she had not shed tears during either of the two former attacks which she had had in the hospital.

Now, under what category are we to place these attacks? They have clearly nothing epileptiform in them; they present none of the muscular rigidity of fully-developed catalepsy; there is none of that exaltation which characterises sleep-waking or ecstasy. These latter—catalepsy, sleep-waking, and ecstasy—all no doubt partake more or less of the hysterical element. The phenomena of sleep-waking or double-consciousness are profoundly interesting with reference to nervous pathology. To this I shall refer again. In all hysterical affections there is an intimate blending of the real and the pretended. Every hysterical person is more or less an actor as well as a sufferer, still there is a substratum of reality in almost every case. Some reaction (of the nature of which we are quite ignorant) exerted by the uterine on the nervous system is probably the cause of hysteria in nine cases out of ten; this influence acting on persons untrained in self-centroul, has for them an actuality to which their feeble and ill-regulated wills offer but little resistance, and they become the prey of their sensations. In the case detailed there is a strongly-marked hysterical aspect; the tears and deep-drawn breaths which sometimes precede the return of consciousness are elements of hysteria. Perhaps the most correct categorical answer to the question,—What are the attacks?—would be, cataleptiform hysteria.

In the next place, what is the evidence of any connexion between the induction of the mesmeric state and the attacks under which the patient now labours? At first sight the long interval (nine months) which elapsed between the last mesmeric act and the first non-mesmeric fit, would seem to militate against any such connexion as I am maintaining; further consideration will, however, I think, show that this circumstance properly belongs to my side of the argument. Hysterical phenomena are not common before the age of puberty. In this girl analagous symptoms were artificially produced at an earlier period. From the time this practice ceased until menstruation began, nothing occurred to excite in her morbidly irritable brain the established train of anormal action. On the occurrence of menstruation for the first time—a period when hysterical affections are always liable to occur, this anormal state, which had been artificially produced formerly, returned of its own accord, and be it observed, by no means an ordinary form of hysterical disease, but on the contrary a very rare one, and moreover the same form which had previously been set up artificially. The subsequent attacks have not shown any connexion as regards time with the catamenial function.

I have no wish to overstate the evidence on this question: to my mind it certainly does appear in a very high degree probable, that the mesmeric trances into which this girl was formerly put, bear a causative

relation to the fits under which she now suffers; at any rate there is enough of probability furnished by the evidence here adduced, to render it worthy of the consideration of the dabblers in mesmerism, as to how far they are justified, in order to the gratification of an idle curiosity, and a love of the marvellous, in subjecting a young girl, unfitted by her acquirements and her position in life to judge correctly as to the propriety of submitting herself to their purposes, to the influence of mesmerism. Apart from any special injury to her health, which I believe to have taken place in this instance, I can conceive no training less adapted to the healthy development of the mind of a young girl, just entering on a life of toil, than the false excitement attendant on being made the centre of a wondering circle. How tame and uninteresting must seem to her, for the future, the routine duties of a menial station. It is no answer to say, that she submitted to all this of her own free will. It would be easy to persuade a girl of 16 to submit to many things which would be injurious to her. It should always be understood as a matter of social right, that in entering on service a young girl should be subjected to no influences inimical to her future well-being. Let those who wish to study the phenomena of mesmerism, select their subjects from among such as are arrived at years of discretion, or if not, who are still under the care of their natural guardians.

Now, in the third place, I have to define the extent of my own belief in the alleged facts of mesmerism. It is probable that some of those whom I address may consider that mesmerism has no foundation in fact, and that hence the effects which I have attempted to trace thereto are equally unsubstantial. I have two motives for offering the following explanation,—firstly, in order to give a reason for what I do believe, and, secondly, to give a reason for what I do not believe:—The phenomena of mesmerism admit of division into two parts, which may be denominated the ordinary and the extraordinary. By the ordinary, I understand the production, by artificial means, of such mental states or conditions as may arise from natural causes:—1st, a state of semi-conscious sleep; 2nd, catalepsy; 3rd, sleep-waking or double consciousness,—“where the mind passes by alternation from one state to another, each having the perception of external impressions, and appropriate trains of thought, but not linked together by the ordinary gradations, or by mutual memory.” There are on record several well-attested examples of this condition arising from natural causes; and they are of extreme physiological as well as pathological interest with reference to a subject, I believe, first distinctly propounded by Dr. Holland in his “Medical Notes and Reflections,” in the chapter on the brain as a double organ; subsequently elaborated into a somewhat too dogmatic treatise by Dr. Wigan on the duality of the mind. By these authors the brain is conceived of as an organ divided into two symmetrical halves, a unity of action in the healthy state being kept up between them by means of certain intermediate masses of white matter termed commissures. If, then, we consider

the brain in this double aspect, each half perfect in itself as an organ of the mind, it is easy to understand that one side shall be healthy and the other diseased; and that mental manifestations shall take place under the alternating influence of either side. This idea furnishes a comprehensible view, and one sanctioned by anatomy, of the pathology of double consciousness. It is probably also applicable to other anomalous conditions of the mind, such as constitute insanity. Now this seems to me the extreme limit to which we are entitled, by the sanction of any natural occurrence, to credit the assertions of the mesmerists. What I mean is, that it being once admitted as a fact that the power exists of producing at will, in certain individuals, the least remarkable phenomenon of mesmerism—a state of semi-conscious sleep—the same evidence, in kind, ought to be sufficient for the proof of the artificial production of such other mental states as involve no new principle. It is not unreasonable to infer that what will produce in one person a state of semi-conscious sleep may produce in another catalepsy, and in a third sleep-waking, the peculiarity in the latter case depending on the different degrees of excitability existing in the two sides of the brain. To this extent, then—namely, the artificial production of a state of semi-conscious sleep, of a state of catalepsy, and of the condition of sleep-waking, we ought to be prepared to admit the statements of the mesmerists, provided they are able to adduce such an amount of evidence as the establishment of any new fact requires. In as far as regards my own mind, I am bound to say that this condition has been fulfilled. The evidence in favour of a belief in the ordinary facts of mesmerism is sufficiently strong to overcome in my mind any scepticism founded on their inherent improbability.

I will trouble you with one quotation, although somewhat lengthy, on account of the interest of the facts stated and the high position, as a man of science, of him who states them; it refers to the personal experience of Professor Agassiz, given in the appendix to Mr. Townsend's work, and quoted in *Blackwood's Magazine*, for February, 1845, from which I extract the passage, the former work not being at hand. The Professor says:—“Desirous to know what to think of mesmerism, I for a long time sought for an opportunity of making some experiments in regard to it upon myself, so as to avoid the doubts which might arise on the nature of the sensations which we have heard described by mesmerised persons. M. Desor, yesterday, in a visit which he made to Berne, invited Mr. Townshend, who had previously mesmerised him, to accompany him to Neufchatel, and try to mesmerise me. These gentlemen arrived here with the evening courier, and informed me of their arrival. At eight o'clock I went to them. We continued at supper till half-past nine o'clock; and about ten o'clock Mr. Townshend commenced operating upon me. While we sat opposite to one another, he, in the first place, only took hold of my hands, and looked at me fixedly. I was firmly resolved to arrive at a knowledge of the truth, whatever it might be; and therefore, the moment

I saw him endeavouring to exert an action upon me, I silently addressed the Author of all things, beseeching him to give me power to resist the influence, and to be conscientious in regard to myself, as well as in regard to the facts. I then fixed my eyes upon Mr. Townshend, attentive to whatever passed. I was in very suitable circumstances; the hour being early, and one at which I was in the habit of studying, was far from disposing me to sleep. I was sufficiently master of myself to experience no emotion, and to repress all flights of imagination, even if I had been less calm; accordingly it was a long time before I felt any effect from the presence of Mr. Townshend opposite me. However, after at least a quarter of an hour, I felt a sensation of a current through all my limbs, and from that moment my eyelids grew heavy. I then saw Mr. Townshend extend his hand before my eyes, as if he were about to plunge his fingers into them; and then make different circular movements around my eyes, which caused my eye-lids to become still heavier. I had the idea that he was endeavouring to make me close my eyes; and yet it was not as if someone had threatened my eyes, and, in the waking state, I had closed them to prevent him. It was an irresistible heaviness of the lids, which compelled me to shut them, and by degrees I found that I had no longer the power of keeping them open; but did not the less retain my consciousness of what was going on around me; so that I heard M. Desor speak to Mr. Townshend, understood what they said, and heard what questions they asked me, just as if I had been awake; but I had not the power of answering. I endeavoured in vain several times to do so; and when I succeeded, I perceived that I was passing out of the state of torpor in which I had been, and which was rather agreeable than painful.

"In this state I heard the watchman cry ten o'clock; then I heard it strike a quarter past; but afterwards I fell into a deeper sleep, although I never entirely lost my consciousness. It appeared to me that Mr. Townshend was endeavouring to put me into a sound sleep; my movements seemed under his control, for I wished several times to change the position of my arms, but had not sufficient power to do it, or even really to will it; while I felt my head carried to the right or left shoulder, and backwards or forwards, without wishing it; and, indeed, in spite of the resistance which I endeavoured to oppose; and this happened several times.

"I experienced at the same time a feeling of great pleasure in giving way to the attraction, which dragged me sometimes to one side, sometimes to the other; then a kind of surprise on feeling my head fall into Mr. Townshend's hand, who appeared to me from that time to be the cause of the attraction. To his enquiry if I were well, and what I felt? I found I could not answer, but I smiled; I felt that my features expanded in spite of my resistance; I was inwardly confused at experiencing pleasure from an influence which was mysterious to me. From this moment I wished to wake, and was less at my ease; and yet on Mr. Townshend asking me, whether I wished

to be awakened, I made a hesitating movement with my shoulders. Mr. Townshend then repeated some frictions, which increased my sleep; yet I was always conscious of what was passing around me. He then asked me if I wished to become lucid, at the same time continuing, as I felt, the frictions from the face to the arms. I then experienced an indescribable sensation of delight, and for an instant saw before me rays of dazzling light, which instantly disappeared. I was then inwardly sorrowful at this state being prolonged—it appeared to me that enough had been done with me; I wished to awake, but could not, yet when Mr. Townshend and M. Desor spoke, I heard them. I also heard the clock, and the watchman cry, but I did not know what hour he cried. Mr. Townshend then presented his watch to me, and asked if I could see the time; and if I saw him, but I could distinguish nothing. I heard the clock strike the quarter, but could not get out of my sleepy state. Mr. Townshend then woke me with some rapid transverse movements from the middle of the face outwards, which instantly caused my eyes to open, and at the same time I got up, saying to him 'I thank you.' It was a quarter past eleven. He then told me, and M. Desor repeated the same thing, that the only fact which had satisfied them that I was in a state of mesmeric sleep, was the facility with which my head followed all the movements of his hand, although he did not touch me, and the pleasure which I appeared to feel at the moment when, after several repetitions of friction, he thus moved my head at pleasure in all directions."

This is undoubtedly a very interesting and important relation, coming, as it does, from a philosopher accustomed to physical research, and by no means likely to allow his imagination to blind his judgment. The frame of mind in which he set about the experiment was just such a one as is most fit for undertaking any investigation when truth is the end sought for. While I think this document of great value as evidence of a power of inducing sleep in certain persons by means of "the passes," I cannot agree with all the deductions which the writer of the article in "Blackwood" draws from it. The article, as a whole, is very judicious, but I think the more remarkable phenomena of the Professor's experience are explicable on a far simpler principle than those involved in the writer's deductions. Most persons will be sensible of having carried with them into the sleeping state more or less of the consciousness of circumstances which had impressed their minds strongly just before sleep came on. Those who have slept on the top of a coach, or in a theatre, will be aware of this. Now, the state of mind of Professor Agassiz, while under the mesmeric influence, I believe to have been analogous to the condition of half-conscious dreaming, which takes place in persons who fall asleep under the influence of strong feelings. To enter fully into this subject would lead me too far, and would be beside the object of the present paper.

There is nothing that I have either seen or read which favours the idea of any mesmeric fluid or animal magnetism. As far as I know, all the established phenomena

of mesmerism are explicable by means of the monotony and consequent exhaustive agency of "the passes." This is a very important point, as it removes all mystery from the subject, and brings it within the sphere of our ordinary and every-day experience.

As regards the so-called higher phenomena of mesmerism—lucidity, phreno-mesmerism, &c.—I can scarcely imagine any kind or degree of human testimony sufficient for their establishment as facts. And certainly all the evidence heretofore adduced has not been sufficient to remove one particle of that profound improbability which overlies the subject. Every professing clairvoyant who has been subjected to close scrutiny, has entirely failed in his attempt, and has proved nothing except that he is himself an impostor. This holds of every case tested by the committee of the French Academy, to whom science owes much for the care with which they investigated the matter. It holds likewise in the case of Alexis tested by Dr. Forbes; also of one which was exhibited in this city, and was exposed by Dr. Fergusson and others; also of a case tested at Manchester in 1844. The result of all the cases here mentioned has been published, and is well known, so that clairvoyance stands in the predicament of being inherently absurd, opposed to the fundamental principles of human belief, and at the same time utterly unsupported by any evidence. As regards phreno-mesmerism, it is enough to say that it presents an example of an ingenious but very unphilosophical mode of reasoning, namely, supporting one very improbable hypothesis by the aid of another almost equally so.

In these—the flourishing days of empiricism in every form, I conceive it to be no less the duty than the interest of the legitimist in medicine, to make himself acquainted with the doctrines of the leading quackeries afloat, so as to enable him to give a reason for their rejection to those who inquire of him concerning them. It is neither wise nor in good taste to be always thrusting our denunciations of this or that empirical system into the teeth of those who believe in them; by so doing we add strength to the delusion. Unless we are appealed to for an opinion, all that is demanded of us is a calm indifference; and if our opinion is asked, as so frequently happens, I believe we shall best consult the interest of legitimate medicine by admitting frankly whatever of truth the particular system under discussion may appear to us to contain, and by pointing out dispassionately where we consider truth to terminate and fiction to commence. By so doing we shall let it appear that our rejection of the system has not arisen from prejudice, or from a want of attention to its claims, but because it presents along with a less or greater substratum of truth, a huge superstructure of assumption and of falsehood.

CASES OF CRANIOTOMY.

By JOHN S. BARTRUM, Esq., F.R.C.S.,

SURGEON TO THE EASTERN DISPENSARY OF BATH

Read before the Bath and Bristol Branch of the Association, March, 1850.

CASE I.—Some years ago I accompanied Mr. Soden to an Irish woman, about 30, the mother of several children. She had been on the "tramp," and coming in late at night was taken in labour in the morning early. Her powers, from want of food, with prolonged exertion, were utterly prostrate; the os uteri was not fully open, though dilatable; the uterine pains had wholly left her, and the head had just entered the pelvis, which was well formed. The woman appeared moribund, and it was necessary to act as vigorously as possible. Ergot, stimulants, and pressure on the uterus, induced no uterine contraction. The head was perforated, and brought down by the craniotomy forceps. The uterus then slowly contracted under firm pressure and the free use of stimulants. There was little or no hæmorrhage, which in her depressed state would probably have been fatal. The woman in the course of some days rallied so much, as within ten days after her labour to be able to walk further on her travels.

The outline of the above case is, I believe, correctly given, it having been firmly impressed on my memory. On a review of it the question arises—Was the practice adopted the correct one? The only other course of proceeding would have been, to the best of my judgment, the passing of the galvanic current through the womb, to excite it to action, as I feel persuaded the turning the child would have endangered the mother's life to an unjustifiable degree in her utterly prostrate state. I do not remember if the head had sufficiently descended to permit the application of the long forceps, but my impression is, that it had not, besides which, the os uteri not being fully dilated, would have precluded their use.

CASE II.—C. M., about 35 years of age, and three feet three inches high, applied to Mr. Stockwell to attend her in her first labour, she being then in her seventh month. She being so obviously deformed, he most properly determined to induce premature labour not later than the middle of the eighth month, when, if the infant could pass, it might have a chance of living. On examination, we found the pelvis to measure not more than two and a quarter inches antero-posterior diameter, the sacrum jutting very forward, and the bones of the pubes approximating, the pelvis being very deep in its vertical measurement.

May 2nd, 1849.—The membranes were pierced by a male catheter and stilette.

4th.—There were some slight pains, accompanied by discharge of Liquor Amnii.

5th.—Pains much increased; os uteri dilated enough to admit two fingers; the head was felt to present, but