

## **On mesmerism.**

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
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## ON MESMERISM.

BY

J. RUTHERFURD RUSSELL, M.D.

(Extracted from the *British Journal of Homœopathy*, No. xxxix.)

It is impossible for any sane mind to be brought in contact with the world of mesmerism without being dismayed at the dismal disorder which reigns over the whole region; one feels as if quitting the familiar earth for Tartarus, and exchanging the diffused light of day by which we recognise the colour, form and distance of objects, for the fitful corruscations of the aurora borealis or gleams of vivid lightning, that dazzle the sight rather than reveal the things around us. We feel that all our conscious experience is opposed to the phenomena we seem to witness or of which we are told; and while we dare not refuse the evidence of our senses or the testimony of trustworthy witnesses, we are equally unwilling to receive as truths appearances or statements utterly at variance to all probability. A little reflection, however, will convince us that this discrepancy is apparent rather than real. The experience by which we try mesmeric phenomena is all derived from our waking state. Mesmerism is a state of sleep. Our sleeping experiences are not recollected, and we cannot bring them to bear upon the subject. If we could remember all that passed in sleep we might find nothing extra-



ordinary in the acts of a person in a mesmeric condition. The neglect of this fundamental distinction seems to lie at the root of the confusion of the matter; and the only hopeful method of advancing into the labyrinth is by starting from the most obvious and familiar of the phenomena of sleep. To enable us to do this at all successfully, we must first disentangle sleep from certain other states into which it is often confounded.

Sleep is frequently spoken of as a state of negation,—and as such related to stupor or fainting; but a little careful attention will dispel this error. A faint is an arrest of all the animal functions: the heart ceases to beat, the lips grow pale, there is total insensibility, there is in short temporary, at least apparent, death; hence in German called *scheintod*. In stupor, although the heart continues to beat, it does so languidly and laboriously, there is no sensibility as in sleep to any stimulus that can be applied to the system, there are no dreams, and there is no sense of refreshment on recovering from it. It is a dead, unnatural, unwholesome calm,—not a living natural sanative repose. Stupor and faint are morbid states, sleep is essentially a healthy one.

“Sleep, Death’s twin-brother, knows not death.”

Hence it is a misnomer, and one which has done much mischief from the erroneous idea it involves, to call those poisonous substances which produce stupor, *hypnotics*. Narcotics or soporifics they are, but *sopor* and *narcosis* are not synonymous with *somnus*.

Sleep, then, we believe, along with some of the best physiologists who have written on this subject,\* to be a positive condition of the system, beginning in all probability before birth, and continuing till death. For there is great probability that the fœtus in utero floats in its little ocean fast asleep, and only slowly after birth enters the full state of wakefulness.† Its

\* See *Burdach’s Physiologie*, vol. v, p. 185.

† It may be somewhat too fanciful for a scientific paper to suggest that if the child be asleep before its birth, it may in that sleep be visited by dreams, and those dreams may take their character from the emotions of the parent: and one might even imagine that some very vivid dream might be faintly



position is that of sleep. Many animals when they fall asleep resume their prenatal attitude by instinct; some seem scarcely to wake, as those born blind, till some days. Infancy is a prolonged sleep: and in our progress to second childhood, which too is little else than sleep, it is necessary for the preservation of our faculties that we should nightly return as it were to Nature's womb, to be quickened for the returning morning of a fresh birth. That there is a living mystery in these long years which we spend in sleep can scarcely admit of a doubt; and perhaps when the "soul, the body's guest," shall go into other regions of existence, the resurrection which is to reunite our separated elements will combine the double experience of all that we have learned in our waking hours, and all that may have been taught us when asleep.

The more we ponder upon sleep (the great recurrent movement in the epic march of life), the more does its importance as well as its mystery grow upon us. It is an aspect of the law which governs not only all sentient but also all material existence,—the mighty law of alternation: the succession of day and night, of summer and winter, the perpetual repetition of the modified past, which constitutes the present and involves the future. And hence it can hardly be matter of surprise that the infraction of this great law should be attended with most direful consequences. Abstinence from food enfeebles and reduces the frame, but want of sleep disturbs all its functions. It is partial death,—death of our sleeping life. In sleep we return into the great telluric life from which we sprung, for out of the dust of the earth were we created. Not to sleep is to array this life against us; hence sleeplessness is attended with visions of all remembered in after life. Perhaps this idea lies in these verses of *In Memoriam*:—

"How fares it with the happy dead?

For here the man is more and more;

But he forgets *the days before*

God shut the doorways of his head.

"The days have vanished tone and tint:

And yet, perhaps, the hoarding sense

Gives out at times (*he knows not whence*)

A little flash, a mystic hint."



that is unnatural. It is not because ghosts are invisible by day that they are only seen at night, it is because they can only be seen by the eyes of the sleepless.

Sleep viewed from the negative point may be defined a healthy condition, in which the conscious will of the sleeper ceases to control the mental and bodily operations. Both mind and body may continue active, and may and probably do act in obedience to laws as distinct and absolute as those which govern the waking state; but the initiative impulse may be given by external forces instead of by the will of the individual. The will of a waking person may regulate the actions of a sleeping one. If the ear of a sleeper be tickled with a feather his hand will rise to remove the annoyance: if into his ear be whispered words of obvious meaning it frequently excites a corresponding dream. This seems the simple explanation of the amusing actions to which the very silly name of electro-biology has been given. To induce these acts a person is but asleep, and dreams are suggested to him; he sees and hears and walks as if awake, but in reality he is asleep, his will is dormant: he is told that a chair is a horse, he dreams it and acts a dream. There is nothing wonderful in this. It is not so uncommon for persons when fatigued to fall asleep while walking and to continue their walk. Innumerable examples of this are on record, nor is it unusual for them to hear and to see with sufficient distinctness as to avoid obstacles. This happens even in ordinary sleep, to say nothing of somnambulism. The mesmeriser puts a person to sleep, and by so doing acquires the control of his thoughts and voluntary motions as long as he is asleep. The only remarkable thing is the power of putting to sleep, and this peculiar sleep. The cataleptic phenomena produced by mesmerism belong to a different category, and are beyond the present scope of our inquiry.

If we define mesmerism to be the power of inducing sleep in its various modifications and of communicating with the sleeper, so that while on the one hand the waking operator can influence directly his thoughts and actions, and on the other can receive from him in return an account or description of his perceptions, we exhaust all the higher phenomena of this state, including



clairvoyance. For clairvoyance is neither more nor less than the admission of a waking person into the consciousness of a sleeping one. What this kind of consciousness is, whence it comes, by what laws it is regulated, we know absolutely nothing; nor can we expect to know anything except by examining it for itself. We know how we perceive the external world when we are awake, or rather we only know that certain mechanical contrivances are used to enable us to do so. We know that in sleep if there be perceptions of the external they are not produced by the apparatus of the senses that supply the corresponding waking ones. More than this we do not know. Ordinary vision is as great a mystery as clear sight. But it is an obvious contravention of all the laws of induction to attempt to explain the one by the other: we might as well try to estimate the effects of a piece of music or poetry by a mathematical formula, or to speculate on the probable longevity of an angel. And we consider all the theories which have been invented to facilitate the belief in clairvoyance (for we cannot suppose that even their authors could for a moment imagine they explained the phenomena) as falling under the rebuke of Lord Bacon, when he says: "The art and mind of man if it work upon matter which is the contemplation of the creatures of God, worketh according to the stuff, and is limited thereby; but if it work upon itself, as the spider worketh his web, then it is endless, and brings forth indeed cobwebs of learning, admirable for the fineness of thread and work, but of no substance or profit."—(*Advancement of Learning*, p. 41.)

It is no part of our design to enter into a disquisition as to what mesmerism is; whether it be a form of terrestrial magnetism or have a diabolic origin we must leave to the decision of natural philosophers and divines, and whenever they are all agreed we shall humbly bow to their decision. However, it does appear to us a retrograde step in philosophy to expend time in attempting to ascertain the nature of any force: all we can hope to determine is the conditions under which it is manifested, and the laws which regulate its phenomena. Hence, with all deference to Baron Reichenbach and with all respect to Professor Gregory, we greatly prefer the old term of mesmerism to the



new title of odyle. It is enough for us as physicians to try and discover what mesmerism does, not what it is; and it seems to us that mesmerism, however produced, is the hypnotic *par excellence*.

We have already indicated the immense value of sleep, and if mesmerism really be a sleep-producing agent over which we have certain control, its value must be immense. It is asserted to have another value, in making us acquainted with phenomena of disease by means of clairvoyance; into this too we shall briefly enquire.

In the first place, however, we shall consider it in its direct therapeutic bearing, as enabling us to ~~afford~~ that exquisite ~~repose~~ to patients, the want of which we know gives rise to many positive diseases, as well as being in itself a source of indescribable suffering and distress: and in the following observations we shall speak entirely from personal experience which we have had of its efficacy in a few cases, and which has convinced us that mesmerism is quite indispensable for the successful treatment of a certain limited class of diseases. We do not mean to deny to it a larger sphere of usefulness, but in the wider range to which its professed advocates promote it we believe it may merely rank as one of many useful appliances, whereas in the more limited sphere it stands entirely alone, as the only curative agent.

Of course by calling it a hypnotic we remove it from the category of strictly ~~homœopathic~~ remedies; we do not consider its action in the cases we are about to speak of as homœopathic. But as we never meant by adopting the homœopathic law as our guide to deprive ourselves of our moral liberty as physicians, we need hardly observe that we consider ourselves perfectly justified in employing this or any other adjuvant which does not interfere with the administration of the minute doses we are in the habit of using, and we cannot but regret the tendency of the profession at present to cut itself into fragments, each representing a fractional truth. It seems to us just as rational that physicians should be called respectively, cathartic, diaphoretic or emmenagogue, as water-cure or mesmeric doctors.



We shall now briefly detail ~~our own experience~~.

1. The first case we shall relate is that of a lady about thirty years of age, of nervous lymphatic temperament, of a firm frame, vigorous in mind and body. This patient was formerly under the charge of Dr. Sutherland of Leamington, by whom she had been successfully mesmerised. Before coming under his treatment she had been for years delicate, and had suffered much from a short cough and pain in the lower part of the back. For this she had been bled by an allopathic practitioner of considerable reputation, every week for many months without any advantage. When she first consulted us she complained of violent pain on one side of the head about the temporal region, almost incessant nausea, occasional vomiting, *total sleeplessness*, and a sense of restless uneasiness which made her quite miserable. We found the homœopathic remedies usually beneficial in such cases of no avail, and at her own request we put her asleep by making passes slowly over the head and face. It required only a few minutes to induce the most profound slumber. We allowed her to sleep for about half an hour and then waked her by blowing gently in the face. For some weeks afterwards she was perfectly free of all pain, both in head and back, her appetite was good, she had slept soundly every night, and in fact felt perfectly well. From time to time she had a return of her distressing symptoms, and they were always relieved for a period of at least four or five weeks by a repetition of this simple operation. We tried on one occasion making her gaze intently on a small object in the manner we had seen a Mr. Darling operate, and which is similar to Mr. Braid's method, and the result was equally satisfactory. In a few minutes she was fast asleep, and on awaking had the same sense of relief, repose, and restoration as when she had been put asleep by passes. It is now many months since she was mesmerised, and she reports herself to be in the enjoyment of perfect health.

This simple case may be sufficient to correct an erroneous notion we find prevalent, that mesmerism if once used requires to be continually repeated, and that a patient becomes dependent upon it. A patient is dependent upon sleep, but the function



once restored may continue normal without the repetition of the means first used for its induction.

2. The ~~next~~ case is a very complicated and curious one. The patient is a lady of about thirty-four years of age, dark, of a pale complexion, great sensibility and a very vigorous mind. Till she was eight years old she was a healthy, ruddy, firm-fleshed, active, good-tempered child. But soon after that age without any appreciable reason she began to grow pale, thin and nervous; she was occasionally affected with weakness of memory and stiffness of the limbs, and entirely lost her appetite; the bowels were excessively confined, and she took great quantities of aperient medicines. She continued in this declining state for five years; at the age of thirteen she went to Harrogate, drank plentifully of the water, and was relieved from all her lessons which she had been vigorously prosecuting before notwithstanding her delicacy. The water and exercise together had a salutary influence: she passed a quantity of ascarides, and was restored to perfect health at the age of fourteen. The catamenia then appeared without any inconvenience. She again became fat and rosy, and seemed to have regained all the plumpness and health of her childhood. This agreeable state, however, did not last very long, for again in two years, that is, at the age of sixteen, she became *sleepless* and languid, lost her appetite, and had pain at the catamenial period. All the symptoms got worse. What she did eat was immediately rejected; and for some weeks her life was sustained by injections. She was subject to alternate attacks of mild delirium and exhaustion; the latter so great that she was on one occasion believed to be dead. She recovered and continued well till the age of nineteen. At this time she was exposed to a good deal of excitement and fatigue owing to the death of a sister, and after that she began to suffer from tic douloureux, and to see spectral illusions. The spectral illusions generally took the appearance of persons, sometimes living, more frequently dead; they were seen by day as well as by night, and were always of a very distressing kind. From this time until our attendance



began she was ill of some form of hysterical disorders, with intervals of tolerable health.

In the middle of June, 1847, she heard suddenly of the last dangerous illness of a relative to whom she was much attached; the catamenia were present at the time and suddenly stopped. From that time until we saw her in the middle of August, nearly two months afterwards, she had never slept except for about an hour each morning. At the catamenial periods she was subject to a strange species of delirium: she used to start up at one o'clock in the morning, tried to rise out of bed, although very weak, and to bite persons or objects within her reach, she would struggle for an hour so that it was with great difficulty she was restrained. During the attack she saw dead persons and all sorts of frightful apparitions which seemed to approach her, and was all the time quite unconscious of what she said or did. At the same time it was curious to observe that her speech was coherent, and she answered questions put to her quite naturally, although often in an amusing and witty manner. She had no recollection on coming out of this state, which often lasted for two hours, of anything that had passed. The fits usually returned nightly for eight days, gradually subsiding towards the end.

Besides these strange attacks she suffered almost constantly from general neuralgia, which very frequently passed into the most frightful attacks of tic we ever witnessed; causing her to spring out of bed and roll about in screaming agony, and leaving her utterly exhausted so as to be quite unable to speak. Besides she would frequently faint and lie as one dead for hours.

Such is a general view of her condition during the autumn and winter of 1848.

Having been formerly relieved of pain by mesmerism she requested us to try it, and the first effect was very remarkable: it did not induce sleep, but it gave a sense of rest, and there was an appearance of the catamenia which had been long absent. She described the sensation produced by the mesmerism as of oil poured over the nerves soothing and quieting them. The improvement in the general health of the patient was slow but



steady, and in our opinion mainly ascribable to the continued use of mesmerism. The sleep which had been wholly absent began to return, and was the unmistakable presage of further improvement. We can hardly say she attained health, but her strength which was sunk to the lowest ebb from want of sleep and appetite improved wonderfully, so that she could walk miles. She still remained subject to attacks of tic at long intervals, and the spectral illusions continued. We may mention a simple experiment we made upon one occasion to satisfy ourselves and her that they were figments from within, and had no external reality. On one occasion she described a figure standing at the distance of about three yards from her in the broad day-light. We took a mirror and placed it behind the spot the intruder was represented as occupying, in such a way that had he been of veritable flesh and blood she must have seen his back. We then told her to look in the mirror and tell what she saw; she replied she saw the face repeated. Thus by a simple optical manœuvre did we demonstrate the unreality of her visitor.

3 The ~~next~~ case is a very interesting one from the spontaneous appearance of some of the ~~higher phenomena~~ in mesmerism.

The patient is a lady of about thirty years of age, of lymphatic temperament, large head, pale hair and eyes, and very short-sighted. She had been delicate from her childhood, and consulted us first about five years ago. At that time she suffered much from constipation and general weakness, but was able to walk about, although she frequently complained of pain in her back. At first she was much improved by homœopathic treatment, but afterwards on her return from her country house her general health failed, and when she again came into town, about four years ago, she was almost constantly confined to bed or a sofa. She was subject to frequent attacks of retching, sometimes vomiting blood; she had little or no appetite; the bowels were either confined, or loose with bloody stools. She frequently suffered from very violent spasms in the bowels and strangury, and complained much of pain at the lower part of the spine, aggravated by pressure or motion.



She slept very little, and did not feel refreshed by the sleep she got. The catamenia were never regular.

About three years ago we were sent for late at night, and found her coughing incessantly. The cough was hard and hoarse, almost croupy. She complained of pain about the larynx and trachea; the pulse was so rapid as almost to be uncountable. She was extremely hot, restless and uneasy. She once had a similar attack, for which she was leeches and blistered, and did not recover from it for six weeks. Thinking that it was not purely inflammatory we tried the effect of making passes over the face and throat, and in about fifteen minutes she was better and inclined to sleep. We gave her Aconite and left, but were re-summoned about three o'clock in the morning. This time we persevered more steadily in mesmerism, and had the gratification of seeing her fall fast asleep in about twenty minutes. We left her with injunctions to continue the Aconite should she awake. On calling about ten o'clock that day we found her much improved: she had slept for some hours, felt refreshed, and the cough although not gone was much abated. In the course of a few days she was restored to her usual state of health. The manifest benefit afforded by mesmerism induced us to repeat it regularly about twice a week, and she always slept soundly the night after it was done, and somewhat the following night. This in itself was an improvement. At this time the weakness in the back had increased to such an extent that she was constantly confined to bed, and unable to rise or even to turn herself without assistance. She had no power in her legs, and could not even move them. Being compelled to be absent from town for about six weeks, on our return we found her a very great deal worse. She had not known sleep during our absence; she was scarcely able to taste food, and the little she took she vomited; her pulse was small and quick; and she was so alarmingly weak that her friends expected her death. On re-commencing mesmerism the sleep was restored, and gradually the sickness subsided, and her appetite returned. By steadily persevering in it her general health gradually improved. She lost the excessive irritability which had been before most distressing,



and as she herself expressed felt restored to a new life. In the course of about fifteen months she was able to walk a little with assistance, and felt much more vigorous than for years. We found that the severe spasms when they occurred could always be checked by mesmeric passes, and in short all the sudden dangerous attacks were under our control, and there was steady progress towards a certain measure of health.

One day while asleep she began to speak of something that was going on in the adjoining room, and upon our asking her a question she replied sensibly, although in a low and peculiarly modified tone of voice. Having thus discovered that she was in a state of clairvoyance, at each visit we put a series of questions to her about the state of her health, and what she saw in her body, and we shall now transcribe from notes taken on the spot some of these conversations.

Are you asleep? Yes.

How long will you sleep? Five minutes.

Do you see your back? Yes.

What is it like? It is white.

Is it all white? No; at one spot it is reddish.

Is it purple? Purply.

Where is that spot? An inch and a half from the bottom.

Is it the same colour as yesterday? Yes; how curious!—it is so smooth and full of little greyish spots.

Do you see my hands? Yes.

What do I hold? A book.

What is in the other? A little stick—(it was a pencil).

#### SECOND EXAMINATION.

Are you asleep? Yes.

Will you sleep for ten minutes? Yes.

Is your back better? Yes; a little better.

Do you see it? Yes.

What like is it? White and smooth.

Is it all white? No; when I see it close it is not; it is reddish at one spot.

Is it purple? Reddish-purple. I see little spots.



Where? Further up. Grey.

Do you see the blood moving in it? Yes.

What like? Reddish-white. Oh! I see little things! I must see close threads like hairs from the side coming from the bone. Oh! what a number!

Do you see the brain? Yes;—big bone; curious fibre things.

Does the brain look different when awake or asleep? I think it does.

Patient awoke at expiry of ten minutes.

### THIRD EXAMINATION.

Are you asleep? Yes.

Will you sleep for ten minutes? Yes.

Do you see your back? Yes.

What is it like? Smooth, white, quite white; reddish low down, nearly at the bottom.

Is it hot? Yes, hot.

Do you see what I have in my hand? A board with lines on it.

Do you see the colour of the lines? Yes, I must look close—close.

Can you count them? One, two, three—no, I can't.

Are there five? Yes.

Are any like your back? Yes.

She pointed out one of the colours on the board, and expressed herself over and over again that this was the one like her back. The board contained all the shades of purple, from red to blue.

### FOURTH EXAMINATION.

Are you asleep? Yes.

Will you sleep for ten minutes? Yes.

Will you look at your back? Yes.

What do you see? The same, just the same; reddish purple down low; not better.

Do you see the blood in it? Yes.

Do you see the blood in other parts? Yes; little vessels.



Do you see the blood in the little vessels? Yes, little threads, red and white.

Has the blood the same appearance in the red part as in the other? It is redder.

Does it go faster or slower? Faster.

How broad is the red spot? A little bit.

Half an inch? Longer, it rises from the back, lumpy.

Do you see all the way up the back? Yes.

Do you see the brain? I see a bone.

A large bone? Yes; curious, Oh curious!

Do you see anything on the outside of the bone? Blood.

Do you see anything quite outside?—Do you see your hair? Yes.

#### FIFTH EXAMINATION.

Are you asleep? Yes.

Will you look at your back? Yes.

How is your back? Better.

Do you see it? Yes.

Do you see the red part? Yes.

Do you see a paper in my hands? Yes.

Do you see the strokes? Yes.

Do you see the colours? Yes.

Are any of them like your back?—She pointed out one.

#### SIXTH EXAMINATION.

Are you asleep? Yes.

Will you sleep for five minutes? Yes.

How is your back? Very well.

Do you see it? Yes.

Is it less red? Yes, it is paler.

She pointed out the colour it resembled most.

During an attendance of many months we repeated our examinations at each visit, and we shall now give the general conclusions we have arrived at on the matter, after a long series of careful observations, and after reading the current literature of the subject.

When Coleridge says, "Seeing is not believing, but believing



is seeing," he meant something better than a philosophical optical paradox. And the more we reflect upon vision, the more are we convinced that both memory and imagination have more to do with the process than we at first suppose. Ordinary vision implies two conditions, an external visible object and an internal seeing and conceiving faculty. So that it is well said we see what we bring with us, the faculty of seeing. The perception of an uneducated person on looking at some wholly new sight is quite different from that of one used to examine the object seen. Sight affords the materials, but the mind constructs the picture; and the picture varies with the mind.

The same holds good in clairvoyance. The person describes as he conceives he sees, but his conception depends upon many conditions. In the waking state the errors of sight may be corrected by the other senses or by changing the point of view. This is not possible in clairvoyance. So that at the outset we must expect great fallacies, and our observation has fully confirmed this anticipation. Of one thing, however, we are certain: that the images described by the clairvoyant are not derived from the waking person who puts the questions. Any one used to observe his own mind knows that there is a wide distinction between the active imaginative state and the passive recipient one. In the former it is full of images; in the latter there is none. Now we are quite sure that in the case we have just detailed the images described by the patient were not in our mind. Her mode of perception we do not even attempt to guess at, but we know that it was not derived from us, for we never had conceived, in her fashion, of the things she described.

In trying to settle for ourselves the important question of how far these descriptions were trustworthy, we became aware of certain important sources of fallacy. The most important is this: there may exist some kind of emotional sympathy between the mesmeriser and the person who is mesmerised. The emotions of hope or fear or anxiety which affect the waking person may be communicated to the sleeper. These emotions seem to act upon the imagination, and to mould to a great extent the sleeping vision. Hence we are inclined to disbelieve all



descriptions which relate to subjects strongly affecting the feelings of the mesmeriser. Besides, there is the constant effort of imagination eking out what is seen, like a person peering through a mist at a dim object he is anxious to recognise.

After these enormous deductions we find a residue of pure observation, but we have no means of ascertaining how far even this is to be depended on unless we have independent means of verifying it, which of course supposes the subject to be one patent to our waking faculties, and this narrows still more the possible utility of the revelations of clairvoyance.

The practical conclusion we are inclined to come to is that mesmerism as a hypnotic agent is very valuable, that in certain rare cases the revelations of a clairvoyant may be of value in ascertaining the precise pathological condition of patients, but that it must be employed with extreme caution and reserve, as it is just as likely to mislead as to guide aright.

The cases we have described are the only ones in which we have found it necessary or expedient to employ this agent, after a pretty extensive practice of ten years' duration, and hence we are disposed to think that it is only required in rare and exceptional cases; but that there is a class for the cure of which it is indispensable, we have no doubt.

On the moral aspects of the subject we consider it out of place to enter, but we cannot refrain from making one observation, and it is this: that the relation of a physician to his patient is the most sacred, the most delicate, and the most responsible which can unite two persons in a professional point of view, and that any person fitted to discharge the high duties implied by this connection is worthy of the trust which must be reposed in one who is made the depository of the sleeping confidence of another. And let us add that we consider that the employment of mesmerism for the purpose of amusement is utterly disgraceful to all connected with such exhibitions.







