examination, proved to be a two months fœtus, enveloped in its membranes, lying upon the placenta. It had every appearance of having been dead for some time. She got up well, and had had no previous inconvenience. I have no doubt that the fœtus had lain five months dead in the uterus.

Cases of abortion and miscarriage have been unusually frequent in this vicinity during the past year. The husband of one lady has come to me twice within the year, stating that his wife was six months advanced in pregnancy, but that now she felt certain the child was dead, and could state the time when it ceased to live. She was having no unpleasant symptoms, but was anxious as to the result. No active interference being deemed advisable, at the end of a week, in each instance, labor pains came on and effected delivery in a few hours. No untoward symptoms followed, the secretion of milk was established, and she nursed a child each time.

There seems to be no other cause for these miscarriages than habit. The year before she had had one, which was attributed to over-exercise combined with some mental anxiety.

Respectfully, &c.

Hadley, Mass., June 18, 1852.

FRANKLIN BONNEY.

IS NITROUS OXIDE ANÆSTHETIC?

[Communicated for the Boston Medical and Surgical Journal.]

DURING the winter of 1847-8, the class of the College of Physicians and Surgeons, New York, was notified that a new anæsthetic was to be administered at the New York Hospital. I went to the Hospital, and heard Dr. Kearney Rodgers present Horace Wells as a gentleman who had just returned from France, where he had been awarded 25,000 francs for being the first discoverer of anæsthesia. I do not remember by whom the award was said to have been made. A number of professors from both colleges were present, as well as many gentlemen from the classes, who will doubtless remember the remarks.

Dr. W., on being introduced, said he had discovered that if the patient took the gas with the impression that he was to lie still and submit to an operation, he would conduct accordingly; and that there would be entire unconsciousness of suffering during the action of the gas. He then administered the protoxide of nitrogen gas to a patient, and Dr. Rodgers performed a blepharoplastic operation for ectropium. The patient was carried out before consciousness returned.

Immediately following, Dr. Rodgers used chloroform in another operation for burn cicatrix, it being the first time he had administered it in the Hospital. Dr. R. remarked that the action of the chloroform was the happiest, from the fact that the blood was less venous, showing a more perfect aëration in the chloroform patient.

The question of priority in the discovery of the anæsthetic use of these articles is one which I do not discuss, as it does not interest me. But as Dr. Wells destroyed himself within a week after I saw him presented at the Hospital, I merely mention this circumstance for the con-

sideration of your correspondent H. A. H., as Dr. W. would undoubtedly have done it for himself had he not, in his devotion to science, experimented with chloroform to his own ruin. He was a noble-looking specimen of a man, and though I saw him but once, I have retained a vivid recollection of the circumstances.

Now did or did not Dr. W.'s patients suffer when under the influence of the gas? If they did, then Dr. Rodgers, who used the knife, and all who were looking on, were mistaken. If not, then Sir H. Davy did not carry his experiments far enough to arrive at the truth.

The assertion that the gas will not produce insensibility, from Sir H. Davy's conclusions, lacks very little in my estimation of being "simply ridiculous." As the writer is pleased to say of Dr. W.'s pretensions, I felt annoyed to find that I had been laboring under so erroneous an impression respecting this property of the article in question, and wish for information.

IRA MANLEY, JR.

Markesan, Marquette Co., Wis., June, 1852.

DEATH CAUSED BY A DISCHARGE OF SERUM FROM THE LUNGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following remarkable case of death resulting from pulmonary serous hemorrhage occurred during the summer of 1847, soon after which the accompanying article was prepared for publication. From some cause it was laid away with other papers, and therefore has failed of making its appearance until now.

Mr. Smith Bradt, the subject of this article, was an amiable young man of about 20 years of age, son of a respectable farmer living about four miles from this town. He died very suddenly on the 18th August, at 4 o'clock, A.M. His height was six feet three inches, but he was remarkably slim, and possessed a nervous sanguine temperament and feeble constitution. To all appearance the vital forces had been pretty much expended in hastily erecting an elevated structure, without much regard to strength, solidity or durability. Although he was truly a ghost-like looking person, yet he rarely complained of any indisposition whatever—performing his share of labor on the farm up to within four days of his decease, with the exception of two instances, one of which was somewhat over a year prior to his death, when he had an attack of peritonitis, which was not at all severe. He was not confined to his room, and promptly recovered by the use of purgatives, antimony and blisters. About four weeks before his death, he called at my office with a very severe and painful phlegmonous tumor of two days' standing, situated on the inside of one of the wrists. In view of its location and the extreme pain he suffered, I adopted Velpeau's treatment, and laid the tumor open freely. It bled profusely. The suffering was instantly abated, and soon went off entirely. Within a few days he was entirely cured, and he returned to the labors of the field.

Four days before his death the weather was extremely warm, and he labored unusually hard in harvesting. Two days after this, not feeling