soon sank. The accident was fortunately observed by those on board a passing steamboat, and one of the passengers bravely dived after the child, and succeeded in reaching him. I was called to attend, and soon got to the public-house where they had conveyed the body. I now found I had to deal with a very unpromising case of asphyxia; but former experience taught me not to despair, and I at once commenced to carry out the method of treatment so clearly and simply laid down by its great discoverer. In about forty minutes I had the satisfaction of seeing respiration fully established. The boy never had a bad symptom afterwards, and he was running about in three or four days. In the case treated by me at Bishops Auckland (THE LANCET, June 13th, 1857), and Case 6 in Dr. Hall's work "On Drowning," when the respiratory function became established I had to deal with alarming secondary convulsions; and I rather feared this accession in the case above related, but happily this only proceeded so far as slight clenching of the hands along with grinding of the teeth. I may remark that I have had equal success in the treatment of apnoea in still-born infants; and only a few days since its value was strikingly exemplified after a protracted breech presentation of a large child in a primipara.

In conclusion it may be asked—How are we to account for the failures lately recorded? But I would answer—Was not the Ready Method received in these quarters with reluctance and doubt from the *very first*? and may not the alleged failures have arisen in no small degree from want of confidence and consequent want of perseverance in the means? And when we read of a patient's cervical vertebræ being dislocated and fractured in an attempt at restoration, it becomes at once apparent that he must have been subjected to motions not at all contemplated by Dr. Marshall Hall. I have no fear but time will do for this what it has done for every great scientific truth.

I am, Sir, yours obediently,

RICHARD ELLIS, L.R.C.S. Edin.

Hinde-street, Newcastle-on-Tyne, March, 1861.

APOPLEXY AND NARCOTISM.

To the Editor of THE LANCET.

SIR,—The following case, which occurred within my own practice some few years ago, so fully corroborates the value of your remarks in THE LANCET of the 16th inst., upon the danger of forming a hasty judgment upon the bare coincidence of circumstances, that I am induced to ask for its insertion in your valuable journal—so especially bearing as it does upon the subject to which you have alluded.

By my notes, I find that I was sent for hastily one evening to visit a Mrs. C—, who, while at supper some twenty minutes before in her usual good health, suddenly expressed her fear that her son had made some mistake in the herbs he had collected for the salad, as the taste was so extremely nauseous; and then questioned him if he was sure he had not gathered some of the "fool's parsley" (*Aethusa cynapium*) by mistake, which she had heard was poison. Vomiting immediately came on, and, feeling that she was getting very ill, she desired to go to bed and that I should be sent for. Upon my arrival (within a very few minutes) I found her apparently insensible, and totally incapable of making any communication; the eyes closed, the pupils dilated and insensible to the light of the candle; countenance rather pallid; pulse scarcely perceptible; with cold and clammy sweats. I immediately washed out the stomach by means of the stomach-pump, the warm water alone returning, strongly impregnated with the odour of onions; and then injected warm brandy-and-water, and used the usual means for resuscitation; but all to no avail: the pulse gradually sank, the sweats increased, the coma of course continued, and at the expiration of twenty hours death put an end to them all.

Then came the question, What was the cause of death? She was quite well up to the time of eating the salad, was the only one who *did* eat of it, and the only one taken ill; she complained of its nauseous and suspicious taste; became rapidly so ill as to require to be removed to bed; and with equal speed did all the symptoms follow which I have described, coma not being omitted, which we all know is as constantly produced by narcotic poisons, or the circulation of venous blood, as it is by pressure on the encephalon. A post-mortem examination was made some few hours after death, when nothing abnormal was found about the abdomen or chest; but upon removing the skull-cap and slicing the brain to get at the ventricles, a small clot of dark blood, about the size of a filbert, was found in an isolated cavity in the substance of one of the hemispheres.

There was not any unusual injection of the vessels on the surface or other parts of the brain, but simply this clot bedded in its substance. I should also add that previous to death there was not any stertor, foaming at the mouth, or convulsions.

I am, Sir, yours truly,

Margate, March, 1861.

ALBERT P. OWEN, M.R.C.S.

ON A CASE OF VACCINIA.

To the Editor of THE LANCET.

SIR,—I beg to enclose a drawing of a case of vaccinia, as it appeared on the fifteenth day after vaccination.

Zone of inflammation. Life size.

I vaccinated the child with twelve others, from one very fine arm. The twelve passed through the usual stages without an untoward symptom; but that of which I send the drawing, although vaccinated at three points of a triangle, sent forth, as will be seen, thirty-two pustules (not vesicles), every one with a depression in the centre, very closely resembling small-pox.

I am, Sir, yours faithfully,

Bow-road, March, 1861.

S. LAWRENCE GILL, M.D.

DIPHTHERIA AND SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—I have been attending a family in which three children have been suffering from scarlet fever with diphtheritic throats, in whom all the symptoms of scarlet fever were well marked, including desquamation of the cuticle; and a fourth child, an infant four months old, is suffering from diphtheria alone, not having had scarlet fever. The elder children have recovered; the baby is still bad, and I fear will sink. The diphtheritic patches made their appearance at the outset of the illness, and have gradually disappeared after recovery from the fever.

These cases might be considered as going towards proving scarlet fever and diphtheria to be one disease; but I have noticed diphtheritic patches form on different kinds of inflamed throats. I have now under my care a girl, fifteen years of age, who has had quinsy, on whose throat diphtheritic patches formed from the very beginning of the inflammation, before the tonsil had much enlarged, and extending beyond it and across the back of the pharynx; and the diphtheria still continues, although the tonsil has supplicated and discharged, and almost entirely healed. From the occurrence of such cases, it would appear that there exists a tendency for the formation of this disease wherever the mucous membrane of the throat differs from that of health, and we cannot suppose that because it may exist with some other disease that therefore they are one and the same, or allied even, although they may have one other symptom in common, unless that symptom could be in itself a sufficient evidence of the disease.

I cannot doubt but that other medical men have met with cases in which the peculiar diphtheritic pedicle has formed on different kinds of inflamed throats; and as our knowledge of disease is only gained step by step by the observation and re-