to Case 7 I am glad to say that no patient of mine has died by being suffocated by the root of his tongue, for I have hitherto always recognised the state of affairs and brought the tongue forward. That this death was the result of suffocation and not of heart failure is almost certain from the following two facts: first, the presence of snoring which, whether due to falling back of the tongue or to paralysis of the soft palate muscles, is evidence of vibration of air produced by its being drawn through a narrowed orifice—that is, of obstruction; and, secondly, the subsequent congestion of the face which is precisely what would occur with obstruction to respiration and which at all events during the administration of chloroform is probably not caused in any other way. There are, then, solid grounds for considering that there was obstruction to respiration in this case and none for considering that there was primary circulatory failure. If this gradual suffocation be granted the mode of death is what one would expect with a medulla dulled beyond recovery. It is beside the point to try to justify the scantiness of information given in this case and in Case 6 by saying that it is quoted from Snow. By quoting it as he does Mr. Wilson tacitly admits that he considers that the description as he gives it adds weight to his theory, and this, as I have shown, it does not.

In Case 1 I realise that Mr. Wilson's contention is that shock may be produced by chloroform poisoning, but he does not prove it. He entirely fails to realise that the fact that he "considers the symptoms were caused by chloroform," though interesting, is of no moment. Others will consider with myself that the boy was not under the anæsthetic and was accordingly susceptible to shock from a powerful stimulus, but that equally is of no moment. Opinions have no place in a theory, which must consist entirely of facts and of inductions from them. In this case the "shock" immediately a most powerful stimulus just as it would have done had no chloroform been given, and can accordingly be amply explained without calling in chloroform to account for it. There is no shred of proof that death was due to chloroform poisoning and much to show that it was not, so that the case is quite useless as one on which to build up a theory as to the mechanism of death from that cause. In fact, as I said in other words in my first letter, Mr. Wilson makes no attempt to prove by the exclusion of other causes that the deaths he describes were due to chloroform poisoning nor any to show that primary circulatory failure occurred in a single one. Let me repeat that in one case the state of the circulation is never mentioned, and yet Mr. Wilson thinks it helps to prove that chloroform fatalities are due to primary failure of the circulation!—I am, Sirs, yours faithfully,

CLAYTON A. LANE, M.D. Lond.,
Surgeon-Lieutenant I.M.S.

Camp Shinowrie.

TREATMENT OF PNEUMONIA BY INHALATIONS OF OXYGEN GAS.

To the Editors of THE LANCET.

SIRS,—I have recently had under my care a case of extensive double pneumonia in which I used inhalations of oxygen, a few particulars of which may interest your readers. The patient was a strong, healthy woman, aged thirty-two years. She had a rigor one Saturday night and I saw her on the following Sunday afternoon when I found her to be suffering from extensive double pneumonia for which I prescribed appropriate treatment. I was summoned hastily the morning after (Monday) to see her as she was much worse. On my arrival I found the patient deeply cyanosed with signs of heart failure and dilatation of the right chamber; the pulse was scarcely perceptible at the wrist and the respirations were 54. She was practically dying. I thought it was a very suitable case for the inhalation of oxygen gas and through the kindness of my friend, Dr. Alcock, was fortunately enabled to administer it within half an hour. The immediate improvement was very striking. After five minutes' administration the patient improved so much that from being comatose she became quite conscious; the pulse could be counted at the wrist, the heart sounds became distinct, and the lividity was disappearing. The administration was continued for another five minutes with continued improvement of the patient and disappearance of the cyanosis. The administration was now stopped for ten minutes and again resumed for five minutes longer. The condition of the patient

was now fairly satisfactory under the circumstances. I remained with her three hours longer, repeating the administration every half-hour a few minutes at a time, and I considered her so much improved that, yielding to the demands of general practice, I thought I might leave her for a time, giving instructions to the nurse to summon me at once if she saw any signs of returning "blueness." This unfortunately was not done and when I returned after an interval of about three hours I found that the patient had just died.

I am, Sirs, yours faithfully,
Goole, Jan. 17th, 1898.

A. M. ERSKINE.

"SANTONIN IN SPRUE."

To the Editors of THE LANCET.

SIRS,—I notice in THE LANCET of Jan. 15th a letter from Dr. Charles Begg in which a reference is made to Dr. Thin's work on Sprue and think it desirable to express how greatly that work assisted me when in practice in Fiji at that time. I write of prior to the publication of Davidson's "Diseases of Warm Climates." Dr. Thin's was the only available account of this important, prevalent, and frequently fatal disease, and if it had not been for it I should have landed in the tropics without either information or guidance on this matter. In all the cases I had search was made for intestinal parasites, but though in a few cases ankylostomata were found in many cases they were absent and never present in sufficient quantities to justify their being considered a factor. My experience fully coincides with Dr. Thin's—namely, that when sprue has become thoroughly established unless a proper course of treatment is adopted and persevered in the disease invariably in time ends fatally. As to treatment the purely milk diet (half milk, half barley-water, slightly warm) from three to four ounces every hour with general hygienic precautions, warm clothing, flannel binder, &c., invariably gave good results if followed by removal to a cool climate. For diarrhoea salol and bismuth powders or AgNO₃ enemata were occasionally required. In semi-dysenteric cases simaruba (as advised by Dr. Manson) is of great use. Opium in any form was unsatisfactory. For constipation morning doses of sodæ sulphas either alone or combined with decoctum aloes may be given.—I am, Sirs, yours faithfully,

CHARLES T. W. HIRSCH,
Late District Medical Officer for Rewa, Colonial Medical Service, Fiji.

Charlinch, Rectory-place, Woolwich, Jan. 24th, 1898.

"IMPRISONED TOOTH: AN OBSCURE CAUSE OF CERVICAL ABSCESS."

To the Editors of THE LANCET.

SIRS,—My attention has been called to an article on the above subject by Mr. T. R. Jessop of Leeds, published in THE LANCET of Jan. 15th, p. 150, which, I feel, demands some notice.

Under an impression that I was sufficiently acquainted with the pathology of alveolar abscess, or what is known of it, arising from unerrupted and necrosed teeth, also defectively developed and incarcerated teeth and other causes which give rise to inflammation in and about the surrounding structures and tissues of the mouth ending in abscess pointing either internally or externally—these are, I consider, so common and should be so readily understood by every properly educated dental surgeon—that I have not recently thought it worth while to call attention to the subject through the medium of the medical press, although some years since I have read papers before the British Medical Association and other societies which have mostly been published in some of the weekly journals; nor should I now have alluded to the subject but for reading Mr. T. R. Jessop's article, in which he quotes two cases that are as familiar to the hospital dental surgeon as varicose veins are to the general surgeon and which should be as easily diagnosed.

I consider Mr. Jessop's article a grave reflection on the professional knowledge of the dental surgeons in his district. Recrimination, however, is not my purpose in this communication, but I could quote a large number of cases which had run the gauntlet of more than one public hospital, some of which had never been seen by a dental surgeon before I saw them. Two cases are fresh in my memory. One, a soldier in the artillery then quartered at Trowbridge,