Dr. Blagden, whose observations are so important that I quote his words :—

"For seven minutes (in a room with the temperature varying from 240° to 260° Fahr.) my breathing continued perfectly good, but after that I began to feel an oppression in my lungs, attended with a sense of anxiety, which gradually increasing for the space of a minute, I thought it most prudent to put an end to the experiment, and immediately left the room." His pulse, on coming out, was 144, more than double the natural rate. "To this circumstance (of the pulse) the impression on my breathing must be partly imputed, the blood being forced into my lungs quicker than it could pass through them; and hence it may very reasonably be conjectured that should a heat of this kind ever be pushed so far as to prove fatal, it will be found to have killed by an accumulation of blood in the lungs, or some other immediate effect of an accelerated circulation."—(Phil. Trans., vol. lxx., p. 696.)

Other experiments, related by Mathew Dobson, chiefly showed that the circulation was amazingly quickened with little or no increase of the *animal* heat. (Ibid., p. 689.)

There are certain matter-of-fact conclusions that one cannot fail to arrive at from reading these various experiments, which must strongly help to decide the question whether heat or the hot bath is injurious or not in the treatment of drowning, or indeed of suspended animation *from any cause*.

From the preceding examination of facts, it becomes evident—

1. That hot air—with or without inhalation—to the skin is not a respiratory stimulant; and
2. That very hot air oppresses the respiration.
3. That hot air, with or without inhalation, accelerates cardiac action, and the more according to the heat of that air.
4. That the ordinary ratio between heart and lung action is destroyed, and that to the diminution of the rate and power of lung action, which ought the most to be renewed.
5. That languor and muscular debility are also results.
6. That nerve power generally is diminished.
7. That, though the skin may be heated, there is no physiological increase of the animal heat.

And with regard to the water bath, the obvious conclusions are even more unfavourable: for—

1. It is a cardiac stimulant, and
2. A direct depressor of respiratory action to a much greater extent than hot air is, and therefore more injuriously so; for, besides preventing cool air playing on the surface of the body, it impedes cuticular transpiration and perspiration, which *might* cool the body in some measure. And, what is still more injurious,
3. It causes the respiration to be even more difficult than usual, *from the mechanical pressure that the water exerts upon every inch* of the chest, and also of the abdomen.

The hot-air bath fails to assist the respiration, whilst the water bath, with all the bad qualities of the hot-air, directly impedes it. There is, then, a treble tendency to death by apnoea if the drowned person is placed in the hot bath. There is—

1. The partial or complete apnoea already occasioned by submersion;
2. The increased congestion of the lungs by the heat (from the heart stimulation); and
3. The mechanical barrier to lung action from the pressure of the water.

While the poisoning of the blood is being thus assisted, every real remedy, as observed by Marshall Hall, is excluded!

True physiological means of renewing the animal heat have yet to be considered, which inquiry will be materially assisted by an examination of cases of drowning that have been treated by the bath.

Wilton-place, Belgrave-square, 1861.

ON A

CASE OF POISONING BY PRUSSIC ACID.

By S. LAWRENCE GILL, L.R.C.P.E.

M. A. C—, a French chemist, after a few words with his employer, entered his laboratory at half-past four P.M. An hour having elapsed, and as he had frequently been heard to say that he always carried a deadly poison, one drop of which would produce sudden death, the gatekeeper felt alarmed, and ventured to open the door of his room, but seeing him sitting in an

easy posture, (and, as he thought, looking him impudently in the face,) retired. The gatekeeper communicated what he had seen to the clerk, who exclaimed, "I believe he has committed suicide; I was dreaming all last night that he had done so. Let us go together and see." They did go, and found him speechless. In an hour and a half from his being last seen alive, I was on the spot. I found him fully dressed, with a loose wide-awake on, and sitting in an easy, natural posture, his elbow resting on a table, hands folded together, and knees crossed; a one-ounce bottle, (empty,) labeled "Prussic acid," and with *stopper replaced, standing* close to his right elbow. There was no indication of the slightest struggle. He sat staring one (I may say) in the face, his head slightly thrown back, forehead suffused and of a lead colour, cheeks pale, lips purple, clammy cold perspiration over face; eyes staring, dry, and glassy, conjunctival vessels brilliantly injected, pupils greatly dilated, eyelids rigid; nostrils dilated and rigid; tongue and lips dry, brown, cold, and pressed firmly against hard palate; lips and jaws apart; body coldish, moist, and rather rigid. I could not detect the slightest odour of prussic acid either from the patient's mouth or in the room, although but an hour and a half had elapsed since he had entered it alive. No scream was heard, nor were there any indications of convulsions. He had passed a black motion into his trousers.

Remarks.—Ascertained facts respecting death from this acid (even if the patient be not seen until after death) may be of value. 1st. In this case no scream was heard, although the top of the laboratory window was down some inches, and a person stood outside, within three yards of that window, for some time, and was within ten yards from the time deceased entered until he was found dead. 2nd. There was a total absence of froth from the mouth, as the lips, tongue, and fauces were perfectly dry and horny; not the slightest moisture either on his neck-tie or front of his shirt. 3rd. There was no indication of convulsions, which, owing to posture, must have been evidenced had they been present.

Bow-road, 1861.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CHARING-CROSS HOSPITAL.

THREE CASES ILLUSTRATING THE RESULTS OF A NEW OPERATION FOR THE RADICAL CURE OF UMBILICAL HERNIA.

(Under the care of Mr. BARWELL.)

A LARGE proportion of the infants who have exomphalos get well without any necessity for further surgical assistance than may be implied in an abdominal bandage and pad. But there are some in whom the protrusion increases in size, who are very much troubled with colicky pains and flatulence, which prevent them wearing an effective belt, and whose chance of recovery under ordinary circumstances seems very small. Mr. Barwell has for some time past performed in these cases a simple and very successful operation, which, before attempting it on the human subject, he had tried on a retriever pup with good result. The following is an account of some of Mr. Barwell's cases:—

Sarah T— brought a male child, aged thirteen months, to Mr. Barwell, at the Charing-cross Hospital, stating that a lump, which she was told was a rupture, kept getting larger; that the child was ill, seemed always in pain, was very fretful, did not feed properly, and got constantly thinner; and that, as she was going with her husband to Australia in about three weeks, she was desirous that something should be done if possible.

On examination, a hernia as large as a bantam's egg was