the profession. Mr. Wilkinson, one of my colleagues who attends at the hospital on the same days as myself, was also there.

Without going at length into the merits of the gas, or comparing it with other anæsthetics—for as yet I have not facts enough,—I will merely mention some of its characteristics as witnessed by myself.

Unconsciousness is produced in less than a minute; the sensations of the patient are not disagreeable; there is no struggling; the recovery is instantaneous, and without sickness, headache, or prostration.

There were five operations in all.

The first was on an intelligent young man, who understood the principles on which we were acting—those of ensuring perfect anæsthesia. He was instructed, if he felt pain of any kind, to cry out, or give some evidence of such sensation. A large tarsal tumour on the upper eyelid was his disease. I everted the eyelid, cut the tumour across with a small scalpel, and squeezed out the contents, together with the cyst, with my thumb-nail. The patient called out just as the knife touched him; but when questioned on arising, he said he was unconscious, and did not feel anything.

The second operation was for double internal squint in a little girl: a still better example than the above, as we thought, from her early period of life, to test the agent. I cut through the conjunctiva and divided the internal rectus of the right eye after my usual manner, and Mr. Wilkinson applied a stitch to close the external wound. The child revived just as all was over, never having given any evidence of pain. Time occupied for inhalation and operation, 2 min. 40 sec.

An interval of five minutes was allowed for the blood to be reoxygenated.

In this, the third, just as the mouth-piece was introduced, for the second eye to be operated on, the child retched, and quickly threw up some food that it had lately eaten. It appeared as if this was due to the mouth-piece touching the fauces. The process was again applied, and the second eye operated on in the same manner. Time, 2 min.

The fourth was congenital and hereditary ptosis, in a girl aged six. Mr. Wilkinson dissected away an elliptical piece of skin, and adapted the edges of the wound with four sutures. Time, 3 min. 2 sec. The child recovered just as the last suture was introduced. As soon as the blood flowed from the first incision that was made, it was thoroughly carbonised; towards the end of the operation it resumed its natural colour.

The fifth case was ectropium of the lower eyelid, in a male aged seventy-five. I first operated on the right eye without the gas, and took away a broad strip of the swollen and granular conjunctiva. I then did the other eye in the same manner, under the effect of the gas. Time, 2 min. 15 sec. The old man forcibly pointed out the difference to him between the two. The one "hurt him like the very devil," the other "he knewed nothing about, and it was nothing arter."

Directly that the operations were over, these patients were as to constitutional effect well; as well, indeed, as when they entered the operating room,—neither sick, nor stupid, nor weak. The children seemed a little scared, yet they did not cry, and the adults actually made merry over the matter. There was not any preparation made for the operation in a single case.

The evidence of insensibility is the same as that in chloroform: loss of sensation of the conjunctiva when touched with the finger, dilatation of the pupil, and snoring. But there are the unpleasant symptoms of blueness of the face and rigidity of the limbs. The pulse increases in frequency after a few inspirations, then rapidly declines; it recovers rapidly.

As the effects of the gas were very quickly dissipated, quick operating was necessary. Everything was at hand, and not a moment was lost. It may therefore be called a rapid anæsthetic, and one that answered well in all the cases. With our very limited experience, neither Mr. Wilkinson nor myself thought it advisable to apply it to a case of cataract done on the same day, where a longer time might possibly have been required for the operation. Mr. Wilkinson took an inhalation after I left the hospital. I hope that he will send you an account of the effects on himself.

I am, Sir, yours obediently,

HAYNES WALTON.

Brook-street, Hanover-square, April 4th, 1868.

To the Editor of THE LANCET.

SIR,—My colleague, Mr. Haynes Walton, having forwarded you a few remarks concerning some minor surgical operations

performed by us at the Central London Ophthalmic Hospital, on Thursday, the 2nd inst., under the anæsthetic influence of protoxide of nitrogen, administered by Dr. Evans, of Paris who kindly attended for the purpose, I beg likewise to offer a few remarks on my own observations, and its effects on myself, having taken it. No preliminary examination of any patient was made or suggested. I was much pleased with the results, so far as they went that day; anæsthesia was rapidly induced, and complete, there not being in any one of the cases the least evidence of that uncertain and perplexing latent sensibility so often roused under chloroform when an operation is commenced. The effects passed away as rapidly as they were induced, without any complaint of distress. They seemed rather to think it a joke, excepting the smartings of the wounds. Finding this suspension of nervous power so readily, conveniently, and effectively dealt with, I was induced to take it myself.

The gas was not in the least unpleasant, but rather the opposite. After taking some few deep inspirations, I began to feel a tingling sensation in the nerves of the arms and hands and legs and feet, with a fulness about the head and neck and bloated or suffused feeling in face. It continued to increase until I felt the fulness in the head a little unpleasant, such as one experiences from too tight a collar, which requires loosening to obtain ease. As this period was reached, I suddenly lost consciousness. I was, however, sensible of the use of my hands and feet, and these parts alone. I moved them freely, and tapped the floor to show that they could act, and I was conscious of this action, although my faculties were suspended from recognising in other parts. I was not aware my ear was pulled; no interference was made with my hands or feet, and so could not judge of their sensibility. The effects soon wore off, the extremes of my body gradually recovering themselves first, my pelvic region last. I inhaled the gas whilst sitting and partly reclining in a low-seated arm-chair.

I am, Sir, yours obediently,

J. SEBASTIAN WILKINSON, F.R.C.S. Eng. Exam.

Davies-street, April, 1868.

LOCOMOTOR ATAXY.

To the Editor of THE LANCET.

SIR,—In your journal of the 4th instant, the reviewer of Dr. Radcliffe's article on Locomotor Ataxy in Dr. Reynolds's "System of Medicine," observes that this article "for the first time furnishes a complete account of this remarkable disease from the pen of an English physician." I consider it only fair to state that, in the first volume of "St. George's Hospital Reports" (1866), I wrote, as Dr. Radcliffe knows, an article "On the Diagnosis, Pathology, and Treatment" of this disease, illustrated by an analysis and comparison of numerous typical cases which had come under my own observation. This article was extensively reviewed in British, American, and foreign journals. In this country I am the only person that has investigated the morbid anatomy and pathology of locomotor ataxy. I am, Sir, your obedient servant,

Belgravia, April 6th, 1868.

J. LOCKHART CLARKE.

SEQUEL OF A CASE OF CÆSAREAN OPERATION.

To the Editor of THE LANCET.

SIR,—The readers of your valuable journal may be interested in knowing the result of the case of Cæsarean operation successful to both mother and child reported in THE LANCET of January 18th last.

My patient continued convalescent up to the twenty-eighth day after the operation, the abdominal incision being united and very nearly cicatrised; her appetite was good, and in every respect she was well. She had not, however, been permitted to sit up, and the lochial discharge continued.

About the beginning of the fifth week she complained of slight pain with stiffness in the calf of the left leg, which was found to be swollen, and tender to the touch. The popliteal vein of the same side was also hard and tender. These symptoms, however, soon subsided under local fomentations and general stimulants, but were followed immediately by others indicative of pneumonic obstruction, accompanied with high fever, rapid pulse, and hurried respiration, though without any delirium. The accompanying pain was severe; first

in the right chest, and lasting twenty-four hours; then in the left for about the same period. At the same time there could be heard fine crepitation, soon succeeded by dulness on percussion in the parts affected. All these urgent symptoms in like manner very soon yielded, with the exception of the dulness, to the use of abundance of stimulants and free blistering, so that by the beginning of the sixth week she appeared to be as well as usual, except that the cardiac movements still continued tumultuous and unsteady. Towards the end of the same period these symptoms also had very much subsided, being only occasional, and sometimes altogether absent. On the evening of the 2nd February (six weeks and one day from the operation), after having spent the day in cheerful conversation with her husband, she suddenly complained of palpitation and faintness, fell back, and died in a state of syncope.

Autopsy, fifteen hours after death.—Blanched appearance of countenance and body generally. Abdominal incision cicatrised; abdominal parietes flat and healthy. Chest: The lungs on both sides completely filled the chest. Half a pint of reddish fluid in the right pleural cavity; some old adhesion of pleura of same side; lobular solidification in many parts of both lungs, particularly at their base; fibrinous casts could be squeezed out. Heart: The left auricle and ventricle quite empty and healthy; right auricle and ventricle filled with one firm, leathery, fibrinous clot, extending through the tricuspid valve, far up the pulmonary artery, and being itself coated with black post-mortem (?) clot. Abdomen: The viscera *in situ*, and apparently healthy, there being neither peritoneal fluid nor discoloration; a slight adhesion of the small intestine to the middle of the abdominal incision. Uterus: Well contracted; its full length five inches, three inches and a quarter of which made up its cervix. The silver sutures were, all but one, coated with a fibrinous lymph, and adherent anteriorly to the peritoneum of the bladder. The lower part of the uterine incision still patulous on pressure, but without any appearance of inflammation or disease. Pelvis: The inlet or brim measured at its short or antero-posterior diameter one inch and a half at the most, and two inches and a half at its transverse or long diameter, the narrowing of the brim being caused by the entire body of the last lumbar vertebra projecting into the cavity of the pelvis, either the result of dislocation or natural deformity; the intervertebral substance, however, above and below the vertebra appeared to be perfect. The entire pelvis also undeveloped, and its coccyx projected backwards like a lamb's tail.

I am, Sir, your obedient servant,
J. TAYLOR, M.D.

Queen's-road, Bayswater, W., April, 1868.

PICTURES FOR HOSPITALS.

To the Editor of THE LANCET.

SIR,—No one in any measure acquainted with life in a sick room—and especially in a sick ward,—can, I am sure, have read your article of last Saturday, entitled “Presentation of Pictures to Guy’s,” without feelings of the highest admiration for Mr. Absolon, and an inward offering of congratulation to the future occupants of the ward of that hospital. But Guy’s has other wards, and besides Guy’s there are many hospitals; and it were as vain to expect another Absolon to appear in this present century, as to look for another Peabody. What, then, are we to do? Mr. Absolon has placed in the boldest relief before the public mind, if not one of the great wants of our hospitals, at any rate one very great desideratum. How is this to be secured? Thirty or forty pictures, varying in value from two hundred to five hundred guineas each, are, of course, not to be thought of, even by the wealthiest of these noble institutions, much less by those supported by voluntary contributions, and least of all by our cottage hospitals. But each of these, however dependent, or however small, has been taught to know and to feel that *fully* to answer the end for which it was called into being, it must cover its walls with subjects calculated to soothe the patient’s mind, while diverting it from his sufferings or disease. And if thousands or tens of thousands of pounds were required to accomplish this object, the bravest heart amongst our governors might be excused for despairing. But these prodigious sums are not necessary. Nay, I think I may promise that the plan I am about to propose might be rendered actually remunerative, even in a pecuniary point of view. To make this clear I will state a fact. One of our greatest living painters, a Royal Academician, was,

in his early days, employed by the Hon. Mr. B—to copy a considerable number of works by the old masters. The sum he received did not, I believe, exceed on an average twenty guineas a picture; but this sum enabled him to live comfortably, while the study involved was one of the means of perfecting him in his art. The original works of this gentleman are now selling at from two hundred to five hundred guineas each; and it can scarcely be doubted that, should the copies to which I refer be brought to the hammer, they would realise at least five times their cost to his generous patron.

Now to apply this anecdote to the case before us. Amongst the young artists of the present day, who will hereafter attain to the rank of R.A., there are several, no doubt, who would thankfully accept such a position as that which was accepted some twenty-five years ago by the R.A. in question. Assuming this, it can easily be seen that the walls of our hospitals might be adorned, for a comparatively small amount, with admirable copies of the choicest creations of genius, not to be distinguished from the originals by the untutored eye of the patient, and, therefore, capable of affording him all the diversion, instruction, and entertainment of which he is susceptible from works of this nature. Assuming, again, that it should be deemed advisable by the hospital authorities to convert these works into money some twenty-five years hence, when their “young artist” had attained to the highest rank in his profession, the probability is that at least five times the amount paid for them would be received; and, by offering one-fifth of this sum to some similar tyro of the day, their walls might again be covered with similar productions, and so on *u-que ad finem*, the governors for the time being devoting the remaining four-fifths to the carrying out of the primary objects of the institution.

It may, perhaps, be well to add that, while there are but few individuals who could afford to present a five-hundred-guinea original to an hospital, there are many who would willingly place twenty guineas at the disposal of the governors for that which would be, for all practical purposes, equally serviceable.

The publication of this letter may, therefore, be of use, in a subsidiary way, by directing the attention of some of our philanthropists into this novel channel, which will at once commend itself as an effectual mode of mitigating human suffering, expediting convalescence, and elevating the human mind.

I am, Sir, your obedient servant,
Leeston, Great Malvern, April, 1868. FREDERICK SMITH.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—In the House of Commons, on Thursday, the 30th of May, 1867, Mr. O'Reilly asked the Secretary of State for War (Sir John Pakington) whether medical officers who had volunteered for service on the West Coast of Africa before April 1st, 1867, preserved the advantages guaranteed to them by the “Medical Regulations of 1860,” under which they volunteered—namely, “Every such year of service on the coast to count as two years for promotion and retirement;” and whether only such officers as had volunteered, or might volunteer subsequent to the promulgation of the warrant of 1867, came under the restrictions that “Each year of such service shall be allowed to reckon towards promotion and retirement as two years of ordinary service; but it shall not reckon towards increased pay, or qualification for the rank of surgeon-major.”

The Secretary of State for War answered the first part of the question in the affirmative. As to the second part of the question he said, “All medical officers volunteering to the West Coast of Africa came under the regulation referred to.” Sir John Pakington’s answer to the second part of the question is one of a very evasive kind, leading one to suppose that the restrictions of the warrant of 1867 applied only to those medical officers entering the service under its regulations, as he (Sir John) uses the word “volunteering,” but makes no allusion to those who had volunteered.

The medical officers who entered the service prior to 1867 are now, however, informed that the restrictions in the new warrant apply to them, and that they are not to have the advantages offered to them on entering the service. It is needless for me to say this is an injustice. It is nothing more nor less than a breach of faith on the part of Government.

I am, Sir, yours, &c.,

April, 1868.

VERAX.