to be now and then the starting point of the painful sensations. Sensibility had returned over the spots where the former sections had been made; and Professor Michel considers this return to be owing, not to a reunion of the ends of the nerves, but to nervous anastomosis. The resection of the lingual and malar branches was then resolved upon. As the latter could only be laid bare with great difficulty, Dr. Michel tried the subcutaneous division, and cannot say whether the procedure was successful.

The lingual was divided in the following manner:—The right margin of the tongue was seized with a vulsellum, and turned to the opposite side, whilst the organ was slightly drawn out of the mouth. An assistant now held the tongue in that position, so as to expose the groove on the right side of its under surface. The operator then raised the mucous membrane over the nerve with forceps ending in very sharp and small teeth, and divided that membrane over the whole length of the nerve from the last molar forwards. The bleeding was controlled by cold applications, a few thin layers of fat and cellular tissue were carefully dissected, and the lingual nerve laid bare. It was then raised on a blunt hook, and about two-thirds of an inch of its length removed. The two anterior thirds of the tongue, on the right side, were immediately deprived of feeling. The operation lasted about twenty minutes. The patient had for several days afterwards a few neuralgic attacks, but the cure soon became complete. Professor Michel intends to resect other branches if they are found to become the starting points of renewed attacks.

As to the resection of the lingual nerve, the operator states that he was mistaken in supposing that that nerve had never been divided by any other surgeon. It appears that Professor Roser had related such an operation in "Vierordt's Archiv.," the article being subsequently inserted into the *Gazette Médicale de Paris* of 1857, p. 127. Dr. Roser, however, adopted quite a different mode of operating from that followed by Professor Michel. The former cut open the cheek to the ascending branch of the lower maxilla, and reached the lingual nerve by a lateral incision along the tongue, the latter being raised by a vulsellum. The operation turned out somewhat difficult, but a portion of the nerve was eventually removed; in a few days the wounds of the cheek and tongue were healed, and the pain did not return. Professor Michel holds that his method of operating is superior to that just described, and thinks the following proposition established:—

1. Sufficient attention has not been paid to associated sensations excited by fresh starting-points of the pain, in cases where neuralgic attacks recur after the resection of nerves.

2. It is perfectly feasible to divide and excise a portion of the buccal and lingual branches of the trigeminus, the first branch by means of an incision of the integuments, and the other branch within the cavity of the mouth.—*Gazette Médicale de Strasbourg*.

M. VELPEAU ON THE SPECULUM.

La France Médicale of the 13th of February contains some clinical observations made by M. Velpeau, at the "Charité" Hospital, upon a case of supposed malignant ulceration of the neck of the uterus. In the course of his remarks, the lecturer stated that professional men generally overrated the diagnostic powers of the speculum; and that in nine cases out of twelve we can very well dispense with it. Both experience and reasoning tend to render the use of the speculum less frequent. This instrument, in fact, teaches us nothing respecting the volume, shape, position, or density of the organ to be examined. The only circumstance which it brings to light is the tint of the cervix, and the knowledge of this tint is often of no use whatever. The finger, M. Velpeau thinks, is far more useful: with it we make out ulcerations, granulations, fungosities, and the consistence of the cervix. Nay, the speculum often leads into errors of diagnosis, and makes us suspect lesions which have no existence. The neck of the uterus, caught by the extremity of the speculum, appears larger than it really is, and the os looks gaping; nor should it remain unmentioned, that a simple fold of the vagina is often mistaken for the cervix, and the caustic is applied where it was not intended to act. M. Velpeau, without rejecting the speculum, wishes, however, that its use may be considerably restricted, and that young practitioners should get accustomed to establish their diagnosis by means of digital examination.

We have transcribed these opinions out of respect for the Nestor of French surgery; but it will not escape the attention of any unbiased reader that the knowledge obtained by a speculum examination is by the lecturer left completely in the

shade; the picture is a one-sided one, as the facilities afforded by the speculum for local application are not at all mentioned. It has, moreover, not appeared necessary to M. Velpeau to state that hardly anything is to be got by digital examination (save infection) in venereal affections; and that no woman can be looked upon as thoroughly examined, when a venereal taint is suspected, if specula for the two pelvic outlets be not used.

THE EXPLOSION OF FIRE DAMP IN THE CWM PENNAR COAL-PIT.

[LETTER FROM MR. E. W. S. DAVIS.]

To the Editor of THE LANCET.

SIR,—Having, in this unfortunate occurrence, in which nineteen lives were lost, had an opportunity of treating a great number of men under the influence of carbonic acid gas, (choke-damp,) I am induced to trouble you with a few remarks thereon, and earnestly to ask my professional brethren to respond to them.

Unhappily, it did not lie in my power to put into effect the admirable method of Dr. Marshall Hall, as the poor victims of the explosion were not raised from the pit for a period extending from five to twelve hours afterwards, and consequently beyond hope; but the "after-damp" was so severe as to make the men searching for the bodies drop down insensible in all directions. Those who arrived at the top of the pit I immediately placed in a current of air, dashed cold water in jets against the head and chest, and afterwards, when respiration became somewhat satisfactory, administered ammonia, &c. In one instance the effect of these cold jets was well demonstrated. The subject being apparently breathless, was placed in the cool breeze blowing up the valley, and a large space cleared amongst the hundreds of anxious spectators. The douche, from a common tin flask used by the colliers, was then applied. Nothing but a faint shiver was first apparent, ultimately gasping. Finally, when something like normal respiration had been established, stimulants were exhibited. He was then led off to a cottage.

Now, Sir, I would beg to direct your attention to two matters. Many a man has had a laugh at what he conceives to be an error, and I have done so in the two instances to which I am going to call your attention. Whether they are or are not errors I wish to be enlightened by you or your readers.

First,—An idea seemed to be entertained by many in this neighbourhood that *emetics* should be given to all suffering from choke-damp! I was, happily, content with a cool breeze and cold water; but, as I said before, I could not help smiling at the idea of emetics, especially as they were considered to be beneficial under the impression that they would dislodge *all wind, sulphur, &c., from the stomach!* How has this apparently popular error obtained? Will any of your readers inform me whether they have seen emetics used in these cases? Vomiting is the first symptom of returning consciousness in concussion, after chloroform, &c. This is an effect; but can it at all illustrate the above popular belief? There is violent inspiration in vomiting, caused by diaphragmatic contraction. This would seem to be of some use, but would it not much increase the dreadful headache, from congestion and poisoning of the blood, suffered by those affected by choke-damp?

Secondly,—While I was directing a patient suffering in this way to sponge the head and chest with cold water, a woman, standing by remarked, that "*it was a good thing to make a hole in the ground and put the head into it, after being affected by choke-damp.*" I stared in astonishment, and could not avoid laughing. The patient then said that such really was the custom in the north of England. This set me thinking. Now, Sir, is this, or is it not, a clear case of Marshall Hall's prone and postural respiration, done unscientifically and by the ignorant? In such a case the patient would lie "prone on his face," "the tongue fall forward, draw with it the epiglottis, and leave the glottis open," &c. The patient then, to get a little fresh air, "would turn or be turned on his side, and a little beyond," and thence to the prone position again.

Really, Sir, the woman aforesaid is beginning to appear a scientific personage in my eyes, and when I think of her remark in connexion with the method of the humane, large-hearted, scientific Marshall Hall, it does really seem to me that there is but one step from the sublime to the ridiculous.

Will it please my professional brethren to give me any of their experiences in these matters.—Yours obediently,

EDWARD W. S. DAVIS, M.R.C.S.E.

Mountain Ash, Glamorganshire, March, 1858.