most frequent and most fatal morbid conditions—inflammation. With reference to the present question, it may be observed, that by thus preventing any morbid degree of temperature, not only may reaction after low temperatures be prevented, but even that excess of inflammation which so frequently causes an unfortunate result of operations conducted in the ordinary way.

Brighton, July, 1848.

DEATHS FROM CHLOROFORM.—ITS INAPPLICABILITY UNDER CERTAIN PATHOLOGICAL CONDITIONS OF THE SYSTEM.

To the Editor of THE LANCET.

SIR,—The following case, where death ensued from inhaling chloroform-vapour, has been communicated to me; and feeling the importance of placing well-ascertained facts before the profession, I forward it to you, trusting you will give it early insertion in THE LANCET.

I am, Sir, your obedient servant,

Gloucester-terrace, Hyde-pk., July, 1848.

R. BARNES, M.B.

DEATH WHILE UNDER THE INFLUENCE OF CHLOROFORM.

From Allen's Indian Mail, July 4th.—From the pen of the operating surgeon, at Hyderabad, Scinde.—Furnished by Dr. Hardinge, to whom it was addressed, for public communication.

"A most distressing case has just occurred in my public practice here—chloroform has proved fatal in my hands. A young woman presented herself this morning with disease of the distal phalanx of the middle finger of the left hand, requiring amputation at the middle joint. As she appeared of timid disposition, and exhibited more than usual reluctance to submit to the little operation, I administered a drachm of chloroform in the usual way—namely, by sprinkling it on a pocket handkerchief, and causing her to inhale the vapour. She coughed a little, and then gave a few convulsive movements. When these subsided, I performed the necessary incisions, which, of course, did not occupy more than a few seconds. Scarcely a drop of blood escaped. The patient was then put into the recumbent posture, with her head low; active means was taken to bring her out of the state of coma into which she had apparently fallen. But although these means, including artificial respiration, were perseveringly employed for five hours, the unfortunate woman never breathed again. I am inclined to think that death was instantaneous, for after the convulsive movement above described, she never moved, or exhibited the smallest sign of life. No opportunity was afforded me of making a post-mortem examination, so that it must for ever remain a secret whether or not there were any special circumstances, such as aneurism of one of the great vessels, or disease of the heart."

(The chloroform was supplied by Messrs. Twemlow and Co., of Bombay. It required a drachm and a half of the same chloroform in another case to produce a slight effect.)

DEATH BY HÆMORRHAGE FROM THE LUNGS AFTER THE ADMINISTRATION OF CHLOROFORM.

To the Editor of THE LANCET.

SIR,—The medical men of Birkenhead will feel greatly obliged by your publishing, in the columns of your valuable journal, the accompanying notes of the case of the late Dr. Anderson, with the depositions taken by the coroner at the inquest held on the body of the deceased.

The use and abuse of chloroform is a subject which at present interests the public and the profession so much, that no case bearing on its administration should be passed over unnoticed, until, at least, our knowledge of this potent remedy has become more matured.

I have the honour to be, Sir, your obedient servant,

W. MACDOUGALL,

Secretary to the Birkenhead Medical Society.

Birkenhead, Saturday, March 11th.—Twelve p.m.: Dr. Walker, Dr. Robertson, and Mr. Macdougall were hastily summoned to visit Dr. Anderson, at No. 11, Church-street. Found the patient very anxious, with a jerky, bounding pulse of 115. Dyspnoea and blue lips. He had expectorated about six ounces of fluid blood, of a florid appearance, and frothy from admixture of air.

There was dulness on percussion over both sides anteriorly. Harsh, irregular crepitation heard extensively with the stethoscope in front, and a bubbling rhonchus over the position of the larger tubes, especially on the left side behind. The

patient felt a sense of constriction about the chest, with a dull pain in the back.

He stated that he was seized with a very acute pain in the back (to use his own words, "as if his back were about to separate into two,") immediately before the hæmoptysis came on. He mentioned that, on the day before (Friday, the 10th,) he had allowed a dentist in Birkenhead, named Wainwright, to administer the chloroform to him prior to extracting a molar tooth. The rest of that day (Friday) he had felt much excited, with a peculiar "rushing in the carotids."

The next day, Saturday, he felt rather languid, especially towards evening, when he was scarcely able to walk from debility, and a burning pain in the back of the chest. He took a cup of cocoa, his usual beverage, and retired to bed a little after eleven o'clock, when the hæmorrhage commenced.

His frame was spare. His habits were very studious, sedentary, and abstemious. For some time previous to taking the chloroform, he had felt a weakness about his chest which caused him frequently to sink forward in the chair whilst reading, so much so that the book would fall out of his hand. Had no cough, however, although he felt some uneasiness from what he considered to be "slight cold." He said he considered the chloroform the exciting cause of the hæmorrhage.

The medical men at this time considered the hæmorrhage to depend on general exhalation from the general surface of the air tubes as a natural relief to greatly congested lungs.

After consultation, it was resolved to bleed from the arm to eighteen ounces, and follow this immediately with a sedative dose of ten grains of calomel with three grains of henbane; and afterwards to give one-eighth of a grain of tartar-emetic, and two grains of calomel, at intervals of three hours for three successive times, with a view to keep up the sedative effect, and to induce absorption of the blood effused into the air-cells. Perfect quietude enjoined, with a diet of cold, thin gruel.

Mr. Macdougall was requested by the patient to remain all night. Mr. Macdougall left him at seven next morning.

March 12th.—Ten a.m.: Dr. Walker, Dr. Robertson, and Mr. Macdougall met. Patient had slept frequently and soundly during the night. There had been no return of hæmorrhage; pulse quiet, without any perceptible jerk; has had one copious fluid stool; right side of chest quite clear; crepitation still heard on left side, and there is less mobility of the ribs on this side; patient not allowed to speak; tubercles in the lungs suspected. To meet again at four p.m.—Half-past one p.m.: Mr. Macdougall summoned in haste, the hæmorrhage having returned. A relation had called on him, and by conversation had rather excited the patient; the latter feeling a little nausea soon after, made a voluntary attempt to vomit. This effort brought on a recurrence of hæmorrhage to five ounces. It was supposed that this effort had ruptured a vessel or vessels, the blood expectorated being, although very florid, in narrow clots, as if coagulated as it escaped from the ruptured vessel. Repeated venesection to eight ounces; only slight syncope followed the bleeding, although the patient sat up during the abstraction. Gave three grains of acetate of lead, with half a grain of opium, every three hours; also, a mixture, containing tincture of foxglove, thirty minims; tincture of opium, forty minims; acetate of lead, eight grains; distilled vinegar, a drachm; water, to a pint. Mix; an ounce for a dose with each pill.—Four p.m.: Dr. Walker, Dr. Robertson, and Mr. Macdougall met again. Patient very quiet; breathing tolerably easy, although the left side did not act so freely as the right, and the crepitation on this side was still harsh; pulse 110, and still rather jerky. Continue mixture every four hours. To meet again at half-past nine p.m.—Half-past five p.m.: Mr. Macdougall summoned in haste. Hæmorrhage returned to three ounces. Continue mixture and pill every two hours. Reduced bed-clothes to a sheet merely. Called in the senior practitioner of the town, Mr. Stevenson, and Mr. Hamilton. Half-past seven p.m.: Mr. Stevenson, Mr. Hamilton, Dr. Walker, Dr. Robertson, and Mr. Macdougall met. Resolved to increase the digitalis and lessen the opium, and to bleed again in case of a return of the hæmorrhage. Omit the pills. To take acetate of lead, twenty-four grains; tincture of foxglove, a drachm; tincture of opium, half a drachm; distilled vinegar, a drachm; water, to a pint. Mix; one ounce every two hours. To meet again at nine to-morrow. Mr. Macdougall to remain all night.

13th.—Mr. Macdougall had left at six a.m. Patient had slept frequently, and felt much better, remaining calm. Seven a.m.: Mr. Macdougall hastily summoned. Hæmorrhage returned to a little more than two ounces at one gush; features pallid; dyspnoea, with wheezing; pulse very jerky, 130, and not very strong. Propped the patient well up in bed, and repeated the venesection to syncope; about nine ounces were