the evolution once begun, was readily completed. The child was delivered living; the placenta thrown off, and removed at once. During the whole time of the delivery—a little more than half an hour—she was motionless and unconscious, and yet the child was scarcely washed when she insisted on sitting up in bed to give directions about its dress.

Etherization was here carried to its full extent, and the effects were in the highest degree important and gratifying.

[To be continued.]

A CASE OF NOMA, RESULTING, APPARENTLY, FROM A PHYSICAL CAUSE.

By J. F. Peebles, M.D., Petersburg, Va.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of this case was a boy, about 12 years old, the son of a poor woman living in the suburbs of the town. He was well grown, of a pallid, although not decidedly cachectic, appearance, and was represented by those who knew him well, to be a sprightly, active child, seldom complaining. The beginning of his disease was a well-marked attack of intermittent fever, prevalent at the time. After several paroxysms, he was given, by his mother, calomel followed by castor oil. The medicine operated well, and being followed by quinine speedily put an end to the complaint. On the sixth day from the time the calomel was given, he complained of his mouth, and was observed to discharge bloody saliva of an extremely offensive odor. Believing him ptyalized, he was put under the care of a botanic physician. I saw him five days afterwards. At the left angle of the mouth, a circular spot on the cheek, the size of a twenty-five cent piece, was completely gangrenous. The skin of this part was blackened and shrivelled, and it was depressed from the shrinking of the tissues. There was a perfect line of demarcation, which was indicated by a red border along the sound skin; the adjacent tissues were slightly indurated, though not particularly sensitive to the touch. The teeth on the corresponding side were loosened, the gums sloughing, but beyond the mesial line they were firmly set, and the gums were firm and healthy. It was clear, therefore, that ptyalism had not originated the mischief. The boy complained but little, had no fever, was cheerful, disposed to sit up, and ate heartily. The prognosis, however, was unfavorable. A tonic course of treatment was adopted, with stimulant and detergent applications to the diseased part. Not the slightest benefit accrued, the mortification advanced steadily, and eight days from the time of my first visit, I raised without force, with the forceps, the whole of the cheek, and removing the black and shrivelled mass, left exposed the cavity of the mouth. The teeth on the affected side, both above and below, were all gone, and the bones were denuded of periosteum. Even after such frightful progress of the local disease, it was surprising how little constitutional disturbance existed. In this awful condition he called regularly for food, and ate with evident relish. His intellect was clear,

and he never ceased complaining of what he thought was my cruelty in removing his cheek. After this he lingered for more than a week, the mortification in the mean time steadily progressing. At his death it had extended a little beyond the mesial line, whilst in the opposite direction it had reached the angle of the jaws; the malar bones were exposed, and a greater portion of both lips had sloughed away, although only half the nose had been destroyed.

There was something unaccountable in the onset and progress of the case. The apparent local character of the disease, the simultaneous affection of all the structures, bones as well as soft parts, constituted striking peculiarities, and it further differed from most fatal cases of gangrenous sore mouth in children, which usually begin by ulceration only, by making its attack in mortification, which process progressed in cycles, involving, as has been shown, all adjacent structures, at the same time. Twelve hours after death, a careful examination of the body was made.

The organs generally were free from disease. The liver was slightly enlarged, and there was some intumescence of the mesenteric glands. The thoracic viscera, stomach and alimentary canal, all healthy. I next directed my attention to the neighborhood of the local mischief, and began a dissection of the neck at the clavicle of the diseased side. After carefully exposing it, I divided the sterno-cleido-mastoideus, disclosing the tracts of the great bloodvessels of the neck. On either side, and in front of the sheath containing these vessels, I found, tightly packed, two oblong bodies the size of the little finger, which extended from the angle of the jaw to the top of the sternum. It was easy to see that they were strongly compressed upon in this position, for when freed by removing the superimposed matter, they started out and perceptibly expanded. These masses proved to be prolongations from the glands at the angle of the jaw. The glands on that side were indurated and enlarged, and in seeking space for their increased growth, had filled up completely that furnished by the vascular tract along that side of the neck. Obviously, here, was compression upon the carotid nearly the whole of its length. Besides this, the parotid gland was enlarged and indurated. The portion of the gland grasping the external carotid encroached upon its calibre for more than an inch of its way, constricting the vessel to half its ordinary size,*and, it being whilst thus involved that they were given out, those branches which water the face and subjacent parts on the diseased side, of course were alike compressed and encroached upon. Their calibre was not only diminished, but the healthy elasticity of the vessels was impaired by the contiguity of the hardened and unyielding gland. This state of things obviously greatly impeded the circulation, and as only those parts watered by the vessels encroached upon were involved in the mortification, the inference is fair that the gangrene of the face in this case was occasioned solely by the physical causes above named.

A prominent objection to this view, which will occur to every one, arises from the fact that the carotids have both been tied without any

such result following the operation. This objection, however, is not so decisive as would seem at first sight. The obstruction to the circulation from ligature is always sudden, and a re-action is speedily induced, favoring the immediate transition of blood through other channels. Moreover, this operation is usually performed in cases in which there is a redundant supply of blood, upwards, manifested by exuberant morbid growths, hemorrhages, &c. Now neither of these conditions appertained in the case under consideration. The supply of blood, never too great to any one tissue, had been enfeebled by a recent attack of illness, and possibly its richness had long been impaired by imperfect nutrition, and the obstruction to the circulation had slowly occurred. The fatality lay in this gradual and steady increase of compression upon the vessels. The circulation never became sufficiently interrupted to startle the vessel on the opposite side to action to supply the deficiency, as is the case from sudden obliteration, yet it gradually approximated a point where death of the structure beyond must ensue. The history and progress of the case, in our estimation, tend likewise towards a confirmation of this view.

It may be furthermore suggested, that this condition of the glands of the neck was but the result of the irritation from the disease of the cheek. But the glands on the opposite side were similarly diseased, although from the different arrangement of the bloodvessels in regard to their enlargement, no pressure was exerted; moreover, their tuberculous condition proved incontestably that their intumescence could not have been of recent origin.

SULPHURIC ETHER AND CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the articles above named are exciting much curious inquiry, and deservedly so; and as owing to the position into which I was urged about a year since in relation to the first of them, being called upon to reply to numerous questions at home, and letters from a distance concerning its use and its singular introduction, and am now applied to in a similar manner to state what I know of the use of chloroform, I am induced to send you the following brief remarks for insertion in your next No.

The chloroform is an article which I have looked for in the last twelve months, with what I might call prophetic hope, and which I am now glad to possess as a substitute for the ether. I have used it in my operations ever since it was to be obtained here, almost every day, and some days three, or four times; and always with as full an effect to dissipate the sense of pain as I have ever seen from the ether, and without any, even the *slightest*, unpleasant symptoms.

It is agreeable to inhale, prompt in its action (though not always so much so as ether) and the effects more transient after inhalation is suspended, the patients generally recovering in from five to fifteen minutes, so as to feel as well as they did before taking it. It promises, therefore, at present, to be