

the ovum and its concomitants, is extruded, and the trouble is at an end.

The advantages of this plan over any internal plugging are so obvious, that I will not take up your space or the time of your readers by enumerating them, but will only assure those who have never tried it, that, in the great majority of cases where plugging is proper and necessary, they will find this method safe, easy and efficient. It has rarely or never failed in my hands; and now, when called to a case of flooding from the cause above mentioned, if pressed by business, I do not hesitate, after applying the roll, to leave my patient for an hour or two, or longer if necessary; feeling confident that if my directions are strictly obeyed, no mischief will befall the patient during my absence.

*Middletown, Ct., Feb. 26th, 1857.*

W. B. CASEY.

#### AMYLENE, THE NEW ANÆSTHETIC.—LETTER FROM LONDON.

BY JAMES B. WELLMAN, M.D., OF FITCHBURG, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ON the evening of the 16th instant, by invitation of one of the members, I attended a meeting of the London Medical Society. During the evening, Dr. Snow read a paper on a new anæsthetic which he had been experimenting with for some time past. He first reviewed all the anæsthetics that had ever been used, their discovery, the reasons for and against their use, and finally came to speak of amylene. It is obtained by distilling fusel oil with chloride of zinc. It is very volatile, boils at 102°. It is composed of  $H_{10}C_{10}$ , and has the smell of naphtha. Insensibility is usually caused by ʒi. of chloroform, ʒiij. of amylene, ʒvii. of ether—amylenic bearing the above proportion to the other two agents, and causing insensibility in three minutes. It does not choke the patient, or produce coughing, sickness or depression; neither did it produce the strangling or rigidity that is often caused by other anæsthetics. It does not seem to affect the brain as much as other agents, producing a less amount of coma, and the patient returns to consciousness almost immediately. The above facts were founded upon 21 cases in which he had administered it at King's College Hospital. The advantages which it seems to possess over other anæsthetics, judging from the above cases, are the rapid and complete insensibility to pain without so deep a coma, the quick return to consciousness, and the absence of sickness and other distressing symptoms mentioned. It is not so disagreeable as ether, and more so than chloroform; but that, I think, depends upon one's taste, or rather smell. To me, it is more disagreeable when diluted in the atmosphere, than when taken from the inhaler.

There were several questions asked by members of the Society,

and some objections raised. Dr. Priestly thought it would not be applicable in obstetric practice, its effects not being sufficiently permanent, although he was highly gratified with its results in surgical practice. I saw its effects in several of the above cases, and to me it was very satisfactory. Patients seem to come out from its influence very readily, and without any unpleasant sensations. One man, from whom a large tumor of the groin had been removed, said, within ten minutes after the amylene was discontinued, that he felt no ill effects whatever. I have seen Dr. Snow exhibit it in several cases since, with equally good results.

I understand it has been tried at some of the other hospitals here, with results not so satisfactory, not producing perfect anæsthesia in some cases, and causing sickness or nausea in others.

*London, January 23, 1857.*

#### HÆMLOPTYSIS AS A SIGN OF TUBERCULAR CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the report of the proceedings of the *Académie des Sciences*, contained in the *Gazette Médicale de Paris* of December 6th, I find the following interesting communication from M. Lamarc. It tends to confirm a somewhat popular impression that hæmoptysis is not necessarily so grave a sign as physicians, resting upon high authority alone, are apt to regard it. Some of the profession seem to get over the apprehended danger in certain cases by telling the patient that the blood does not come from the lungs. Now I apprehend that there are very few cases of such *extra pulmonary* hæmoptysis. The opinion, I suppose, in such cases, helps the physician out of the difficulty of not being able to find physical signs on auscultation to account for the bleeding. But let it be understood that the blood may actually be exhaled from the pulmonary mucous membrane and be ejected from the mouth, either with or without cough, and yet no evidence be found of the existence of tubercle in the lungs, and a rational diagnosis takes the place of a doubtful or false one. There would seem to be no good reason, *a priori*, why idiopathic bleeding should not take place from the mucous surface of the lungs as well as from any other mucous surface, caused either by a depraved condition of the blood or by any temporary congestion. The observations of M. Lamarc are of great interest, it seems to me, from the apparent care and thoroughness with which they have been made, and the hopeful aspect which they give to what never occurs in the practice of a physician here without awakening most anxious solicitation. Accompanying this, is a translation of the article referred to, which I hope will interest your readers as much as it has myself.

Faithfully yours,

S. L. A.