

sense was intact, and the sense of touch was only deteriorated in regard to its perception of distance. The cause of these abnormal conditions was evidently seated in the nervous centres.—*Ibid.*, from *Presse Médicale*, 1864, No. 34.

## MATERIA MEDICA AND PHARMACY.

4. *Local Anæsthesia in a Case of Cæsarean Section, Ovariectomy, &c.*—Dr. B. W. RICHARDSON relates (*Med. Times and Gaz.*, April 7, 1866) a case of Cæsarean section performed by Dr. Greenhalgh in which local anæsthesia was employed by Dr. R.'s method.

In this case Dr. R. states "local anæsthesia by the ether spray process offered everything that could be desired, and I think was in every sense preferable to general anæsthesia from chloroform or ether. Indeed, Dr. Greenhalgh's foresight in respect to these advantages is not less conspicuous than the skill and precision with which he performed the operation. I say this, not in any way to disparage chloroform in cases where it is really demanded, but as a matter of fact and experience. The advantages of the local method were these:—

"1. The operation was painless: the pain that was felt was the pain of labour, and that in the lightest and shortest degree.

"2. The patient, prior to operation, was disposed to vomit. Under chloroform she would almost certainly have vomited during the operation; the intestines would thus have been brought into the wound, and the operation would have been prolonged and made more serious. There might also have been after-vomiting. The tendency of the local anæsthesia was to check vomiting.

"3. The action of the cold checked hemorrhage. I do not think three ounces of blood were lost.

"4. The action of the cold in producing uterine contraction was in every sense beneficial.

"5. The patient was not subjected to shock. I have often, even in deep sleep from chloroform, seen symptoms of shock as the knife entered the flesh, and have felt the heart stop as sharply as though a blow had been inflicted on it. By the local anæsthesia the patient, in her full natural power, was subjected to no kind of cardiac embarrassment.

"6. The consciousness of the patient was an advantage to the operator. She never was restless, she never moved her body for a moment, and when she was once asked not to bear down with the diaphragm, she obeyed immediately.

"7. During the operation there was not the remotest anxiety that the patient would die from anæsthesia."

This process has also proved successful in ovariectomy. Mr. Spencer Wells operated on a woman who had an ovarian tumour so large that the heart and liver were pushed up to a level with the nipples, and the uterus (with the inverted vagina and part of bladder and rectum) down between her thighs. Thinking that chloroform might be dangerous in this state of heart and lungs, Mr. Wells rendered the integument insensible by the ether spray before making his first incision. Not the slightest pain was felt. A very large cyst was tapped and emptied. Some extensive adhesions then required to be separated, and a little chloroform was given, the operation being completed under its influence. If there had been no adhesion, the local anæsthesia would have been quite sufficient to render this great operation painless.

5. *Local Anæsthesia.*—Dr. L. W. SEDGWICK, who has witnessed most of Dr. Richardson's experiments with his new mode of producing local anæsthesia (see last number of this Journal, p. 512) gives (*Lancet*, April 14, 1866), the following comments:—

"When the spray is directed to any part at the proper distance, an inch and a half, much cold is felt, and, at the period of blanching, some prickling, which in some sensitive persons amounts even to a sharp pain. The more rapidly