

tensely injected; substance healthy. Ganglionic portions of brain and commissures perfectly healthy, and the ventricles free of fluid. Cerebellum, like cerebrum, healthy. Kidneys greatly congested; capsule in some parts adherent. Stomach contains small quantity of grumous fluid; no blood in œsophagus. On opening the trachea a clot of blood is found extending from the glottis into the trachea; it is about four inches long by a quarter of an inch in diameter. A little fluid blood, or dark-coloured serum, probably from two to three fluid drachms in quantity, is found below the clot in the trachea and bronchial passages. The mucous membrane is intensely red.

Such are the facts of the case. They are better left without any comment from me, especially as I am favoured with the following observations.

NOTE BY DR. RICHARDSON.

The case recorded by Mr. Bailey is one of extreme interest. The mode of death seems to me, from all the facts I gathered from the different observers, to have been as follows. From the deep narcotism induced by the ether, the respiration for a moment became reduced in power, as is not unfrequent under this mode of general anæsthesia. During the artificial respiration a little blood escaped into the glottis and impeded the efforts of the operators in re-establishing natural respiration. They filled the lungs with air, but did not establish a return current; so the death became pronounced by asphyxia. The heart, as is common under such circumstances (when the lungs remain inflated), continued to beat until it collapsed from deficiency of arterialised blood.

I have no doubt the man would have recovered under the artificial respiration had the trachea been free of obstruction; and the practical lesson taught by the case is, that in future, whenever the respiration fails during an operation on the mouth and throat, the artificial respiration should be made with double-acting bellows from an opening in the trachea, with the head of the patient brought very low, so as to allow fluid to gravitate from the bronchial tract.

Physiologically, the case is of interest in that it has, unfortunately, enabled us to see, for the first time in the human subject, the precise conditions induced in the organism by ether administered to complete insensibility. The appearances are identical with those I have seen in the lower animals after death by ether. The blood fluid, the arterial blood dark, the cerebral arteries and veins charged with dark blood, the mucous membranes injected, and the pia mater of the brain, medulla, and cord intensely injected, but the cerebral mass itself white and bloodless. Long ago I classified ether with alcohol, amyl nitrite, and others of the same series, as an agent which by its action on the organic nervous supply of the minute circulation reduces the arterial tension, and produces narcotism by congestion of vessels and suspension of circulation through the cerebral mass. The case before us is a case in point. The whole external vascular mechanism of the cerebrum, cerebellum, and cord, was distended with blood; the whole of the internal nervous mechanism was bloodless. The facts have a further and important bearing on the suggestive researches and ingenious theories of Dr. Crippie upon the cause of the phenomenon of sleep. But the most interesting fact of all taught by the case is, that a perfectly bloodless condition of brain-substance may coexist with intense vascular congestion of the membranous vascular network, the same as coexists with that empty and contracted state of the vascular network which is induced by chloroform and the other narcotic agents of the chloride series. This is a new truth which must not be forgotten in future research.

NERVE-STRETCHING.

To the Editor of THE LANCET.

SIR,—I have just been reading with much interest Mr. Callender's lecture on "Nerve-Stretching" in last week's LANCET, and his remarks on "the temporary numbing of the nerve-trunk so as to interrupt the chain of impressions" have brought to my mind a case where I was enabled to afford relief, which I think may be of some practical use. About three years ago I was in attendance upon a lady suffering from a very large fibroid tumour of the uterus. The pressure upon the sciatic nerve caused intense and I

may say almost continuous pain down the thigh and leg, for the relief of which sedative applications were ineffectual. The patient being much emaciated, it occurred to me that I might numb the nerve by ether spray, and, having procured the necessary apparatus, I applied it for about two minutes along the course of the nerve in the thigh, and was agreeably surprised to find that, not only did it give instantaneous relief, but that for ten days there was no recurrence of the pain. I have since tried this treatment in cases of sciatica, and have recommended it to some practitioners, and in all the cases that I have heard of relief has been afforded.

There may not be anything original in this simple treatment, but as I have not seen it recommended in any work, I beg to submit it to you for publication should you think fit.

I am, Sir, your obedient servant,

RICHARD WOLSELEY, M.D.,

Warley, 27th June, 1875.

Surgeon-Major, A.M.D.

CATHETER STAFFS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of June 19th, p. 876, Mr. Hulke states, "Mr. Teevan is under a misapprehension respecting Fergusson's catheter staff." This, he says, "was a great improvement upon the staff employed by the late Professor Syme, but it lacked a sliding catheter. Now this is just what it does not lack." I reply—1. In Mr. Henry Smith's description of Sir W. Fergusson's catheter staff, at p. 257 of his "Stricture of the Urethra," there is no mention whatsoever of a sliding catheter. 2. The catheter staff shown me by Mr. Henry Smith neither did nor could possess any sliding catheter. 3. From a report in THE LANCET, vol. ii. 1854, p. 435, of a case of external urethrotomy performed by Sir W. Fergusson, it would appear that his instrument had no sliding catheter—"The silver catheter was now withdrawn and an elastic one of large size introduced." 4. The profession, I believe, knew of no staff fitted with a sliding catheter till Mr. Marshall described one in THE LANCET for March 7th, 1857. THE LANCET officially noticed Mr. Marshall's instrument, and called it a "New sliding staff for perineal section," vol. i. 1857, p. 186. 5. The works of Sir W. Fergusson and Messrs. Matthews make no mention of any staff with a sliding catheter, and they offer only Syme's staff for the performance of external urethrotomy.

I remain, Sir, your obedient servant,

Portman-square, June 23rd.

W. F. TEEVAN.

Obituary.

PROFESSOR OSWALD HOME BELL.

MANY of our readers who are graduates of St. Andrews will hear with regret of the premature death of Dr. Oswald Home Bell, Professor of Medicine in that University, at the early age of thirty-nine. Dr. Bell was a son of Colonel Bell, of the Madras Artillery, and, after being educated at St. Andrews, commenced the study of medicine in the University of Edinburgh, where he graduated in the year 1857. After spending one or two years in the army, being attached to the Royal Artillery, he entered into practice in St. Andrews, in partnership with the late Dr. Adamson, who, like himself, was prematurely cut off in the midst of a most honourable and useful career. Dr. Bell soon established a leading position in St. Andrews, and was widely consulted in all parts of the country. In the year 1863, the Chair of Medicine was conferred on him, on the retirement of Dr. Day, and he fully justified the selection of the Government by his assiduous attention to his duties. As there is no medical school attached to the University of St. Andrews, Dr. Bell might easily, had he thought proper, have made his office a sinecure. But, instead of doing this, he at once commenced a course of lectures on popular medical and physiological subjects, suited to a non-professional audience, and soon gathered together large classes. In spite of the distractions of an extensive practice—for after his partner's death he had much more on his hands than he could well accomplish,—he never slackened in his professorial duties, or in keeping himself abreast of the most recent