

eyes, and a continual running 'of a semi-opaque fluid from them, which seemed to be dried up as soon as it reached the cheek, as if from the intense heat on the surface. I had recourse to my former treatment, which alleviated all pain, and my patient has now sufficiently recovered to be removed for change of air.

From the observations I made in this case, it appeared as if the chloral hydrate acted, first, upon the nervous system and lessened its power and that of all the muscles, and especially the muscular structure of the arterial system itself; and, secondly, allowing the blood-vascular system (especially the capillaries) to become gorged with blood and congested, and thus the redness and symptoms described.

I am, Sir, yours truly,

Folkestone, April, 1871.

JOHN CHAPMAN.

### "STRANGE COURSE OF A UTERINE SOUND."

To the Editor of THE LANCET.

SIR,—The interest I attach to the observations of Dr. J. Matthews Duncan and Mr. Lawson Tait, in THE LANCET of the 29th inst., in reference to the "strange course of a uterine sound," induces me to refer you to the joint case of M. Foltz and M. Petrequin, and read by the former gentleman at the Lyons Medical Society.

Instead of a sound, however, a female catheter had been used in this instance for the purpose of inducing premature labour between the sixth and eighth week of pregnancy. During the operation the instrument escaped from the hand, and could not be recovered. Eighteen weeks afterwards it was extracted through the umbilicus, where it had eventually found its way. No bad symptoms appear to have followed this singular migration, and *prima facie* serious accident. This case corroborates Mr. Tait's experience that a sound, or similar instrument, may be passed through the uterine wall with impunity. There are also other instances recorded which I cannot at this moment accurately refer to, tending, as far as my memory serves me, to Mr. Tait's opinion. On the other hand, I am acquainted with an instance of a now distinguished medical man, whose name for obvious reasons I am bound to omit, having in his earlier career accidentally passed a sound through the fundus uteri, with the melancholy result of losing his patient from peritonitis, solely thus induced.

Notwithstanding the testimony of Mr. Tait, it is not unreasonable to conjecture, independently of the few fatal cases recorded, that puncturing the uterus, and necessarily the peritoneum, must more frequently be followed by grave consequences than otherwise. It is needless, almost, to add that unsuccessful results form a small percentage of the cases reported in our medical journals, and thus our opinions are apt rather to be based on exceptions than the rule.

I am, Sir, your obedient servant,

WALTER WHITEHEAD, F.R.C.S. Edin.

Oxford-road, Manchester, April 30th, 1871.

### ON THE ACTION OF LIGHT IN SMALL-POX.

To the Editor of THE LANCET.

SIR,—In your issue of February 4th, Mr. J. H. Waters, in an article on the action of light in small-pox, attributes to Weber's researches in æsthesiometry the demonstration that "it is those parts exposed constantly to light that are most sensitive." Passing over the circumstance that Weber's æsthesiometer is not "a pair of compasses" (that form of the instrument having been first used by a countryman of your own), permit me to call Mr. Waters's attention to the fact that by far the most sensitive part for distinguishing the tactile impressions of which he speaks is the tip of the tongue, which is not by the majority of persons "exposed constantly to light." The plantar surface of the foot is much more sensitive than the skin of the back, between the shoulders, which, in the other sex at least, is much oftener exposed to light. Reference to Weber's tables will show numerous other instances in opposition to Mr. Waters's hypothesis.

I am, Sir, your obedient servant,

New York, March 25th, 1871.

A. L. CARROLL, M.D.

### THE PUBLIC SCHOOL LATIN GRAMMAR.

To the Editor of THE LANCET.

SIR,—The notice of the Public School Latin Grammar in your journal of May 6th contains two statements, one of fact and one of criticism, which I ask permission to correct. In speaking of the Appendix it is said, "also, we presume, from Professor Munro." I do not know why this is supposed. The Appendix is my own, but on p. 485 I insert, as a note, an extract of a letter to me from Professor Munro. Again, it is said, in speaking of the Etymology and the Syntax, that "features of greater novelty, as well as of greater use, have been introduced into the former." Both parts, I hope, have, in their place, equal use. But it is especially for the Syntax of the Public School Grammar (including of course its precursors, the Elementary Grammar and the Primer) that originality is claimed. Any scholar who will take the trouble to compare the sections on the Simple Sentences, on the Accusative, the Infinitive, and the whole chapter on Compound Sentences, with the same subjects in other grammars (Zumft, Madvig, Donaldson, &c.), will at once perceive that the treatment of these is in many important respects essentially different, and peculiar to the Public School Latin Grammar. Whether that treatment is right or wrong, is not the question I raise. All I say is that it has distinct features of originality and "novelty."

I am, Sir, your obedient servant,

THE EDITOR OF THE PUBLIC SCHOOL LATIN GRAMMAR.

Cambridge, May 8th, 1871.

\*\* Our surmise as to the extent of Professor Munro's contributions to the Public School Latin Grammar is shown by Dr. Kennedy to be inexact, and we cheerfully bow to his correction. But we still hold the first part of Dr. Kennedy's book, for its admirable exposition of the system of stem-flexion, to contain more novel and more useful features in a Public School Latin Grammar than the second, with all its undoubtedly ingenious refinements on the traditional rules of Latin syntax.—ED. L.

### DEFECT OF HEARING IN DIPHThERIAL PARALYSIS.

To the Editor of THE LANCET.

SIR,—In the discussion of the case of diphtherial paralysis brought forward by Dr. Greenhow at the Clinical Society, Dr. Jackson is reported as stating that "he had heard of but one case of defect of hearing in diphtherial paralysis." A few weeks since a severe case was under my care, which proved fatal. The muscles of the pharynx were first affected, and the next day a slight difficulty of hearing was noticed, which increased *pari passu* with the other symptoms. The immediate cause of death appeared to be suffocative catarrh, due to the loss of power of the muscles of respiration. Dr. Slack saw the case in consultation, and took the same view of the case. I have have attended over fifty cases of diphtheria, and this is the only case which was complicated by paralysis.

I remain, Sir, yours faithfully,

Leamington, May 8th, 1871.

JAMES THOMPSON, M.D.

### HAIR FOUND IN THE STOMACH.

To the Editor of THE LANCET.

SIR,—In your report of the Clinical Society last week you mention a case of hair found in the stomach, occurring in the practice of Dr. Godfrey, of Enfield. Now although the specimen came from me to the President, the case did not occur in my practice, but was under the care of Mr. Carver, surgeon, of Enfield Highway, who kindly called my attention to it on the day of the post-mortem. I did not see the patient when living, but only on the day of the post-mortem. He kindly allowed me to take away the specimen to examine and keep. This I did, and found other extraneous materials besides hair.

I am, Sir, your obedient servant,

Enfield, May 6th, 1871.

B. GODFREY.