five hours. After his return he experienced pain in the back with occasional dyspnœa. He occupied his mind with chemistry, and entertained no idea of the extent of his complaint until Mr. Scatliff examined his chest, on Monday, March 5th, when he observed symptoms similar to those which I have described. It was remarkable that the patient had been actively engaged in his occupation, with scarcely any inconvenience; in fact, he appeared to be in good health, excepting occasional shortness of breath. The treatment consisted of small doses of chloride of mercury, nitre-draughts with tincture of digitalis and blisters.

March 26th.—Was visited by Dr. Hodgkin, Mr. Scatliff, and myself, the former of whom confirmed the diagnosis of the two latter. The symptoms continued much the same as before; the pulse varied from 80 to 90. The patient took decoction of sarsaparilla with spirit of nitric ether; compound camphor liniment was to be rubbed all over the affected side of the chest, and he was to be confined to his bed.

Dr. Hodgkin, Dr. Sibson, myself, and Mr. Scatliff, subsequently visited him: the effusion gradually diminished, while the heart was returning nearer to its natural position. Dr. Sibson noticed the following symptoms, by means of his chest-measurer: the expansion of the ribs on the left side was nil, while that of the ribs of the right side was double the amount, or from eight to twenty hundredths of an inch. The abdominal motion was rather more than normal in the centre, being $\frac{35}{100}$ of an inch; at the left side it was only two or three hundredths, instead of ten; to make up for this, the motion was twenty, twenty-five, or thirty hundredths, instead of ten, on the right side of the abdomen. At the next examination the effusion was lessened; there was some shade of motion on the second left rib, about one or two hundredths; the abdominal motion on the left side was decidedly increased, being from four to six hundredths, while the exaggerated motion on the right side of the abdomen was diminished, being about fifteen to twenty hundredths. The movement of the whole right side was scarcely so exaggerated as on the previous occasion. During a deep inspiration, the ribs on the right side expanded about sixty or seventy hundredths; those on the left side, over the second, to fourth or fifth, expanded about $\frac{35}{100}$ of an inch; over the sixth and seventh ribs the expansion was inconsiderable.

On the 26th of May the line of dulness was just to the right of the sternum; effusion lessened; heart's beat felt both to the left and right of the sternum.

The following were the respiratory movements in hundredths of an inch:—

	Right.		Left.
2nd rib, ordinary inspiration	15—20	...	5—10
			45
„ „ deep inspiration	80		
5th rib	8—10	...	0—14
	40		15
6th rib, at the side.....	5		0
	30		10
9th rib	10—15	...	0
	55		20

Abdomen.

	Centre.	
20	40	10

being a marked advance towards the normal state. The patient is at present in the country.

Case of effusion into the left side of the chest, in which paracentesis thoracis had been performed on both sides.

S. H——, aged twenty-one, a tailor, residing at Lambeth, became an in-patient of St. George's Hospital, under Dr. Chambers, on December 28th, 1833. Pulse 120, soft; skin warm; bowels open; urine scanty, depositing a yellowish sediment. Complains of shortness of breath, aggravated by exertion; no palpitation; cannot lie on his left side on account of cough; cannot expand the thorax; both sides dull on percussion. Was for twenty-four weeks in the Westminster Hospital, which he left about a month ago. Paracentesis thoracis was performed between the sixth and seventh right ribs three days after admission into that institution. The fluid drawn off is said to have been transparent; heart beating on the right side of the sternum; ailing six months; has had slight hæmoptysis since the operation. Ordered, a spermaceti draught, with tartrate of potash, eight grains; tincture of squill, fifteen minims; spirit of nitric ether, half a drachm, every six hours; compound powder of ipecacuanha, eight grains at night.

Dec. 30th.—Sub-axillary region of both sides dull on percussion, not affected by change of posture.

Jan. 6th, 1834.—Chest exceedingly dull on percussion; on both sides up to the level of about the fourth ribs; respiration inaudible in the same situation, both anteriorly and posteriorly. I cannot detect any ægophony; heart felt beating to the right of the sternum, and its sounds heard more distinctly on the right than left of sternum. Repeat draught; blue pill, three grains; dried squill, one grain; digitalis, half a grain, mix for a pill, thrice daily.

10th.—Feels very faint; thinks he has made rather more urine; less fluid in the left side; pulse small and frequent; skin warm and moist; tongue whitish.

13th.—Passed a bad night; felt easier this morning, lying on the right side; no orthopnœa; breathing much relieved; the level of the dull portion of left thorax on percussion is lower; heart's action less violent and less evident than it was to the right of the sternum, but more so on the left.

Feb. 11th.—Paracentesis thoracis was performed yesterday between the sixth and seventh ribs of the left side at their angles, that part of the chest being rather prominent. About two pints and a quarter of transparent fluid, light brown, with a greenish tinge, were drawn off. It coagulated by heat and nitric acid into a solid mass. The patient felt considerably relieved after the operation, but to-day complains much of difficulty of breathing and pain about the heart; pulse 140, very small and weak.

12th.—Died at three A.M.

13th.—*Post-mortem Examination.*—The body, before being opened, was percussed, and fluid distinctly heard in the left side of the chest. On removing the sternum, there were found about two pints of fluid, similar to that which was drawn off, and frothy, from the succussion in left pleural cavity. The pleura had a deposit of hard cartilaginous lymph, varying from one eighth to one fourth of an inch in thickness, over its whole extent, which on some parts of the pleura costalis presented a slightly reticulated appearance. The lung was compressed into a small compass against the mediastinum and apex, and firmly bound down by the thickened pleura. The deposit could be peeled off from the pleura pulmonalis, leaving an apparently healthy surface beneath. On the right side there was a very thick deposit, between the lung and the ribs, with universal and firm adhesion, so that it was necessary to separate it with the knife. The lung was cut across transversely at the level of its root. In this situation, the deposit on the exterior of the lung varied from one half to three quarters of an inch in thickness, and had the appearance of five laminæ, a purple layer in the centre, then a white one on either side, and again a purple lamina externally; vessels were distinctly observable running from one to the other; on separating them, these deposits extended over the whole lung, but were not always found in their regular laminæ. The white deposit in some parts had a complete tubercular appearance, (like that of Dr. Baron's tubercular accretion;) the heart, very small, was considerably more to the right side than naturally, and was bound down in that situation by the thickening and adhesion of the anterior mediastinum; pericardium healthy, and contained about the natural quantity of serum.

Chester-terrace, Chester-square, July, 1849.

ON THE TREATMENT OF INFLAMMATION OF THE SKIN.

By JOHN SNOW, M.D. Lond.

To the Editor of The Lancet.

Sir,—In consequence of the notice, in the last number of The Lancet, of a communication to the Academy of Sciences of Paris, by M. Robert Latour, recommending the application of an adhesive compound to the skin, in order to arrest inflammation, I shall be obliged if you will allow me a little space in the same journal, in order to express my approval of this treatment, as well as to show that it is not new, but was advocated in The Lancet upwards of seven years ago, and has been practised more or less efficiently from time immemorial. In a paper on Inflammation, which was read at the Westminster Medical Society, and reported somewhat fully in The Lancet, in the early part of 1843, I was led to recommend this treatment, from a consideration of the causes which promote the circulation in the capillary bloodvessels, as well as from the result of experiments by MM. Breschet and Becquerel, in which the skin of animals was covered with

varnish, and from the effects of covering a portion of my own skin closely with oil-silk. The following passages are quoted from the report of that paper:—

"There was one indication which might be fulfilled with safety and advantage in every case of inflammation of the skin—that was, to stop the cutaneous transpiration, which, being the chief function of the skin, promoted the circulation in its capillaries, and thereby kept up its temperature. . . . . On this principle he believed that the benefit of water-dressings and poultices chiefly depended, as well as the application of lunar caustic and of flour in erysipelas, the former making a dead, and, in a great measure, an impermeable, membrane of the cuticle, and the latter likewise interfering with transpiration."—THE LANCET, Feb. 25, 1843, p. 805-6.

Since the introduction of collodion, I have applied it in erysipelas, with apparently great advantage. In a case of erysipelas of the face and head, which occurred in a lady about thirty years of age, in April last year, this was the only local application. It was applied, once every day, to the whole inflamed surface. The first application to every newly-inflamed part always afforded immediate relief. At the end of six days the inflammation had quite disappeared, and the patient was convalescent. It is in the first stage of inflammation of the skin that protecting it from the air appears to be of most service.—I remain, Sir, your obedient servant,

Frith-street, Soho, April, 1850. JOHN SNOW, M.D.

CASE OF APOPLEXIA HYDROCEPHALICA.

By JAMES OGILVY, M.D., Coventry.

ON the morning of the 31st of March I was called to visit the child of a ribbon-weaver, residing in this town, reported to have been suddenly taken ill. Before I could leave my house, a second messenger arrived, stating that the boy was dead. I found, on inquiry, that the child was about six months old; that it had been remarkably healthy, "never having had an hour's sickness in its life;" that it had been taken out of bed that morning quite well, but that, soon after being dressed, it appeared to change countenance, moaned once or twice, and in three minutes was quite dead. The evening before, the child had eaten a hearty meal, but, as it appeared slightly griped, a small dose of "Godfrey and rhubarb" had been given to it. I was informed that this was the sixth child which these parents had lost in a similar and equally sudden manner, but no investigation was made. The mother was in great distress, and was anxious that an inquest should be held, to ascertain the cause of death, and this accordingly took place.

On examination, the body presented a plump and firm appearance; the head was not larger than usual for a child of that age, the dimensions being sixteen inches in its greatest circumference, and eleven inches and a half from the meatus of one ear to that of the other, across the top of the head. The anterior fontanelle was perhaps rather more open than usual. The gums were broad, but none of the teeth had appeared. On laying open the cranium, considerable vascular turgescence was observable, but no sanguineous effusion. Owing to the numerous and strong adhesions, it was difficult to remove the skull-cap from the dura mater, except by piecemeal. On effecting this, a considerable expansion of the brain immediately occurred; indeed, it was impossible to compress the cerebral mass again within the limits of the calvarium. On opening the ventricles, about two ounces of serum flowed from them. There was no dilatation of these cavities, as is usual in chronic hydrocephalus, and there was no softening of the brain. The heart and lungs were perfectly healthy. The stomach was nearly empty, the contents being simply a little pap. The liver was slightly enlarged.

There seems little doubt, that in this case the effusion of water in the brain was the cause of death, and from attentive consideration I am of opinion, that the effusion took place suddenly. It is the apoplexia hydrocephalica of Cullen, a species of disease rarely met with. Dr. Copland, that most extensive and accurate observer, says that he has not seen any case that could be strictly called idiopathic. It most commonly appears in the advanced stages of the exanthemata, after the repulsion of chronic eruptions, as tinea capitis, &c., discharges from the ears, or after the sudden arrest of diarrhœa or dysentery. Goelis has given a very accurate description of the disease, which he terms the water-stroke, (*wasserschlag.*) He remarks, that in the idiopathic form of the complaint a degree of vascular turgescence, and sometimes of inflammatory action, is found on dissection, and, owing to the absence of symptoms indicating such a state, seems to occur suddenly, and to be coincident with the effusion. Such was exactly the state of matters in the case under notice. The complaint differs from hydrocephalus, either in its acute or chronic form, in the small quantity of the effusion, generally from two to four ounces only being found.

The following are a few of the practical inferences to be deduced from a consideration of the case. Had time permitted, the immersion of the body in a warm bath; cold applications to the head, and the free abstraction of blood, by leeches, from the occipital or temporal region, in order to relieve the vascular congestion, would have been proper. It is possible that this turgescence was increased by the dose of "Godfrey" given the previous evening. This noxious compound varies in its strength in different places, according to the fancy of the druggist. It generally contains from three to five drops of tincture of opium in a teaspoonful. It is very extensively and indiscriminately used in this part of the country by the poorer class of mothers and nurses, as a sedative, for all sorts of children's ailments, and numerous are the instances of its deleterious effects. Of course, the avoidance of such pernicious drugs in families so predisposed to head affections as this is most advisable.

Parents are generally extremely anxious to get rid of any eruptive complaints appearing on the heads of children; this sometimes proves very injurious. The suppression of eruptions on the scalp and behind the ears has often been known to occasion the disease. Dr. Cheyne (I think it is) even supposes that the diminished frequency of these eruptions has rendered hydrocephalus more common now than formerly. Lastly, the frequent use of cold applications to the head, and the discarding of caps &c. within doors, are plainly indicated.

Coventry, April, 1850.

Foreign Department.

On Anæsthesia by the Inhalation of Ether or Chloroform.

M. VELPEAU read, at the annual meeting of the Academy of Sciences, a paper on the inhalation of ether or chloroform, in which he embodies the history of anæsthetic agents, their introduction into practice, the results obtained, and his own opinions on the subject. In the historical sketch we find the following passages. The so-called Memphis-stone, dissolved in vinegar, after having been reduced to powder, was used as an anæsthetic agent amongst the Greeks and Romans, and mandrake was extensively known as possesing anæsthetic properties. Dodonæus says, in his history of plants, that the vinous decoction of mandragora causes sleep, and allays pain; and that it was therefore administered to those who were to have part of their body burnt or sawn off. The surgeons of the middle ages were well acquainted with the employment of certain anæsthetic agents. Hugh, of Lucca, a celebrated practitioner of the thirteenth century, speaks very distinctly on the subject. A sponge dipped in the juice of morel, or nightshade, hyoscyamus, cicuta, lactuca, mandragora, or opium, was put under the nose of patients, and made them sleep during operations; they were then roused by being presented another sponge soaked with vinegar, or by putting the juice of rue into their ears. From M. Jullien's communication to the Academy of Sciences, it may be seen that the Chinese, some centuries ago, were aware of means for rendering patients insensible during operations. Boccaccio mentions, in the Decamerone, 39th tale, that Mazet de la Montagne used to operate on his patients after having put them to sleep with a water of his composition. Formulæ have been transmitted from father to son among malefactors, by which their intended victims might be plunged into sleep. Prisoners, towards the revival of letters, knew how to procure certain drugs with which they could bear torture without feeling the pain. Is it not likewise said that the Turks possess the means of plunging into anæsthesia those upon whom circumcision is to be performed? In our own times we find Sir Humphry Davy stating, after having used the nitrous oxide gas upon himself to allay toothache, that this gas might probably be of use in surgical operations. Mr. Wells, of Hartford, used this gas in 1842, for extracting teeth without pain. Mr. Hickman announced in Paris, in 1821, that he was able to render patients insensible to pain by making them breathe a gaseous substance, the name of which he did not make public. Messrs. Orfila and Christison had found that animals might be rendered insensible by being given ether internally. M. Mérat used ether inhalations for allaying pain, and Mr. Faraday ob-