

been very great, and recovery very protracted. In one family, two children have had sore throat, and one has, at the present time, an eruption over its body very similar to the rash of scarlet fever, but unaccompanied by throat affection or febrile symptoms. One boy, of another family, after the throat had recovered, became dropsical in the great serous cavities, the pleura, the pericardium, and the peritoneum. The dropsy did not appear to depend, like that after scarlet fever, on any kidney derangement. He is still under treatment, but recovering.

I do not find that locality has had much influence over the disease. My first few cases occurred in a low and damp situation; but other cases have since occurred in the town, which is most healthy and dry, and in other localities equally favourably placed. The disease appears to be much more prone to attack children than adults, though the latter are by no means exempt. The following mode of treatment I have found of most service: gargles of chlorate of potash; applications of solution of nitrate of silver (six or eight grains to the ounce) to the parts affected; the internal administration of nitrohydrochloric acid, and the tincture of sesquichloride of iron, either separately or combined, with wine, beef tea, arrowroot, to support the strength.

I am, etc.,

GEORGE POUND.

Odiham, March 23, 1858.

THE VARIETIES OF DIPHTHERITE.

LETTER FROM J. C. S. JENNINGS, ESQ.

SIR,—I can quite confirm Mr. Needham's remarks in his letter of inquiry in the JOURNAL of March 20th, as to a peculiar modification of Diphtherite, having observed it in three cases out of several which have come under my care during the last month. There were the same febrile disturbance, very asthenic in its type; rapid feeble pulse; clammy perspiration; great prostration of the vital powers, together with the characteristic inflammation of one or both tonsils, rapidly going on to ulceration and sloughing, but without the formation of false membrane.

In one of these three cases the patient was attacked after having nursed one in whom there had been much stringy expectoration. I am disposed, however, to think that the treatment may frequently alter the character of the disease as regards the formation of this adventitious membrane; as it has been my plan in every case (notwithstanding much that has been written deprecatory of active measures) to give an emetic, followed by a dose of calomel, and to apply a blister to the throat; then to cauterise the tonsils, and give quinine every four hours, and chlorate of potassa, with chlorine solution, every two hours, together with chlorine gargles. With this treatment, and a moderate allowance of wine and beef tea, I have hitherto been successful in all my cases: nor is there anything inconsistent in the method of combating the disease by sufficiently active remedies with one hand, while we uphold the constitution and invigorate the system with the other.

I am, etc.,

JOSEPH C. S. JENNINGS.

Abbey House, Mahmesbury, March 23rd, 1858.

DEATH FROM CHLOROFORM.

LETTER FROM AUGUSTIN PRICHARD, ESQ.

SIR,—The communication of Dr. Snow requires a reply. The subject is of a gravity amounting almost to solemnity, and our sole object should be to hit upon what is right in the matter. I think, however, that it was rather cruel in Dr. Snow, to bring so prominently forward as the text for his long paper, the two unfortunate cases which have occurred in Bristol, as if they had been the only fatal instances on record.

It is as yet quite undetermined what persons can take chloroform safely or otherwise: but, if one rule more than another has been deduced by common consent, it is, that a fatty heart contraindicates the use of anæsthetics; and this is allowed by all, except Dr. Snow, who even says, that in a death which occurred while he was administering chloroform, the cause was the fatty heart, and not the chloroform. Anyone else would come to the opposite conclusion; that this was a case, if ever there was one, which strongly supported the opinion that fatty degeneration of the heart was a reason against the use of anæsthetics, if the disease is of an extent that may be discovered during life.

Dr. Snow thinks that ether is safe, because no one has recorded a death from its use; but, obviously, it is not the particular agent, it is the condition of insensibility, however

produced, that puts the patient into such peril of his life. If one of us were to lose a brother or a son from chloroform, given to save the pain of a trivial operation, I think it would influence our practice of giving anæsthetics, and if so, we ought to deal with others in like manner.

Dr. Snow, with the rest of the profession, seems to allow that we cannot tell beforehand in what cases chloroform is likely to be dangerous; and while admitting this, he again comes to an inference directly opposite to that which others would arrive at from the same premises. My conclusion would be, that I ought to give the dangerous agent as seldom as possible, and thus I should run fewer risks. He says, that accidents are more likely to be avoided by a constant familiarity with it.

Dr. Snow has written more upon chloroform than any one else, and thus is looked upon, to a certain extent, as an authority upon the subject, especially by those who are restricted to private practice, and thus see less of the effects of the drug; but to speak plainly, and at the same time without meaning to say anything that may, in any light, be considered offensive to him, I think that the constant changes in the particular form of anæsthetic which he advises, or the proportion of alcohol to be used, or the employment or otherwise of the instrument which he recommends, occurring in his different papers one after another, not only shake one's confidence in him as a safe guide, but prove what is much more to the purpose, that he has himself very little confidence in the safety of these agents.

I venture to prophesy that anæsthetics will more and more fall into disuse, and will ultimately be had recourse to only for the most severe or protracted operations.

I am, etc.,

AUGUSTIN PRICHARD.

Clifton, Bristol, March 1858.

P.S. I have avoided the particulars respecting the amount of vapour soluble in the air under various circumstances, and other chemical questions of great interest, for several reasons. I am not qualified to write with authority on these points; and chemists who do write appear to be diametrically opposed to one another in opinions as to matters of fact; and, lastly, I think the chemical question one of very little real importance, and, in fact, scarcely bearing at all upon the subject, if we are to produce insensibility by any agent whatever.

CASE OF ALLEGED MALPRACTICE IN MIDWIFERY.

LETTER FROM JOHN SMITH, ESQ.

SIR,—My attention having been called to an *ex parte* statement in the BRITISH MEDICAL JOURNAL of March 6th, 1858, in which my name somewhat prominently appears, I am induced to correct the same, in order that the profession may judge of the facts for themselves. The facts, as far as I am connected with the case, are as follows:—

I was called in about half-past 2 P.M., and found the woman lying on her left side on the bed; her countenance was pale and anxious, and her pulse small and thready; her pains were gone; and, in fact, she was exhausted. The body of the child was born; the funis was torn through, the neck dislocated; and it was, of course, dead. In answer to my questions, Mr. Kettle (who, I am informed, practises by *toleration*) informed me that it was originally a shoulder presentation; that he had turned about 10 A.M.; and that he had used forceps, but unsuccessfully. My first care was to induce the woman to rally, which was effected by the use of brandy. I then proceeded to examine, when I found the chin resting upon the right ilio-pubic eminence, the head very much elongated, and the placenta detached. At this time there was no hæmorrhage, and there seemed to have been but little. I brought down the chin, which caused the woman to observe that she felt it moving—which was the case. The pains had again slightly returned, and I assisted her, using moderate traction with my finger in the child's mouth. As I had not my instruments with me, and as I knew that, if the forceps could be applied, the head would yield, I decided to attempt their application, but failed; upon which, I directed Mr. Kettle to send a messenger for my instruments. This was done; but, before they arrived Mr. Hancox entered the room, bringing his own instruments and, he being my senior, I gave the case up to him. At this stage the chin was pressing down upon the perineum, and stretching it. I never saw the case afterwards; but Mr. Hancox left it in the hands of Mr. Kettle until the next Thursday evening, when he was again called in, and (I am informed) bled the patient.