

What I said was, that, as regarded surgical operations generally, I knew of no conditions of health forbidding the use of chloroform, except such as would also forbid the performance of the operations themselves; that I know of no method of examination by which one could recognise beforehand a person likely to suffer an epileptiform seizure under the action of chloroform; and that I knew of no reason established by experience for refusing to drunkards the application of chloroform under circumstances in which it would be given to other persons.

It is a mistake to suppose that the patient whose death became the subject of inquiry was suffering from delirium tremens; yet, had this been the case, it would not, so far as I know, have rendered the use of chloroform inadmissible. Indeed, by Dr. Todd, by myself, and probably by other practitioners, chloroform has been used with advantage as a soporific in delirium tremens. I am, etc., J. SIMON.

Cumberland Street, October 27th.

### THE LATE FATAL CHLOROFORM CASE.

LETTER FROM AUGUSTIN PRICHARD, Esq.

SIR,—Among all the comments upon the late unfortunate death from chloroform at St. Thomas's Hospital, I have not seen that any notice has been taken of the fact that the remedy was administered whilst the patient was sitting in a chair.

So many deaths have occurred from chloroform given whilst the patient was seated (as in the extraction of teeth at dentists' houses), that this fact, with others, has led to the rule, which I thought, until I saw the report of this case in the *Times*, was universally acted on; viz., of never administering the agent except when the patient is lying down. At the Bristol Royal Infirmary, we always take this precaution. It has also been noticed in the cases here, where we have had reason to feel anxious about the effects of chloroform, that the stoppage of the pulse, a rapid diminution in its force and number, has been the first noticeable sign of danger. If there is anything like syncope in these cases, of course the sitting is not so good a posture as the reclining.

There was one death from chloroform at the Bristol Royal Infirmary, about two years and a half ago, in which the *post mortem* examination was negative in its results.

The reporter of your "Hospital Gleanings", referring to the supposed want of facts respecting the causes of death from chloroform, observes that "the provincial hospitals may furnish them". I trust we shall have no opportunity of recording any at Bristol; and I cannot understand why the provincial hospitals should be thought more likely to have such fatal experience than the larger sister establishments in London.

I am, etc., AUGUSTIN PRICHARD.

Clifton, October 27th, 1856.

[Mr. Prichard has, we think, misapprehended the spirit of the remark of the writer of "Hospital Gleanings". He does not imply that there are more accidents from the use of chloroform in provincial than in metropolitan hospitals, but we certainly cannot imagine that there are fewer in proportion. It is surely to the advantage of the profession that a large experience should be brought to bear upon the subject; and we trust our provincial associates will respond to this appeal for "more light". EDITOR.]

### NITROGENOUS WATERS OF BUXTON.

SIR,—I have been much struck with the perfect agreement of facts recorded by Dr. Simpson in the ASSOCIATION JOURNAL'S "Periscope" of the 27th September last, relating to carbonic acid and nitrogen gases as local anæsthetics in uterine and other diseases, and the communication of Dr. Bell of Buxton, "On the Nitrogenous Waters of Buxton", published in the JOURNAL for last week. Dr. Simpson has observed most beneficial results from the local application of carbonic acid gas as an anæsthetic in *neuralgia* of the vagina and uterus, in dysuria, etc. The effects of the applications of the German waters of Nuheim, Marienbad, etc., carbonic acid and nitrogen gases, the Buxton and Bath waters are similar as anæsthetics when locally applied. The experiments of Dr. Ingenhouz (adduced by Dr. Simpson in the "Periscope") with oxygen, carbonic acid, and nitrogen gases, separately, on raw surfaces, will explain why the rheumatic, gouty, and other neuralgic patients, mentioned by Dr. Bell, receive such marked benefit by bathing in the Buxton and Bath waters, both rich in

nitrogen and carbonic acid gases; and also why the pains return on being exposed to the oxygen of the air after the bathing process. From the statements of Drs. Simpson, Ingenhouz, and Beddoes, it will be evident that the beneficial effects of the Buxton waters depend upon the nitrogen and carbonic acid gases, together with the increased temperature of the water, which is enabled to contain a greater volume of those gases than water of a lower temperature. Nitrogen should be considered a powerful sedative, existing in the air with oxygen, to correct its too stimulating property.

Dr. Bell asks, "How then can it be believed that the same element in which we breathe and have our being can have any special influence upon the constitution when applied to our stomachs and skins through the medium of water, other than it produces when taken in the larger quantities we are perpetually inhaling into our lungs?" I would reply to this interrogatory, that, when surrounded with air, our skin, etc., is in contact with oxygen as well as nitrogen; *ergo*, the sedative action of nitrogen is more than counterbalanced by the stimulant, oxygen; but, whilst in the bath, the skin is in contact with the powerful sedative, nitrogen, not counteracted by oxygen, which will account for the venous congestion. During the sedative action, absorption takes place more rapidly, both of the water and contained gases.

Dr. Bell also states, that "the reaction which immediately follows the use of the bath is solely due to its temperature, and not at all to the presence of azote in the water." May it not depend upon the action of the oxygen of the air, after returning from the bath? I think, with him, that it is better to begin the course of bathing with hot baths, especially in delicate subjects; for the heat, by gently stimulating, would counteract the too rapid absorption of nitrogen. It is desirable to know if the Buxton baths are peculiarly injurious to patients subject to internal congestion of any kind.

Dr. Bell deserves the thanks of the profession in drawing attention to this subject. I know some patients who have been sent to Buxton unnecessarily, not being of the kind likely to be benefited. I am, etc., J. B.

October 27th, 1856.

### MODE OF VACCINATING.

LETTER FROM J. D. JEFFERY, Esq.

SIR,—In the ASSOCIATION JOURNAL for September 27th, Mr. Nicholas of Wandsworth has described a new instrument invented by himself, termed the "Vaccine Insitor". Doubtless, vaccination can be effected with the insitor; but all *puncturing* instruments or methods are very undesirable. Too much like a "thorn in the flesh", they cause pain, equally to the annoyance of the surgeon and fear of the mother. I think no one would think of puncturing or pressing in any instrument or point, if he once tried the plan suggested and adopted by Mr. Estlin of Bristol. Grasp the upper part of the child's arm; stretch the skin of the part selected between the thumb and forefinger; then make a few slight and delicate scratches with a lancet, which, if well done, the child seldom feels; then put in the lymph with the side of a lancet or moistened ivory point. You here open a number of cuticular cells; you multiply your chance of non-failure; and you seldom annoy the child.

I am, etc., J. D. JEFFERY.

Forgate Street, Worcester, Oct. 24th, 1856.

### STYRIAN ARSENIC-EATING.

LETTER FROM GEORGE W. BALFOUR, M.D.

SIR,—If Mr. Kesteven will turn to page 1081 of the ASSOCIATION JOURNAL for 1855, he will see that, when I did speak of Wibmer, I have said, "Vogt and his quoters—Sundelin, Wibmer, etc." by which I certainly meant to express that the two latter quoted from the former—Wibmer from Vogt. Consequently, I neither fell into Dr. Pereira's mistake myself, nor intended that others should.

For nine months I daily attended the medico-legal dissections in the General Hospital at Vienna, ranging from one to a dozen per day. Amongst them were many cases of suicide, the chief or rather sole *poison* employed being sulphuric acid. As an explanation of this, I was informed that that acid was procured without much difficulty in various manufactories in which it was employed, but that the sale of poisons was so strictly regulated that it was impossible for the public to become possessed of arsenic. Of course, if they cannot get it to