after death from bronchitis, but the lips and other parts which were livid were of a remarkably deep colour. Very dark blood flowed freely from the distended veins about the neck. The thyroid gland was much enlarged, and hard, forming a very firm bronchocoele, which probably had added to the other causes of difficult breathing. The mucous membrane of the trachea and bronchi was deeply injected with an appearance of ecchymosis in small spots between the annular cartilages. On the right side there was little, if any, pleuritic adhesion, but a considerable amount of serous effusion, apparently cadaveric. The substance of the lung was generally emphysematous, but without any very large dilatation. It was partially gorged with blood, forming considerable masses in a state of pulmonary apoplexy. Much smaller scattered portions were hard, and nearly black, evidently the result of sanguineous effusion of older date. On the left side there were numerous old pleuritic adhesions, especially towards the upper part. There was likewise serous effusion. The upper lobe was corrugated and puckered, and a considerable portion was dense and indurated, and internally of a dark, almost black colour. There was some appearance of there having been a cavity in this part. The other portion of this lining was much in the same state as the right as respects both the general emphysema and the engorged or apoplectic state, but the latter condition was perhaps rather more considerable. Both lungs were perfectly free from tubercles, and the pulmonary veins were filled with very dark grumous blood. The pericardium was healthy, the heart was of very large size, and all its cavities were filled with very dark grumous blood. The right cavities were more particularly dilated. At and near the apex of the appendix of the right auricle the blood was firmly coagulated, and all but adherent. The parietes of the right ventricle were nearly as thick as those of the left, and its cavity about as large. The edges of the tricuspid valve were much thickened and firm, those of the mitral much less so. The semilunar valves were beautifully healthy. There was evident venous congestion in the abdomen, as well as in the thorax, but the viscera themselves were generally healthy. The liver, in particular, was gorged with fluid blood, and the spleen was remarkably small, though turgid and firm. There was no kidney in left lumbar region; the kidney which should have occupied that situation being placed on the bodies of the lower lumbar vertebrae, about the promontory of the sacrum. It was small, and much distorted in figure, having depressions from the compression of the neighbouring parts; but its substance, like that of its fellow, was healthy. The uterus was rather large, the ovaries of fair size, and their surfaces only partially corrugated. It may be suspected that this was an ordinary case of emphysematous lung, but I would observe that the condition of the lung was not of an extreme character, whilst the whole train of symptoms were those of a very weak heart, which, from its size, it would not have been had it not been attended with degeneration of substance. The remarkable traces of old affection of the lung were traceable to a former attack, which, like the last, did not seem to be of an inflammatory character.

DANGEROUS EFFECTS OF CHLOROFORM.

By EDWARD JACKSON, M.B., Sheffield.

A FEW years ago, I published in this JOURNAL a case in which a fatal result occurred from the incautious use of chloroform, for the relief of tic douloureux. In that case, a young gentleman laid down in bed, and putting some chloroform on a handkerchief, pulled the bedclothes almost over the head: insensibility ensued, and, from the inhalation continuing and access of air being prevented by the close application of the handkerchief, death was the result.

The case, which is the subject of my present communication, was as follows:—

CASE. A young gentleman, aged about 20 years, suffered severely from pain in the face, for which he was accustomed

to inhale chloroform. On the 11th of May, it appears, he retired to his bedroom about 6 P.M., and lay down on the bed, dressed, and inhaled chloroform from a bottle containing about two ounces. About half-past six, the female, in whose house he lodged, going up stairs, heard some one breathing stertorously, and, being alarmed, entered the room, and found him laid perfectly insensible, with his body almost prone, the bottle still in his hand, and almost close to the nostrils; it appears to have fallen over, so as to have spilled a considerable quantity (I should say, more than an ounce) on the bed, immediately under his nostrils.

I was sent for, and arrived a little before seven o'clock. I found him still breathing very laboriously, the countenance livid, and the pulse slow (about 40), but moderately full; the jaws were firmly locked, so that I could not open the mouth. In a short time, the respiration became easier and slower; but with this, the pulse became weaker, until, at length, I could not detect the slightest movement of the chest, and no pulse was to be felt: in fact, I thought that, if not dead, at least, that he was moribund. I at once used artificial respiration, as in the case of still-born infants, and was gratified, after a time, to find that the chest began to expand without my efforts; at the same time, I could detect the pulse. These gradually improved for half an hour, assisted somewhat by his vomiting. I now administered a little ammonia, seeing that there was a slight effort to swallow; the pulse about this time was 30 per minute. After this, it again declined, and symptoms of sinking reappeared, but not to such an alarming extent as previously.

I now administered stimulants more abundantly, and he gradually improved, but was not at all sensible until about three o'clock the following morning: vomiting occurred frequently during the night. On the following day, he appeared to have but little control over muscular action, and appeared exsanguineous, but otherwise he did not suffer; the breath had a strong odour of chloroform all the day.

REMARKS. This case shows how a person may thoughtlessly produce a fatal result, from the position in which the chloroform is inhaled. This could not happen, if every one using it, without another party present, would simply sit, or be reclined in a chair. Again, it shows the necessity of having at hand some ready means of artificial respiration, which was so markedly beneficial in this case. In speaking of the action of the chloroform in this case, it appears that respiration was first affected, afterwards becoming almost paralysed. The heart was affected secondarily, as exhibited by the alarming syncope which ensued.

Clinical Lectures:

DELIVERED IN

GUY'S HOSPITAL, LONDON.

BY

W. W. GULL, M.D., F.R.C.P., Assistant-Physician to the Hospital.

No. I.

ON THE VARIOUS DERMATOLOGICAL CLASSIFICATIONS OF AUTHORS: WITH SOME NEW HINTS ON SKIN DISEASES.

GENTLEMEN,—Unless some steps be taken to stop specialities, I am quite prepared to hear some one of you say, the student will not know soon what to learn, or the general practitioner, though ever hard worked and discriminative, what line of practice to adopt. One set of specialists take the eye, another the ear, a third the heart, a fourth the brain, a fifth the rectum, and so on: the sick patient will be left to you mere skin and bone. I am not now going to give a dermatological address; but, as many of you expressed a wish in the wards up stairs (seeing that you will be, as general practitioners, left even skin and