crania." Mr. B. obtained medical aid, for the first time since the injury, upon the 3rd of July—eight days afterwards.

On July 12th I saw the case in consultation: the patient said that the eye felt distended, and that the eyelids seemed to press upon the globe, although neither spasm of the orbicularis muscle nor chemosis of the conjunctiva were present. In the left temple a sense of pressure was experienced, which descended to the upper wisdom tooth of the same side; and thence pain of a more acute character spread over the corresponding half of the face and head. The scalp was so sore that the slightest touch was insupportable. The pains underwent considerable aggravation at night. Mr. B. had hitherto used linen, dipped from time to time in cold water, as a local application to the painful parts, with the effect of inducing perfect ease so long as the temperature of the surface was maintained at a low degree. Darkness was indispensable for the comfort of the eye, which presented, on examination, intense conjunctival redness, and iritis with watery discharge.

HISTORY. Nine years before, the patient met with a similar accident from the gold solution: it was followed by ophthalmia, intolerance of light, and hemicrania, for which he used poultices only, and in a week resumed his avocations. A year and nine months since, he was laid up two months and nine days with acute rheumatism, which affected the head, and the joints both large and small. He got out of doors on the 2nd of December, but was not free from pain. At Christmas the disease again detained him within doors five weeks.

It would be foreign to my object to relate the treatment I recommended for the ophthalmia; it will suffice to say that, in less than three weeks, the eye was healthy functionally and organically, and the patient able to walk several miles.

CASE OF SWALLOWING AN ARTIFICIAL TOOTH, WITH ITS PLATE.

By EDWARD LISTER, Esq., Liverpool.

On the 22nd October, 1855, I was requested to visit a lady, aged 26, who had swallowed a mouthful of pancake, and supposed that a portion of it had remained in the throat. The probang was introduced, and removed the obstruction.

Her husband called upon me the following morning, and said that his wife had been in the habit of wearing a false tooth attached to a gold plate for several years; and that, about half an hour after my departure, she had missed it, and felt certain that she must have swallowed it.

Oct. 23rd. She passed a very restless night, and complained of pain on the left side of the epigastrium, which increased upon pressure. I directed her to apply warm fomentations to the part, which in some measure relieved the pain. Her countenance appeared irritable; her bowels were in a confined state. I ordered a half-pint mixture containing sulphate of magnesia, powdered acacia, and tincture of hyoseyamus; and directed her to partake of as much farinaceous food as possible.

7 P.M. The bowels have been freely moved by the mixture. About 2 o'clock she experienced very great pain, but at the present time it is much better, and has moved somewhat towards the pyloric orifice of the stomach. She was ordered to continue her medicine in smaller doses. Her appetite is poor; she has not the least desire for food. I requested her to be particular in examining her evacuations.

Oct. 24th, 11 A.M. She feels much better, and wishes to sit up. The appetite still remains low. The bowels have been moved twice since the last visit.

2 P.M. The pain has increased to a great degree, and is of a twitching character. I ordered her to have twenty-five minims of liquor opii sedativus, and to discontinue her medicine.

Oct. 28th. She still complains of slight pain in the epigastric region, in precisely the same situation as before. I ordered a mixture containing 3 iss of liquor opii sedativus, a fourth part to be taken on any material increase of the pain.

Oct. 31st. She is much the same. The pain is increased at times, but is relieved by the opiate mixture. The bowels were ordered to be regulated, when required, with castor oil.

Nov. 8th. The pain is less severe than before, but remains in the same situation. She does not require the opiate mixture, and the bowels act regularly. The appetite is still poor.

Nov. 23rd. She informs me that she has eaten some roast beef and potatoes on the 12th instant, and from that time she has experienced no pain whatever, and feels quite well.

She examined her motions regularly for the first three weeks, not afterwards; therefore it is impossible to state whether the gold plate has passed since that time. She has procured another plate and tooth of the same shape and size.

DEATH FOLLOWING THE INHALATION OF CHLOROFORM IN SURGICAL OPERATIONS.

By T. HOLMES, Esq., F.R.C.S.

THERE seems to have arisen lately a desire to deprecate the employment of chloroform in surgical operations, and to represent it as dangerous to the patient's life at the moment of administration, and injurious to the after progress of the case. We are told of the frightful frequency of deaths from chloroform; of its exercising some unexplained secondary agency, unfavourable to the healing of wounds; of its predisposing to pyæmia; of a depressing influence attributed to it, analogous to that of copious bleeding. Now, all this is so opposed to what a daily familiarity with the use of chloroform had led me to believe, that I was induced to review my own experience in the matter, and to look at the published records of the anæsthetic treatment, as contained in the British and continental medical journals, in order to test the accuracy of my previously formed opinions. In the course of this search I came across a valuable paper in the ASSOCIATION JOURNAL for 1853 (p. 131,) containing a tabular view of the deaths from chloroform (the compilers of which are acknowledged to be indebted principally to Dr. Snow,) and some very sensible remarks thereon. It will perhaps be acceptable that I should continue this table down to the end of the past year, and accompany it by some remarks on the method of administering chloroform, which I have seen reason to believe to be the safest, and on the contra-indications, if there be any, to the exhibition of the drug.

I may premise that the following table is compiled from a careful search through the volumes of the medical periodicals published at home and abroad; and that I have not wilfully omitted any, except two cases, both of which were extracted from non-medical papers without any guarantee of their authenticity; in one the editor professed his disbelief, and the other was evidently an American hoax. I make this observation in consequence of a statement recently made by a correspondent of the *Medical Times* to the effect that deaths from chloroform in London hospitals have been concealed of late days. I can only say that I am quite ignorant of any such concealment, and that I should think it hardly possible, considering the publicity under which hospital surgeons practise, and the habit of holding inquests in such cases. I should be loath, however, to believe, on no better evidence than a random assertion, that English surgeons ever contemplated such dishonesty. I think, therefore, I may say that (errors apart) this table contains all the deaths which have so occurred during the administration of chloroform from the end of 1852 where the former list stops, to the end of 1855. That some of them were not the consequence of such administration, I think admits of no doubt. I shall have occasion to remark hereafter on one case of this kind (appended to the Table), which occurred at St. George's Hospital. The same remark applies to No. 41. The list shows that the number of deaths from chloroform which have come to light in London and the provinces, as well as abroad, have averaged about six per annum since the introduction of chloroform; that the number is not on the increase of late,* while the use of the drug has been steadily extending ever since its introduction; and that, therefore, we may hope that, so far from its primary administration having become more hazardous, increased practice in its use, and perhaps increased caution in its administration, have still further diminished the little risk which attached to it at first.

In the face of records, showing fifty deaths, most of them occurring under the care of the most experienced surgeons, assisted in many instances by gentlemen whose special duty it is to give chloroform, it would be vain to deny that the administration of this drug is attended with some risk. But is it rational to expect that it should be altogether free from risk? that the power of voluntary motion and sensation should be altogether abolished by the circulation of poisoned blood in the brain without any danger whatever to the motions of respiration and circulation, dependent as they are on the integrity of parts so intimately connected with those which regulate the former functions? Surely not. Nor do the more judicious

* I find no deaths from chloroform reported in the *Lancet*, vol. i, for last year; and do not remember to have heard of any lately, except the case at St. Thomas's Hospital, a short time ago.