effects, and interferes but slightly with the cardiac nervous power. Its advantage over chloroform must, therefore, be at once apparent; for, not only is it a quick anæsthetic, and is followed by no bad effects, but it is easily administered. By repeated doses at regular intervals, my patients were kept perfectly under control. Again, its superiority over chloroform is evident when the practitioner happens to be single-handed, instances of which are of every-day occurrence in country practices, where surgeons are few and far between. The medical attendant would find it no easy task both to give chloroform and deliver his patient under such circumstances. Chloroform is also often followed by sickness, and, with the tongue in the condition which it usually is in eclampsia, would prevent anything that might come up into the throat from being got rid of, thereby favouring asphyxia. Not only can chloral be administered singly *per rectum*, but also in combination with nourishments, such as milk, eggs, etc.; thus saving the disturbance of the patient, as well as keeping up her vitality.

In the first case, bromide of potassium was administered, but with no good result, its action, in my opinion, being too slow in this formidable disease. Opium and its alkaloids have been advocated; but, where there is renal complication, they are injurious, and of necessity contraindicated. My first patient being anæmic, bloodletting would not have been admissible; whilst in the second case it was not required; though chloral was given in both with the happiest results.

RASHES ON THE TONGUE.

By PROSSER JAMES, M.D.,

Lecturer on Materia Medica at the London Hospital.

THE remarks made at the Pathological Society on a case of "Peculiar Circular Wandering Rash on the Tongue", as reported in the JOURNAL, deserve to be supplemented, inasmuch as no one of the speakers claims more than a casual acquaintance with the subject. Perhaps, in the individual case, its erratic course and rapidity of disappearance were more important diagnostic points than the uncertain result of the search for a fungus. I should not, however, think the case of much importance (it does not seem to me so rare or peculiar) but for the fact that few seem to have been familiar with such appearances. I do not regard them as rare on any portion of the mucous membrane of the mouth. Further, not only such cases, but a number of others, will only be understood by comparing them with similar pathological processes on the skin. In fact, as I have elsewhere pointed out, the connection between the diseases of the skin and mucous membranes is fully illustrated in the mouth and throat; and, although the tongue is perhaps less apt to take on certain forms of disease than the rest of the buccal surface, it is prone to be affected by other circumstances. Slight forms of catarrhal inflammation are common enough, but do not often necessitate medical advice, and hence they are scarcely studied. But ulceration of the tongue, lips, cheeks, pharynx, and nasal passages is more troublesome, and proceeds from various causes. The irritation of teething is credited by almost all practitioners with numerous infantile mouth-troubles. But the forms of stomatitis arising from this, and the direct influence of mechanical or chemical injury, are less likely to be misunderstood than those associated with similar processes on the skin. Thus, in the exanthemata, we may watch exactly similar processes going on simultaneously on the skin and mucous membrane; or, as in other cutaneous affections, we may see them spread from the outer surface to the mouth. The pustules of small-pox are sufficiently significant. The rash of measles spreads from one structure to the other. On the mucous membrane, the course of these eruptions is more rapid than on the skin. Erysipelas is another example. Herpes and pemphigus strikingly illustrate the same facts. In scarlatina, the condition of the tongue at an early stage is proverbial, and much relied on in diagnosis; but the disease of the throat is too deep to compare with more superficial affections. Besides these examples, scurvy, purpura, and other diseases may, as I have long taught,* be advantageously studied on both the cutaneous and mucous surfaces.

While writing on affections of the tongue, I may be allowed to add that I have met with a couple of cases of the black tongue described in the JOURNAL a few weeks since. Anyone on the look out for this affection should be particularly on his guard against the possibility of being deceived by stains caused by food, medicines, and other articles. Several cases have come before me in which stains from unexpected sources were only proved to be of this nature by the most patient and exhaustive investigation.

* *Sore-Throat: its Nature, Varieties, and Treatment; including the connection between Affections of the Throat and other Diseases.*

PRIMARY ETHER ANÆSTHESIA.

By CHARLES COPPINGER, L.R.C.S.I.,

Surgeon to the Mater Misericordiae Hospital, Dublin.

A REPORT was published in the American journals some months ago, by Dr. J. F. Weir, on the first insensibility produced by the inhalation of ether, in which he stated that primary anæsthesia, as it is commonly called in New York, had now become fully recognised in the practice of the hospitals in that city. I am not aware that this system of employing ether has received any trial in this country, and report the following case in order to call the attention of the readers of the BRITISH MEDICAL JOURNAL to what would seem to be an important addition to our methods of producing anæsthesia during operations of short duration, such as tooth-extraction, cauterisation of lupus, etc.

R. M., aged 44, an army pensioner suffering from urethral stricture and urinary fistulæ, was admitted to the hospital March 5th, 1879. Treatment of the stricture was commenced by the usual combination of the gradual and rapid system of dilatation, and continued until a No. 7 catheter could be passed into the bladder, and until one of the perineal fistulæ had closed. Some difficulty was now experienced in further dilating the stricture; which, as it was situated in front of the triangular ligament, did not include a large portion of the canal, and had been originally produced in a healthy man by an injury from the pommel of a saddle, we thought it a suitable case for a more active method of treatment.

The patient, who was a pallid nervous man, objected to anything in the shape of an operation without an anæsthetic. It was found that he suffered from a weak heart and a basic cardiac murmur, apparently due to his anæmia; and it was therefore decided to give a trial to the above-mentioned system of rendering the necessary procedure painless. He was accordingly placed in the recumbent position on the operating table, and Sir Henry Thompson's instrument for forcible dilatation passed into the urethra, until that portion of the apparatus, which includes the lever by which the dilating blades are separated, was situated opposite the stricture. Ether was now administered in the usual way, the patient having been first directed to hold his right hand upright in the air, while the elbow rested on the operation-table. After one minute had elapsed, the arm dropped; the ether-inhaler was at once removed, and the dilator quickly screwed out, until the strictured portion of the canal was larger than a No. 12 bougie. The instrument was then unscrewed and withdrawn, and a full-sized flexible catheter passed into the bladder. As might be expected, no after-sickness or other bad effect of the anæsthesia was complained of, but the patient assured us that he had been asleep, and had not suffered pain, adding that "he was surprised at having gone off so easily, as it took three-quarters of an hour on a former occasion to render him insensible". He was soon taught to use a catheter for himself, and in ten days left the hospital, the remaining fistula having closed.

About a fortnight after this patient's departure to the country, I was surprised to hear that he had died quite suddenly; and, from the circumstances of his death and the existence of the cardiac murmur noticed by us, we concluded that he had in all probability died of heart-disease. The case was one, therefore, as the sequel proved, in which the full administration of an anæsthetic would have been attended with special danger, and in which the use of ether or chloroform, after the ordinary method, might have added one to the sad list of fatal accidents occurring during the performance of comparatively trivial operations.

POISONING BY LINIMENTUM ACONITI: RECOVERY.

By CHARLES H. HILL, M.R.C.S.Eng., Barnsbury.

AT 11 o'clock P.M. on November 24th, I was hastily summoned to see a gentleman to whom a teaspoonful of linimentum aconiti (*B. P.*), diluted with nearly two ounces of water, had been administered by misadventure, in mistake for ordinary paregoric. The patient had some time previously been applying the liniment for torticollis, and had incautiously left the phial near a similar bottle of paregoric.

Upon my arrival, he was sitting up in bed calmly and in full possession of all his faculties, and told me the dose had been taken only about five minutes previously. He suffered no pain, and only experienced a tingling and burning in the mouth and fauces from the passage of the fluid. There was no gastric discomfort. His respiration was tranquil, but the lips and countenance appeared dusky. Pulse 96 and of good volume. There was no chilling of the surface. I immediately administered thirty grains of sulphate of zinc in half a pint of warm